PARK HILL PRIMARY SCHOOL

ALLERGY SAFETY POLICY

'We aim to bring out the best in everyone'

Academic Year: 2026–2027 **Effective from:** September 2026 **Review date:** September 2027
Policy owner: Kerry King
Named Allergy Lead: Kerry King
Headteacher: Kalsom Khan
Chair of Governors: Lorna Shaw
Spare adrenaline auto-injectors (AAIs): School office cupboard
Annual allergy awareness training: All staff – delivered by the School Nurse

---

1. Policy Statement

Park Hill Primary School is committed to providing a safe, inclusive and supportive environment for all pupils, including children and young people living with allergies.

The school recognises that allergies can have a significant impact on a child's physical health, emotional wellbeing, attendance, participation and educational experience. The school will take reasonable steps to minimise the risk of exposure to known allergens and ensure that appropriate arrangements are in place to respond to allergic reactions and anaphylaxis.

This policy sets out the whole-school arrangements for allergy safety at Park Hill Primary School and should be read alongside the school's:

- Medical Needs Policy
- Asthma policy
- Educational Visits Policy
- Food and Nutrition / Food Safety arrangements
- Safeguarding Policy
- SEND Policy
- Equality Policy
- Attendance Policy
- Health and Safety arrangements
- Emergency procedures.

The school will have regard to the Department for Education's statutory guidance **Allergy safety in schools**, published in July 2026.

2. Legislative and Guidance Framework

This policy has been developed with reference to:

- Children and Families Act 2014, as amended
- Children's Wellbeing and Schools Act 2026
- Department for Education **Allergy safety in schools** statutory guidance
- Department for Education **Allergy safety policy – template**
- Department for Education guidance relating to school food and allergies
- Supporting Pupils with Medical Conditions at School statutory guidance
- Equality Act 2010
- UK GDPR and Data Protection Act 2018
- Relevant NHS and healthcare professional advice.

The school will keep this policy under review in response to changes in legislation, statutory guidance, clinical advice and learning from incidents or near misses.

---

3. Aims

The aims of this policy are to:

1. Reduce the risk of allergic reactions occurring in school.
2. Ensure pupils with allergies can participate fully in school life.
3. Ensure staff understand allergy and anaphylaxis and know how to respond appropriately.
4. Ensure pupils requiring additional support have appropriate Individual Healthcare Plans (IHPs).
5. Ensure prescribed medication and emergency medication are readily accessible.
6. Ensure spare adrenaline auto-injectors are appropriately stored, maintained and available.
7. Promote the emotional wellbeing and inclusion of pupils with allergies.
8. Prevent and respond appropriately to allergy-related bullying.
9. Ensure serious incidents and near misses are recorded, investigated and used to improve practice.
10. Work collaboratively with pupils, parents/carers, staff and healthcare professionals.

---

4. Scope

This policy applies to:

- all pupils;
- all school staff;
- temporary and supply staff;
- agency staff;

- peripatetic staff;
- regular volunteers;
- catering staff;
- staff supervising breakfast clubs, after-school clubs and other pupil activities;
- visitors where relevant to allergy safety.

Contractors, who have no pupil-facing role, such as ad hoc maintenance contractors, are not normally required to undertake the school's allergy awareness training, although relevant safety information will be provided where appropriate.

5. Roles and Responsibilities

5.1 Governing Body

The governing body will:

- ensure an allergy safety policy is in place;
- ensure the policy is reviewed at least annually;
- monitor implementation of the policy;
- receive information about serious allergy incidents and near misses;
- ensure lessons learned are considered;
- ensure the policy is readily accessible to parents/carers and staff;
- ensure the policy is published on the school website;
- support the school in meeting its statutory duties.

5.2 Headteacher

The Headteacher will:

- provide leadership in implementing this policy;
- ensure appropriate resources and arrangements are available;
- ensure staff receive appropriate training;
- ensure allergy safety is considered within wider school risk management;
- ensure incidents and concerns are appropriately addressed.

5.3 Named Allergy Lead

The Named Allergy Lead is **Kerry King**.

The Allergy Lead will:

- oversee implementation of this policy;
- maintain oversight of pupils with known allergies;
- ensure appropriate information is recorded;
- coordinate IHP arrangements where required;
- oversee allergy awareness training;

- ensure spare AAIs are appropriately managed;
- monitor expiry dates and replacement arrangements;
- coordinate responses to serious incidents and near misses;
- ensure lessons learned are acted upon;
- contribute to annual policy review;
- liaise with parents/carers and healthcare professionals where appropriate;
- ensure relevant staff are aware of individual pupil needs.

Responsibility for allergy safety will not rest solely with catering staff.

5.4 All Staff

All staff who work with or supervise pupils are responsible for:

- following this policy;
- attending required allergy awareness training;
- knowing how to identify pupils with known allergies;
- understanding individual pupil Allergy Action Plans/IHPs;
- reducing exposure to known allergens;
- knowing where emergency medication is located;
- knowing how to respond to suspected anaphylaxis;
- reporting incidents and near misses;
- supporting pupils' inclusion and wellbeing.

---

6. Allergy Awareness Training

All staff present during times when pupils are scheduled to be on site will receive allergy awareness and emergency response training at least annually.

At Park Hill Primary School, annual training will be delivered by the **School Nurse**.

Training will cover:

- what an allergy is;
- risks associated with allergies;
- common allergic triggers;
- food allergy;
- asthma and its relationship with allergy;
- eczema, hay fever and other allergic conditions;
- the difference between food allergy, coeliac disease and food intolerance;
- how allergic reactions can occur;
- common symptoms of allergic reactions;

- recognition of anaphylaxis;
- emergency response;
- calling 999;
- informing parents/carers;
- locating emergency medication;
- use of prescribed adrenaline auto-injectors;
- use of spare AAIs;
- emergency asthma response where relevant;
- individual pupil needs;
- Allergy Action Plans and IHPs;
- responsibilities for reducing exposure to allergens;
- reporting incidents and near misses;
- the impact of allergy on wellbeing;
- allergy-related bullying;
- the school's allergy safety procedures.

First aid training alone will not be considered a substitute for allergy awareness training.

New staff

New staff will receive relevant allergy safety information as part of their induction and will receive allergy awareness training as soon as reasonably practicable.

Supply, temporary and agency staff

The school will ensure that supply, temporary and agency staff, who may supervise pupils receive appropriate allergy safety information and, where required, allergy awareness training.

Catering and club staff

Catering staff and staff supervising breakfast clubs, after-school clubs and other activities where pupils may eat or require medication will be included in allergy awareness arrangements.

---

7. Wellbeing and Allergy-Related Bullying

The school recognises that living with an allergy can cause anxiety and may affect a pupil's confidence, participation and emotional wellbeing.

The school will:

- provide reassurance that reasonable measures are in place to reduce risk;
- avoid unnecessarily singling pupils out because of their allergy;
- involve pupils in decisions about their support where appropriate;
- encourage pupils to develop age-appropriate understanding and confidence in managing their allergy;
- ensure pupils are not unnecessarily excluded from activities;
- provide appropriate pastoral support where allergy causes anxiety;

- respond promptly to concerns about bullying or social isolation.

Allergy-related bullying, teasing, intimidation, deliberate exposure to allergens or inappropriate use of a pupil's medication will be treated seriously and managed in accordance with the school's Behaviour and Anti-Bullying procedures.

Staff will be alert to:

- teasing about food or medication;
- deliberately offering a pupil an unsafe food;
- hiding or moving medication;
- deliberately exposing a pupil to an allergen;
- excluding a pupil from activities because of their allergy;
- online bullying related to allergy.

---

8. Identification and Recording of Allergies

The school will maintain an accurate record of pupils with known allergies.

Information will be gathered through:

- admission information;
- parent/carer information;
- previous school or setting;
- healthcare professionals;
- Allergy Action Plans;
- Individual Healthcare Plans;
- relevant medical documentation.

The record will identify, where appropriate:

- the pupil;
- known allergen(s);
- symptoms and reaction history;
- whether the pupil is at risk of anaphylaxis;
- whether prescribed medication is required;
- location of medication;
- whether an IHP is in place;
- whether an Allergy Action Plan is available;
- relevant emergency contacts.

Staff and visitors with significant allergies may also be supported where appropriate.

Records will be updated when information changes.

---

9. Individual Healthcare Plans

The school will identify pupils who require an Individual Healthcare Plan.

An IHP will be considered where a pupil:

- has an allergy with a functional impact at school;
- is at risk of harm because of their allergy; and
- requires arrangements additional to or different from those made generally.

An IHP may include:

- known allergens;
- symptoms;
- emergency procedures;
- medication;
- location of medication;
- arrangements for prescribed AAIs;
- arrangements for school activities;
- arrangements for trips and visits;
- supervision requirements;
- relevant contact details;
- communication arrangements.

Where a healthcare professional has provided an Allergy Action Plan or Asthma Action Plan, this should be attached to or used alongside the IHP where appropriate.

IHPs will be reviewed when circumstances change and at appropriate intervals.

Pupils and parents/carers will be involved in developing and reviewing arrangements.

---

10. Allergy Action Plans

Where an Allergy Action Plan has been provided by a healthcare professional, the school will ensure relevant staff know where it is located and how to use it.

The Allergy Action Plan will inform the emergency response for the individual pupil.

Staff will not assume that all pupils with allergies require identical support.

---

11. Allergy Risk Assessment and Minimising Risk

The school will take reasonable steps to minimise exposure to known allergens.

Risk management may include:

- identifying areas where allergen exposure may occur;
- considering food, contact and environmental allergens;
- ensuring relevant staff are aware of risks;

- appropriate cleaning arrangements;
- preventing cross-contamination where practicable;
- considering allergens during lessons and practical activities;
- considering allergens during celebrations and events;
- ensuring appropriate arrangements during trips;
- considering allergy risks within relevant school risk assessments.

Allergy-related risks will be considered within the school's wider risk management arrangements.

The school will not claim that an environment can be completely allergen-free.

---

12. Food, Snacks and School Meals

The school will take reasonable steps to manage food allergy risks.

Where food is provided by the school, appropriate information about allergens will be available.

Staff involved in preparing, serving or supervising food will follow relevant food safety and allergy procedures.

The school will:

- identify pupils with food allergies;
- communicate relevant allergy information to catering staff;
- consider cross-contamination risks;
- ensure appropriate food labelling;
- follow individual pupil arrangements;
- ensure emergency medication remains accessible.

Food allergies will be managed sensitively without unnecessarily excluding pupils from shared experiences.

---

13. Packed Lunches and Food Brought from Home

Parents/carers will be provided with information about the school's allergy safety arrangements.

Where restrictions on particular foods are considered necessary, these will be communicated clearly and reviewed in light of the actual risk.

The school will take reasonable steps to reduce the risk of pupils being exposed to known allergens through food brought from home.

Pupils will be encouraged not to share food.

---

14. Classroom Activities

Staff will consider allergy risks during:

- cooking;
- food technology;
- science;

- art and craft;
- sensory activities;
- gardening;
- use of natural materials;
- celebrations;
- reward systems involving food.

Where an allergen is required for an educational activity, staff will consider whether a safer alternative can be used.

Relevant pupils' IHPs and allergy information will be considered when planning activities.

---

15. School Celebrations and Events

The school will consider allergy safety when organising:

- birthdays;
- parties;
- festivals;
- special events;
- class celebrations;
- fundraising activities;
- assemblies involving food;
- school fairs.

Food will not be given to pupils without consideration of known allergies and relevant school arrangements.

---

16. Educational Visits and Off-Site Activities

Pupils with allergies will be supported to participate fully in educational visits, trips and extracurricular activities wherever reasonably possible.

The school will not routinely require parents/carers to accompany their child solely because the child has an allergy.

Before a visit, staff will consider:

- the pupil's IHP;
- Allergy Action Plan;
- prescribed medication;
- spare emergency medication where appropriate;
- location of medication;
- trained staff;
- access to emergency services;
- food arrangements;

- allergen exposure;
- travel arrangements;
- emergency procedures;
- appropriate supervision.

Emergency medication will accompany the pupil where required.

Staff responsible for the pupil will know where medication is located and how to access it.

17. Prescribed Adrenaline Auto-Injectors

Pupils at risk of anaphylaxis, who have been prescribed an adrenaline auto-injector must have appropriate access to their medication.

The school will ensure prescribed AAIs are:

- readily accessible;
- available whenever the pupil is on the school premises;
- available during educational visits and activities;
- stored in accordance with the pupil's arrangements and manufacturer's instructions;
- clearly identifiable;
- checked for expiry;
- replaced when used or expired.

Where appropriate and safe to do so, pupils who are competent to self-manage may be encouraged to carry their own medication.

Decisions about self-management will be made individually with the pupil, parent/carer and, where appropriate, healthcare professionals.

A pupil must not be prevented from easily accessing prescribed emergency medication.

---

18. Spare Adrenaline Auto-Injectors

Park Hill Primary School will maintain spare adrenaline auto-injectors for emergency use in accordance with current statutory guidance.

Location: School office cupboard.

Spare AAIs will:

- be stored in a clearly identified location;
- be readily accessible to trained staff;
- not be locked away in a manner that could delay emergency access;
- be stored according to manufacturer instructions;
- be kept at the appropriate temperature;
- be protected from direct sunlight and inappropriate environmental conditions;
- be checked routinely;
- have expiry dates monitored;

- be replaced before expiry;
- be replaced promptly following use;
- be available for emergency use in accordance with the statutory guidance and the circumstances of the incident.

Where appropriate, spare AAIs will be stored in pairs.

The school will ensure the location and accessibility of spare AAIs are considered in relation to the layout of the school so that emergency medication can be accessed promptly.

Where the school's layout, pupil numbers or risk assessment indicates that additional spare devices are required, the school will review arrangements accordingly.

---

19. Spare AAI Checks

The Named Allergy Lead or designated member of staff will oversee routine checks of spare AAIs.

Checks will include:

- expiry date;
- physical condition;
- storage conditions;
- accessibility;
- correct labelling;
- availability of the required number of devices.

Checks will be recorded.

Expired, damaged or used devices will be replaced promptly.

Used or expired devices will be disposed of safely in accordance with relevant medication and clinical disposal arrangements.

---

20. Emergency Response to Suspected Anaphylaxis

If a pupil is suspected of experiencing anaphylaxis:

1. **Give adrenaline immediately** using the pupil's prescribed AAI where available and appropriate.
2. If the pupil's prescribed AAI is unavailable and the circumstances meet the requirements for use of a spare AAI, use the school's spare device.
3. **Call 999 immediately.**
4. State clearly that the child is experiencing, or is suspected of experiencing, **anaphylaxis**.
5. Tell the emergency operator that adrenaline has been administered.
6. Follow the pupil's Allergy Action Plan/IHP where available.
7. Keep the pupil under continuous observation.
8. Do not leave the pupil alone.

9. If symptoms have not improved after approximately 5 minutes and another adrenaline device is available, administer a second dose in accordance with current guidance and the pupil's emergency plan.
10. Follow instructions from emergency services.
11. Contact the parent/carer as soon as practicable.
12. Record the incident and complete the school's incident reporting arrangements.
13. Review the incident and identify any lessons to improve future practice.

Emergency help must come to the pupil. A pupil experiencing a suspected anaphylactic reaction must not be sent alone to the school office or medical room.

---

21. Positioning During Anaphylaxis

Unless there is a clinical reason otherwise:

- the pupil should remain lying down;
- the pupil should not be allowed to stand or walk;
- if breathing is difficult, the pupil may need to sit with legs extended;
- an unconscious pupil who is breathing should be placed in the recovery position;
- appropriate first aid and emergency procedures should be followed.

Staff should follow current emergency guidance and instructions from emergency services.

---

22. Calling 999

The emergency call should clearly state:

“This is anaphylaxis.”

Staff should tell the operator:

- the pupil's location;
- what symptoms are present;
- that adrenaline has been administered;
- whether a second dose has been administered;
- any other relevant information requested.

A member of staff should meet emergency responders where practicable and direct them to the pupil.

---

23. Staff Responsibilities During an Allergy Emergency

Where an allergy emergency occurs, staff should work together to:

- administer emergency medication;
- call 999;
- stay with the pupil;
- obtain additional emergency medication where required;

- meet emergency services;
- contact parents/carers;
- supervise other pupils;
- preserve appropriate privacy and dignity;
- record the incident.

Staff should not delay administration of adrenaline while waiting for a parent/carer or another member of staff.

---

24. First Aid and Allergy Emergencies

First aid arrangements will complement, but not replace, allergy-specific emergency arrangements.

Allergy awareness training will ensure staff understand the distinction between general first aid and the specific emergency response required for anaphylaxis.

---

25. Serious Incidents and Near Misses

The school will record serious allergic incidents and allergy-related near misses and will report them to parents/carers and the governing body, alongside any statutory reporting requirements. The school will review each incident or near miss to identify lessons and determine whether changes are required to individual healthcare plans, risk assessments, staff training, procedures or the Allergy Safety Policy.

A near miss may include an incident where:

- a pupil was exposed to an allergen but did not develop a reaction;
- incorrect food was nearly given;
- emergency medication was nearly unavailable;
- medication was nearly inaccessible;
- a known allergy was not communicated appropriately;
- a procedure was nearly not followed.

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

- what happened;
- whether the incident could reasonably have been foreseen;
- whether reasonable preventative measures were in place;
- whether the relevant policy or IHP was followed;
- whether staff training was adequate;
- whether arrangements were adequate;
- whether changes are required;
- whether parents/carers and the pupil should be involved in the review;
- whether healthcare professionals should be consulted.

Lessons learned will be used to improve practice.

The governing body will receive appropriate information about serious incidents and near misses.

---

26. Allergy Safety Drills

Where appropriate, the school may conduct simulated allergy emergency drills or active training exercises.

Drills may test:

- location of emergency medication;
- speed of access;
- staff knowledge;
- emergency calling procedures;
- communication;
- supervision arrangements;
- response to a simulated anaphylactic emergency.

Any drill will be planned carefully to avoid causing distress to pupils.

The results of drills will be recorded and may be used to improve the policy.

---

27. Medication Checks

Prescribed allergy medication will be checked in accordance with the school's medication procedures.

Checks will include:

- expiry dates;
- accessibility;
- storage;
- appropriate labelling;
- availability;
- condition of medication.

Parents/carers will be contacted where replacement medication is required.

The school will have arrangements to ensure medication does not remain expired or inaccessible.

---

28. Communication with Parents and Carers

Parents/carers are expected to provide the school with accurate and up-to-date information about their child's allergy.

Parents/carers should inform the school of:

- new allergies;
- changes in known allergens;
- changes in medication;
- changes in symptoms;

- changes in Allergy Action Plans;
- hospital admissions or serious reactions;
- changes to emergency contacts.

The school will communicate relevant information to parents/carers following serious incidents or near misses.

Information supplied by parents/carers about allergic reactions occurring outside school will be considered when reviewing the pupil's arrangements.

Parents/carers will be involved in reviews of individual support arrangements.

29. Pupil Involvement and Self-Management

The school will support pupils to understand their allergy in an age-appropriate way.

Where appropriate, pupils will be encouraged to:

- understand their allergy;
- recognise their symptoms;
- know how to seek help;
- know where their medication is located;
- understand the importance of not sharing food;
- develop confidence in managing their allergy;
- participate in discussions about their IHP.

Pupils who are able to self-manage their allergy may be supported to carry their own medication where appropriate.

---

30. Inclusion and Equality

The school is committed to ensuring that pupils with allergies are not disadvantaged.

Pupils with allergies will be supported to participate in:

- lessons;
- clubs;
- school trips;
- residential activities where applicable;
- sports;
- celebrations;
- social activities;
- school meals;
- enrichment activities.

The school will avoid unnecessary restrictions or exclusions.

The school will not routinely require a parent/carer to attend school activities solely because their child has an allergy.

Allergy-related absence will be managed sensitively and will not result in inappropriate attendance-related disadvantage.

---

31. Visitors, Volunteers and Contractors

Visitors and regular volunteers will be provided with relevant information where necessary.

Where visitors are likely to:

- supervise pupils;
- provide food;
- run activities;
- work closely with pupils with known allergies,

the school will provide appropriate allergy safety information.

Contractors with no pupil-facing role will not normally require allergy awareness training, although reasonable arrangements will be made where their work could affect allergy safety.

---

32. Catering Staff

Catering staff will be informed of pupils with relevant food allergies.

They will:

- follow food safety procedures;
- follow allergen management procedures;
- follow information supplied by the school;
- take reasonable steps to prevent cross-contamination;
- ensure relevant allergen information is available;
- report concerns immediately.

Catering arrangements will be considered alongside individual pupil IHPs where applicable.

---

33. Information Sharing and Confidentiality

Information about allergies is personal and sensitive health information.

The school will share allergy information on a need-to-know basis to ensure pupils receive safe and appropriate support.

Relevant information may need to be shared with:

- teachers;
- teaching assistants;
- lunchtime supervisors;
- catering staff;
- first aiders;

- club staff;
- trip leaders;
- emergency responders;
- relevant healthcare professionals.

Information will be shared respectfully and proportionately.

The school will avoid unnecessarily identifying or singling out pupils.

Relevant information will be handled in accordance with the school's data protection and confidentiality arrangements.

34. Unacceptable Practice

Park Hill Primary School will not:

- prevent pupils from easily accessing prescribed emergency medication;
- ignore the views of pupils or parents/carers;
- ignore relevant medical advice;
- assume all pupils with allergies need the same support;
- assume older pupils no longer need support;
- send an unwell pupil alone to the office or medical room during an allergic emergency;
- unnecessarily exclude pupils from activities because of their allergy;
- require parents/carers to attend school solely to administer routine medication where appropriate school arrangements are in place;
- unnecessarily prevent pupils from attending trips or activities;
- penalise allergy-related absence inappropriately.

---

35. Awareness of the Allergy Safety Policy

The school will ensure the policy is:

- published on the school website;
- available to parents/carers;
- available to staff;
- available in hard copy on request;
- communicated to staff;
- introduced to new staff;
- shared with pupils in an age-appropriate way;
- communicated to parents/carers;
- incorporated into annual allergy awareness training.

Staff will be expected to understand their responsibilities under this policy.

---

36. Monitoring and Review

The policy will be reviewed at least annually.

The next scheduled review is **September 2027**.

The policy may be reviewed sooner following:

- a serious allergic incident;
- a near miss;
- significant changes in guidance;
- changes to the school's arrangements;
- concerns raised by pupils, parents/carers or staff;
- recommendations from healthcare professionals;
- learning from an allergy emergency drill.

Reviews will consider incidents and near misses and will seek to identify lessons and improvements.

Where appropriate, pupils with allergies and their parents/carers will be involved in policy and individual arrangement reviews.

---

37. Complaints

The school's complaints procedure will allow concerns relating to allergy safety, serious incidents, near misses or failure to implement agreed arrangements to be raised and investigated.

Complaints will be handled in accordance with the school's Complaints Policy.

---

38. Policy Approval

Role	Name	Signature	Date
Headteacher	Kalsom Khan	_____	_____
Chair of Governors	Lorna Shaw	_____	_____
Named Allergy Lead	Kerry King	_____	_____

Date approved: _____

Review date: September 2027

APPENDIX 1 – QUICK REFERENCE: SUSPECTED ANAPHYLAXIS

If you suspect anaphylaxis:

1. GIVE ADRENALINE IMMEDIATELY.

Use the pupil's prescribed AAI where available.

If the prescribed device is unavailable and the circumstances meet the requirements for a spare AAI, use the spare device.

2. CALL 999.

Say:

“This is anaphylaxis.”

Tell the operator adrenaline has been administered.

3. KEEP THE PUPIL WITH YOU.

Do not send the pupil to the office or medical room alone.

4. KEEP THE PUPIL IN AN APPROPRIATE POSITION.

Do not allow them to stand or walk unnecessarily.

5. IF REQUIRED, GIVE A SECOND DOSE.

If symptoms have not improved after approximately 5 minutes and another device is available, follow current guidance and the pupil's emergency plan.

6. CONTACT PARENTS/CARERS.

7. RECORD AND REPORT THE INCIDENT.

8. REVIEW WHAT HAPPENED.

Consider whether the incident or near miss identifies improvements needed.

APPENDIX 2 – STAFF ALLERGY SAFETY CHECKLIST

All staff should know:

☐ What an allergy is
☐ The difference between allergy, intolerance and coeliac disease
☐ Common allergic symptoms
☐ Signs of anaphylaxis
☐ Which pupils in their care have known allergies
☐ Where allergy information is recorded
☐ Where IHPs/Allergy Action Plans can be found
☐ Where prescribed medication is kept
☐ Where spare AAIs are kept
☐ How to access emergency medication
☐ How to respond to anaphylaxis
☐ How to call 999
☐ How to contact parents/carers
☐ How to report incidents
☐ How to report near misses
☐ How to reduce allergen exposure
☐ How allergy can affect wellbeing
☐ How to recognise and respond to allergy-related bullying
☐ Their responsibilities during trips and activities.

APPENDIX 3 – SPARE AAI CHECK

Location: School office cupboard

Checks should confirm:

☐ Correct number of spare devices available
☐ Devices stored appropriately
☐ Devices clearly identifiable
☐ Devices readily accessible
☐ Devices not inaccessible because of locked storage
☐ Devices are within expiry date
☐ Devices are physically intact
☐ Storage conditions are appropriate
☐ Replacement arrangements are in place
☐ Used/expired devices have been replaced
☐ Disposal arrangements are appropriate.

Checked by: _____

Date: _____

Action required: _____

APPENDIX 4 – ANNUAL ALLERGY AWARENESS TRAINING RECORD

Training delivered by: School Nurse

Date: _____

Trainer: _____

Training covered:

☐ Allergy awareness
☐ Food allergy
☐ Asthma and allergy
☐ Eczema/hay fever/other allergic conditions
☐ Allergy vs intolerance/coeliac disease
☐ Allergic symptoms
☐ Anaphylaxis recognition
☐ Emergency response
☐ Adrenaline auto-injectors
☐ Spare AAIs
☐ Individual Healthcare Plans
☐ Allergy Action Plans
☐ Reducing allergen exposure
☐ Wellbeing
☐ Allergy-related bullying
☐ Incident reporting
☐ Near-miss reporting
☐ Trips and visits
☐ School allergy policy.

Staff attending: See school training record.

APPENDIX 5 – ALLERGY INCIDENT / NEAR-MISS REVIEW

All serious allergic incidents and allergy-related near misses will be recorded and reviewed by the school. Where an incident meets another statutory, safeguarding, health and safety or local authority reporting threshold, it will be reported through the appropriate procedure.

Following an incident or near miss, consider:

1. What happened?
2. What allergen was involved?
3. Could the incident reasonably have been foreseen?
4. Were reasonable preventative measures in place?
5. Was the pupil's IHP/Allergy Action Plan followed?
6. Was the policy followed?
7. Was emergency medication available and accessible?
8. Was staff training adequate?
9. Was communication effective?
10. Were parents/carers informed?
11. Does the pupil or parent/carer have additional information?
12. Does the IHP need updating?
13. Does staff training need strengthening?
14. Does the risk assessment need changing?
15. Does the allergy safety policy need changing?
16. Are further actions required?

Actions agreed:

Person responsible: _____

Review date: _____

APPENDIX 6 – EDUCATIONAL VISIT ALLERGY CHECKLIST

Before a visit, confirm:

☐ Pupil allergy information checked
☐ IHP checked
☐ Allergy Action Plan checked
☐ Prescribed AAI available
☐ Spare AAI considered/available where required
☐ Medication expiry checked
☐ Medication accessible throughout visit
☐ Appropriate trained staff identified
☐ Food arrangements checked

☐ Allergen risks considered
☐ Emergency procedures understood
☐ Emergency contact information available
☐ Emergency services access considered
☐ Staff know what to do in anaphylaxis
☐ Parent/carer informed of relevant arrangements.

APPENDIX 7 – KEY CONTACTS

Headteacher: Kalsom Khan

Named Allergy Lead / Medical Officer: Kerry King

Chair of Governors: Lorna Shaw

School Nurse: School Nurse Service

Spare AAI location: School office cupboard

Emergency: 999

Parents/carers: Contact details held securely within the school's pupil records.

POLICY COMMITMENT

Park Hill Primary School is committed to ensuring that pupils with allergies are **safe, included, supported and able to participate fully in school life**.

The school will continue to review its arrangements in light of statutory guidance, healthcare advice, incidents, near misses and the experiences of pupils and families.

This policy will be reviewed at least annually and will be updated whenever there is a significant change in guidance, legislation or school arrangements.