



Abbey Multi Academy Trust Policies & Procedures

Allergy Safety and Anaphylaxis Policy

Incorporating the requirements of Benedict's Law

Approved on	1 st September 2026
Approved by	Abbey MAT Board of Trustees
Last reviewed on	N/A
Next review due	1 st September 2027

Abbey Multi Academy Trust

Allergy Safety and Anaphylaxis Policy

1. Policy Statement

Abbey Multi Academy Trust (The Trust) is committed to providing a safe, inclusive and supportive environment for all pupils, staff, volunteers and visitors with allergies.

The Trust recognises that allergic reactions can range from mild symptoms to life-threatening anaphylaxis and that prompt identification and treatment are essential. The Trust further recognises that allergies can have a significant impact on physical health, emotional wellbeing, attendance, participation and educational outcomes.

The Trust will adopt a Trust-wide approach to allergy management, ensuring that:

- individuals with allergies are safeguarded and supported;
- risks are reduced through effective planning and control measures;
- emergency procedures are understood and implemented consistently;
- pupils with allergies are able to participate fully in school life;
- all academies comply with statutory requirements under Benedict's Law.

The Trust recognises that it cannot guarantee an allergen-free environment. Instead, it will take all reasonable steps to minimise risk, promote awareness and ensure effective emergency response arrangements.

2. Scope

This policy applies to:

- all pupils;
- employees;
- volunteers;
- agency and supply staff;
- governors and trustees;
- contractors undertaking pupil-facing activities;
- visitors;
- catering providers;
- before-school and after-school provision;
- educational visits and residential activities.

3. Legal and Regulatory Framework

This policy has been developed with reference to:

- Children's Wellbeing and Schools Act 2026 (Section 34 - Allergy Safety Policies)
- Supporting Pupils with Medical Conditions Statutory Guidance
- Equality Act 2010
- Health and Safety at Work Act 1974
- Food Information Regulations 2014
- Natasha's Law (Pre-packed for Direct Sale Regulations)
- UK GDPR
- Data Protection Act 2018
- DfE Guidance on Adrenaline Auto-Injectors in Schools

4. Definitions

Allergy

A condition in which the body's immune system reacts to a normally harmless substance.

Allergen

A substance capable of causing an allergic reaction. Allergens may include foods, medicines, insect venom, latex, animals, pollen, dust mites and environmental substances.

Anaphylaxis

A severe, rapid-onset and potentially life-threatening allergic reaction requiring urgent medical treatment.

Adrenaline Auto-Injector (AAI)

A prescribed emergency device used to administer adrenaline during anaphylaxis.

Allergy Action Plan

A healthcare professional's document outlining symptoms and emergency treatment requirements.

Individual Healthcare Plan (IHP)

A school-based document describing how a pupil's allergy will be supported and managed.

Designated Allergy Lead (DAL)

The senior leader responsible for allergy management within an academy.

5. Principles

The Trust will:

- promote an allergy-aware culture;
- place safety and inclusion at the centre of decision making;
- make reasonable adjustments where required;
- support pupils to participate fully in education and enrichment activities;
- maintain effective communication between families and academies;
- ensure rapid access to emergency medication;
- learn from incidents and near misses;
- prioritise wellbeing alongside physical safety.

6. Roles and Responsibilities

Each academy must record its local allergy leadership, medical support and governance arrangements using Appendix A: Academy Allergy Leadership Arrangements.

Trustees

Trustees will:

- approve and monitor this policy;
- receive assurance regarding compliance;
- ensure sufficient resources are available to support implementation.

Local Governing Body

Each Local Governing Body will nominate a named governor with responsibility for allergy oversight. This may be the Link Governor for Health and Safety or Safeguarding where appropriate.

Local Governors will:

- provide local oversight of allergy safety arrangements;
- seek assurance that this policy is implemented effectively;
- review the annual allergy compliance audit;
- monitor completion of any agreed actions;

- escalate significant risks or concerns through local governance arrangements.

Chief Executive Officer

The CEO will:

- ensure effective implementation across the Trust;
- promote compliance with statutory requirements;
- ensure policy review arrangements remain effective.

Headteachers/Principals

Headteachers/Principals will:

- ensure effective implementation within their academy;
- appoint a Designated Allergy Lead;
- ensure appropriate staff training;
- ensure local appendices remain current.

Designated Allergy Lead

Each academy must appoint a member of the senior leadership team as Designated Allergy Lead.

Responsibilities include:

- overseeing allergy safety arrangements;
- maintaining the academy allergy register;
- coordinating staff training;
- monitoring incidents and near misses;
- informing the DSL where allergy related concerns may indicate wider safeguarding concerns
- overseeing Individual Healthcare Plans;
- ensuring compliance with this policy;
- leading annual policy review.

All Staff

All staff must:

- complete allergy awareness training;
- understand emergency procedures;
- be aware of pupils in their care with allergies;
- consider allergens when planning activities;
- inform the DSL where allergy related concerns may indicate wider safeguarding concerns
- report concerns, incidents and near misses.

Parents and Carers

Parents and carers must:

- provide accurate and timely information regarding allergies;
- supply prescribed medication and Action Plans;
- ensure medication remains in date;
- notify the academy of any changes to medical needs.

Pupils

Pupils will be encouraged, according to age and understanding, to:

- understand their allergies;
- avoid known allergens;
- seek help when unwell;

- support peers with allergies;
- contribute to an allergy-aware environment.

7. Identification and Record Keeping

Each academy will maintain a current Allergy Register and must maintain and review its Allergy Register in line with Appendix B: Allergy Register Procedure.

This register will record:

- diagnosed allergies;
- known allergens;
- previous allergic reactions;
- anaphylaxis history;
- prescribed medication;
- emergency contacts;
- existence of IHPs and Action Plans.

Information will be collected:

- on admission;
- annually;
- whenever medical circumstances change.

Staff, Volunteers and Visitors with Allergies

The Trust recognises that significant allergies may affect employees, volunteers, contractors and visitors as well as pupils.

Academies will take reasonable steps to identify individuals with known allergies where this information is necessary to support their safety and the safety of others.

Employees

Employees with significant allergies, particularly those who have been prescribed an adrenaline auto-injector, are encouraged to inform their line manager and/or the Designated Allergy Lead.

Where appropriate, the academy will:

- record relevant information regarding the allergy;
- agree any reasonable adjustments required;
- identify emergency contact arrangements;
- determine whether emergency medication is carried by the employee or stored on site; and
- ensure relevant colleagues are aware of emergency response arrangements where necessary.

Volunteers and Regular Agency Staff

Volunteers, regular agency staff and others working routinely within the academy will be asked to disclose any significant allergies that may require emergency treatment whilst on site.

Where appropriate, reasonable arrangements will be implemented to support their safety.

Visitors

Academies will make reasonable arrangements to identify significant allergies where visitors are:

- attending residential visits;
- participating in educational activities;
- attending events where food is provided; or
- undertaking extended work on site.

Visitors who have prescribed emergency medication should retain access to that medication at all times whilst on academy premises.

Emergency Response

In the event that a member of staff, volunteer or visitor experiences a suspected anaphylactic reaction whilst on site, staff will respond in accordance with the emergency procedures contained within this policy and seek emergency medical assistance without delay.

8. Individual Healthcare Plans

An Individual Healthcare Plan will be implemented where:

- the allergy may place the pupil at risk;
- specific arrangements are required;
- reasonable adjustments are necessary;
- emergency medication is prescribed.

The Individual Healthcare Plan will include:

- known allergens;
- symptoms;
- medication;
- emergency procedures;
- required adjustments;
- staff responsibilities;
- parent and healthcare information.

Where available, a healthcare professional's Allergy Action Plan will be attached.

Where a pupil has both allergy and asthma, the Individual Healthcare Plan should reflect both conditions and include any relevant asthma management arrangements.

Where an Individual Healthcare Plan is required, academies should use the Trust template provided at Appendix C: Individual Healthcare Plan.

9. Training and Awareness

All staff present when pupils are on site will receive annual allergy awareness training.

Training will include:

- understanding allergy;
- common allergens;
- symptom recognition;
- identifying anaphylaxis;
- emergency procedures;
- use of adrenaline auto-injectors;
- reducing allergen exposure;
- incident reporting.

New staff, regular volunteers and supply staff will receive appropriate induction. Each academy will undertake at least one annual anaphylaxis emergency drill.

10. Wellbeing and Inclusion

The Trust recognises that allergies may affect emotional wellbeing and confidence.

Academies will:

- promote inclusion;
- provide appropriate pastoral support;
- avoid unnecessary exclusion from activities;
- make reasonable adjustments where required;
- seek pupils' views where appropriate.

Bullying, harassment or discrimination relating to allergies will not be tolerated and will be addressed through the academy's behaviour and safeguarding procedures.

11. Reducing the Risk of Exposure

Academies will take reasonable steps to minimise allergen exposure.

All staff planning activities must consider allergy risks.

Particular consideration must be given to:

- catering and food service;
- classroom activities;
- science activities;
- food technology;
- arts and crafts;
- animals;
- educational visits;
- enrichment activities;
- celebrations and special events.

Risk assessments must include consideration of allergy-related risks where relevant.

12. Food and Catering

The Trust requires all catering providers to:

- comply with food safety legislation;
- provide allergen information;
- manage cross-contamination risks;
- train staff appropriately;
- support safe meal provision;
- communicate ingredient changes promptly.

Academies must have systems that allow pupils with allergies to be safely identified during food service.

Early Years settings will comply with the statutory Early Years Foundation Stage (EYFS) framework, including the Safer Eating requirements. The school will ensure that EYFS-specific procedures for managing food allergies are clearly documented and implemented.

Anyone preparing or handling food for individuals with allergies will follow robust food hygiene, food safety and allergen management procedures, including controls to prevent cross-contamination.

The Trust promotes an allergy-aware approach rather than reliance upon blanket allergen bans. However, academies may implement proportionate local restrictions where supported by risk assessment.

Local catering arrangements, including pupil identification, allergen information, cross-contamination controls and local food restrictions, must be recorded using Appendix E: Catering and Food Service Arrangements.

Food Brought into School and Off-Site Activities

The school recognises that food brought into school or consumed during school-related activities can present a risk to pupils with food allergies.

Clear arrangements are therefore in place to manage these risks while supporting inclusion and participation.

The school will set out and communicate clear expectations regarding food brought onto the school site or taken on school-organised activities, including educational visits, sporting fixtures and residential trips.

Food brought in by pupils, parents/carers or visitors, including for:

- birthdays and celebrations;
- tuck shops;
- fundraising events;
- parent/carer events; and
- food brought on trips and residential visits (where applicable), must comply with the school's allergen management arrangements and any specific guidance or restrictions in place.

The school may restrict or prohibit certain foods where this is necessary to reduce the risk to pupils with allergies. Any such restrictions will be proportionate, clearly communicated and kept under regular review.

Where food is provided for whole-school or class-based events, staff will:

- consider the needs of pupils with allergies in advance;
- ensure suitable alternatives are available; or
- use non-food alternatives where this provides a safer and more inclusive option.

Parents/carers are expected to follow school guidance when providing food for any school-related purpose and to avoid bringing in food that could pose a foreseeable risk to pupils with known allergies.

All arrangements relating to food brought into school will balance safety with inclusion, ensuring that pupils with allergies are not excluded from activities unnecessarily and that reasonable adjustments are made in line with the school's duties under the Equality Act 2010.

13. Medication and Adrenaline Auto-Injectors

Pupils prescribed adrenaline auto-injectors must have rapid access to two in-date devices at all times.

Academies will:

- maintain a register of prescribed AAs;
- ensure medication is clearly labelled;
- undertake regular checks of expiry dates;
- ensure access to medication during off-site activities;
- maintain records of administration.

Adrenaline must be accessible within five minutes at all times.

Academies must record pupil medication storage, spare AAI locations, grab bags and medication check arrangements using Appendix D: Emergency Medication Locations.

14. Spare Adrenaline Auto-Injectors

Each academy will maintain emergency spare adrenaline auto-injectors in accordance with current legislation.

Academies will ensure:

- spare AAIs are readily accessible;
- devices are not locked away;
- storage locations are known to staff;
- devices are checked regularly;
- replacement arrangements are in place.

The number and location of spare devices will be determined through local risk assessment.

15. Responding to Allergic Reactions

All staff must take concerns regarding allergic reactions seriously.

Where anaphylaxis is suspected:

1. Administer adrenaline immediately.
2. Call 999 and state "anaphylaxis".
3. Follow the individual's Allergy Action Plan.
4. Keep the individual under observation.
5. Record the time medication is administered.
6. Administer a second AAI after five minutes if required.
7. Inform parents/carers.
8. Ensure transfer to hospital.

Any pupil who receives adrenaline must attend hospital even if symptoms improve.

In the event of a suspected anaphylactic reaction, adrenaline should be administered without delay. Staff should not wait to see whether symptoms become more severe before administering adrenaline where anaphylaxis is suspected.

The emergency response steps are summarised for staff in Appendix I: Emergency Anaphylaxis Response Flowchart and should be displayed or made readily accessible in appropriate locations

16. Educational Visits and Off-Site Activities

All educational visits must consider allergy risks.

Visit leaders must ensure:

- allergy-related risks are included within risk assessments;
- emergency medication accompanies the visit;
- relevant staff understand emergency procedures;
- catering arrangements are considered where appropriate.

No pupil prescribed adrenaline auto-injectors may participate in an off-site activity without appropriate access to their medication.

Visit leaders must follow the procedure and checklist set out in Appendix F: Educational Visits and Off-Site Activities Procedure

17. Information Sharing and Data Protection

Information regarding allergies constitutes special category personal data.

The Trust will:

- process information lawfully;
- restrict sharing to legitimate safeguarding and health purposes;
- maintain confidentiality;
- ensure relevant staff have information required to keep pupils safe.

Relevant allergy information will be shared with staff who need the information to keep pupils safe, including teaching staff, support staff, catering staff, visit leaders and relevant temporary staff. Information sharing will be proportionate, respectful and compliant with data protection requirements.

18. Incident Reporting and Near Misses

All allergic reactions and near misses will be:

- recorded;
- reviewed;
- investigated where appropriate;
- used to inform future improvements.

Where required, incidents will be reported in accordance with statutory and regulatory requirements. Learning from incidents will be shared appropriately across the Trust.

In addition to academy-level recording and investigation processes, Headteachers / Principals must ensure that the Chief Executive Officer is notified promptly of any significant allergy-related incident.

For the purposes of this policy, significant incidents include:

- any incident requiring the administration of an adrenaline auto-injector (AAI);
- any suspected or confirmed episode of anaphylaxis;
- any allergic reaction resulting in emergency medical treatment or hospital attendance;
- any use of a spare adrenaline auto-injector;
- any allergy-related incident that results in emergency services being called;
- any significant allergy-related near miss that had the potential to result in serious harm.

Notification should be made as soon as reasonably practicable following the incident and should include:

- a summary of the circumstances;
- actions taken by staff;
- outcomes for the individual concerned;
- any immediate lessons identified; and
- any further investigation or actions planned.

The Chief Executive Officer may require further review where appropriate and may determine that findings and lessons learned should be shared across the Trust to strengthen allergy safety arrangements and reduce the likelihood of recurrence.

A summary of significant allergy incidents and emerging themes may be reported periodically to Trustees through existing safeguarding, health and safety or risk assurance reporting arrangements.

The Designated Safeguarding Lead should be informed where allergy-related concerns may indicate wider safeguarding concerns, including repeated failure to provide prescribed medication, concerns regarding parental engagement with medical advice, bullying related to medical conditions, or patterns of absence linked to medical needs.

All allergy-related incidents and near misses must be recorded, reviewed and escalated in line with Appendix G: Allergy Incident and Near Miss Reporting Procedure

19. Monitoring and Assurance

The Designated Allergy Lead will complete annual reviews of:

- training compliance;
- allergy registers;
- emergency medication arrangements;
- incident trends;
- local procedures.

Headteachers will provide assurance to the Trust regarding implementation of this policy. This will include reporting significant allergy incidents in accordance with Section 18 and confirming that any identified actions have been completed.

Each academy must complete the annual compliance review using Appendix H: Annual Allergy Compliance Audit.

This policy will be published on the Trust website and made available to parents on request. Staff will be made aware of the policy through induction and annual allergy training. Academies will take reasonable steps to promote age-appropriate allergy awareness amongst pupils.

20. Unacceptable Practice

The following are not acceptable:

- preventing pupils accessing emergency medication;
- excluding pupils from activities because of allergies without appropriate justification;
- requiring parents to attend activities solely because of their child's allergy;
- ignoring medical advice;
- delaying the administration of adrenaline where anaphylaxis is suspected;
- failing to consider allergies within risk assessments;
- allowing bullying or harassment related to allergies to go unchallenged.

Appendix A - Academy Allergy Leadership Arrangements

Academy Details

Item	Detail
Academy Name	Christ Church Upper Armley
Headteacher	Sam Collier
Date Updated	7.9.26

Designated Allergy Lead

Role	Name
Designated Allergy Lead	Karen Smith
Deputy Allergy Lead	Shelly Beard

Medical Support Personnel

Role	Name
First Aid Lead	Shelly Beard
SENDCO	Emma Crimlis
Medical Administrator	Shelly Beard

Governance

Role	Name
Named Governor for Allergy Oversight	Sue Furness
Link Governor for Health & Safety / Safeguarding, where different	

Training Arrangements

Requirement	Academy Arrangements
Annual Staff Allergy Training	iHasco allergy training module (issued via Every)
New Staff Induction Process	iHasco allergy training module (issued via Every) Meeting Designated Allergy Lead
Supply Staff Briefing Process	RS to pass on key info
Annual Anaphylaxis Drill Date	EC to pass on key info in induction
Refresher Training Arrangements	Use iHasco module

APPENDIX B - Allergy Register Procedure

Purpose

The academy will maintain an up-to-date Allergy Register containing information required to support safe management of pupils with allergies. The academy may also maintain records of staff members whose allergies require emergency planning, workplace adjustments or emergency response arrangements.

Information Recorded

The register will record:

- pupil name;
- date of birth;
- known allergens;
- severity of allergy;
- history of anaphylaxis;
- prescribed medication;
- presence of Individual Healthcare Plan;
- Allergy Action Plan status;
- emergency contact details;
- location of medication.

Review Process

The register will be reviewed:

- at admission;
- at the beginning of each academic year;
- following any change in medical information;
- following any allergy-related incident.

Responsibility

The Allergy Register is maintained by:

Role: Karen Smith

Storage

The register will be held securely and shared only with individuals who require access in order to safeguard pupils.

APPENDIX C – Individual Healthcare Plan (IHP)

PUPIL NAME – Individual Healthcare Plan for allergy	
Date of birth:	Current photo
Year / class:	
Emergency contacts:	
Staff who need to be aware:	
Allergy: <i>Note what allergy the child or young person has.</i> <i>Note any known allergens.</i> <i>Note whether the child or young person is likely to be aware that they are having an allergic reaction and whether they can alert others.</i>	
How the allergy is managed: <i>Note any care or action plans or prescribed medication issued by healthcare professionals.</i> <i>If the allergy can be partly or wholly managed by practical adjustments (for example avoidance of known allergens), note them here.</i> <i>Note the extent to which the child or young person is able to take responsibility for managing their allergy.</i>	
Impact on education: <i>Indicate the potential harm which might come to the child or young person if their allergy is not managed properly.</i> <i>Indicate how the allergy may impact on the child or young person's learning.</i> <i>Indicate how the allergy may impact on the child or young person's emotional wellbeing.</i> <i>If relevant, note any interaction between allergy and SEN.</i>	
Arrangements for support: <i>Give details of the specific support or adaptations which the school, college or early years setting will put in place, within its educational remit.</i> <i>Outline measures to reduce the risk of contact with known allergens.</i> <i>Give details of the specific support or adaptations to manage food allergy at meal and snack times.</i> <i>Note arrangements for maintaining educational progress where absence or missed learning occurs due to allergy.</i>	
Visits and trips: <i>Give details of any arrangements or procedures which may be required for school trips or other activities outside of the normal timetable that will ensure the child can participate.</i> <i>Note any requirement for a risk assessment and prompts for specific issues which should be considered.</i>	

Emergency response:

Where an Action Plan issued by a healthcare professional covers emergency response, refer to it and ensure it is attached.

Otherwise summarise the signs or symptoms which would indicate an emergency.

Set out what to do in an emergency, including whom to contact.

If relevant, note where “spare” adrenaline devices are located.

Last discussed with parents:	Date
Issued by:	Date:
Next planned review:	Date:

APPENDIX D - Emergency Medication Locations

Pupil Medication Storage

Location	Year Groups / Pupils Covered
Front Office cupboard	Cupboard will be left opened during school hours to allow immediate access in line with the 5 min rule

Spare Adrenaline Auto-Injector Locations

Location	Dose Held	Number of Devices
Front Office cupboard	1 child and 1 adult dose	2

Grab Bags

Location	Contents
Educational Visits Kit	First aid store (top of stairs)
Sports Fixtures Kit	First aid store (top of stairs)
Residential Visits Kit	First aid store (top of stairs)

Medication Checks

Medication checks will be completed:

- ☐ Monthly
- ☐ Half-Termly
- ☐ Termly

Name of Responsible Officer: Shelly Beard

Disposal Arrangements

Expired or used AAls will be disposed of through:

APPENDIX E - Catering and Food Service Arrangements

Catering Provider

Name: Innovate Food Group

Catering Lead

Name: Sharon Webbe

Identification of Pupils with Allergies

The academy identifies pupils with allergies through:

- ☐ Allergy photographs
- ☐ Allergy register
- ☐ Catering management software
- ☐ Wristbands
- ☐ Dining hall list
- ☐ Other

Details:

Food Allergen Information

Allergen information is provided through:

- ☐ Published menus
- ☐ Ingredient sheets
- ☐ Direct discussion with catering staff
- ☐ Parent communication system – Parents communicate with office and adults in their child's classroom

Cross-Contamination Controls

The catering provider will:

- Maintain ingredient records.
- Clearly identify allergens.
- Follow food hygiene procedures.
- Reduce cross-contamination risk.
- Ensure allergen training for relevant staff.

Local Food Restrictions

The academy has adopted the following local restrictions:

- Staff room to be a nut free zone

Special Events and Celebrations

The academy's arrangements for birthday treats, fundraising events and celebrations are:

- At any celebrations all foods will be clearly marked and all ingredients used listed.

APPENDIX F - Educational Visits and Off-Site Activities Procedure

Planning Requirements

Visit leaders must:

- Review the Allergy Register.
- Review relevant Individual Healthcare Plans.
- Consider allergy risks within risk assessments.
- Ensure medication accompanies pupils.
- Consider catering arrangements.
- Brief accompanying staff.

Before Departure Checklist

Requirement	Complete
Allergy Register Reviewed	☐
IHP Reviewed	☐
Medication Checked	☐
Medication In Date	☐
Staff Briefed	☐
Venue Informed (where required)	☐
Catering Considered	☐

Emergency medical arrangements must be considered within the risk assessment for the trip/visit.

APPENDIX G - Allergy Incident and Near Miss Reporting Procedure

Incidents Requiring Recording

The following must be recorded:

- allergic reactions;
- administration of antihistamines;
- administration of adrenaline;
- use of spare adrenaline devices;
- exposure incidents;
- allergy-related near misses;
- emergency service attendance.

CEO Notification Criteria

The Headteacher/Principal must notify the CEO as soon as reasonably practicable following:

- administration of an adrenaline auto-injector;
- suspected or confirmed anaphylaxis;
- use of a spare adrenaline auto-injector;
- attendance by emergency services;
- hospital treatment arising from an allergic reaction;
- any significant allergy-related near miss.

Investigation

Following a significant incident the academy will:

1. Review circumstances.
2. Identify contributory factors.
3. Identify lessons learned.
4. Review risk controls.
5. Update plans and procedures where necessary.

Trust Learning

Where appropriate, learning will be shared across the Trust to strengthen allergy safety arrangements.

APPENDIX H - Annual Allergy Compliance Audit

Academy: CCUA

Date Completed: 8.9.26

Audit Area	Yes	No	Actions Required
Designated Allergy Lead Appointed	☒	☐	K Smith
Named Governor for Allergy Oversight Appointed	☒	☐	Sue Furness
Allergy Register Current	☒	☐	Ongoing/medical list Medical records to be updated and put in First aid file to ensure any changes are noted and appropriate paperwork done in line with this policy
Individual Healthcare Plans Current	☒	☐	Yes
Action Plans Current	☒	☐	
Staff Training Completed	☒	☐	September 2026
New Staff Inducted	☐	☐	
Supply Staff Process in Place	☐	☐	
Spare AAls Available	☒	☐	2 – 1 adult and 1 child
Medication In Date	☒	☐	
Emergency Locations Signposted	☒	☐	Staff to be notified – Front office in unlocked cupboard to allow immediate access
Catering Controls Effective	☒	☐	
Educational Visit Procedures Effective	☐	☐	
Incident Logs Reviewed	☒	☐	Yes - weekly
Governor Oversight Review Completed	☐	☐	
Annual Drill Completed	☐	☐	
Policy Reviewed	☒	☐	8.9.26

Key Findings

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Actions

Actions	Lead	Date
Half termly update of medical information	S Beard	8.9.26
Ensure storage is not locked during school hours	R Sukliene	

Headteacher Signature:

Designated Allergy Lead Signature: *K Smith*

APPENDIX I - Emergency Anaphylaxis Response Flowchart

SUSPECTED ANAPHYLAXIS

Step 1

Recognise symptoms:

Airway

- Swollen tongue
- Difficulty swallowing
- Hoarse voice

Breathing

- Wheezing
- Noisy breathing
- Persistent cough

Circulation

- Dizziness
- Pale or clammy skin
- Collapse

Step 2

Administer adrenaline immediately.

Do not delay.

Step 3

Call 999

State:

"ANAPHYLAXIS"

Step 4

Lay individual flat with legs raised.

If breathing is difficult, allow them to sit upright.

Do not allow them to stand or walk.

Step 5

Record the time adrenaline is administered.

Step 6

If symptoms persist after 5 minutes:

Administer a second AAI.

Step 7

Contact parents/carers.

Step 8

Transfer to hospital.

All individuals receiving adrenaline must attend hospital even if symptoms improve.

Step 9

Record the incident and notify the Headteacher immediately.

Significant incidents must be reported to the CEO in accordance with Appendix G.