Policy Information Sheet

Name of Policy:	**Allergy Safety Policy**
Delegated Authority	☒ Trust Board ☐ Nominated Committee ☐ CEO ☐ CFO ☐Other _____
Policy review cycle	☒ Annual ☐ 3 years ☐ 4 years ☐ Other _____
Statutory policy	☒ Yes ☐ No
Published online	☒ Statutory ☐ Trust recommended ☐ No

Document Control	
Created by (author)	R.Kitson
Date created	17.08.2026
Approved by	Trust Board
Date approved	06.10.2026
Next Review Date	October 2027
Recorded in minutes	

Document History			
Version	Author	Revisions	Final approval date
1.0	R.Kitson	New stand-alone Allergy Safety Policy created in response to the Children's Wellbeing and Schools Act 2026 and DfE Allergy Safety in Schools statutory guidance.	06.10.2026

Statement of Intent

Hartlepool Free School is committed to providing a safe, inclusive and supportive environment in which pupils with allergies can participate fully in education and school life.

We recognise that allergies range from mild conditions to potentially life-threatening anaphylaxis and that allergic reactions may occur in pupils with a previously identified allergy or, on occasion, without a known previous diagnosis.

As a specialist school supporting pupils with social, emotional and mental health needs and a range of additional SEND, we recognise that some pupils may require additional support to understand, communicate and safely manage their allergy. The school will take account of each pupil's age, communication needs, cognition, independence, emotional wellbeing and individual circumstances when planning support.

No pupil will be unnecessarily excluded from lessons, meals, educational visits, physical activity, enrichment or other opportunities because of an allergy. Appropriate risk assessment, reasonable adjustments and individual support will be used wherever necessary to enable safe participation.

The school will work collaboratively with pupils, parents/carers, healthcare professionals, catering providers and relevant external agencies to identify and reduce foreseeable risks while maintaining effective arrangements for responding immediately to an allergic reaction or anaphylaxis.

Hartlepool Free School will promote an allergy-aware environment. We will not describe the school as entirely "allergen-free" or "nut-free", as this cannot be guaranteed and may create a false sense of security. Where an individual pupil's allergy requires particular restrictions or controls, these will be considered through risk assessment and, where appropriate, an Individual Healthcare Plan.

We will ensure that:

- known allergies are identified and appropriately recorded;
- pupils who require individual arrangements have an Individual Healthcare Plan;
- prescribed emergency medication is rapidly accessible;
- appropriate spare adrenaline auto-injectors are available for emergency use;
- staff receive regular allergy awareness and emergency-response training;
- risks from food, activities, the environment and educational visits are considered;
- allergen information relating to food supplied by the school is clear and accessible;
- allergy-related bullying, teasing or deliberate exposure to allergens is taken seriously;
- serious allergy incidents and near misses are recorded, reviewed and used to improve practice; and
- the dignity, privacy and independence of pupils with allergies are respected.

1. Legal Framework

This policy has due regard to relevant legislation and statutory guidance, including:

- Children and Families Act 2014, particularly section 100;
- Children's Wellbeing and Schools Act 2026, including provisions relating to allergy safety;
- Equality Act 2010;
- Human Medicines Regulations 2012, as amended;
- Human Medicines (Amendment) Regulations 2017;
- UK General Data Protection Regulation and Data Protection Act 2018;
- Food Information Regulations 2014;
- Food Information (Amendment) (England) Regulations 2019;
- Requirements for School Food Regulations 2014;
- DfE Allergy Safety in Schools statutory guidance;
- DfE Supporting Pupils at School with Medical Conditions statutory guidance;
- DfE Keeping Children Safe in Education 2026;
- Department of Health and Social Care guidance on emergency adrenaline auto-injectors in schools;
- Food Standards Agency allergen guidance, including requirements relating to prepacked for direct sale food.

This policy should be read alongside the schools:

- Supporting Pupils with Medical Conditions / Managing Medicines Policy;
- First Aid Policy;
- Health and Safety Policy;
- Child Protection and Safeguarding Policy;
- SEND Policy;
- Equality Policy and Accessibility Plan;
- Educational Visits Policy;
- Behaviour Policy and Anti-Bullying arrangements;
- Data Protection Policy; and
- Risk Assessment Policy.

2. Definitions

Allergy
An allergy is an immune system reaction to a substance which is normally harmless. Allergens may include food, medicines, insect stings, latex, animals, pollen and other airborne or contact substances.

Allergic reaction
An allergic reaction occurs when an individual is exposed to an allergen to which they are sensitive. Symptoms can range from mild symptoms such as itching or hives to serious airway, breathing or circulation problems.

Anaphylaxis
Anaphylaxis is a serious and potentially life-threatening allergic reaction affecting the airway, breathing and/or circulation.

Food intolerance
Food intolerance is different from food allergy and does not involve the same immune response. However, intolerances and conditions such as coeliac disease will be appropriately supported through the school's medical adjustment arrangements.

Adrenaline device
A device prescribed or provided for emergency treatment of anaphylaxis. This may include an adrenaline auto-injector or another prescribed adrenaline delivery device.

AAI
Adrenaline auto-injector.

Individual Healthcare Plan
An Individual Healthcare Plan (IHP) records the arrangements required in school to support a pupil's medical condition or allergy.

Allergy Action Plan
A clinically informed emergency plan detailing the pupil's allergy, symptoms and emergency treatment.

3. Roles and Responsibilities

The Trust Board will:
- nominate a Trustee as the named Allergy Governor – Christine Williams;
- ensure appropriate allergy safety arrangements are established and implemented;
- ensure the school has a dedicated Allergy Safety Policy;
- ensure the policy is published and reviewed at least annually;
- ensure appropriate resources are available to implement the policy;
- receive assurance that staff training and emergency arrangements are in place;
- receive information about serious allergy incidents and significant near misses, while respecting pupil confidentiality;
- monitor whether lessons identified from incidents are acted upon; and
- ensure the school's arrangements support equality, inclusion and the welfare of pupils.

The Principal will:
- ensure this policy is implemented effectively;

- appoint a named Allergy Safety Lead for the school;
- ensure suitable arrangements are made for staff training;
- ensure sufficient appropriate spare AAIs are obtained and maintained;
- ensure responsibility for checking emergency medication is clearly allocated;
- ensure arrangements remain effective during staff absence, educational visits and other foreseeable circumstances; and
- ensure allergy safety is embedded within the school's wider safeguarding, health and safety and risk-management arrangements.

The named Senior Leader and Allergy Lead, Sarah Harrington, will:

- coordinate the school's allergy safety arrangements;
- maintain oversight of the school's record of known allergies;
- identify pupils who may require an IHP;
- liaise with pupils, parents/carers and relevant health professionals;
- ensure Allergy Action Plans and other clinical information are incorporated into IHPs where required;
- ensure relevant staff know about the arrangements for pupils they support;
- oversee the school's spare AAI arrangements;
- ensure emergency medication is accessible and within its expiry date;
- coordinate annual allergy awareness training and induction arrangements;
- monitor allergy-related incidents and near misses;
- review relevant risk assessments;
- work with catering staff/providers regarding food allergy arrangements;
- support pupil voice and wellbeing in relation to allergies;
- report significant issues to the Principal and Trust Board; and
- coordinate the annual review of this policy.

The Allergy Safety Lead is not expected to make clinical judgements. Where clinical advice is required, the school will seek appropriate advice from healthcare professionals.

All staff will:

- understand and follow this policy;
- complete required allergy awareness and emergency-response training;
- know how to recognise signs of an allergic reaction and anaphylaxis;
- know how to summon help and access emergency medication;
- follow individual pupils' IHPs and Allergy Action Plans;
- take reasonable steps to minimise exposure to known allergens;
- consider allergy safety when planning lessons, activities, food, rewards, trips or events;
- report allergy incidents and near misses promptly; and
- challenge allergy-related bullying, teasing or unsafe behaviour.

Parents and carers are expected to:

- provide accurate and up-to-date information about their child's allergies;

- inform the school promptly of any new diagnosis or change;
- provide prescribed medication in accordance with the school's medicines procedures;
- provide updated Allergy Action Plans or clinical information when available;
- check or support the checking of individually prescribed medication expiry dates;
- participate in developing and reviewing their child's IHP where required; and
- discuss concerns with the school promptly.

Pupils will be supported, according to their age and level of understanding, to:

- understand their allergy;
- recognise potential risks and symptoms where possible;
- tell an adult immediately if they feel unwell or believe they have been exposed to an allergen;
- avoid sharing food where this presents a risk;
- understand how and where their medication is accessed;
- manage or carry their medication independently where this has been agreed as safe; and
- contribute to decisions about their individual arrangements.

A pupil will never be blamed or sanctioned because they are unable to manage their allergy independently.

4. Identifying Allergies

The school will seek information about allergies:

- during admission;
- through information supplied by parents/carers;
- from the pupil's previous education setting;
- through relevant healthcare documentation;
- when an allergy is newly diagnosed; and
- whenever updated information is provided.

The school will maintain an accurate record of pupils with known allergies, including:

- identified allergen(s);
- likely symptoms;
- level of risk;
- prescribed emergency medication;
- whether the pupil has an IHP;
- whether the pupil has an Allergy Action Plan or Asthma Action Plan; and
- where emergency medication is located.

Arrangements should be established before a pupil begins attending wherever possible. Where an allergy becomes known after admission or a pupil joins during the year, arrangements will be put in place without unnecessary delay.

Information will be shared with staff who need it in order to keep the pupil safe, while maintaining appropriate confidentiality.

5. Individual Healthcare Plans

An IHP will be developed for a pupil with an allergy where the school needs to put in place supportive arrangements to manage the allergy safely and enable the pupil to engage fully in school life. This will be considered individually. An IHP should be proportionate to the pupil's needs and should clearly record the practical arrangements staff must follow, including risk-reduction measures, emergency treatment, medication access, food arrangements and any reasonable adjustments for activities inside and outside of school:

The IHP may include:

- the pupil's allergens and known triggers;
- signs and symptoms;
- measures required to reduce exposure;
- reasonable adjustments;
- food arrangements;
- prescribed medication;
- where medication will be kept;
- arrangements for accessing medication;
- whether the pupil may self-carry or self-administer medication;
- emergency procedures;
- the role of individual staff;
- arrangements for PE, practical activities and visits;
- emotional or pastoral support;
- arrangements for sharing relevant information;
- an Allergy Action Plan and/or Asthma Action Plan where provided; and
- any relevant healthcare professional advice.

IHPs will be developed with the pupil and parent/carer and will take account of clinical advice provided by an appropriate healthcare professional.

IHPs will be reviewed at least annually and sooner when:

- the pupil's condition changes;
- medication changes;
- an updated Allergy Action Plan is received;
- circumstances within school change;
- there has been a significant incident or near miss; or
- the pupil, parent, school or healthcare professional identifies a need for review.

6. Prescribed Adrenaline

Pupils prescribed adrenaline devices must be able to access them rapidly whenever they are under the school's care.

Where clinically prescribed, pupils should have access to two prescribed adrenaline devices.

The location of prescribed medication will be recorded in the pupil's IHP.

Where a pupil is sufficiently competent and it is safe to do so, arrangements may allow them to carry their own medication. Decisions will take account of:

- clinical advice;
- pupil age and understanding;
- reliability and independence;
- SEND and communication needs;
- risk of loss, misuse or accidental discharge; and
- the pupil's individual circumstances.

Where self-carrying is not appropriate, medication will be stored so that it is immediately accessible to staff.

Adrenaline will not be locked away.

The school will organise arrangements so that a pupil experiencing anaphylaxis can receive adrenaline as quickly as possible and within five minutes. This requirement applies throughout the school day and during lessons, break and lunchtime, PE, outdoor activities, interventions, off-site education and educational visits.

7. School Spare Adrenaline Auto-Injectors

Hartlepool Free School will maintain appropriate spare AAIs for emergency use.

Spare AAIs are additional to, and do not replace, medication prescribed to an individual pupil.

The school will determine the appropriate doses to stock having regard to the age/weight profile and medical needs of the school population.

Spare AAIs will:

- be stored in pairs;
- be readily accessible;
- not be locked away;
- be clearly identified as school emergency medication;
- be stored at the appropriate temperature in accordance with manufacturer instructions;
- not be refrigerated;
- be protected from extremes of temperature and direct sunlight; and
- be positioned so that they can reach any person experiencing anaphylaxis within five minutes.

The Allergy Safety Lead or nominated trained member of staff will ensure that the school has a documented system for:

- checking expiry dates;
- checking the condition of devices;
- recording checks;
- replacing expired devices;
- replacing devices immediately following use;
- maintaining appropriate stock levels; and
- disposing safely of used or expired AAIs in accordance with medicines and sharps requirements.

Where a pupil has their own prescribed adrenaline device, this should normally be used first.

A school spare AAI may be used where necessary in an emergency, including where:

- the individual's prescribed device is unavailable;
- the device is damaged, empty or misfires;
- a second dose is required and another prescribed device is unavailable; or
- an individual experiences suspected anaphylaxis without a previously diagnosed allergy.

In a life-threatening emergency, treatment will not be delayed solely to locate written consent.

Emergency action may be taken where necessary to save life.

8. Recognising Anaphylaxis

Staff must be alert for Airway, Breathing or Circulation (ABC) symptoms.

Airway

- swelling or tightness of the throat;
- difficulty swallowing;
- swollen tongue;
- hoarse voice.

Breathing

- sudden wheezing;
- persistent cough;
- noisy or difficult breathing;
- shortness of breath.

Circulation

- pale, clammy or floppy presentation;
- persistent dizziness;
- sudden sleepiness;
- collapse;

- loss of consciousness.

Anaphylaxis can occur without skin symptoms. Where severe and sudden breathing difficulties occur in a person at risk of allergy/anaphylaxis, staff must treat the situation as a medical emergency.

9. Emergency Response to Suspected Anaphylaxis

If anaphylaxis is suspected:

1. Call for immediate assistance.
2. Lay the person flat with their legs raised. If they are struggling to breathe, they may be allowed to sit up with their legs extended. They must not stand or walk.
3. Administer adrenaline immediately. Do not delay while waiting for an ambulance.
4. Call 999 immediately and state clearly that anaphylaxis is suspected.
5. Use the pupil's own prescribed adrenaline device first where available.
6. Use a school spare AAI if required.
7. Note the time the adrenaline was administered.
8. Stay with the pupil and continue to monitor them.
9. Inform the pupil's parent/carer.
10. If symptoms do not improve after five minutes, administer a second dose of adrenaline using a second device if available.
11. Begin CPR if the pupil becomes unresponsive and is not breathing normally.
12. Continue to follow instructions from emergency services until the ambulance arrives.

Any pupil who has received adrenaline must be assessed by emergency medical professionals. A pupil experiencing suspected anaphylaxis must not be sent home with a parent in place of calling an ambulance.

10. Mild or Moderate Allergic Reactions

Where symptoms are mild or moderate and do not involve airway, breathing or circulation problems, staff will:

- follow the pupil's IHP or Allergy Action Plan;
- administer prescribed or authorised medication as appropriate;
- contact the parent/carer;
- keep the pupil supervised;
- Observe the pupil in a safe place for at least 60 minutes, or longer if the pupil's IHP requires this;
- Ensure the pupil remains under direct supervision of an adult who is able to recognize deterioration and initiate the anaphylaxis response immediately;
- Monitor carefully for deterioration; and
- escalate immediately to the anaphylaxis procedure if ABC symptoms develop.

Where there is any doubt about the seriousness of a reaction, staff will seek urgent medical advice and prioritise the safety of the pupil.

11. Minimising Exposure to Allergens

The school will take reasonable and proportionate measures to reduce exposure to known allergens. Measures may include:

- good handwashing;
- appropriate cleaning of eating and preparation areas;
- avoiding food sharing where it creates a risk;
- managing cross-contact during food preparation;
- safe storage and identification of food;
- reviewing ingredients before food is used in lessons or activities;
- considering allergens in cooking, science, craft and sensory activities;
- considering latex and other contact allergens;
- considering animal-related allergens;
- considering pollen, dust, mould and other airborne triggers where relevant;
- appropriate arrangements during celebrations, rewards or special events; and
- specific measures identified within individual risk assessments or IHPs.

Teachers and other staff planning activities are responsible for considering whether materials may contain an allergen known to affect a pupil.

Where an activity would expose a pupil to a known allergen, staff should first consider whether an appropriate alternative can be used for the whole group, rather than unnecessarily excluding the pupil.

12. Allergy-Aware Rather Than “Nut-Free”

Hartlepool Free School will operate an allergy-aware approach. The school may discourage particular foods from being brought onto site where this is justified by an identified risk. However, the school will not rely on blanket food bans as its principal allergy-control measure and will not guarantee that the site is completely free from a particular allergen.

Individual controls will therefore be based on the actual risks presented by each pupil’s allergy.

13. Food and Catering

The school and its catering provider will comply with relevant food information and allergen legislation. Arrangements will include:

- obtaining accurate allergy and dietary information;

- communicating relevant information to catering staff;
- maintaining clear allergen information for meals;
- identifying the regulated allergens contained in food;
- taking reasonable steps to prevent cross-contact;
- ensuring any prepacked for direct sale food is appropriately labelled;
- providing allergen information for non-prepacked food;
- communicating menu or ingredient changes appropriately; and
- providing suitable food arrangements and reasonable adjustments for pupils with allergies.

Where reasonably practicable, the school will use more than one method of identifying pupils with known food allergies at mealtimes, reducing reliance on a single system or person's memory.

The school will work with the pupil and parent/carer to ensure that arrangements are safe while avoiding unnecessary segregation or embarrassment.

A pupil entitled to Free School Meals will not lose meaningful access to their entitlement because of an allergy. Reasonable adjustments will be considered and recorded in the IHP where necessary.

Food supplied by families for an individual child remains the responsibility of the parent/carer, but the school may provide safety guidance where this affects other pupils with significant allergies.

14. Educational Visits and Off-Site Activities

Pupils with allergies will be supported to participate in educational visits and off-site activities wherever reasonably possible.

A proportionate risk assessment will be completed for a pupil at risk of anaphylaxis. The visit leader will ensure that:

- relevant allergy information is known;
- the pupil's IHP and emergency arrangements have been considered;
- prescribed adrenaline devices accompany the pupil;
- the medication remains immediately accessible;
- staff accompanying the visit know how to recognise and respond to anaphylaxis;
- catering and food arrangements have been checked where relevant;
- access to emergency services has been considered; and
- appropriate arrangements are in place for residential or extended visits.

A pupil at risk of anaphylaxis must not leave school for an off-site activity without appropriate access to their prescribed emergency medication unless an alternative arrangement has been specifically agreed as safe following appropriate advice.

The school may also take appropriate spare AAIs on a visit where risk assessment indicates this is necessary, provided this does not leave the school site without required emergency provision.

15. SEND, Communication and Independence

Hartlepool Free School recognises that pupils' ability to understand, communicate or independently manage an allergy may be affected by SEND. Staff will therefore consider:

- communication difficulties;
- receptive language;
- interoception and ability to recognise physical symptoms;
- impulsivity;
- executive functioning;
- memory;
- sensory needs;
- anxiety;
- emotional regulation;
- understanding of risk; and
- vulnerability to peer influence.

Appropriate support may include:

- visual prompts;
- simplified emergency information;
- social stories;
- repeated teaching;
- adult prompting;
- supported meal choices;
- predictable routines;
- supervised access to medication;
- increased staff awareness; and
- other reasonable adjustments.

Support will seek to increase independence where appropriate without transferring unreasonable responsibility to the pupil.

16. Pupil Wellbeing and Bullying

Living with an allergy may affect a pupil's emotional wellbeing, participation, confidence and sense of belonging.

The school will take steps to avoid arrangements which unnecessarily single pupils out or make them feel different.

Pupils will be encouraged to express concerns about:

- feeling unsafe around food;
- anxiety about anaphylaxis;
- embarrassment about medication;

- eating arrangements;
- educational visits;
- bullying or teasing; and
- any other impact of their allergy.

Deliberately exposing another person to a known allergen, threatening to do so, force-feeding or attempting to force-feed an allergen, hiding medication, mocking a pupil's allergy or deliberately contaminating their food is unacceptable.

Such behaviour may constitute bullying, harmful behaviour, child-on-child abuse, assault or attempted assault, and/or a safeguarding concern depending on the circumstances. It will be responded to in accordance with the school's Behaviour, Anti-Bullying and Safeguarding procedures.

17. Staff Training

All staff who are present when pupils are scheduled to be on site will receive allergy awareness and emergency-response training at least annually. This will include, as relevant, teaching staff, teaching assistants and support staff, senior leaders, administrative staff, pastoral staff, catering staff, agency staff, regular volunteers, supply staff and staff responsible for breakfast, lunchtime or after-school provision.

Training will cover:

- what an allergy is;
- common causes and triggers;
- the difference between allergy, intolerance and coeliac disease;
- recognising mild and moderate allergic reactions;
- recognising anaphylaxis;
- airway, breathing and circulation symptoms;
- emergency procedures;
- how and when to administer adrenaline;
- use of prescribed and school spare AAIs;
- the five-minute second-dose principle;
- calling emergency services;
- reducing allergen exposure;
- the school's Allergy Safety Policy;
- relevant IHPs and Allergy Action Plans;
- allergy-related wellbeing and bullying; and
- recording incidents and near misses.

First aid training alone will not be treated as sufficient allergy awareness training. New staff will receive allergy safety information as part of induction. The school will ensure that temporary

supply and cover staff receive the information necessary to respond safely before being placed in sole responsibility for pupils.

Additional individual training or competency assessment will be obtained where a pupil requires healthcare support that goes beyond general school allergy-response arrangements.

18. Emergency Drills and Preparedness

The school may periodically test its emergency arrangements through tabletop exercises or appropriate drills. These may consider:

- recognising symptoms;
- summoning help;
- locating adrenaline;
- whether the medication can reach all areas within five minutes;
- calling 999;
- allocating staff responsibilities;
- managing other pupils;
- contacting parents; and
- maintaining supervision.

Where an exercise relates directly to an identifiable pupil, the pupil's dignity, emotional wellbeing and individual needs will be considered. Any weakness identified through an exercise will lead to corrective action.

19. Incidents and Near Misses

All significant allergic reactions, anaphylaxis events and relevant near misses will be recorded.

A near miss may include situations where, for example:

- a pupil is almost given food containing a known allergen;
- allergen information is incorrect or unavailable;
- prescribed medication cannot immediately be located;
- medication is found to be expired;
- an AAI fails or is damaged;
- a pupil's emergency plan is not followed;
- unsafe cross-contact occurs; or
- another event identifies a weakness which could have resulted in harm.

Following a serious incident or significant near miss, the school will:

- ensure the pupil receives appropriate care;
- inform the parent/carer;
- record what happened;

- inform the Principal and Allergy Safety Lead;
- consider whether safeguarding or other statutory reporting is required;
- investigate proportionately;
- identify contributory factors;
- review the pupil's IHP where appropriate;
- review relevant risk assessments;
- review this policy or operating procedures where necessary;
- communicate learning to appropriate staff; and
- report significant matters to the Trust Board.

Reviews will focus on learning and improving systems, rather than automatically attributing blame.

Where an incident suggests possible neglect, deliberate harm, unsafe withholding of essential medication or another safeguarding concern, the school's Child Protection and Safeguarding Policy will be followed.

20. Information Sharing and Confidentiality

Information concerning a pupil's allergy is health information and constitutes special category personal data.

The school will share information where this is necessary to:

- protect the pupil's life or health;
- enable staff to implement an IHP;
- provide safe food;
- plan an activity or visit; or
- meet another legal obligation.

Only information reasonably required for these purposes will be shared. Pupils and parents/carers will be involved, as appropriate, in decisions about routine sharing of information.

The school will avoid unnecessary public identification of pupils with allergies and will ensure that systems used to identify pupils are proportionate, respectful and safe. Emergency safety will take priority where immediate sharing of information is necessary to protect life.

21. Staff and Visitors with Allergies

Although the school's statutory duties in relation to pupils are central to this policy, the school will also take reasonable steps to identify and manage significant allergy risks affecting staff or regular visitors where these are known.

Staff with allergies should notify the school of any workplace arrangements reasonably required. Visitors responsible for pupils or participating regularly in school activities should make relevant allergy information known where this affects emergency planning. This will be managed sensitively and in accordance with data-protection and employment requirements.

22. Complaints and Concerns

Parents/carers or pupils who have concerns about allergy safety should raise them promptly with the Allergy Safety Lead or a senior member of staff. Immediate safety concerns will be addressed without waiting for a formal complaints process.

Where a matter remains unresolved, it may be pursued through the Trust's Complaints Policy. No pupil will be disadvantaged because they or their parent/carer raises a legitimate allergy safety concern.

23. Monitoring and Review

The Allergy Safety Lead and Principal will monitor implementation of this policy throughout the year. Monitoring will include, as appropriate:

- the accuracy of the allergy register;
- completion and review of IHPs;
- availability of Allergy Action Plans;
- location and accessibility of medication;
- expiry-date checks;
- school spare AAI stock;
- staff training completion;
- catering arrangements;
- educational visit arrangements;
- incidents and near misses;
- pupil and parent feedback; and
- any patterns indicating further action is required.

The Trust Board will receive sufficient information to assure itself that the policy is being implemented effectively.

This policy will be formally reviewed at least annually, and sooner where:

- legislation or statutory guidance changes;
- a significant allergy incident or near miss occurs;
- identified risks change;
- monitoring identifies deficiencies; or
- changes to school provision require amendment.

The current version of the policy will be published on the school website and will be available in hard copy on request. Any material changes will be communicated to relevant staff, pupils and parents/carers.

Appendix 1 - Immediate Anaphylaxis Response

THINK: AIRWAY - BREATHING - CIRCULATION

1. GET HELP
Call for immediate assistance.

2. LAY THE PERSON FLAT
Keep legs raised. If breathing is difficult, allow them to sit with legs extended. Do not allow them to stand or walk.

3. GIVE ADRENALINE IMMEDIATELY
Use their prescribed device first where available. Use the school's spare AAI if required. Do not wait for 999 before giving adrenaline.

4. CALL 999
Say clearly: "ANAPHYLAXIS." Give the school address and precise location of the pupil.

5. STAY WITH THE PUPIL
Continue monitoring airway, breathing and circulation.

6. AFTER FIVE MINUTES
If there is no improvement, give a second dose of adrenaline using a second device.

7. BEGIN CPR IF REQUIRED
Follow emergency services instructions.

8. CONTACT PARENT/CARER
Do not allow this to delay emergency treatment.

A pupil who has received adrenaline requires emergency medical assessment.

Appendix 2 - Allergy Safety Annual Assurance Checklist

☐ Named Allergy Safety Lead confirmed - Sarah Harrington.

☐ Allergy Safety Policy reviewed and published.

☐ Current register of pupils with known allergies checked.

☐ Pupils requiring IHPs identified.

☐ IHPs reviewed and current.

☐ Allergy/Asthma Action Plans attached where applicable.

☐ Prescribed medication locations checked.

☐ Two prescribed adrenaline devices available where clinically required.

☐ Spare school AAIs available in appropriate doses.

☐ Spare AAIs stored in pairs.

☐ Adrenaline accessible within five minutes throughout the site.

☐ Medication expiry dates checked and recording system in place.

☐ Annual whole-school allergy training completed.

☐ New/supply/temporary staff arrangements confirmed.

☐ Catering allergen arrangements reviewed.

☐ PPDS labelling arrangements checked where applicable.

☐ Educational visit procedures reviewed.

☐ Allergy-related bullying arrangements understood.

☐ Emergency response procedure displayed/accessible.

☐ Incidents and near misses reviewed.

☐ Lessons learned and actions completed.

☐ Pupil/parent feedback considered.

☐ Trust Board/governance assurance completed.

☐ Named Senior Leader responsible for Allergy Safety confirmed.

☐ Policy brought to the attention of all pupils parents/carers and all persons working at the school, whether paid or unpaid, during the current school year.

☐ Mild/Moderate reaction procedure confirms at least 60 minutes' observation in a safe place.

☐ Coeliac Disease arrangements are managed through appropriate medical, dietary and reasonable-adjustment procedures and are not described as an allergy or food intolerance.