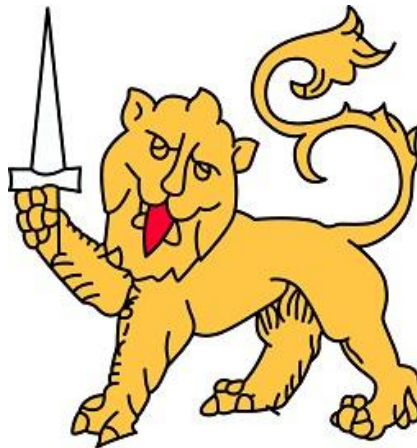


Federation Allergy Policy

Aylestone School federated with Broadlands Primary and Withington Primary



Approved by:	Federation SLT
Author:	The Key/First Aider/SS

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Last reviewed by/on:	Federation SLT - KRE July 2026
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For any further information regarding GDPR, talk to our data protection officer (DPO):

Ms Samantha Smith at igschools@herefordshire.gov.uk 01432 260 282.

1. Aims

This policy aims to:

- Set out our school's approach to allergy management, including reducing the risk of exposure and the procedures in place in case of allergic reaction.
- Make clear how our school supports pupils with allergies to ensure their wellbeing and inclusion.
- Promote and maintain allergy awareness among the school community.
- This policy will ensure that pupils at school with food allergies are wholly supported and that they are aware of what allergens are in the food that is prepared at the school by our caterers, AIP Catering.

2. Legislation and guidance

This policy is based on the Department for Education (DfE)'s guidance on allergies in schools and supporting pupils with medical conditions at school, the Department of Health and Social Care's guidance on using emergency adrenaline auto-injectors in schools, and the following legislation:

The Food Information Regulations 2014

The Food Information (Amendment) (England) Regulations 2019

3. Roles and responsibilities

We take a whole-school approach to allergy awareness.

3.1 Allergy lead

The nominated allergy lead is Katharine Erwin.

They're responsible for working together and liaising with the relevant staff in school to:

- Promote and maintain allergy awareness across our school community
- Record and collate allergy and special dietary information for all relevant pupils

Ensure that:

- All allergy information is up to date and readily available to relevant members of staff
- All pupils with allergies have an allergy action plan completed by a medical professional
- All staff receive an appropriate level of allergy training
- All staff are aware of the school's policy and procedures regarding allergies
- Relevant staff are aware of what activities need an allergy risk assessment
- Keeping stock of the school's adrenaline auto-injectors (AAIs)
- Regularly reviewing and updating the allergy policy.
- Ensure that a current Allergy Action Plan, completed by the pupil's registered healthcare professional where applicable, is held alongside the pupil's Individual Healthcare Plan. Whenever an updated Allergy Action Plan is provided by the parent/carer or healthcare

professional, the Individual Healthcare Plan will be reviewed and updated to reflect the revised clinical advice.

The Governor responsible for overseeing the Federation first aid is Nigel O'Neil; Resources committee.

3.2 First Aiders

The school First Aider / Contractor is responsible for:

- Co-ordinating medication with families
- Checking spare AAIs are in date
- Any other appropriate tasks delegated by the allergy lead.

3.3 Teaching and support staff

All teaching and support staff are responsible for:

- Co-ordinating the paperwork and information from families
- Promoting and maintaining allergy awareness among pupils
- Maintaining awareness of our allergy policy and procedures
- Being able to recognise the signs of severe allergic reactions and anaphylaxis
- Attending appropriate allergy training as required
- Being aware of specific pupils with allergies in their care
- Carefully considering the use of food or other potential allergens in lesson and activity planning
- Ensuring the wellbeing and inclusion of pupils with allergies.

3.4 Parents/carers

Parents/carers are responsible for:

- Being aware of our school's allergy policy
- Providing the school with up-to-date details of their child's medical needs, dietary requirements, and any history of allergies, reactions and anaphylaxis
- If prescribed, parents must provide two in-date AAIs and any other prescribed medication such as inhalers or antihistamines. Any medication stored in school for students must be in its original prescribed packaging, be in date, be clearly labelled with the student's full name and accompanied by the required dosage instructions.
- Carefully considering the food they provide to their child as packed lunches and snacks, and trying to limit the number of allergens included
- Following the school's guidance on food brought in to be shared
- Updating the school on any changes to their child's condition.

3.5 Pupils with allergies

These pupils are responsible for:

- Being aware of their allergens and the risks they pose
- Understanding how and when to use their adrenaline auto-injector
- If age-appropriate, carrying their adrenaline auto-injector on their person and only using it for its intended purpose.

3.6 Pupils without allergies

These pupils are responsible for:

- Being aware of allergens and the risk they pose to their peers
- Older pupils are encouraged to understand the importance of allergy awareness and should immediately inform a member of staff if they believe someone is experiencing an allergic reaction.

4. Assessing risk

The school has a risk assessment template (see Appendix 1) and 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
- Staff Should check ingredients in craft materials before use
- Off-site events and school 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.

4.1 Staff, Volunteers, Contractors and Visitors

The Federation recognises that allergies may also affect members of staff, volunteers, contractors and visitors.

Where appropriate, individuals will be encouraged to inform the school of any known allergies that may require reasonable adjustments or emergency support whilst on site. This is particularly important where food is being provided or where planned activities may expose individuals to known allergens.

The Federation will make reasonable adjustments, where practicable, to minimise the risk of exposure to known allergens whilst ensuring the safety and inclusion of all individuals.

5. Managing risk

5.1 Hygiene procedures

Pupils are reminded to wash their hands before and after eating.

Sharing of food is discouraged.

Tables and food preparation areas should be cleaned before and after food activities.

5.2 Catering

The school 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

School menus are available for parents/carers to view with ingredients clearly labelled

Where changes are made to school menus, we will make sure these 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)

Catering staff follow hygiene and allergy procedures when preparing food to avoid cross-contamination

5.3 Insect bites/stings

- Staff will encourage pupils to avoid disturbing insect nests or swarms.
- Outdoor eating areas will be checked regularly, where practicable, for wasp or bee activity
- Where a nest presents a significant risk, the school will arrange for appropriate pest control

5.4 Animals

- Areas used for animal activities will be cleaned appropriately following the activity.
- Assistance dogs accompanying visitors will be accommodated wherever possible, with suitable control measures implemented to protect pupils with allergies.
- Pupils with known animal allergies will be identified and reasonable adjustments made to minimise exposure. Parents/carers will also be informed where appropriate.

6. Food Allergies

6.1 What is a food allergy?

A food allergy is an abnormal immune response to food. The signs and symptoms may range from mild to severe. They may include itchiness, swelling of the tongue, vomiting, diarrhea, hives, trouble breathing, or low blood pressure. This typically occurs within minutes to several hours of exposure. When the symptoms are severe, it is known as anaphylaxis. Food intolerance and food poisoning are separate conditions.

Common foods involved include cow's milk, peanuts, eggs, shellfish, fish, tree nuts, soy, wheat, rice, and fruit. The common allergies vary depending on the country. Risk factors include a family history of allergies, vitamin D deficiency, obesity, and high levels of cleanliness. Allergies occur when immunoglobulin E (IgE), part of the body's immune system, binds to food molecules. A protein in the food is usually the problem. This triggers the release of inflammatory chemicals such as histamine.

It is important to take food allergy seriously. Under the new Food Information regulations, our caterers have a legal responsibility to provide the correct allergen information about the ingredients that is in the food they make or serve, to our students, staff and visitors.

6.2 Rules

6.2.1 Loose foods

The EU law has listed 14 allergens that need to be identified if they are used as ingredients in a dish. This means that from 13 December 2014, all food businesses will need to provide information about the allergenic ingredients used in foods sold or provided by them.

As a food business serving loose foods, our caterers have to supply information for every item on their menu that contains any of the 14 allergens as ingredients.

6.2.2 Gluten-free and no gluten containing ingredients

If caterers state that any of the foods they serve are gluten-free, there are strict rules surrounding this. The foods that are served to you that are declared as gluten-free must not contain more than 20mg/kg of gluten.

If our caterers are making a gluten-free claim on loose food that they sell, they must consider whether they have the required processes in place to prevent cross-contamination.

If our caterers' processes cannot be guaranteed or controlled sufficiently, they will need to consider more factual statements, such as 'no gluten containing ingredients' which is also known as NGCI.

Either way, they will need to prevent cross-contamination as much as they can.

6.3 How our caterers are aware of their allergen information

Details of these allergens for each of the caterer's standard recipe is listed on the Allergen Matrix found within a file that they hold on site.

It is important that recipes are followed correctly to ensure that the correct information is given to the customer.

To help to identify which dishes contain allergens they:

- make sure that their kitchen staff use the same recipes every time;
- keep ingredients in the original containers where possible;
- make sure that staff are aware of where allergen information is stored and how it is kept;
- ensure that the allergen information is kept up to date (for example, if they receive new recipes from Head Office or ingredients are substituted);
- always check deliveries to make sure what is delivered is what was ordered and ensure that the relevant labelling information is provided with the order;
- check that the food delivered is the same brand that is normally used, as different brands might have different ingredients.

6.4 Roles

AIP Catering maintains allergen information and operates an allergy-aware approach, including measures to minimise exposure to nuts and other known allergens. Robust controls are in place to manage cross-contamination and provide allergen information for all meals.

The caterers are aware of all individual student allergies and specific dietary requirements and provide clear labelling to all food served in the dining rooms at each site.

The caterers provide copies of the relevant school's 3 weekly menu cycle. The weekly menu is also placed in the dining room in each school.

6.5 Students

Students will be fully involved in discussions about their food allergies and will be asked to contribute as much as possible.

6.6 Parents/Carers

Parents/Carers should provide the school with sufficient and up to date information about their son/daughter's food allergies. They must carry out any action they have agreed to as part of its implementation. For example, provide medicines and equipment and ensure that they, or another nominated adult, are contactable at all times.

Parents/Carers are responsible for ensuring that any required medication to be kept on site (eg EpiPens, inhalers, specific antihistamine) is supplied, in date and replaced as necessary.

6.7 Teaching/Support Staff

We understand that at times, school staff will provide food items in classrooms. Examples of when this may occur include;

- Celebrations (Birthdays, Easter, Christmas)
- Certain lessons as treats or incentives
- Whole year group events (e.g. end-of-term assemblies, etc)
- DoF activities (for Aylestone)

If staff choose to provide and share food items with any students, they must check the allergy register in the first instance and identify any students in that group that have an allergy. Any food items must be thoroughly checked for the allergens they contain before sharing with students. Products must be in their original packaging and sealed before being offered to any students.

Staff should also ensure that students clean their hands and areas once the food items have been consumed, to stop any risk of anaphylaxis for someone using that classroom.

7. Support for mental health

We recognise that pupils with allergies may suffer from anxiety and depression relating to their allergy.

Pupils with allergies will have additional support through:

- Pastoral care and regular check-ins from their Form Tutor and/or Achievement Coordinator / Assistant Achievement Coordinator

8. Events and School Trips

All educational visits involving pupils with known allergies will include a specific allergy risk assessment and arrangements to ensure prescribed medication and emergency AAI's are immediately available throughout the visit.

- For events, including ones that take place outside of the school, and school trips, no pupils with allergies will be excluded from taking part
- The school will plan accordingly for all events and school trips, and arrange for the staff members involved to be aware of pupils' allergies and to have received adequate training
- Appropriate measures will be taken in line with the schools AAI protocols for off-site events and school trips.

9. Procedures for handling an allergic reaction

9.1 Register of pupils with AAI's

The school maintains a register of pupils who have been prescribed AAI's or where a doctor has provided a written plan recommending AAI's to be used in the event of anaphylaxis. We have a list of students displayed in the first aid office, first aid room and staff room which advises who has AAI's in school. The register includes:

- Known allergens and risk factors for anaphylaxis
- Whether a pupil has been prescribed AAI(s) (and if so, what type and dose)
- Where a pupil has been prescribed an AAI, whether parental consent has been given for use of the spare AAI, which may be different to the personal AAI prescribed for the pupil

A SIMS register including the details above is sent around to staff regularly and a printed copy is available in the First Aid office and First Aid room. If staff print their own copy, it must be kept confidential for GDPR reasons.

The report from SIMS will show which pupils have allergies we are aware of. Advice from our First Aid team is that the high-risk factor is quite variable as one reaction might be minor while the next could be full-blown anaphylaxis.

Allowing all pupils to keep their AAI's with them will reduce delays and allows for confirmation of consent without the need to check the register.

9.2 Allergic reaction procedures

As part of the whole-school awareness approach to allergies, all staff are trained in the school's allergic reaction procedure, and to recognise the signs of anaphylaxis and respond appropriately

Staff are trained in the administration of AAI's to minimise delays in pupil's receiving adrenaline in an emergency

If a pupil has an allergic reaction, the staff member will initiate the school's emergency response plan, following the pupil's allergy action plan.

Pupils with EpiPens should be carrying their own auto-injectors in their bags so that they are close and available at all times. Pupils who are assessed as competent to do so are encouraged to carry

their prescribed adrenaline auto-injectors (AAIs). Where this is not appropriate, prescribed medication is stored securely within the First Aid Office or in a location known to relevant staff.

Federation emergency AAIs are stored separately in clearly identified emergency anaphylaxis kits in an unlocked, readily accessible location in accordance with Department of Health and Social Care guidance. Emergency AAIs are available for use within five minutes from anywhere on the school site.

Whenever an adrenaline auto-injector (AAI) is administered, 999 must be called immediately, even if symptoms appear to improve. If symptoms do not improve, or return after approximately five minutes, a second AAI should be administered in accordance with the individual's Allergy Action Plan and current national guidance.

If an AAI needs to be administered, a member of staff will use the pupil's own AAI, or if it is not available, a school one.

If the pupil has no allergy action plan, staff will follow the school's procedures on responding to allergy and, if needed, the school's normal emergency procedures. Emergency procedure (taken from anaphylaxis.org.uk) is provided below;

Get emergency help: steps to follow

In the event of a serious allergic reaction, it's crucial to act quickly and follow these steps

Get in position

If the person is conscious, **lie them flat with their legs raised** to assist in blood flow to the heart and vital organs.

If they're having **difficulty breathing**, they can be propped up with legs stretched out straight.

Give adrenaline immediately

If you or the person affected has been prescribed adrenaline (such as EpiPen®, Jext® or EURneffy®), **use it straight away** – adrenaline is the first-line treatment for anaphylaxis.

Make a note of the time you give the first dose of adrenaline. If symptoms don't improve after **five minutes**, or symptoms get worse, **give a second dose**.

Call 999

Call emergency services immediately after using your first dose of adrenaline and tell the operator it is **"anaphylaxis"** (ana-fil-ax-is).

Give your **exact location** (What3Words can help if you are outside).

Do not move

Stay in this position until help arrives. **Do not** stand up, walk or run, even if you start to feel better.

Movement can make symptoms worse and cause a sudden drop in blood pressure.

Stay with them until emergency services arrive.



Stay safe while waiting

REMEMBER – while waiting for the ambulance, stay where you are. **Do not** stand up, walk or run, even if you start to feel better.



Get in position

If you have any symptoms of anaphylaxis, **stay where you are**. You should **lie flat with your legs raised** to help blood flow back to your heart and vital organs.

If you're having **difficulty breathing**, you can be propped up with legs stretched out straight.

You must avoid any sudden change in posture. Movement can **make symptoms worse** and cause a sudden drop in blood pressure.



Use your adrenaline

Anaphylaxis can come on very quickly. As soon as you suspect anaphylaxis you must use your adrenaline without delay.

Don't wait to see how bad it is, or whether it will get worse. If in doubt, use your adrenaline.

It's important to know exactly how and when to use your prescribed adrenaline. Healthcare professionals can show you how to use it, and there are also resources such as practice devices and videos on manufacturer websites.

Options currently available on prescription in the UK include:

- **Adrenaline auto-injectors (AAIs)** – such as EpiPen and Jext.
- **Intranasal adrenaline** – EURneffy, a needle-free nasal spray.

You must carry two in-date forms of prescribed adrenaline at all times as a second dose may be needed if symptoms do not improve after five minutes or get worse.

Specific instructions vary by brand – always follow the instructions on your device.



A school AAI device will be used instead of the pupil's own AAI device if:

- The pupil's own prescribed AAI(s) are not immediately available (for example, because they are broken, out-of-date, have misfired or been wrongly administered)

If a pupil needs to be taken to hospital, 2 members of staff will stay with the pupil until the parent/carer arrives, or accompany the pupil to hospital by ambulance

If the allergic reaction is mild (e.g. skin rash, itching or sneezing), the pupil will be monitored and the parents/carers informed

9.2 Allergic reaction procedures

Following any significant allergic reaction, administration of an adrenaline auto-injector or allergy-related near miss, the Federation will undertake a post-incident review.

This review will include:

- Reviewing the circumstances surrounding the incident;
- Assessing whether existing control measures were effective;
- Reviewing the pupil's Individual Healthcare Plan and incorporating any updated Allergy Action Plan received from the healthcare professional;
- Identifying any additional staff training requirements;
- Considering whether risk assessments require amendment;
- Meeting with parents/carers where appropriate;
- Recording lessons learned to reduce the likelihood of future incidents;
- Reporting significant findings to the Headteacher and Governing Body where appropriate.

10. Adrenaline auto-injectors (AAIs)

Following the Department of Health and Social Care's Guidance on using emergency adrenaline auto-injectors in schools, set out your school's procedures for AAIs, covering these areas:

10.1 Purchasing of spare AAIs

The allergy lead is responsible for buying AAIs and ensuring they are stored according to the guidance.

AAI's will be purchased through a Local Pharmacy. The following AAI's will be held in stock across the Federation;

- Aylestone - 2x adult AAI's.
- Broadlands – 2x pediatric AAI's
- Withington – 2x Pediatric AAI's

We will aim to buy the same brand for all 3 schools, however this will be dependent on what the pharmacy has available.

10.2 Storage (of both spare and prescribed AAIs)

The allergy lead will make sure all AAIs are:

Stored at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature

Kept in a safe and suitably central location to which all staff have access at all times, but is out of the reach and sight of children

Not locked away, but accessible and available for use at all times

Not located more than 5 minutes away from where they may be needed.

Spare AAIs will be kept separate from any pupil's own prescribed AAI, and clearly labelled to avoid confusion.

Aylestone AAI kit is stored in the staffroom. Broadlands and Withington Primary Schools AAI's will be located in the Reception area. These locations are central and easily accessible.

At Aylestone, spare AAI's for students are stored in the filing cabinet in the first aid office, with a universal spares going to be stored in a clearly labelled and sealed pouch with the AED in the staff room.

10.3 Maintenance (of spare AAI's)

Delegated first aiders and first aid contractor will ensure monthly checks are done on the AAI's and are responsible for checking that:

- The AAI's are present and in date
- Replacement AAI's are obtained when the expiry date is near

10.4 Disposal

AAI's can only be used once. Once a AAI has been used, it will be disposed of in line with the manufacturer's instructions.

An annual sharps bin collection will dispose of used or expired AAI's by the local council contractor.

10.5 Use of AAI's off school premises

Pupils at risk of anaphylaxis who are able to administer their own AAI's should carry their own AAI with them on school trips and off-site events.

Pupils will take their AAI's that they carry on them as normal and designated first aid staff for that trip will hold any spares we have for that child in school.

10.6 Emergency anaphylaxis kit

The school holds an emergency anaphylaxis kit. This includes:

Spare AAI's

Instructions for the use of AAI's

Instructions on storage

Manufacturer's information

A checklist of injectors, identified by batch number and expiry date with monthly checks recorded

A note of arrangements for replacing injectors

A list of pupils to whom the AAI can be administered

A record of when AAI's have been administered

11. Training

The school is committed to training all staff in allergy response. This includes:

- How to reduce and prevent the risk of allergic reactions
- How to spot the signs of allergic reactions (including anaphylaxis)
- The importance of acting quickly in the case of anaphylaxis
- Where AAI's are kept on the school site, and how to access them
- How to administer AAI's
- Practical training on September inset days
- The wellbeing and inclusion implications of allergies

It's recommended that all staff are trained at least once a year.

12. Links to other policies

This policy links to the following policies and procedures:

- Health and safety policy
- Supporting pupils with medical conditions policy
- Allergy Safety in School Statutory Guidance (can be found in the Allergy Policy folder on the Staff T Drive)

Appendix 1 - Aylestone School Allergy Risk Assessment Template

Allergy Risk Assessment		
Assessment by:	Date: 08/07/26	Review Date: July 2027
Approved by:	Date: 08/07/26	

Hazard / Activity	Existing Control Measures	Likelihood (Rare / Unlikely / Possible)	Consequence (Moderate / Major / Critical)	Risk (High / Medium / Low)
Storage of prescribed medication and spare AAls	• All pupils requiring emergency medication have an Individual Healthcare Plan. • Prescribed medication is securely stored in the First Aid Office, and its location is known to all relevant staff. • Pupils who are assessed as competent to do so carry their own prescribed adrenaline auto-injectors (AAls). • Federation spare AAls are stored in a clearly identified location and are readily accessible in an emergency. • The First Aid Team carries out monthly checks to ensure all medication and spare AAls remain in date and fit for use.	Rare	Critical	Low

Staff awareness and training	Annual allergy and anaphylaxis training provided. New staff receive induction. All staff know how to summon assistance and access emergency medication.	Unlikely	Critical	Low
School Catering	AIP Catering maintains allergen information, follows a nut-free policy, manages cross-contamination controls and provides allergen information for all meals. Changes to menus are communicated where appropriate.	Rare	Major	Low
Packed Lunches and Snacks	Parents provide information regarding allergies. Pupils are reminded not to share food. Hand washing is encouraged before and after eating. Staff supervise dining areas.	Unlikely	Major	Low
Birthday treats / Celebrations / PTA Events	Staff consider pupils with allergies before food is shared. Original packaging must accompany food so allergens can be checked. Where necessary, alternative treats or non-food rewards are used.	Unlikely	Major	Low
Cooking Activities / Food Technology	Recipes reviewed before lessons. Ingredients checked in advance. Alternative ingredients or activities provided where required. Separate utensils used where necessary to minimise cross-contamination. First aid provision available throughout.	Unlikely	Major	Low

Science experiments involving food	Teachers review practical activities before lessons. Alternative materials used where possible. Activities involving allergens are risk assessed beforehand. Hand washing after activities.	Unlikely	Major	Low
Craft activities	Staff check ingredients within craft materials before use. Food packaging used for modelling is cleaned thoroughly. Parents informed where recyclable materials are requested from home. Alternative materials provided where necessary.	Rare	Moderate	Low
Music (Shared Instruments)	Shared mouth instruments cleaned between users or individual mouthpieces provided. Hand hygiene encouraged before and after use.	Rare	Moderate	Low
PE / Outdoor Learning / Forest School	Medication accompanies pupils or remains immediately accessible. Staff supervising activities are aware of pupils with allergies. Outdoor areas visually checked for significant insect hazards, where practicable.	Unlikely	Critical	Low

Insect bites and stings	Pupils encouraged to wear appropriate footwear outdoors. Food and drinks covered where practicable. Waste disposed of promptly. Known nests reported for treatment. Pupils with insect sting allergies have medication available.	Possible	Major	Low
Animal Handling	Activities risk assessed before taking place. Pupils with known animal allergies have reasonable adjustments made. Hand washing undertaken after contact with animals. Areas cleaned after activities.	Unlikely	Major	Low
Guide Dogs / Assistance Dogs	Individual risk assessment completed where a guide dog visits the school. Parents consulted where appropriate. Reasonable adjustments made to minimise exposure whilst ensuring accessibility for visitors.	Rare	Moderate	Low
Visitors and Supply Staff	• Supply staff are provided with access to the Staff Drive (T:), cover work, the 'PLEASE READ – Highly Sensitive Important Information' folder, and SIMS, enabling them to access relevant pupil medical information and emergency procedures before commencing duties. • Visitors and contractors are informed of relevant allergy arrangements where appropriate to the activities they are undertaking. • Where a visitor is accompanied by a guide or assistance dog, an appropriate allergy risk assessment will be completed if a pupil has a known animal allergy. • Relevant staff remain available to provide advice and support throughout the school day.	Unlikely	Major	Low

Educational Visits and Off-Site activities	Visit leader reviews allergy requirements during planning. Medication accompanies pupils. Staff attending are aware of allergies and emergency procedures. Venues contacted in advance where food is provided. Emergency contact arrangements confirmed.	Unlikely	Critical	Low
Emergency Allergic reaction	Allergy Action Plans available. Staff trained to recognise anaphylaxis. Emergency services contacted immediately following AAI administration. Incidents recorded and reviewed.	Rare	Critical	Low

Hazard	Further Action	Responsible	By When
Staff Training	Annual allergy and anaphylaxis refresher training for all staff.	Allergy Lead / HR	September annually
All Checks	Monthly Inspection of expiry dates and stock.	First Aid Team / First aid Contractor	Monthly
Policy	Annual review or following any allergy incident or legislation change	Allergy Lead	September annually
School Visits	Ensure allergy section included within all educational visit planning documentation.	Visit Leader	Before every visit
Communication	Review allergy register and IHP's at the start of each academic year and whenever notified of changes	First Aid Team / First Aid Contractor / Student Services Administrator	Ongoing