



ALLERGY SAFETY, ALLERGEN AND ANAPHYLAXIS POLICY

Policy owner: Headteacher / Principal

Named senior allergy lead: Deborah Collard

Named governor with oversight: Graham Harknett

Date policy approved: September 2026

Date of next review: July 2027

Approved by: Governing Body

Published on Academy website: September 2026

Contents

1. Statement of intent
2. Legal framework and statutory requirements
3. Scope and definitions
4. Roles and responsibilities
5. Identification and recording of pupils with allergies
6. Individual Healthcare Plans and Allergy Action Plans
7. Minimising allergen exposure and whole-school risk management
8. Food allergies, catering and allergen information
9. Allergens within the curriculum and school environment
10. Adrenaline auto-injectors and emergency medication
11. Emergency anaphylaxis kits and spare AAIs
12. Recognising and responding to allergic reactions
13. Serious incidents, near misses and lessons learned
14. Educational visits, trips and off-site activities
15. Staff training, induction and awareness
16. Pupil voice, wellbeing, inclusion and independence
17. Information sharing, confidentiality and data protection
18. Admissions, transition and changes in medical needs
19. Monitoring, review and publication
20. Appendices and operational records

1. Statement of intent



Charlton Park Academy is committed to providing a safe, inclusive and welcoming environment for all pupils, staff, visitors and volunteers affected by allergy.

The Academy recognises that allergies can have a significant impact on a person's health, wellbeing, participation and ability to access education safely. Some allergic reactions can develop rapidly and may become life-threatening. Anaphylaxis is a medical emergency requiring immediate treatment.

The Academy will therefore take reasonable and proportionate steps to:

- identify pupils with allergies;
- understand individual allergy risks;
- minimise avoidable exposure to known allergens;
- ensure appropriate emergency arrangements are in place;
- ensure prescribed medication and spare emergency AAIs are accessible;
- ensure staff have appropriate allergy awareness and emergency response training;
- ensure pupils with allergies are fully included in school life;
- support pupils to develop independence in managing their allergy where appropriate;
- involve pupils, parents/carers and relevant healthcare professionals in planning;
- record and learn from serious incidents and near misses; and
- regularly review the effectiveness of allergy safety arrangements.

The Academy does not claim to provide an entirely allergen-free environment. Instead, it will use risk assessment, reasonable adjustments, individual healthcare planning, staff training, effective communication and emergency procedures to minimise risk.

Parents/carers are expected to work in partnership with the Academy by providing accurate and up-to-date information about their child's allergy, medication and healthcare arrangements and by informing the Academy promptly of any changes.

The Academy will not unnecessarily exclude, isolate or restrict pupils with allergies. Where a restriction or adaptation is required to manage a specific risk, this will be proportionate, evidence-informed and reviewed regularly.

The Academy recognises that pupils with allergies may require reasonable adjustments and, where the legal definition is met, protection under the Equality Act 2010.



2. Legal framework and statutory requirements

This policy is written with regard to relevant legislation and statutory guidance, including:

- Children and Families Act 2014;
- Children's Wellbeing and Schools Act 2026, including section 34 and the statutory allergy safety requirements;
- Department for Education, *Allergy safety in schools* statutory guidance, published July 2026;
- Department for Education guidance on supporting pupils with medical conditions at school;
- Human Medicines (Amendment) Regulations 2017;
- Food Information Regulations 2014;
- Food Information (Amendment) (England) Regulations 2019, including requirements relating to prepacked for direct sale (PPDS) food;
- Equality Act 2010;
- Health and Safety at Work etc. Act 1974;
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR), where applicable;
- UK GDPR and the Data Protection Act 2018;
- relevant Food Standards Agency guidance; and
- relevant manufacturer instructions and healthcare professional advice.

Section 34 of the Children's Wellbeing and Schools Act 2026 requires schools within the relevant statutory framework to have an allergy safety policy, review it at least annually, publicise it to the school community and parents/carers, bring it to the attention of pupils, parents/carers and staff at least annually, and publish it on the school website.

The Academy will have regard to the DfE statutory guidance *Allergy safety in schools*, which applies to academies and sets expectations around allergy safety policies, staff training, Individual Healthcare Plans, spare adrenaline auto-injectors, serious incidents and near misses.

This policy should be read alongside the Academy's:

- Supporting Pupils with Medical Conditions Policy;
- First Aid Policy;
- Safeguarding and Child Protection Policy;
- Behaviour Policy;
- Anti-Bullying Policy;
- Health and Safety Policy;
- Educational Visits Policy;
- Food Safety / Catering procedures;
- Medication Policy; and
- Data Protection and Privacy Policy.

3. Scope and definitions

For the purpose of this policy:



Allergy

An allergy occurs when the body's immune system reacts to a substance that is normally harmless.

Food allergy

A food allergy is an immune response to a food protein. It can cause symptoms ranging from mild reactions to life-threatening anaphylaxis.

Anaphylaxis

Anaphylaxis is a severe, potentially life-threatening allergic reaction requiring immediate emergency treatment.

Adrenaline Auto-Injector (AAI)

A prescribed or emergency adrenaline device used to treat anaphylaxis. Examples include EpiPen and Jext. The Academy will follow the instructions for the specific device available.

Spare AAI

An emergency adrenaline auto-injector purchased and held by the Academy for use where a pupil at risk of anaphylaxis has an allergic reaction and their own prescribed device is unavailable, inaccessible, unusable or insufficient.

Spare AAIs do not replace a pupil's prescribed medication.

Allergy Action Plan

A personalised plan, normally completed by a healthcare professional, setting out an individual's allergy, symptoms and emergency treatment arrangements.

Individual Healthcare Plan (IHP)

A written document describing the arrangements required to support an individual pupil's medical condition safely in school.

Cross-contact

The unintended transfer of an allergen from one food, surface, utensil, item or environment to another.

Coeliac disease

Coeliac disease is an autoimmune condition triggered by gluten. It is not a food allergy or food intolerance and does not cause anaphylaxis. A person with coeliac disease may, however, also have a separate food allergy. The Academy will manage coeliac disease through appropriate dietary and healthcare arrangements.

Food intolerance



A food intolerance is different from a food allergy and does not cause anaphylaxis. It may nevertheless require appropriate dietary management and reasonable adjustments.

RIDDOR

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013.

Serious incident

An incident involving significant harm or potential harm, including an allergic reaction requiring emergency medication, emergency medical treatment or hospital attendance, or another event meeting the Academy's serious incident reporting criteria.

Near miss

An event which did not result in harm but had the potential to cause harm, such as an allergen exposure being identified before consumption or an error involving allergy information or medication.

4. Roles and responsibilities

4.1 Governing Body

The Governing Body will:

- ensure the Academy has an effective allergy safety policy;
- review the policy at least annually;
- ensure the policy is published on the Academy website;
- monitor the effectiveness of allergy safety arrangements;
- ensure appropriate staff training is provided;
- ensure appropriate resources are available for allergy safety;
- ensure serious incidents and relevant near misses are reviewed;
- ensure lessons learned are considered and acted upon;
- appoint or identify a governor with oversight of allergy safety;
- consider allergy safety within relevant safeguarding, health and safety and medical conditions monitoring.

Named governor: Graham Harknett

4.2 Headteacher / Principal

The Headteacher / Principal will:

- ensure this policy is implemented;



- ensure sufficient resources are available;
- ensure appropriate staff receive training;
- ensure individual healthcare arrangements are implemented;
- ensure appropriate risk assessments are completed;
- ensure spare AAIs are obtained and maintained where required;
- ensure catering arrangements are appropriately managed;
- ensure serious incidents and near misses are reviewed;
- ensure parents/carers are appropriately informed;
- ensure the policy is published and brought to the attention of the school community annually.

4.3 Named Senior Allergy Lead

The Academy will identify a senior member of staff with responsibility for coordinating allergy safety.

Named Senior Allergy Lead: Deborah Collard

The Allergy Lead will:

- coordinate the implementation of this policy;
- maintain oversight of allergy records;
- coordinate IHP arrangements;
- liaise with parents/carers and healthcare professionals;
- coordinate allergy awareness and emergency response training;
- oversee spare AAI arrangements;
- monitor expiry dates and stock;
- ensure relevant staff know how to access emergency medication;
- coordinate incident and near-miss reviews;
- monitor allergy-related risk assessments;
- report relevant information to senior leaders and governors.

4.4 First aid and medical staff

Designated first aid and medical staff will:

- maintain appropriate first aid and medical knowledge;
- understand the Academy's emergency allergy procedures;
- administer emergency medication where appropriate and in accordance with training and the individual's healthcare arrangements;
- record medication administration;
- ensure emergency equipment is returned/replaced after use.

4.5 Catering staff

Catering staff will:



- maintain accurate allergen information;
- follow food safety and hygiene procedures;
- prevent avoidable cross-contact;
- check ingredients and product information;
- ensure allergen information is accurate and accessible;
- comply with relevant food information and PPDS requirements;
- inform the Academy of ingredient or supplier changes;
- ensure staff preparing or serving food are appropriately trained.

4.6 All staff

All staff are responsible for:

- completing required allergy awareness training;
- knowing which pupils they work with have known allergies;
- understanding relevant IHPs and emergency arrangements;
- knowing how to summon emergency assistance;
- knowing where emergency AAI's are located;
- taking reasonable steps to minimise allergen exposure;
- responding immediately to suspected anaphylaxis;
- not delaying emergency adrenaline while waiting for another member of staff;
- recording and reporting relevant incidents and near misses;
- maintaining confidentiality.

4.7 Agency, supply, temporary and peripatetic staff

Agency, supply, temporary, visiting and regular peripatetic staff will receive appropriate allergy safety information as part of induction.

Where their role requires direct pupil contact, they must know:

- which pupils have known allergies;
- how to access relevant information;
- how to summon emergency assistance;
- where emergency medication is located;
- the Academy's emergency response arrangements.

4.8 Parents/carers

Parents/carers are responsible for:

- providing accurate allergy and medical information;
- providing copies of healthcare professional plans where available;
- providing prescribed medication and ensuring it is in date;
- informing the Academy promptly of changes;



- participating in IHP reviews;
- informing the Academy of changes in medication or clinical advice.

4.9 Pupils and young people

Pupils will be supported, according to their age, communication needs, cognitive development and level of independence, to:

- understand their allergy where appropriate;
- recognise symptoms;
- know how to seek help;
- understand the importance of not sharing food;
- develop safe independence in managing medication where clinically appropriate.

5. Identification and recording of pupils with allergies

The Academy will seek information about allergies:

- during admission;
- during transition;
- through parental/carers updates;
- through healthcare professionals;
- when a new diagnosis is reported;
- when medication changes;
- following an allergic reaction or significant near miss.

The Academy will maintain an up-to-date allergy register.

Information should include, where applicable:

- pupil name;



- class/pathway/site;
- known allergen(s);
- type of allergy;
- severity/risk;
- prescribed medication;
- location of medication;
- IHP;
- Allergy Action Plan;
- relevant emergency instructions;
- date of last review.

Information must be updated promptly when circumstances change.

The Academy will not rely solely on a central register. Relevant staff must have access to the information they need to keep individual pupils safe.

6. Individual Healthcare Plans and Allergy Action Plans

Where an allergy has a functional impact, creates a significant risk or requires arrangements additional to normal school provision, the Health Care Team will develop an Individual Healthcare Plan.

IHPs will be developed collaboratively with:

- the pupil/young person, where appropriate;
- parents/carers;
- relevant healthcare professionals.

Where available, an Allergy Action Plan provided by a healthcare professional will be incorporated into or linked to the IHP.

An IHP should include:

- known allergens;
- symptoms and individual presentation;
- emergency treatment;
- prescribed medication;
- location and accessibility of medication;
- arrangements for emergency response;
- reasonable adjustments;
- food arrangements;
- curriculum arrangements;
- educational visits;
- physical activity;
- communication needs;
- supervision arrangements;
- arrangements for increasing independence.

IHPs will normally be reviewed at least annually and sooner where:



- there is a significant change in medical circumstances;
- medication changes;
- healthcare advice changes;
- a serious allergic reaction occurs;
- a significant near miss occurs;
- the pupil's needs change;
- the pupil changes class, pathway, site or educational setting.

7. Minimising allergen exposure and whole-school risk management

The Academy will use risk assessment to minimise avoidable exposure to known allergens.

Risk assessments will consider:

- food brought into school;
- school meals;
- packed lunches;
- Food Technology;
- sensory activities;
- celebrations;
- school events;
- animals and animal feed;
- therapy animals;
- outdoor learning;
- trips and visits;
- transport;
- health related exercise
- swimming;
- medication;
- cleaning;
- latex;
- airborne/contact allergens;
- products used within the curriculum.
-

The Academy will not routinely impose whole-school allergen bans.

Where an allergen creates a significant and avoidable risk, proportionate controls will be considered.

Where restrictions are required, they will be:

- evidence-informed;
- proportionate;
- communicated clearly;
- reviewed regularly;
- designed to minimise unnecessary exclusion.

High standards of hygiene and cleaning will be maintained.

Staff and pupils will be encouraged not to share or trade food or drinks.



8. Food allergies, catering and allergen information

The Academy recognises that food is a significant potential source of allergen exposure.

The Academy and its catering provider will maintain accurate information regarding the 14 regulated allergens.

Allergen information will be available for food provided by the Academy and will be communicated appropriately for:

- prepacked food;
- prepacked for direct sale (PPDS) food;
- non-prepacked food.

Where menus or products change, allergen information must be checked before food is offered to pupils.

Staff must not rely on assumptions about ingredients.

Where necessary, staff will check:

- ingredient lists;
- manufacturer information;
- supplier information;
- product substitutions;
- recipes;
- preparation processes.

Food will not be described as "free from" an allergen unless the Academy/catering provider has appropriate assurance that the claim is accurate.

Appropriate procedures will be followed to reduce cross-contact.

The Academy will work with parents/carers and healthcare professionals to provide appropriate dietary arrangements. The Academy will not automatically assume that all pupils with an allergy require the same dietary provision.

9. Allergens within the curriculum and school environment

Allergy risks will be considered when planning lessons and activities.

This includes:

- Food Technology;
- World around us
- art;
- sensory activities;
- gardening;
- animal care;



- therapy animals;
- outdoor learning;
- celebrations;
- practical activities.

Where an activity creates a significant risk, the Academy will consider:

- removing the allergen;
- substituting the material;
- modifying the activity;
- improving cleaning;
- changing the location;
- increasing supervision;
- providing an equivalent alternative.

Pupils with allergies should, wherever reasonably possible, participate alongside their peers.

10. Adrenaline auto-injectors and emergency medication

Pupils at risk of anaphylaxis who have prescribed AAIs should have access to their prescribed medication in accordance with their IHP and clinical advice.

Prescribed AAIs must be:

- in date;
- accessible;
- appropriately labelled;
- stored according to manufacturer instructions;
- available when the pupil is on Academy premises or participating in Academy activities.

Spare AAIs are an emergency contingency and do not replace prescribed medication.

Staff must not delay emergency treatment while attempting to locate a specific designated member of staff.

Where anaphylaxis is suspected, adrenaline should be administered without delay in accordance with the individual's healthcare arrangements and the instructions for the device.

The Academy will follow current DfE/DHSC guidance and manufacturer instructions when determining the appropriate spare AAI dosage and stock arrangements.

11. Emergency anaphylaxis kits and spare AAIs

The Academy will maintain emergency anaphylaxis kits containing spare AAIs where required.

Spare AAIs will be:



- stored in pairs where applicable;
- clearly identified;
- readily accessible;
- not locked away in a way that prevents timely access;
- protected from extreme temperatures and direct sunlight;
- checked regularly;
- replaced before expiry;
- available across relevant Academy sites.

The Academy will undertake an access audit to ensure emergency AAIs can be reached promptly, including consideration of the expectation that they should be accessible within approximately five minutes.

Current Emergency AAI Locations

Site / Area	AAI Kit Location	Status
CPA Main Site	Opposite Main Reception	Confirmed
CPA Main Site	Food Technology Room	Confirmed
Mulberry Tree House	Mulberry Tree House Corridor	Confirmed
St Margaret's Site	Staff Room	Confirmed
Trinity Site	Meeting Room	Confirmed

AAI kit checks

The nominated AAI lead will maintain a register recording:

- kit location;
- device type;
- dosage;
- batch number;
- expiry date;
- date checked;
- person completing the check;
- replacement required;
- replacement date;
- any discrepancies.

A formal monthly check will be completed.



Additional checks will take place following use, relocation, damage or any identified concern.

12. Recognising and responding to allergic reactions

12.1 Mild to moderate symptoms

Symptoms can include:

- hives or rash;
- itching;
- tingling in the mouth;
- swelling of lips, face or eyes;
- abdominal pain;
- vomiting;
- changes in behaviour.

The pupil should be monitored and their individual Allergy Action Plan/IHP followed.

Medication should only be administered in accordance with the pupil's healthcare arrangements and the Academy's medication procedures.

Staff must remain alert to the possibility of progression to anaphylaxis.

12.2 Anaphylaxis

Symptoms can include:

Airway

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

Breathing

- difficulty breathing;
- wheezing;
- noisy breathing;



- persistent cough;
- sudden respiratory distress.

Circulation

- dizziness;
- collapse;
- confusion;
- pale or clammy skin;
- loss of consciousness;
- becoming weak or floppy.

Anaphylaxis can occur without skin symptoms.

A sudden breathing problem in a pupil with a known allergy must be treated seriously.

12.3 Emergency response

If anaphylaxis is suspected:

1. **Call for help immediately.**
2. **Administer adrenaline without delay.**
3. Follow the instructions for the specific AAI/device.
4. **Call 999 and state ANAPHYLAXIS.**
5. Record the time adrenaline was administered.
6. Keep the individual with the appropriate positioning for their condition and do not allow them to stand or walk unnecessarily.
7. If symptoms do not improve after approximately 5 minutes, administer a second adrenaline device where available and appropriate.
8. If the person becomes unresponsive and is not breathing normally, commence CPR and follow emergency services instructions.
9. Contact the parent/carer as soon as reasonably practicable.
10. Send the used device(s), where appropriate and safe, with paramedics.
11. Provide paramedics with relevant information, including known allergens, medication and times/doses of adrenaline.
12. Ensure the incident is recorded and reviewed.

Adrenaline must not be delayed while waiting for an ambulance, parent/carer or designated member of staff.

Following anaphylaxis, the pupil will receive emergency medical assessment and treatment in accordance with NHS/emergency service advice.

13. Serious incidents, near misses and lessons learned

The Academy will maintain a culture of learning and continuous improvement.



All serious allergic reactions will be recorded.

Relevant near misses will also be recorded.

Examples of allergy-related near misses include:

- incorrect food supplied but identified before consumption;
- incorrect allergen information;
- missing or inaccessible medication;
- expired emergency medication;
- failure to communicate allergy information;
- an allergen being introduced into a known high-risk activity;
- an allergy-related risk assessment control not being followed.

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

1. ensure the individual receives appropriate medical support;
2. inform parents/carers as appropriate;
3. record the incident;
4. notify senior leadership;
5. notify the governing body as appropriate;
6. review the circumstances;
7. involve the pupil/young person and family where appropriate;
8. consider relevant healthcare professional advice;
9. review the pupil's IHP and Allergy Action Plan where required;
10. review relevant risk assessments;
11. identify lessons learned;
12. implement actions;
13. communicate relevant learning to staff;
14. review this policy where necessary.

The Academy will seek to understand system failures and learning rather than simply attributing blame.

Where a food safety incident meets relevant reporting requirements, the Academy will follow the appropriate local authority and food safety procedures.

Where a work-related incident meets RIDDOR reporting requirements, the Academy will follow the Academy's Health and Safety procedures.

14. Educational visits, trips and off-site activities

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

The Educational Visits Coordinator and trip leader will ensure that allergy risks are considered as part of the visit risk assessment.

Planning will consider:



- allergens present at the destination;
- food and catering;
- transport;
- medication;
- emergency services;
- accessibility;
- communication;
- staff training;
- supervision;
- emergency AAI access;
- location of nearest medical support;
- activities involving animals or food;
- individual pupil healthcare plans.

A pupil's prescribed medication must accompany them where required.

Spare AAIs will be taken on visits where appropriate.

At least one appropriately trained adult must be present where required by the pupil's IHP and risk assessment.

Emergency contact arrangements must be available.

Pupils will not be excluded from a trip solely because they have an allergy where safe and reasonable arrangements can be made.

Where a particular activity presents a significant risk, alternative arrangements will be considered to maintain inclusion.

15. Staff training, induction and awareness

The Academy will provide allergy awareness training to staff in accordance with current DfE statutory guidance.

Training will cover:

- what an allergy is;
- common allergens;
- symptoms of allergic reactions;
- signs of anaphylaxis;
- the speed with which anaphylaxis can progress;
- the importance of immediate adrenaline;
- how to access emergency AAIs;
- how to use an AAI;
- emergency response procedures;
- individual pupil arrangements;
- food safety;
- cross-contact;
- prevention and risk reduction;



- incident reporting;
- near-miss reporting;
- pupil inclusion and wellbeing.

All staff will receive appropriate allergy awareness training at least annually or at the frequency required by current statutory guidance.

Relevant staff will receive practical AAI training.

New staff, agency staff, supply staff and other regular pupil-facing staff will receive appropriate allergy information as part of induction.

Training records will include:

- staff name;
- role;
- training date;
- training completed;
- trainer/provider;
- renewal date;
- any additional training required.

16. Pupil voice, wellbeing, inclusion and independence

CPA recognises that allergies can affect a pupil's confidence, participation and wellbeing.

Pupils will be involved in decisions about their allergy management wherever appropriate.

The Academy will consider:

- the pupil's communication needs;
- sensory needs;
- cognitive ability;
- age and developmental stage;
- ability to recognise symptoms;
- ability to communicate distress;
- level of independence.

Where appropriate, pupils will be supported to develop increasing independence in:

- recognising their allergen;
- recognising symptoms;
- understanding avoidance strategies;
- knowing where medication is kept;
- knowing how to seek help;
- carrying prescribed medication where clinically appropriate.



Allergy-related bullying

Allergy-related bullying will not be tolerated.

This includes:

- deliberately exposing someone to an allergen;
- threatening to expose someone to an allergen;
- deliberately contaminating food;
- mocking a pupil because of their allergy;
- pressuring a pupil to eat a known allergen;
- excluding a pupil from activities because of their allergy.

Concerns will be managed under the Academy's Behaviour, Safeguarding and Anti-Bullying procedures as appropriate.

Inclusion and reasonable adjustments

The Academy will consider reasonable adjustments for pupils whose allergy has a substantial and long-term effect on their ability to undertake normal daily activities.

Adjustments may include:

- curriculum adaptations;
- changes to food arrangements;
- environmental controls;
- access to medication;
- supervision;
- educational visit arrangements;
- communication support;
- changes to activities;
- additional staff awareness.

Adjustments will be individualised and reviewed regularly.

17. Information sharing, confidentiality and data protection

The Academy recognises that allergy information is health information and must be handled appropriately.

Information will be shared with staff who need it to keep the pupil safe and included.

Information will be:

- accurate;
- current;
- proportionate;



- securely stored;
- shared on a need-to-know basis;
- handled in accordance with UK GDPR and the Data Protection Act 2018.

Staff will be informed about relevant allergies before supervising activities where the information is necessary to manage risk.

Agency, temporary and visiting staff will receive appropriate information where required for pupil safety.

The Academy will balance confidentiality with its duty to protect pupils from harm.

18. Admissions, transition and changes in medical needs

Allergy information will be requested as part of the Academy's admissions and transition processes.

Where a pupil joins CPA with a known allergy, the Academy will seek:

- allergy information;
- prescribed medication;
- Allergy Action Plan;
- IHP where applicable;
- relevant healthcare information;
- parent/carer emergency contact details.

Relevant staff will be informed before the pupil participates in activities where allergy risk may arise.

Particular consideration will be given to transitions:

- into Year 7;
- between pathways;
- between classes;
- between Academy sites;
- into Sixth Form;
- when pupils transition to adult services or other educational settings.

Where a pupil's allergy or medication changes, relevant plans and staff information will be updated promptly.

19. Monitoring, review and publication

This policy will be reviewed **at least annually**.

It will also be reviewed following:



- a serious allergic reaction;
- a significant near miss;
- a significant change in legislation or statutory guidance;
- changes in Academy arrangements;
- significant changes in the pupil population;
- changes to emergency medication arrangements;
- relevant healthcare professional advice.

The Academy will monitor:

- number and type of pupils with recorded allergies;
- completion of IHPs;
- completion of allergy training;
- AAI stock and expiry dates;
- emergency kit locations;
- access checks;
- incidents;
- near misses;
- trips involving pupils with allergies;
- catering compliance;
- actions arising from incidents;
- lessons learned.

The Governing Body will receive appropriate information to monitor implementation.

The policy will be:

- published on the Academy website;
- available to parents/carers;
- available to staff;
- made available to pupils in an accessible format where appropriate;
- brought to the attention of pupils, parents/carers and staff at least annually.

The Academy will maintain an annual record of how the policy has been communicated.

20. Appendices and operational records

The following documents should support this policy.

Appendix 1 — Allergy Register

Pupil	Class/Pathway	Site	Allergen	AAI IHP	Allergy Action Plan	Medication Location	Review Date
-------	---------------	------	----------	---------	---------------------	---------------------	-------------

Appendix 2 — Individual Healthcare Plan



Each relevant pupil will have an IHP containing:

- pupil details;
- medical/allergy diagnosis;
- known allergens;
- signs and symptoms;
- emergency response;
- prescribed medication;
- AAI details;
- medication location;
- staff responsibilities;
- healthcare professional advice;
- review date.

Appendix 3 — Emergency AAI Kit Monthly Check

Date	Site	Location	Device 1 Expiry	Device 2 Expiry	Correct Dose	Pre- sent	Ac- cessi- ble	Within 5 mins	Condi- tion	Action Re- quired	Checked By
------	------	----------	--------------------	--------------------	-----------------	--------------	----------------------	------------------	----------------	----------------------	---------------

Appendix 4 — Allergy Incident Record

Record:

- pupil name;
- date;
- time;
- location;
- suspected allergen;
- symptoms;
- medication administered;
- time medication administered;
- person administering;
- second AAI administered, if applicable;
- 999 called;
- time ambulance called;
- parent/carers contacted;
- hospital attendance;
- staff present;
- immediate actions;
- follow-up actions;
- IHP reviewed;
- risk assessment reviewed;
- lessons learned;
- governor/senior leader review;
- date closed.



Appendix 5 — Allergy Near-Miss Record

Record:

- date/time;
- pupil;
- location;
- allergen/risk;
- what happened;
- potential consequence;
- how the risk was identified;
- immediate action;
- parent/carer communication where appropriate;
- staff involved;
- root/system factors;
- action required;
- responsible person;
- completion date;
- learning shared.

Appendix 6 — Staff Allergy Training Record

Staff member	Role	Allergy awareness	AAI practical training	Date	Provider	Renewal	Additional action
--------------	------	-------------------	------------------------	------	----------	---------	-------------------

Appendix 7 — Site AAI Accessibility Audit

Each Academy site should be checked to confirm:

- emergency kit location is clearly identified;
- staff know where it is;
- it is accessible without unnecessary delay;
- it is not inappropriately locked away;
- the route is accessible;
- the device can be reached within the expected timeframe;
- spare devices are present;
- devices are in date;
- appropriate dosage is available;
- instructions are present;
- administration records are available;
- replacement arrangements are understood.

Policy approval

Headteacher / Principal: Mark Dale-Emberton



Date: September 2026

Chair of Governors: Graham Harknett and Lynda Hage

Date: September 2026

Named Senior Allergy Lead: Deb Collard

Named Governor for Allergy Safety: Graham Harknett

Date of next annual review: July 2027