



South Wonston Primary School

Allergy Safety Policy

Approved by	Governing Body
Date approved	16th September 2027
Review date	September 2027

1. Policy statement

South Wonston Primary School is committed to providing a safe, inclusive and supportive environment for pupils, staff, visitors and members of the wider school community who have allergies. Allergies can affect health, wellbeing, attendance and participation in education.

This policy explains how the school will identify and support individuals with allergies, minimise exposure to known allergens, maintain rapid access to emergency medication, respond to allergic reactions and learn from incidents and near misses.

This policy has been prepared with regard to section 34 of the Children's Wellbeing and Schools Act 2026 and the Department for Education's Allergy safety in schools statutory guidance. It should be read alongside the school's Supporting Pupils with Medical Conditions, First Aid, Health and Safety, Educational Visits, Safeguarding, Anti-Bullying, Relational and Promoting Positive Behaviour and Data Protection policies.

2. Definitions

Allergy is an immune-system reaction to a substance that is normally harmless. Allergens may include food, medicines, insect stings, latex, animals and airborne or contact substances.

Anaphylaxis is a severe and potentially fatal allergic reaction that may affect the airway, breathing or circulation. It requires immediate adrenaline and an emergency ambulance.

An adrenaline auto-injector (AAI) is a device that administers a measured dose of adrenaline. EpiPen and Jext are brand names. This policy uses the generic term AAI.

A near miss is an event that could have exposed a person to an allergen, delayed treatment or caused harm, even where no symptoms occurred.

Food intolerance does not involve the immune system and does not cause anaphylaxis. Coeliac disease is an autoimmune condition and is not a food allergy or intolerance, although strict avoidance of gluten is required.

3. Leadership and responsibilities

Governing Body

- Ensure the school has, publishes and implements a dedicated allergy safety policy.
- Ensure allergy risks are included on the school risk register and actively managed.
- Ensure sufficient resources are available for training, emergency medication and safe storage.
- Receive assurance about staff training, significant incidents, near misses and completed actions.
- Review and approve this policy at least annually and following a significant incident or change in guidance.

Headteacher

- Retain overall responsibility for allergy safety and appoint a named senior Allergy Safety Lead.
- Ensure responsibilities, staffing, systems and resources are in place.
- Ensure suitable school spare AAIs are purchased in the doses and quantities required.
- Ensure external providers working with pupils meet the school's allergy safety expectations.
- Ensure serious incidents are managed and reviewed and report allergy-safety assurance to governors.

Named Allergy Safety Lead

The designated Allergy Safety Lead is Charlotte Avendano, Assistant Headteacher and SENCo.

- Oversee implementation of this policy
- Maintain oversight of the definitive pupil allergy register on Medical Tracker, together with relevant IHCPs and healthcare-professional Allergy or Asthma Action Plans. A current copy of the relevant Action Plan will be kept with the pupil's emergency medication.
- Annual review of current IHCPs (September)

- Meet with parents and write IHCPs for new pupils and for pupils with newly diagnosed medical conditions, other than asthma IHCPs, which will be completed by the Allergy Safety Coordinator.
- Oversee the Allergy Safety Coordinator's maintenance of healthcare-professional Allergy Action Plans in medication boxes, preparation and sharing of asthma IHCPs, medication details, emergency contacts and agreed consent.
- Oversee monthly checks by the Allergy Safety Coordinator of prescribed and school spare medication, storage and expiry dates.
- Work with the office to ensure supply, temporary, peripatetic and regular visiting staff receive appropriate information and any required training.
- Review allergy incidents and near misses reported through the school's health and safety arrangements, together with any allergy related safeguarding or wellbeing records on CPOMS, and coordinate learning reviews.
- Arrange an annual anaphylaxis response drill and a timed medication-access assessment.
- Provide the Headteacher with information on trends, risks, training and actions so that the Headteacher can report assurance to governors. The Allergy Safety Lead is not routinely required to attend governing body meetings.

Allergy Safety Coordinator: designated member of the administrative team

A designated member of the administrative team will act as the school's operational Allergy Safety Coordinator. The individual assigned to this role will be recorded in the school's internal responsibilities list rather than named in this policy.

- Maintain the definitive pupil allergy register and associated pupil records on Medical Tracker and produce current, controlled allergy-identification information for relevant staff from that system.
- Maintain current asthma IHCPs on Medical Tracker and current healthcare-professional Allergy Action Plans in medication boxes, together with medication details, emergency contacts and agreed consent.
- Coordinate the collection of information and medication from parents and follow up missing, incomplete or expiring items.
- Maintain training records and induction arrangements.
- Maintain current allergy-identification information generated from Medical Tracker for ABM, classrooms, Nursery, Acorns and other relevant staff.
- Maintain the designated secure Visitor Allergy and Medical Arrangements folder and coordinate agreed arrangements for regular visitors and workers.
- Coordinate the orange-band system, replacement bands and any repeated failures in the lunchtime handover process.
- Complete or coordinate the monthly prescribed and school spare medication checks and retain the check records.
- Act as the day-to-day point of contact for allergy queries and refer clinical, policy, risk or safeguarding decisions to the Allergy Safety Lead or Headteacher.
- Prepare routine information on records, training, medication checks, incidents and actions for the Allergy Safety Lead.

Teachers

- Know which pupils in their class have allergies and where their plans and medication are located.
- Read and follow relevant IHCPs and Action Plans from medical professionals (as found in medication box).
- Check potential allergens when planning food, cooking, science, art, animal, sensory or outdoor activities.
- Make reasonable adjustments so that pupils are not excluded.

- Ensure each pupil included in the school's orange-band system is wearing the correct band before the class leaves for lunch. The teacher may delegate the physical task to a named classroom adult but retains responsibility for ensuring the check is completed.
- Remain alert to symptoms, bring medication to the pupil immediately and follow the emergency procedure - M1 on the radio with the location.
- Ensure both prescribed AAIs accompany a pupil when the class moves to PE, the field, another area, after school provision, or off site.
- Brief staff covering their class and respond immediately to suspected reactions.
- Record and report reactions, incidents, near misses, allergy-related bullying and wellbeing concerns through the appropriate systems set out in section 14.

LSAs, HLTAs and other pupil-support staff

- Know the allergy arrangements for the pupils they support and the location of emergency medication.
- Complete allocated medication checks when pupils move between locations; responsibility must be explicitly handed over and not assumed - i.e. both AAIs need to be placed in the red bag when going outside for breaktime/lunchtime/handed over to Acorns staff for wraparound. Staff need to ensure these are handed back in the morning.
- Remain alert to symptoms, bring medication to the pupil immediately and follow the emergency procedure - M1 on the radio with the location.
- Support reasonable adjustments and report exposure risks, missing medication, incorrect food and other near misses.

Nursery staff

- Know the plans of Nursery children with allergies and ensure both prescribed AAIs remain immediately accessible.
- Know and maintain access to the shared Nursery and Acorns emergency anaphylaxis kit.
- Check snacks, play materials, sensory activities, cooking and celebrations for allergens.
- Ensure prescribed medication accompanies children outside or off site.
- Complete the daily opening check for allergens and use Medical Tracker and the school's health and safety reporting arrangements as described in this policy. Use CPOMS only where the circumstances also raise a safeguarding, behavioural or wellbeing concern.

Acorns wraparound-care staff

- Receive a clear handover for children with allergies attending each session.
- Confirm that both prescribed AAIs have moved with each relevant pupil into Acorns.
- Keep the shared emergency kit accessible during breakfast club, after-school care and other operating periods.
- Check food, snacks and activities for known allergens.
- Record reactions and medication on Medical Tracker and report serious incidents and near misses through the school's health and safety reporting arrangements. Make a CPOMS record only where there is also a safeguarding, behavioural or wellbeing concern.

Wider office team

- Collect allergy information received through admissions, annual data checks, telephone calls, emails or front-desk contact and pass it promptly to the Allergy Safety Coordinator.

- For supply staff, temporary workers and peripatetic staff, check available evidence of allergy-awareness training and give the school's site-specific allergy briefing before duties begin. Any gap or concern will be referred immediately to the Allergy Safety Lead or Headteacher.
- Ask the visitor sign-in allergy question and pass any disclosure privately to the Allergy Safety Coordinator or, if urgent, to the Allergy Safety Lead or Headteacher.
- Notify the visitor's host of any immediate adjustment or emergency arrangement.
- Protect confidentiality, call emergency services and contact parents when required.

Lunchtime staff

- Know which pupils have food allergies and the school's identification arrangements.
- Remain alert to whether pupils included in the orange-band system are wearing their band and help obtain a replacement where one is missing. This forms part of normal lunchtime supervision and does not require a separate member of school staff to operate a checkpoint.
- Supervise food sharing to prevent this from taking place, know the location of emergency medication and respond immediately to symptoms.
- Report repeated missing bands, wrong meals, exposures and near misses to the Allergy Safety Lead.

ABM Catering: external contracted provider

ABM Catering staff are not employees of South Wonston Primary School. The school will nevertheless set out the allergy-safety standards required of its contracted catering provision, share relevant pupil information lawfully and monitor assurance through the contract-management arrangements. ABM remains responsible for managing and training its employees and for complying with food-safety and allergen requirements.

- Provide current allergen information and prevent cross-contamination.
- Manage ingredient substitutions and label changes safely; no unauthorised substitution will be made for a pupil with an allergy.
- Keep the agreed current, dated allergy-identification information securely available at the server. This may include photographs where necessary and proportionate to identify pupils safely.
- Before serving an allergy-managed meal, the nominated ABM server will verify the pupil's identity and requirements against ABM's current allergy information. The orange band is an additional visual prompt and never replaces this check.
- If a band is missing or information is unclear, pause service to that pupil and obtain verification from the school office or nominated lunchtime lead before providing food. The child will not be asked to determine what is safe for themselves.
- Ensure its catering staff receive appropriate training and report errors, exposures and near misses immediately to the school.
- Participate in incident reviews and provide information or corrective actions requested through the school's contract-management arrangements.

Educational visit leader

- Review the allergy register and relevant plans during planning and include individual risks in the visit risk assessment.
- Ensure both prescribed devices accompany each relevant pupil and remain with the pupil's group.
- Consider whether school spare AAIs should be taken without leaving school provision inadequate.
- Nominate a responsible adult, brief all supporting adults and consider food, transport, venue and emergency access.

Staff hosting visitors

- Ensure visitors sign in and receive the appropriate day-specific safety briefing.
- Before the visit or activity begins, check whether food, animals, materials or planned activities could expose the visitor or a pupil to a known allergen. If a risk is identified, pause or adapt the arrangement and consult the Allergy Safety Lead. Complete or update a proportionate written risk assessment where the risk is not already adequately controlled through the pupil's IHCP, an existing activity risk assessment or the visitor's agreed arrangements. Confirm the controls with the visitor and all relevant staff before proceeding.
- Liaise with the office when a visitor discloses an allergy and implement any agreed adjustment for the visit.
- Share only the pupil-specific information a visitor needs for the activity they are undertaking. The Allergy Safety Coordinator manages the routine arrangements for regular visitors, with oversight from the Allergy Safety Lead.

Clubs and external activity providers

Before a club or activity begins, the school will identify whether it is school-run, delivered by a commissioned external provider or an independent letting and will complete the relevant parts of Appendix 3.

Requirements for all clubs

- The club leader will have the current attendance information, necessary pupil allergy information, Action Plans and both prescribed AAIs immediately available throughout the session.
- The Allergy Safety Coordinator will show the club leader the relevant medication locations and return arrangements. The club leader must return each pupil's medication immediately to the designated classroom medication space after the session, unless it has been used or accompanies the pupil to hospital.
- Anything used, missing, damaged or misplaced must be reported immediately to the Allergy Safety Coordinator; if unavailable, to the Allergy Safety Lead; and if unavailable, to the Headteacher.
- Food, rewards, cooking, animals, materials and other allergen exposures will be checked in advance. Where existing controls are insufficient, the activity will be adapted or paused and a proportionate written risk assessment completed before it proceeds.
- A suspected reaction will be managed immediately in accordance with the pupil's Action Plan and this policy.

School-run clubs

The school remains responsible for recording reactions, observations and medication administered on MediTracker, informing parents and applying its health-and-safety arrangements, including Hampshire Corporate Incident Reporting where the criteria are met.

Commissioned external providers

The provider will keep its own contemporaneous first-aid, medication, incident and near-miss records and will inform parents promptly. It will not enter information on MediTracker. It must send the school written notification of a reaction, medication administered, an incident or a near miss promptly and normally on the same day.

The Allergy Safety Coordinator will retain or cross-reference the provider's notification on MediTracker as the school's factual record and check that parent communication occurred; the school will not recreate the provider's account. The Allergy Safety Lead or Headteacher will decide whether a separate school or Hampshire Corporate Incident report is required.

Independent hirers

The hirer is responsible for its participants, parent communication, records, risk assessment, trained adults and emergency medication. Where access to a South Wonston pupil's prescribed AAls has been agreed, the Allergy Safety Coordinator will show the hirer the location and return process.

School spare AAls remain accessible for emergency awareness but do not replace participants' prescribed devices or the hirer's planned arrangements. The hirer must notify the school of emergency-service attendance, any use of school medication, a premises-related incident or a risk relevant to the school.

Parents and carers

- Inform the school of diagnosed or suspected allergy, allergic symptoms or previous reactions.
- Provide current medical information, prescribed medication and Allergy or Asthma Action Plans from healthcare professionals.
- Ensure prescribed medication is replaced before expiry and notify the school of changes.
- Work with the school to develop and review the pupil's IHCP where required.

Pupils

- Where age and understanding permit, take an active role in managing their allergy.
- Tell an adult if they feel unwell or may have been exposed.
- Carry medication where agreed and avoid sharing food.
- Treat other pupils' medical needs respectfully.

4. Identification, records and confidentiality

Medical Tracker is the school's definitive pupil allergy register and record system. The Allergy Safety Coordinator will maintain it day to day, with oversight from the Allergy Safety Lead. Information will be collected at admission, through annual medical updates, during IHCP reviews and whenever a parent, pupil, healthcare professional or previous setting provides new information.

- The Medical Tracker allergy-register overview will identify each pupil by name, class and current photograph and will show their known allergens, whether allergy medication is required, whether an IHCP is required or in place and whether a healthcare-professional Allergy or Asthma Action Plan is held. The register overview does not need to display every element of the pupil's individual arrangements.
- Emergency contacts, consent, likely symptoms, individual adjustments, detailed medication information and emergency arrangements will be held within the pupil's full Medical Tracker record, IHCP and attached or linked healthcare-professional Action Plans, as applicable. Medication storage and access arrangements will be recorded in the IHCP and operational medication records. A current Action Plan will also be kept with the pupil's emergency medication so that it is immediately available. The Allergy Safety Lead will review the register and relevant plans at least annually and whenever circumstances change.
- Authorised staff must be able to access the relevant full record and plans promptly when needed while unnecessary sharing will be avoided. Any printed classroom, Nursery or Acorns allergy-identification sheets will be controlled copies generated from Medical Tracker rather than a separately maintained register. They will be dated, kept current, positioned away from general pupil or visitor access (for example, on the inside of a staff-accessed cupboard door) and destroyed securely when replaced.

Staff and visitor information

An employee's relevant allergy information will be held confidentially within the personnel/HR record, with an individual workplace risk assessment where needed. The Allergy Safety Coordinator will coordinate any agreed emergency arrangement for a regular agency, peripatetic or contracted worker, with the record held securely within the appropriate administrative or HR system.

The visitor sign-in process will ask: "Do you have an allergy, medical condition or emergency medication that the school needs to be aware of during your visit today?" A visitor answering yes will be invited to speak privately to the office or host. Only information necessary to keep the visitor safe will be recorded. One-off information will be linked to the visit or event and retained only as necessary. The Allergy Safety Coordinator will coordinate any written emergency arrangement needed for a regular visitor and store it in the school's designated secure Visitor Allergy and Medical Arrangements folder. Access will be restricted to authorised staff and records will be reviewed and retained in accordance with the school's data-protection and retention arrangements. The precise electronic or physical location of the folder will be set out in the internal administrative procedure. Adult medical information will not be recorded on Medical Tracker or CPOMS.

5. Individual Healthcare Plans

A pupil will have an IHCP where their diagnosed or suspected allergy has a functional impact at school, presents a risk of harm and requires arrangements additional to or different from those provided generally. The Headteacher and/or Named Allergy Safety Lead will decide this with parents and relevant healthcare professionals.

- The IHCP will include a current photograph and key contacts; allergens and likely symptoms; the pupil's ability to recognise and report a reaction; prevention and reasonable adjustments for daily care; prescribed medication, storage and access; emergency response; named responsibilities; participation and wellbeing; and visit and wraparound arrangements.
- A healthcare-professional Allergy or Asthma Action Plan will be attached. The IHCP is the school's operational plan and does not replace clinical advice.
- A single IHCP will encompass all relevant medical conditions and will be reviewed at least annually, after a significant reaction or near miss and following changes to diagnosis or treatment.

6. Whole-school training and awareness

All staff present while pupils are on site will receive allergy awareness and emergency-response training at least annually. This includes teaching and support staff, administrators, catering, the Site Manager, Nursery and Acorns staff, lunchtime staff, agency and supply workers, regular volunteers and peripatetic staff. First-aid training alone is not sufficient.

- Training will cover allergic conditions; allergy, intolerance and coeliac disease; triggers and symptoms; recognition of anaphylaxis; calling 999; positioning; location and administration of prescribed and spare AAls and emergency asthma medication; plans and records; exposure reduction; wellbeing and bullying; and reporting incidents and near misses.
- Practical familiarisation with the types of devices held by the school will form part of annual training.
- New employees will be trained during induction. The office team member arranging or receiving a supply member, temporary worker or peripatetic member of staff will check available evidence of allergy-awareness training and provide the school's site-specific briefing before duties begin. The briefing will cover pupils relevant to their work, emergency procedures, medication locations and how to summon help. Any gap will be escalated to the Allergy Safety Lead or Headteacher before the person works unsupervised with pupils.
- The Allergy Safety Lead will maintain the briefing materials and oversee any required catch-up training.
- The school will undertake and record an annual simulated anaphylaxis drill and complete resulting actions.

7. Creating an allergy-aware and inclusive culture

- The school will support pupils to participate fully and develop age-appropriate independence.
- Allergy-related teasing, intimidation, deliberate exposure, threats or exclusion will be treated seriously under the school's Anti-Bullying and Relational and Promoting Positive Behaviour policies.
- Staff will respond to anxiety or emotional distress and offer pastoral support.
- Age-appropriate pupil education will promote understanding without unnecessarily identifying or singling out individuals.

8. Minimising exposure to allergens

- Maintain accurate records and share necessary information with relevant staff.
- Consider allergens in food, cooking, science, art, animals, sensory play, outdoor learning, celebrations and special events.
- Provide suitable alternatives and reasonable adjustments.
- Promote effective handwashing and appropriate cleaning of eating and activity areas.
- Assess airborne and contact allergens and make reasonable adjustments to products, seating, cleaning, supervision or activities.
- Include individual allergy risks within educational-visit and event risk assessments.

Food allergy management

The school will work with ABM Catering and families to provide accurate allergen information, prevent cross-contamination and manage substitutions safely. Pupils will be discouraged from sharing food or drinks. Food brought in by pupils, staff, visitors or parents, including for celebrations and fundraising, will be risk assessed and clearly communicated.

Pupils included in the school's mealtime allergy-identification system will use an orange allergy band. Before the class leaves for lunch, the class teacher will ensure that each relevant pupil is wearing the correct band; the physical task may be delegated to a named classroom adult. Lunchtime staff will remain alert to missing bands as part of their ordinary supervision. A separate school member of staff will not be required to operate an allergy checkpoint at the hall entrance.

At the servery, the nominated ABM member of staff will verify each pupil receiving an allergy-managed meal against ABM's current, dated allergy-identification information before serving food. This may include a confidential photograph where necessary and proportionate for safe identification. The information will be positioned so that it is readily available to authorised catering staff but not open to general view. If a band is missing or there is any discrepancy, ABM will pause service to that pupil and obtain verification from the school office or nominated lunchtime lead before providing food. The band is an additional visual prompt and never the sole safety check.

Repeated missing bands will be reported to the Allergy Safety Lead so that the underlying classroom handover or staffing issue can be addressed. A missing band that contributes to a wrong meal, exposure or significant risk will be reported as a near miss through the school's health and safety reporting arrangements.

The orange-band system will be handled sensitively and reviewed with a pupil and their parents where it causes distress or unwanted attention. The school cannot guarantee an allergen-free environment but will take reasonable steps to minimise risk.

9. Prescribed adrenaline devices

A pupil prescribed adrenaline must have rapid access to both of their two prescribed devices at all times. School spare AAls are additional to and do not replace a pupil's prescribed devices.

- Both devices will be kept together in a clearly labelled individual emergency medication bag with the current Action Plan.
- Both devices will accompany the pupil to PE, the playground, field, outdoor learning, another building, clubs, Nursery/Acorns and off-site activities.

- Where a pupil is able and it is agreed in the IHCP, they may carry their devices. Otherwise, a named adult will carry them and remain with the pupil's group.
- Medication dose and expiry information will be recorded on Medical Tracker. Storage and access arrangements will be recorded in the pupil's IHCP and operational medication records and communicated to relevant staff; they are not required to appear on the Medical Tracker allergy-register overview. Parents supply replacements, while the school monitors its stock and follows up missing or expiring medication.

10. School spare AAls: doses, locations and storage

The school will hold school spare AAls in pairs and in doses appropriate for the pupils who may require emergency treatment. Individual prescriptions and Action Plans take precedence over age-based guidance.

Location	AAls held	Purpose
Main school central emergency kit	2 × 150 microgram and 2 × 300 microgram AAls	Covers pupils under six and aged six or over in the main school.
Shared Nursery/Acorns emergency kit	2 × 150 microgram and 2 × 300 microgram AAls	Nursery and Acorns are connected through a doorway; wraparound includes children from Nursery to Year 6.
Additional site or outdoor kit	As identified by timed risk assessment	Required if an appropriate pair cannot be brought to any pupil within five minutes without leaving another area inadequately covered.

The 150 microgram dose is the school spare dose normally held for children under six; the 300 microgram dose is normally held for pupils aged six and over. Staff will follow the individual's prescription and Action Plan where available. Non-injectable nasal adrenaline may be prescribed to an individual but will not be purchased as school spare stock unless the law changes to permit this.

Storage requirements

- AAls will not be locked away or kept behind a locked door.
- They will be stored at adult height, out of children's reach, in a clearly labelled emergency anaphylaxis kit.
- The kit will be immediately accessible without a key, code or specialist equipment.
- It will be stored at room temperature, away from direct sunlight, radiators and extremes of heat or cold.
- The two doses will be clearly separated and labelled. A tamper-evident seal may be used only if it can be broken immediately without equipment.
- The kit will contain the paired AAls, instructions, an emergency asthma inhaler and appropriate spacers, and a check record.
- Used devices will be given to paramedics, a pharmacy or disposed of through an appropriate sharps route.

Nursery and Acorns arrangements

Nursery and Acorns operate in directly connected rooms and are treated as one medication location. The shared kit will be immediately accessible throughout Nursery, breakfast-club, after-school and other operating hours, including periods when the main school office is closed. The connecting route will remain unobstructed and will not require a key or code. Each Nursery or Acorns pupil prescribed adrenaline will additionally have both of their own prescribed devices with them in the provision.

Checks

The Allergy Safety Coordinator will complete or coordinate checks of all prescribed and school spare medication monthly and after every use, under the oversight of the Allergy Safety Lead. Checks will cover quantity, dose, batch number, expiry date, packaging and device condition, storage, accessibility and availability of instructions and Action Plans. Medical Tracker alerts support but do not replace the physical check.

11. Nursery/Acorns daily opening and handover check

- The shared kit is present, unlocked, clearly visible to staff and unobstructed.
- Two 150 microgram and two 300 microgram school spare AAI's are present and the seal, where used, is intact.
- Staff know which children with allergies are attending.
- Both prescribed AAI's have arrived or transferred with each relevant child.
- The child's Action Plan is available and a means of summoning emergency help is working.

Completion will be recorded through the existing provision opening checklist. Any failure will be escalated immediately and the pupil's safety arrangements reviewed before the session continues.

12. Educational visits and off-site activities

- An individual risk assessment will consider itinerary, venue, food, allergens, transport, emergency services, mobile signal and contingency arrangements.
- Both of the pupil's prescribed devices and the Action Plan will accompany them and remain with their group.
- A named trained adult will be responsible for the medication and all supporting adults will be briefed.
- An appropriate pair of school spare AAI's may accompany the visit, but the school and Nursery/Acorns must not be left without adequate emergency stock.

13. Emergency response to suspected anaphylaxis

Where anaphylaxis is suspected, staff must treat it as a medical emergency even if the person has no known allergy.

1. Stay with the person, call for help and follow their Action Plan where available.
2. Lay the person flat with their legs raised. If breathing is difficult, allow them to sit with legs extended. Do not allow them to stand or walk.
3. Bring the adrenaline to the person; do not move the person to the medication.
4. Administer adrenaline immediately and as soon as possible within five minutes. Do not delay while contacting emergency services or parents.
5. Immediately call 999, request an ambulance and state "anaphylaxis".
6. Use the person's prescribed device(s) first where available. Use an appropriate school spare AAI if prescribed devices are unavailable, cannot be administered or misfire, or if the person has no prescribed device. Prior consent must not delay reasonable life-saving action.
7. Record the time. If symptoms have not improved, give a second dose after five minutes using the second device.
8. Remain with and monitor the person. Contact parents or the emergency contact as soon as possible.
9. Give used devices and relevant plans to paramedics. A pupil who has received adrenaline must be medically assessed and transported by ambulance.
10. Record the treatment on Medical Tracker and initiate the serious-incident reporting and review process.

14. Recording incidents, near misses and learning

Recording systems

- All allergic reactions, symptoms, observations and medication administered will be recorded on Medical Tracker.
- Serious reactions, anaphylaxis and allergy-related near misses will be reported through the school's health and safety arrangements, including Hampshire County Council's Corporate Incident Reporting system where applicable.
- CPOMS will not be the primary medical, incident or near-miss record. A separate CPOMS entry will be made only where the circumstances also raise a safeguarding, behavioural or wellbeing concern, such as deliberate exposure, allergy-related bullying or prejudicial behaviour, threats, exclusion, anxiety or emotional distress. It should record only the information relevant to that concern and may cross-reference the Medical Tracker or health and safety record without duplicating clinical or investigation details.
- Detailed CPOMS categories and alert groups will be maintained in the school's operational CPOMS guidance rather than in this policy, so they can be updated without a policy amendment. Staff must select the category that reflects the separate concern. Allergy-related bullying or prejudicial language connected to a pupil's allergy or medical condition should ordinarily be recorded under the school's disability-related prejudicial behaviour and language category.
- Staff should not wait for harm to occur before reporting a near miss. The Allergy Safety Coordinator or another nominated person will ensure that the report reaches the Allergy Safety Lead and is entered on Hampshire County Council's Corporate Incident Reporting system where applicable.
- Staff and visitor medical information will not be entered on pupil systems. Relevant adult incidents will be recorded through the school's staff/visitor accident and health-and-safety arrangements.

Examples of near misses

- A wrong meal is offered; food is shared; or inaccurate allergen information is supplied.
- An allergen is used in an activity without appropriate checks or adjustments.
- Medication is missing, inaccessible, out of date, in the wrong location or fails to accompany a pupil.
- An emergency kit is locked, obstructed, incomplete or cannot reach the person promptly.
- Exposure occurs without symptoms or a delayed reaction is reported after the person has left.
- Allergy-related teasing, threats, deliberate exposure, anxiety or exclusion occurs.

Review and learning

Incidents and near misses will be reported on the same day and, where possible, within two hours. Parents will be informed when the event concerns their child. The Allergy Safety Lead will review what happened, whether plans were followed, access and response times, communication, contributing factors and whether the IHCP, risk assessment, training, policy or equipment must change. Reviews will follow a no-blame, learning-focused approach. Actions will have named owners and completion dates.

Staff-performance or disciplinary matters will be managed confidentially through the school's management and HR procedures and will not be recorded on a pupil's CPOMS chronology. Trends will be reviewed termly and reported to leaders and governors as appropriate.

15. Information sharing and data protection

Allergy information is special-category health data. The school will hold, use and share it lawfully, proportionately and respectfully so that individuals are safe and included. Access will be limited to those who need the information. Wider pupil awareness will be discussed with the pupil and parents and will not replace staff emergency arrangements.

16. Publication, monitoring and review

- This policy will be published on the school website, available in hard copy, included in induction and addressed in annual training.

- The Allergy Safety Lead and Governing Body will review it annually and sooner after anaphylaxis, a significant reaction or near miss, a drill identifying weakness, changes to the site or provision, or changes to law and guidance.
- The review will include feedback from pupils and families affected by allergy and relevant staff.

Appendix 1: Useful guidance

- [Department for Education: Allergy safety in schools statutory guidance and templates](#)
- [Department for Education: Supporting pupils at school with medical conditions](#)
- [Department of Health and Social Care: Using emergency adrenaline auto-injectors in schools](#)
- [Medicines and Healthcare products Regulatory Agency: AAI guidance and resources for safe use](#)
- [Anaphylaxis UK: AllergyWise training for schools and education settings](#)
- [Anaphylaxis UK: Allergy Action Plans](#)
- [Allergy School: free allergy and anaphylaxis resources and training](#)

Appendix 2: Regular pupil-facing visitor, volunteer and temporary-worker briefing record

Use this record for regular volunteers, peripatetic staff, coaches, therapists, supply staff, agency workers and other temporary or visiting adults who work with pupils. It is not required for a one-off visitor or contractor with no pupil-facing role unless a relevant risk is identified.

Responsibilities

- The person arranging the visitor tells the office in advance what the person will do, when they will attend and which pupils or classes they will work with.
- The wider office team initiates this record, checks available training evidence and provides the immediate site-specific briefing.
- The Allergy Safety Coordinator maintains the record and renewal information in the designated secure Visitor Allergy and Medical Arrangements folder.
- The Allergy Safety Lead approves the briefing content, resolves uncertainty about training and arranges catch-up training where required.
- The activity host checks for activity-specific allergy risks in advance, provides the necessary pupil-specific information on the day and consults the Allergy Safety Lead where additional controls or a proportionate written risk assessment are required.

A. Person and role

Name	
Organisation or employer	
Role or activity	
Classes, areas or pupils involved	
Start date and expected frequency	
Regularly pupil-facing	Yes / No

B. Annual allergy-awareness and emergency-response training

Regular pupil-facing visitors and workers should provide evidence of suitable current training or complete the school's recognised training. A site-specific briefing does not replace the annual course.

Training provider/course	
Completion date	
Renewal or expiry date	
Certificate/evidence checked by	
Catch-up training required	Yes / No
Catch-up completed/date	

C. South Wonston site-specific briefing

The person must be shown or told about each item relevant to their work. Record Yes, No or Not applicable and add a note where action is needed.

Briefing item	Y / N / N/A	Notes or action required
Pupils relevant to their work who have allergies and the minimum information needed to keep them safe.		
How and where to access relevant IHCPs, Allergy Action Plans and Asthma Action Plans.		
The location of both prescribed AAls and school spare AAI kits in the areas in which they will work.		
How to recognise an allergic reaction and suspected anaphylaxis.		

Briefing item	Y / N / N/A	Notes or action required
The emergency procedure: positioning, immediate adrenaline, calling 999, second dose after five minutes and remaining with the person.		
How to summon immediate assistance within school.		
How to reduce exposure during the activities they will undertake, including food, animals, art, science, sensory play, PE and outdoor learning.		
Arrangements for moving medication when pupils change location or go off site.		
How to report a reaction, medication given, an allergy-related incident or a near miss.		
Confidentiality and the requirement to share pupil medical information only where necessary.		
Who to contact with a question or concern: Allergy Safety Coordinator, Allergy Safety Lead or Headteacher.		

D. Outcome and acknowledgement

Outcome	May work independently / Must remain supervised pending training / Full training not required for role
Restrictions or actions	
Briefing completed by	
Date	
Visitor/worker acknowledgement	
Review or renewal date	

Appendix 3: External club and activity provider allergy-safety record

Complete before a provider begins work with South Wonston pupils and review whenever the participating pupils, staffing, activity, location or allergy arrangements change. Retain the completed record securely with the provider/club arrangements. This record supports, but does not replace, each pupil's IHCP, healthcare-professional Action Plan or a necessary activity risk assessment.

A. Provider and activity details

Provider/organisation	
Activity/club	
Venue(s)	
Day(s), times and operating dates	
Provider lead and contact details	
School contact	
Arrangement type	☐ School-run club ☐ School-commissioned external provider ☐ Independent letting
Review date	

B. Responsibility and training check

Check	Y / N / N/A	Notes / action required
The provider has nominated the responsible adult and cover for every session; relevant adults have current allergy-awareness and emergency-response training and evidence has been checked.		
The provider understands that first-aid training alone is not sufficient and has received the South Wonston site-specific briefing.		
The provider understands who holds responsibility for attendance, pupil handover, medication and emergency response, and has been shown the designated classroom return location for each pupil's medication.		
The provider will tell the school before changing staff, activity, venue, food/materials or operating arrangements.		
The recording route is confirmed: school-run clubs use MediTracker and school parent communication; commissioned external providers keep their own records, inform parents, send the school a written same-day notification and do not enter MediTracker.		

C. Participating pupils and medication arrangements

Record only the minimum information required here. Confirm full details against MediTracker, the IHCP and the current Action Plan. If a separate controlled pupil list is used, record its title, date and secure location below.

Pupil / class	Allergen(s)	Plan checked	Medication required	Exact session location of both AAls	Named responsible adult
Controlled pupil list (if used)	Title/date/location :				

D. Site-specific briefing and operational checks

Check	Y / N / N/A	Notes / action required
The provider has the current attendance list, collection/handover arrangements and necessary confidential pupil allergy information, IHCPs and Action Plans.		
Both prescribed AAls remain immediately accessible and the provider has been shown the applicable school-spare AAI location; spare devices do not replace prescribed devices.		
Arrangements work when the office is closed. After the session, the club leader returns medication to the designated classroom space and reports anything used, missing, damaged or misplaced.		
Adults know how to recognise anaphylaxis, call 999, give the AAI without delay, position the pupil safely, give a second dose if required and arrange ambulance access.		
Food, rewards, cooking, animals, sensory materials and other allergens have been checked; identified risks are controlled by the IHCP/activity assessment or an approved written risk assessment.		
The provider knows how to contact the Allergy Safety Coordinator, or if unavailable the Allergy Safety Lead, or if unavailable the Headteacher, and will send written notification promptly and normally the same day.		
The provider will not photograph, copy, retain or share pupil medical information beyond the agreed secure arrangements.		

E. Risk assessment decision

Does an existing IHCP/activity risk assessment adequately control the identified allergy risks?	☐ Yes ☐ No ☐ No specific activity risk identified
If No: action taken / risk assessment reference	
Allergy Safety Lead consulted	Name/date:
Controls confirmed before activity proceeds	☐ Yes Date:

F. Recording, notification and Hampshire reporting decision

Who keeps the medical/first-aid and incident record?	☐ School (school-run club) ☐ External provider/hirer
Who informs parents?	☐ School (school-run club) ☐ External provider/hirer
Provider notification received by school	Date/time: Received by:
Parent informed by provider	☐ Yes Date/time: ☐ School follow-up required
School factual record	☐ Provider notification retained/cross-referenced on MediTracker Reference:
Separate school/Hampshire Corporate Incident report required?	☐ Yes ☐ No ☐ Advice required
Decision made by / rationale / report reference	

G. Confirmation and review

Provider representative	Name: Signature:
	Date:
School representative	Name: Signature:
	Date:
Named responsible adult(s)	
Next review / trigger for earlier review	

Completed record stored at	
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