The Park Federation
ACADEMY TRUST

Allergy Policy
Iver Village Infant Academy
2026 - 2027

Approved by	Board of Directors		
Date	September 2026	**Next review due**	09/2027

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Contents

AIMS AND OBJECTIVES

This policy aims to:

- Set out our academy's approach to allergy safety, including reducing the risk of exposure and the procedures in place in case of allergic reaction
- Make clear how our academy supports pupils with allergies to ensure their wellbeing and inclusion
- Promote and maintain allergy awareness among the academy community

These requirements ensure that every child with allergies is supported through robust prevention, rapid emergency response, and improved staff awareness. The key statutory obligations include:

- Stocking spare adrenaline auto-injectors (AAIs) for emergency use within school settings.
- Providing compulsory allergy and anaphylaxis training for all staff, including how to recognise symptoms and administer adrenaline devices quickly and effectively.
- Implementing a comprehensive whole-school allergy policy, outlining prevention measures, escalation pathways, responsibilities, and emergency procedures.
- Maintaining up-to-date Individual Healthcare Plans (IHCPs) / Allergy Action Plans for all pupils with known allergies, detailing specific allergens, signs of reaction, and personalised response actions.
- Strengthening communication, monitoring, and incident-recording processes, including structured reviews following any allergic reaction.

The Iver Village Infant Academy fully aligns itself with these requirements, combining them with our established safeguarding protocols to maintain a consistently high standard of allergy awareness and protection. This policy aims to set out our academy's approach to allergy safety (including exposure reduction and emergency procedures), support pupil wellbeing and inclusion, and maintain community allergy awareness.

1. WHAT IS AN ALLERGY?

An allergy occurs when a person reacts to a substance that is usually considered harmless. It is an immune response where the body produces histamine, triggering an allergic reaction. Allergy exists across a spectrum, including common conditions such as food allergies, hay fever (allergic rhinitis triggered by pollen, dust mites, or animal fur), skin allergies (eczema, hives, contact dermatitis), asthma, and allergies to insect stings or medications.

Whilst most allergic reactions are mild, causing minor symptoms, some can be very serious and cause anaphylaxis, which is a life-threatening medical emergency. Severe allergic reactions are mostly caused by food, insect venom (such as wasp or bee stings), latex, and medication.

2. LEGISLATION AND GUIDANCE

This policy is based on Department for Education (DfE) statutory guidance on allergy safety in academies and supporting pupils with medical conditions in an academy,Department of Health and Social Care guidance on using emergency adrenaline auto-injectors in academies, and the following legislation:

- The Food Information Regulations 2014
- The Food Information (Amendment) (England) Regulations 2019
- Human Medicines (Amendment) Regulations 2017
- Children's Wellbeing and Schools Act 2026, Section 34
- Equality Act 2010

3. DEFINITIONS

Benedict's Law is a national framework designed to significantly strengthen allergy safety in schools across England. Developed following the tragic death of five-year-old Benedict Blythe in 2021 and subsequent national campaigning, the UK Government confirmed that the principles of Benedict's Law are implemented through statutory guidance governing the management of medical conditions and allergies in schools.

Coming into force from September 2026, this framework introduces mandatory, consistent safeguards that all schools must follow.

- **Anaphylaxis:** A severe, life-threatening allergic reaction that must be treated as a medical emergency.
- **Allergen:** A normally harmless substance that triggers an allergic reaction. The 14 allergens required by UK law to be highlighted on pre-packed food are: celery, cereals containing gluten, crustaceans, egg, fish, lupin, milk, molluscs, mustard, peanuts, tree nuts, soya, sulphites (or sulphur dioxide), and sesame.
- **Adrenaline Auto-Injector (AAI) / Adrenaline Device (AD):** A single-use device carrying a pre-measured dose of adrenaline injected directly into the upper, outer thigh muscle to treat anaphylaxis. Commonly referred to as AAIs, adrenaline pens (EpiPen).
- **Allergy Action Plan:** A formal medical document detailing a pupil's specific allergy and emergency treatment plan, reviewed and updated annually.
- **Individual Healthcare Plan (IHCP):** A detailed document outlining a pupil's medical conditions, history, treatment, risks, and action plan, created in collaboration with parents/carers. All pupils with a diagnosed allergy require an IHCP.
- **Designated Allergy Lead:** At The Iver Village Infant Academy, the Senior Welfare Officer oversees allergy management across the academy, acting as the primary point of contact.
- **Spare Adrenaline Pens:** Back-up, non-certified AAIs purchased by the academy to treat a pupil whose prescribed pen is unavailable, or to treat an individual experiencing anaphylaxis for the first time. Emergency spare AAIs are securely and centrally stored by the welfare team.

4. ROLES AND RESPONSIBILITIES

4.1 The Board of Directors

The Board of Directors is responsible for ensuring that

- Allergy risks related to pupils with allergies are included in the risk register and actively managed
- The academy has an up-to-date allergy safety policy which sets out:
    - Arrangements to reduce the risk of individuals coming into contact with their known allergens
    - Emergency response plans for cases of anaphylaxis

The Board of Directors delegates the day-to-day implementation of this policy to the delegated Designated Allergy Lead.

4.2 Principal

- Deciding (in discussion with the parents/carers and any relevant healthcare professionals) whether a pupil's allergy can be managed through the adjustments made under the academy's medical conditions policy or whether an IHP is required to specify arrangements that reflect the pupil's circumstances.

4.3 Designated Allergy Lead

The Designated Allergy Lead Mrs Eversden) and The Senior Welfare Officer (Ms. Sibley) manage the daily administration of medical conditions and allergy safety. They are responsible for:

- Implementing this allergy safety policy
- Reviewing the allergy safety policy at least annually, updating it when needed, and making sure it is published
- Promoting and maintaining allergy awareness across our academy community
- Developing and reviewing arrangements for the safe storage and disposal of adrenaline devices (AD)
- Ensuring:
    - All allergy information is up to date and readily available to relevant members of staff
    - All pupils who require support with allergies have an up-do-date individual healthcare plan (IHP)
    - All pupils with a known food or insect sting allergy have up-to-date allergy action plans issued by a medical professional
    - All staff receive regular allergy awareness training
    - All staff are aware of the academy's policy and procedures regarding allergies
    - Relevant staff are aware of what activities need an allergy risk assessment
    - Serious incidents and 'near misses' relating to allergy safety are recorded and reported as appropriate, and to consider and share with staff:
        - What lessons there are to learn
        - Any potential changes to the medical conditions and/or allergy safety policies and/or to any pupil's IHP

4.4 Teaching and support staff

All teaching and support staff are responsible for:

- Promoting and maintaining allergy awareness among pupils
- Maintaining awareness of our allergy safety policy and procedures
- Being able to recognise the signs of severe allergic reactions and anaphylaxis
- Being aware of specific pupils with allergies in their care
- Reducing the risk to pupils with known allergies coming into contact with known allergens
- Ensuring the wellbeing and inclusion of pupils with allergies
- Reporting any allergic reaction or case of anaphylaxis to the allergy safety lead

4.5 Parents/ carers

Parents/carers are responsible for:

- Being aware of our academy's allergy safety policy

- Providing the academy with up-to-date details of their child's medical needs, dietary requirements, and any history of allergies, reactions and anaphylaxis
- If required, providing their child with 2 in-date adrenaline auto-injectors and any other medication, including inhalers, antihistamine etc., and making sure these are replaced in a timely manner
- Following the academy's guidance on food brought in to be shared
- Updating the academy on any changes to their child's condition

4.6 Pupils with allergies

If age-appropriate, these pupils are responsible for:

- Being aware of their allergens and the risks they pose
- Carrying their AD on their person and only using it for its intended purpose
- Understanding how and when to use their AD

4.7 Pupils without allergies

These pupils are responsible for:

- Being aware of allergens and the risk they pose to their peers
- Older pupils might also be expected to support their peers and staff in the case of an emergency

5. IDENTIFYING INDIVIDUALS AT RISK

Allergy is a spectrum of different allergic diseases. Reactions occur when a susceptible person is exposed to something (an "allergen") they are allergic to. Common allergic conditions include:

- Hay fever (allergic rhinitis), triggered by allergens carried in the air, such as pollen, house dust mite, animal fur/feathers, or mould
- Skin allergies (e.g. eczema, contact dermatitis, contact urticaria/hives) caused by contact with allergens including house dust mite, pollen and substances like nickel, latex and some chemicals
- Food allergy, which can cause symptoms ranging from mild itching in the mouth to "whole body" reactions including anaphylaxis
- Asthma which may be triggered by airborne allergens
- Allergy to insect stings and medicines

5.1. Identifying pupils at risk

Iver Village Academy will:

- Send a form to all parents/carers of all new starting pupils after their place at the academy has been confirmed, but before their first academy year starts, to confirm any allergy the pupil has and whether they carry medication. Where a pupil has a new diagnosis and/or has moved to the academy mid-term, we will send a form and put arrangements in place within 2 weeks
- Send a reminder to parents/carers at the start of each year asking them to update their child's medical information as necessary.
- We ask that parents/carers proactively inform us by either phone call to the academy (Tel: 01753 655104) or an email to iviaoffice@theparkfederation.org if their child's medical needs change during the academy year.

5. 2 Identifying staff and visitors at risk

The academy takes a proactive approach to identifying staff and visitors with known allergies to ensure robust safety protocols and rapid emergency responses are in place. By gathering critical medical

information prior to arrival on site, management can implement necessary risk assessments, inform catering teams, and brief first-aid personnel confidentially.

Staff Identification Protocols

- **Pre-Employment Onboarding:** Require all new employees to complete a confidential Allergy and Medical Declaration Form prior to their start date.
- **HR Data & Care Plans:** Log severe allergies on central personnel systems and create tailored Individual Healthcare Plans (IHPs) where adrenaline auto-injectors (AAIs) are prescribed.
- **Catering & First Aid Integration:** Share essential allergen data directly with catering staff and inform designated first aiders of high-risk individuals and the locations of their emergency medication.

Visitor Identification Protocols

- **Pre-Visit Advance Notices:** Include an allergy disclosure field in event booking forms, contractor induction packs, and visitor confirmation communications.
- **Reception Sign-In Prompts:** Incorporate a mandatory allergy declaration prompt into the reception desk's digital sign-in system or visitor logbook upon arrival.
- **Confidential Safeguarding:** Share visitor allergy data strictly on a need-to-know basis with event managers, catering leads, and appointed emergency responders for the duration of the visit.

5.3 Individual healthcare plans (IHP)

Pupils should have an IHP if they:

- Have an allergy which has a functional impact on them in the academy environment
- They are at risk of harm as a result of their allergy; and
- Require arrangements which are additional to or different from those made generally

It is not necessary for a pupil to have a formal diagnosis of allergy for them to have an IHP. Healthcare professionals may decide that it is more appropriate to accept that the child shows symptoms, rather than proceeding to a formal diagnosis.

The IHP will set out the additional and/or different arrangements that will be in place for supporting the pupil. The academy will make every effort to make sure that arrangements are put in place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our academy.

Not all children with an allergy will require an IHP. Some allergies will have little or no impact on the pupil while they are at academy, or pose no risk to the pupil. Some allergies will not require arrangements which are additional to or different from those made generally.

The Principal is responsible for deciding (in discussion with the parents/carers and any relevant healthcare professionals) whether a pupil's allergy can be managed through the adjustments made under the academy's medical conditions policy or whether an IHP is required to specify arrangements that reflect the pupil's circumstances.

The academy will consider the following principles:

- If the arrangements or support which a pupil requires would be available to any pupil as part of normal policies, an IHP may not be required
- If the pupil only needs non-prescription medication and the academy's medical conditions policy would permit them to carry and administer it, an IHP may not be required

IHPs will be reviewed at least annually and more frequently if the pupil's needs have changed. Where a pupil moves on to a new academy or college, their IHP will be shared as part of the transition.

5.4 Allergy and asthma action plans

All pupils who have a known allergy to a food or insect stings should be issued with an appropriate allergy action plan by their healthcare professional.

All pupils who have asthma should be issued with an asthma action plan by their healthcare professional.

The plans include medical and parental consent for staff to administer emergency medicines, including adrenaline for anaphylaxis or reliever inhaler in the event of an asthma attack.

The allergy action plan and/or asthma action plan should be attached to the pupil's IHP. Whenever the allergy action plan is updated, the pupil's IHP should be reviewed to incorporate it.

5.5 Register of pupils with known allergies

The academy maintains a register of pupils who have a known allergy. The register includes:

- Known allergens and risk factors for anaphylaxis
- Whether a pupil has been prescribed ADs (and if so, what type and dose)
- Where a pupil has been prescribed an AD, whether parental consent has been given to administer emergency medication
- A photograph of each pupil to allow a visual check to be made (with parental consent)

The register is kept electronically and in the Main Reception Office, and copies can be found in the Medical bag in the Welfare Room and in each classroom in their medical bags. A spare copy will be taken to the canteen at lunch time by the lunchtime controller, and can be checked quickly by any member of staff as part of initiating an emergency response.

6. ASSESSING RISK

The academy will conduct a risk assessment for any pupil at risk of anaphylaxis taking part in:

- Lessons such as food technology
- Science experiments involving foods
- Crafts using food packaging
- Off-site events and academy trips
- Any other activities involving animals or food, such as animal handling experiences or baking

A risk assessment for any pupil at risk of an allergic reaction will also be carried out where a visitor requires a guide dog.

7. MINIMISING RISK

The academy is committed to implementing practical and proportionate risk-minimisation measures across all school activities to protect individuals with known allergies from accidental exposure. By fostering an allergen-aware environment through clear preventative controls, strict catering standards, and age-appropriate educational guidelines, the academy reduces reliance on emergency interventions while maintaining a safe, inclusive setting for pupils, staff, and visitors alike.

7.1 Hygiene procedures

The academy's measures to prevent contamination are:

- Pupils are reminded to wash their hands before and after eating
- Sharing of food, food containers, and food utensils is not allowed
- Pupils have their own named water bottles, and lunch boxes provided to pupils with food allergies will be clearly labelled with the name of the child for whom they are intended
- Where food is not directly provided by the academy, parental engagement and permission will be sought in advance

7.2 Strict Nut-Free Status

- The Iver Village Infant Academy operates as a strict nut-free environment.
- No peanuts, tree nuts, or products containing nut derivatives are permitted anywhere on the academy site.
- All food items brought into school for packed lunches, snacks, or academy events must be verified by parents to ensure nuts are not listed as an ingredient.

7.2 Catering

The academy is committed to providing safe food options to meet the dietary needs of pupils with allergies.

- Catering staff receive appropriate training and are able to identify pupils with allergies and follow strict cross-contamination prevention guidelines during food storage, preparation, and service.
- The academy will engage with caterers to understand the controls in place to ensure that food service complies with relevant requirements
- Academy menus are available for parents/carers and pupils to view with ingredients clearly labelled, and catering staff are available to discuss the provision of allergy safe meals with parents/carers
- Where changes are made to academy menus, we will make sure these comply with legislation, and continue to meet any special dietary needs of pupils
- Food allergen information relating to the 'top 14' allergens is displayed on the packaging of all food products, allowing pupils and staff to make safer choices. Allergen information labelling will follow all legal requirements that apply to naming the food and listing ingredients, as outlined by the Food Standards Agency (FSA)
- Where food is provided by the academy, staff will understand how to read labels for food allergens
- For off-site educational visits, the catering team provides clearly wrapped, verified allergen-safe packed lunches for pupils with registered medical dietary requirements.

7.3 Insect bites/stings

The academy maintains clear procedures to reduce the risk of insect bites and stings during outdoor activities and to manage any incidents safely and efficiently when they occur.

Preventative Measures (Outdoors)

- **Footwear & Clothing:** Footwear must be worn at all times when outdoors on academy grounds; going barefoot or wearing open-toed shoes on grass is prohibited. Long-sleeved tops and full-length trousers are recommended during high-risk outdoor activities, such as forest school or field trips.
- **Food & Drink Handling:** All food, sweet treats, and open drinks (especially canned or opaque containers) must remain covered when outdoors. Bin lids across the grounds must be kept securely closed to avoid attracting wasps and bees.
- **Avoid Scented Products:** Strong perfumes, heavily scented lotions, and brightly coloured floral clothing should be avoided during outdoor events, as these can attract stinging insects.
- **Nesting Controls:** Estates teams conduct regular inspections of grounds and structures. Any identified wasp or bee nests near active pupil areas must be cordoned off immediately and safely removed by qualified pest control professionals.

Response & Treatment Procedures

- **Immediate First Aid:** If a sting occurs, remove the stinger promptly by scraping it sideways with a hard edge (such as a plastic card or fingernail) rather than squeezing it with tweezers to prevent releasing more venom. Wash the site with soap and water, then apply a cold compress to reduce swelling.
- **Observation & Monitoring:** Keep the individual under close observation for at least 30 minutes to watch for signs of a severe allergic reaction (anaphylaxis), such as swelling of the mouth/throat, difficulty breathing, dizziness, or a widespread rash.

- **Emergency Protocol (Anaphylaxis):** If a pupil or staff member exhibits signs of severe systemic reaction or has a known severe allergy, administer their prescribed adrenaline auto-injector (AAI) immediately, call 999 for emergency services, and inform the designated first-aid lead and emergency contacts.
- **Record Keeping:** Log all insect bite or sting incidents requiring first-aid intervention in the academy's accident logbook and notify parents/carers if a pupil is involved.

7.4. Animals

The academy establishes clear hygiene and safeguarding controls to manage potential risks associated with animal contact, ensuring pupils and staff with known animal allergies are protected from exposure and cross-contamination.

Preventative & Hygiene Measures

- **Targeted Non-Interaction:** Pupils with identified animal allergies are strictly prohibited from coming into contact with visiting animals, school dogs, or animals brought on site for educational purposes.
- **Hand Hygiene Controls:** All pupils and staff must wash their hands thoroughly with soap and warm water immediately after handling or interacting with any animal, preventing the transfer of pet dander to shared surfaces or allergic peers.
- **Designated Activity Areas:** Animal visits and therapy dog sessions must take place in designated, well-ventilated spaces away from carpeted classrooms to limit dander accumulation and airborne allergen dispersal.
- **Cleaning & Dander Management:** Surfaces, seating, and flooring in areas used for animal interactions must be thoroughly cleaned and vacuumed immediately following the activity.
- **Advance Parental Notification:** Parents and carers must be notified in advance of any visiting animals or educational activities involving animals, providing an opportunity to update medical records or opt their child out.

Response Protocols

- **Immediate Isolation:** If a pupil with an animal allergy experiences symptoms (e.g., sneezing, watering eyes, hives, or breathing difficulty) due to indirect contact, move them to a clean, animal-free environment immediately.
- **First Aid Administration:** Administer prescribed antihistamines or emergency medication in line with the pupil's Individual Healthcare Plan (IHP) under the supervision of a trained first aider.
- **Emergency Action:** In the event of severe allergic symptoms or an anaphylactic reaction, administer the pupil's adrenaline auto-injector (AAI) straight away, call 999, and notify parents/carers.

7.5 Visits and trips

- No pupils with allergies will be excluded from taking part
- The academy will plan accordingly for all visits and trips, and arrange for the staff members involved to be aware of pupils' allergies and to have received appropriate training
- The academy will conduct a risk assessment for any pupil at risk of anaphylaxis taking part in an academy trip
- Pupils at risk of anaphylaxis should have their own ADs with them
- Staff trained to administer adrenaline in an emergency will be present on the academy trip
- Appropriate measures will be taken in line with the academy's AD protocols for off-site events and academy trips (see section 8.5)

8. PROCEDURES FOR HANDLING AN ALLERGIC REACTION

- All staff are trained to recognise the signs of both mild and severe allergic reactions (known as anaphylaxis) and respond appropriately
- Staff are trained in the administration of adrenaline to minimise delays in an emergency

- If the pupil has an allergy action plan, this must be followed
- A spare academy AD device will only be used if:
    - The pupil does not have a prescribed AD
    - The pupil's prescribed AD are not available or misfire

Academy Specific Emergency Arrangements

- **Location of Emergency Kits:** Spare academy AAIs, emergency asthma inhalers, and Allergy Action Plans are held in central, un-locked, and easily accessible locations (Medical Room and outside Blossom Room).
- **Immediate Response Protocol:** The staff member present must stay with the individual at all times. A second staff member must immediately be dispatched to fetch the pupil's personal emergency kit or the central spare academy AAI kit and summon a designated first aider.
- **Positioning the Patient:** Keep the individual lying flat with their feet elevated. If they are struggling to breathe, allow them to sit upright, but do not allow them to stand up or walk suddenly, as this can cause a fatal drop in blood pressure.
- **Emergency Service Communication:** Dial 999 immediately if anaphylaxis is suspected. Explicitly state to the call handler that **"anaphylaxis"** is suspected so the call is prioritised for immediate emergency response.
- **Adrenaline Administration:** Administer the AAI without delay into the outer mid-thigh (through clothing if necessary). Note the exact time of administration. If there is no improvement after 5 minutes, administer a second AAI in the opposite thigh.
- **Post-Incident Safeguarding:** Hand all used AAIs to the paramedic crew upon arrival. Ensure the pupil is transferred to the hospital via ambulance, even if symptoms appear to resolve, due to the risk of a secondary (biphasic) reaction.
- **Parental Notification & Reporting:** Contact parents/carers immediately after calling 999. Log the incident in full on the academy's medical management system and complete an internal health and safety incident review following the emergency.

9. ADRENALINE DEVICES (ADs)

Following the Department of Health and Social Care's Guidance on using emergency adrenaline auto-injectors in academies, the academy's procedures for ADs are:

9.1 Prescribed ADs

Pupils who are prescribed ADs are encouraged to keep them near or on their person at all times including when travelling to or from the academy and on academy trips. It is recommended that two devices are carried at all times. Pupils with prescribed ADs should take them home with them at the end of each academy day, and parents are responsible for ensuring that they are presented in date.

If a pupil cannot keep their ADs with them in the classroom (due to age or other considerations), then the devices will be stored:

Storage Locations: Prescribed ADs are stored in the child's classroom and a spare one in the Medical Room. Locations are central, unlocked, and immediately accessible to all staff at all times.

Proximity Rule: Storage locations are strategically positioned to ensure medication is no more than 3 minutes away from any teaching area, dining hall, playground, or sports field.

Environmental Controls: Devices are kept at room temperature (between 15℃ and 25℃), protected from direct sunlight, and kept clear of radiators or air conditioning units in accordance with manufacturer guidelines.

Accessibility During the Academy Day: During break times, lunch hours, and PE lessons, prescribed ADs for younger pupils are brought to the dining hall or field first aid kit by designated leads, ensuring zero delay in access.

Daily Journey & Expiry Tracking: Parents/carers are required to sign a collection and return agreement at the start of the academic year. Class teachers verify that pupils who carry their own devices have them in their bags before departure each afternoon. The Medical Lead maintains a central register, conducting monthly audits of expiry dates and issuing automated email reminders to parents 30 days prior to device expiration.

Medical Records: Central records detailing pupils prescribed ADs, along with a copy of their Individual Healthcare Plan (IHP) and Allergy Action Plan, are maintained on the academy's secure management system and kept alongside the medication in red, clearly named medical bags.

A copy of the pupil's allergy action plan is kept alongside their medication, as it includes instructions on how it should be used in an emergency.

9.2 Spare ADs and Inhalers

Current regulations only allow academies to purchase adrenaline auto-injectors (AAIs) as spare devices. Non-injectable adrenaline devices (nasal spray) may be prescribed to individuals but cannot currently be stocked as a spare device. If an individual who is prescribed nasal adrenaline suffers anaphylaxis, an academy's spare AAIs may be used in an emergency. Academies can purchase an emergency asthma reliever inhaler which can only be used if the pupil's prescribed inhaler is not available and where written consent has been obtained.

The Allergy Safety Lead is responsible for sourcing spare ADs and emergency asthma reliever inhalers, ensuring they are stored and maintained strictly according to Department of Health and Social Care guidance.

- **Procurement Procedures:** Spare devices are sourced directly from Eureka Medical Supplies via an official signed order letter on academy letterhead, approved by the Principal.
- **Quantities & Brands:** The academy maintains four spare Adrenaline Auto-Injectors (AAIs) across the site, which includes an adult one. To avoid confusion during an emergency, the academy exclusively purchases the **EpiPen** brand.
- **Dosage Allocation:** Spare AAIs are purchased in standard age-based doses in line with Resuscitation Council UK criteria (page 11 of the AAI guidance):
    - **150 micrograms** for pupils aged under 6 years (or under 20 kg).
    - **300 micrograms** for pupils aged 6 to 12 years (or 20 kg to 25+ kg).
    - **300 to 500 micrograms** for pupils aged 12+ years.
- **Storage of Spare ADs:** Spare AAIs and emergency asthma inhalers are held in pairs in the Medical Room. They are kept in clearly marked, unlocked "Emergency Spare AAI Kits" separate from individually prescribed medication to avoid confusion. Environmental controls match prescribed storage conditions.
- **Maintenance & Auditing Responsibilities:** The designated staff members responsible for monthly maintenance checks (for ADs and Asthma Reliever Inhalers) are the **Allergy Designated Lead** and the **Welfare Officer.** Monthly checks verify presence, intact packaging, window clarity (ensuring fluid is clear), and expiry dates. Replacements are ordered 60 days before expiry.

9.3 Disposal

ADs can only be used once. Once an AD has been used, it will be handed directly to attending NHS paramedic personnel, or disposed of in the academy's yellow medical sharps bin located in the Medical Room for official collection and disposal by the contractor.

9.4 Using Spare ADs in an Emergency Situation Without Prior Consent

The Human Medicines (Amendment) Regulations 2017 do not require consent to have been obtained for spare adrenaline devices to be used in an emergency.

The academy will obtain advance consent from parents/carers or pupils for spare adrenaline devices to be used, so that in an emergency, consent can be assumed to be in place.

However, in an emergency situation, anyone may take reasonable action to save a life without checking whether prior consent has been given. This avoids potentially fatal delays in treatment.

9.5 Use of ADs Off Academy Premises

Pupils at risk of anaphylaxis who are able to administer their own adrenaline must carry their two prescribed ADs with them on all academy trips and off-site events.

- **Off-Site Spare AD Protocols:** For every off-site trip, educational visit, or sporting event, the Trip Lead must collect a designated "Off-Site Emergency Medical Kit" from the Medical Room.
- This kit contains two spare academy AAIs, an emergency asthma reliever inhaler, a portable first aid kit, and copies of Allergy Action Plans for all attending pupils.
- The Trip Lead carries this kit in a high-visibility, thermal-insulated medical bag throughout the event, ensuring it remains within immediate reach at all times.

10. SERIOUS INCIDENTS AND 'NEAR MISSES'

A **serious incident** is any event relating directly to a medical condition (including allergy) in which a pupil, member of staff or visitor with a medical condition or allergy is harmed or is placed at an immediate and significant risk of harm, including situations requiring emergency medication, urgent clinical intervention or attendance by emergency services.

A **'near miss'** is an event relating directly to a medical condition (including allergy) that did not result in harm but had the clear potential to do so – for example, where an error, omission, or system failure could reasonably have led to a serious incident had circumstances been only slightly different.

10.1 Incident recording

The academy will record serious incidents and 'near misses' relating to allergy safety as soon as is feasible. The incident will be recorded in the accident book, including the following information:

- Who was affected
- What happened, when and where
- Why the incident occurred (as far as is known)
- How staff and pupils responded and what was done to support the individual
- Whether emergency services were called
- How the incident concluded

All reactions, delayed home reactions, and near-misses must be formally recorded on Medical Tracker detailing: affected individual, timeline, cause, response, 999 call details, and outcome.

The academy will approach serious incidents and 'near misses' in a 'no blame' spirit of seeking to learn lessons. Following any incident, the Designated Allergy Lead (Senior Welfare Officer) will conduct a structured review in a 'no blame' spirit to identify lessons learned and update risk assessments, IHCPs, or policy procedures accordingly.

10.2 Incident reporting

The parents/carers of a pupil aged up to 16 should be notified of the incident or 'near miss' as soon as possible.

The academy will share the report with the pupil's parents, the pupil or the individual involved.

They will be given the opportunity to discuss what happened and to contribute their views to the consequent lessons learned review. The academy will then confirm what we have learnt from the incident and outline any actions we are taking as a result.

In some cases, the impact of exposure to an allergen at academy may be delayed and not recognised until the pupil is at home. This means that incident reporting is not limited to staff – the pupil, parents/carers or others (such as healthcare professionals) will need to report to the academy if there has been an incident with a delayed reaction.

Staff will always share the incident report with Kate Sibley (Senior Welfare Officer and Designated Allergy Lead). The allergy safety lead will consider whether the allergy safety arrangements in place were appropriate or if changes are needed to this policy and/or the pupil's IHP. Any learning will be shared appropriately with staff so they can act on them and reduce the chance of an incident reoccurring.

The academy will also share the report with other agencies in the following circumstances:

- With the Health and Safety Executive (HSE): incidents which arise directly out of the way the academy carried out a work activity which results in death or immediate hospitalisation. For example, where a pupil has suffered harm after consuming an allergen due to incorrect preparation of food by a member of staff. (RIDDOR report)

In the event that the incident or 'near miss' was related to the delivery of a care plan or action plan issued by a healthcare professional, the relevant healthcare professional will be notified.

11. ALLERGY AWARENESS

11.1 Staff training

The academy ensures that all staff expected to be present during times when pupils are scheduled to be on site receive allergy awareness training at least annually. New starters will complete this training as part of their induction.

This includes permanent staff, temporary staff, supply teachers, peripatetic staff, agency workers and regular volunteers. It also includes catering staff and others who may oversee pupils at breakfast or after-academy clubs. It does not include contractors carrying out work with no pupil-facing role such as builders, electricians or other ad hoc maintenance personnel.

The academy has purchased 'training pens' from EpiPen, so staff can practise safely and be familiar with the differences.

The academy will conduct allergy safety drills (annually). This is a simulated case of anaphylaxis to test out how staff respond, without risk to any individual. The results of the drill will be recorded and used to inform the ongoing review of this policy.

- Allergy awareness training will ensure that all staff:
- Have an awareness of allergy, the risks it poses, how allergic reactions can occur and how to manage it
- Understand that allergy includes multiple conditions (food allergy, asthma, eczema, hay fever, others), which can co-exist
- Understand the difference between food allergy, coeliac disease and food intolerance
- Know where to find information on allergy triggers
- Can identify the range of symptoms of allergic reactions
- Understand and can recognise anaphylaxis
- Know how to respond in an emergency, including:
    - Calling emergency services and informing parents/carers
    - How to locate and administer emergency medication
    - How to use the medication/device in an emergency
- Understand the impact allergy can have on a pupil's wellbeing
- Understand the academy's allergy safety policy

- Know how to check whether an individual is on the record of those with known allergy, and how to use an allergy or asthma action plan
- Understand their responsibilities in reducing the risk of individuals with known allergy coming into contact with their known allergens
- Understand how to report an allergic reaction or case of anaphylaxis (whether an incident or a 'near miss')

Specific Academy Training Arrangements:

- **Training Provider & Delivery:** Annual core training is delivered electronically via National college at the start of the Autumn Term.
- Our **Designated Allergy Lead** undertakes the NHS Asthma friendly training course. We have passed thresholds set by them and are an Asthma friendly school**.**
- **New Starter Induction:** All new staff members complete the National College allergy training and a practical demonstration with AAI trainer pens during their First Day Induction before taking up active classroom duties.
- **Supply & Temporary Staff Cover:** Supply staff receive an "Allergy Safeguarding Briefing Sheet" upon signing in at reception. This details high-risk pupils in their assigned classes, the locations of AAIs, and key emergency procedures. Cover teachers must review class medical registers prior to commencing lessons.

11.2 Awareness of allergy safety policy

This allergy safety policy will be published on the academy's website and shared with parents/carers at the start of the academy year.

All staff should be aware of and understand the policy as part of annual allergy awareness training.

Pupil Education & Curriculum Integration

- **PSHE & Curriculum Delivery:** The academy teaches pupils about allergies and food safety through the PSHE and Science curricula, using age-appropriate resources.
- **Peer Safety & Prevention Rules:** Pupils are taught fundamental safety rules, including why food sharing and trading lunches are strictly prohibited, the importance of handwashing before and after eating, and how dander and cross-contamination can affect classmates.
- **Inclusivity & Empathy:** Education emphasises empathy to ensure pupils with severe allergies do not feel isolated, excluded during practical lessons, or targeted during social times such as lunch and breaktimes.

12. WELLBEING

Pupils with allergies may experience bullying and may also suffer from anxiety and depression relating to their allergy.The academy actively fosters an empathetic environment where pupils with allergies feel safe, supported, and included in every aspect of school life, promoting inclusion for all pupils.

Pupils with allergies will have additional support through:

- Reassurance that steps are being taken to minimise the risks of exposure to allergen and that robust measures are in place in the event of anaphylaxis
- Age-appropriate sessions are held to educate pupils on allergies, promoting empathy and preventing isolation or bullying related to dietary differences or mealtimes, ensuring peer awareness and wellbeing.
- Staff must remain sensitive to the emotional impact of severe allergies, ensuring pupils do not feel singled-out or burdened by safety procedures.
- Pastoral care check-ins and wellbeing support will be provided to pupils, families, and staff following any serious allergic incident or near-miss. Any bullying will be dealt with under the Behaviour Policy.

- Regular check-ins with their class teacher/TA or other trusted adult.

The academy will respond to any instance of bullying in line with its behavior policy.

13. INFORMATION SHARING

Information about an individual's health is considered special category data under UK GDPR. It will therefore be handled in line with our data protection policy.

14. MONITORING ARRANGEMENTS

This policy will be monitored by the Principal and Designated Allergy Lead (Hannah Eversden).

It will be reviewed and approved annually by the Designated Allergy Lead, or more frequently if a serious incident or 'near miss' identifies an area for improvement.

15. LINKS TO OTHER POLICIES

This policy links to the following policies and procedures:

- Health and safety policy
- Supporting pupils with medical conditions policy
- Academy food policy
- Data protection policy
- Behaviour policy
- Complaints Procedure
- Intimate Care Policy
- First Aid Policy
- Child Protection Policy and Procedures
- SEND Policy
- Supporting pupils with Asthma Policy

Named Adults for Monthly Checks

Hannah Eversden and Kate Sibley will be responsible for checking spare AAIs monthly to ensure devices are present, paired, and in-date, and obtaining replacements as expiry approaches.

APPENDIX 1: FIRST AIDERS

First Aid List

Photo	Name and Role	Qualification
	**Kate Sibley** Senior Welfare Officer Medical Tracker	Emergency Paediatric First Aid Emergency First Aid at Work Diabetes Medicines in School Mental Health First Aid Asthma/Anaphylaxis/ Epilepsy awareness

Deputy Welfare Leads

Photo	Name and Role	Qualification
	**Hannah Eversden** Designated Allergy Lead Deputy Senior Welfare Officer Medical Tracker	Emergency Paediatric First Aid Emergency First Aid at Work Medicines in School Mental Health First Aid Asthma/Anaphylaxis/ Epilepsy awareness
	Nichola Brown Assistant Welfare Medical Tracker	Emergency Paediatric First Aid Diabetes Medicine in school Asthma/Anaphylaxis/ Epilepsy awareness
	Rhonda Swift Assistant Welfare Medical Tracker	Emergency Paediatric First Aid Emergency First Aid at Work Medicine in school Mental Health First Aid Asthma/Anaphylaxis/ Epilepsy awareness

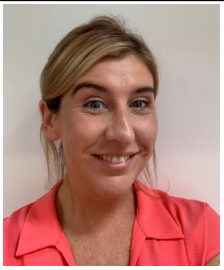
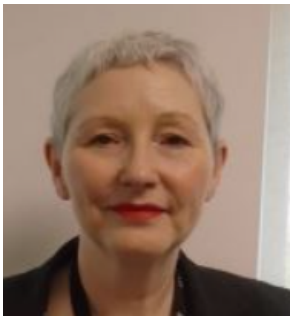
Photo	Name and Role	Qualification
	Erica Barrance	Emergency Paediatric First Aid Asthma/Anaphylaxis/ Epilepsy awareness
	Hayley Brill (Mon / Tues)	Emergency Paediatric First Aid Asthma/Anaphylaxis/ Epilepsy awareness
	Emily Gibson	Emergency Paediatric First Aid Asthma/Anaphylaxis/ Epilepsy awareness
	Charlotte Eley	Emergency Paediatric First Aid Asthma/Anaphylaxis/ Epilepsy awareness
	Jass Holt	Emergency Paediatric First Aid Asthma/Anaphylaxis/ Epilepsy awareness
	Charlotte Kendall	Emergency Paediatric First Aid Asthma/Anaphylaxis/ Epilepsy awareness

Photo	Name and Role	Qualification
	Lee Maxwell	Emergency Paediatric First Aid Asthma/Anaphylaxis/ Epilepsy awareness
	Charlene Moore	Emergency Paediatric First Aid Asthma/Anaphylaxis/ Epilepsy awareness
	Nandhini Naga	Emergency Paediatric First Aid Asthma/Anaphylaxis/ Epilepsy awareness
	Emma Lowe	Asthma/Anaphylaxis/ Epilepsy awareness
	Corina Constantinescu	Asthma/Anaphylaxis/ Epilepsy awareness

	Kelly Wright	Asthma/Anaphylaxis/ Epilepsy awareness
	Christelle Van Der Merwe	Asthma/Anaphylaxis/ Epilepsy awareness
	Jacqueline Langevine	Asthma/Anaphylaxis/ Epilepsy awareness

APPENDIX 3: Quick Guide for Parents/ Carers

DOES YOUR CHILD NEED MEDICINE IN SC