AVONDALE PRIMARY SCHOOL

ALLERGY SAFETY POLICY

Including the management of pupils at risk of anaphylaxis

Operational Allergy Safety Lead	Danielle Loftus – Medical Lead Grace Greenaway – School Business Manager
Senior leadership oversight	Vicky Brown, Headteacher
Policy Approved date	September 2026
Policy Review Date	Autumn 2027

Status: Approved by the Full Governing Board (September 2026)

Review cycle: At least annually, and considered after every serious incident or near miss

1. Purpose and status

This policy sets out Avondale Primary School's arrangements for identifying, reducing and responding to allergy-related risks, including the management of pupils at risk of anaphylaxis. It applies across both school sites and throughout the school day, including breakfast provision, lunchtime, after-school clubs, educational visits, residentials, sports, performances, lettings and other school-organised activities.

This is the school's dedicated allergy safety policy. It is read alongside the Supporting Pupils with Medical Conditions Policy, First Aid Policy, Medicines Policy, Safeguarding and Child Protection Policy, Health and Safety Policy, Educational Visits Policy, Attendance Policy, Equality Information and Objectives, Behaviour and Anti-Bullying Policy, Data Protection Policy and school food arrangements.

The governing body and school staff must have regard to Department for Education statutory guidance. Where this policy differs from subsequently updated legislation or statutory guidance, the current legal requirement and statutory guidance will take precedence and this policy will be reviewed without delay.

2. Legal and guidance framework

This policy has been prepared with regard to the following legislation and guidance:

- Children and Families Act 2014, section 100, as amended by section 34 of the Children's Wellbeing and Schools Act 2026.
- Department for Education, Allergy safety in schools: statutory guidance for governing bodies of maintained schools and proprietors of academies in England, published July 2026.
- Department for Education, Supporting pupils at school with medical conditions: statutory guidance, which remains in force pending further update.
- Early Years Foundation Stage statutory framework, for children within the EYFS age range.
- Equality Act 2010, including the duty to make reasonable adjustments and avoid disability discrimination.
- Children Act 1989, Education Act 2002 and Keeping Children Safe in Education.
- Health and Safety at Work etc. Act 1974 and the common-law duty of care.
- Human Medicines Regulations 2012, as amended in 2014, permitting schools to hold and use emergency salbutamol inhalers.
- Human Medicines (Amendment) Regulations 2017, permitting schools to purchase and hold spare adrenaline auto-injectors.
- Food Information Regulations 2014, assimilated food-information law and requirements concerning the 14 regulated allergens, including prepacked-for-direct-sale labelling.
- Department of Health and Social Care guidance on emergency adrenaline auto-injectors and emergency asthma inhalers in schools.
- British Society for Allergy and Clinical Immunology Allergy Action Plans and relevant national clinical resources.

3. Definitions and scope

Term	Meaning
Allergy	An immune-system reaction to a normally harmless substance, such as a food, insect sting, medicine, latex, animal allergen, pollen or other airborne/contact allergen.
Anaphylaxis	A potentially fatal allergic reaction affecting Airway, Breathing or Circulation. It may occur without a skin rash or other mild symptoms.
Adrenaline device (AD)	A prescribed or spare adrenaline auto-injector, or a prescribed non-injectable adrenaline device. Current school spare-device arrangements relate to auto-injectors.
Individual Healthcare Plan (IHP)	The school's operational plan explaining the additional or different arrangements required to support a pupil. It references and attaches clinical plans rather than replacing or rewriting them.
Allergy Action Plan	A clinical emergency plan issued or endorsed by an appropriate healthcare professional.
Near miss	An event that could have resulted in allergen exposure, delayed treatment or harm but did not, whether because it was identified in time or by chance.
Food intolerance and coeliac disease	These do not cause anaphylaxis. They require appropriate dietary and medical-condition arrangements but are not treated as allergic reactions. Coeliac disease requires strict gluten avoidance and cross-contamination controls.

4. Policy principles

- Every allergy will be taken seriously. Allergic reactions are unpredictable and first reactions can occur at school.
- Pupils will be supported as individuals. Controls will reflect each pupil's documented triggers, clinical history, maturity and functional needs.
- Safety and inclusion will be pursued together. Pupils will not be unnecessarily excluded, segregated or prevented from participating.
- Allergy safety is a whole-school responsibility and is not delegated solely to the catering team, office staff, first aiders or families.
- Adrenaline will be given without delay where anaphylaxis is suspected. If in doubt, staff will treat for anaphylaxis and call 999.
- Learning from incidents and near misses will be open, proportionate and focused on preventing recurrence.
- Parents will be partners in planning, but will not be required to attend school routinely to administer medication or accompany a pupil solely because of allergy.

5. Governance, leadership and accountability

5.1 Governing body

- Ensures that the school has, publishes, implements and reviews a dedicated allergy safety policy.
- Ensures that allergy risk is included within the school risk register and receives appropriate assurance and incident information.
- Ensures sufficient resources for training, emergency equipment, staff time and reasonable adjustments.
- Holds the headteacher and senior leaders to account for effective implementation while retaining collective strategic responsibility.

5.2 Headteacher – Vicky Brown

- Provides senior leadership oversight and ensures this policy is implemented across both sites.
- Ensures the Allergy Safety Lead has authority, time, information and support to discharge the role.
- Approves requests to purchase spare adrenaline auto-injectors and ensures appropriate insurance and indemnity arrangements.
- Ensures relevant providers, including Dolce and wraparound providers, meet the school's expectations.
- Leads or commissions investigation of serious incidents and reports appropriately to governors and external bodies.

5.3 Allergy Safety Lead – Danielle Loftus & Grace Greenaway

- Maintains strategic and operational oversight of allergy safety and coordinates annual implementation of this policy.
- Works with the office, class staff, first aiders, SEND leadership, educational visits coordinator, Dolce and families.
- Ensures the allergy register, IHP status, medication locations and expiry information are complete and current on our medical tracker
- Coordinates whole-school training, inductions, refreshers and anaphylaxis drills.
- Checks that prescribed and spare medication is accessible, in date and appropriately located across both sites.
- Reviews incidents and near misses, tracks actions and reports themes to the headteacher and governing body.
- Ensures relevant policies, risk assessments and staff guidance remain aligned with current DfE guidance.

5.4 All staff

All staff must understand that they may be the first adult present when a reaction occurs. They must follow this policy, know how to summon help, know where emergency medication is held, act promptly within their training and report concerns, incidents and near misses.

6. Identification and allergy register

The school will gather allergy information at admission, annually, when health information changes, before trips and transitions, and when concerns emerge. Information may be obtained from the pupil, parents, previous setting and relevant healthcare professionals, in accordance with data-protection requirements.

Where a pupil joins mid-term, the school will aim to have allergy arrangements in place, and any required Individual Healthcare Plan drawn up, within two weeks of admission, wherever this is practicable.

The school will not assume that a pupil has no allergy merely because diagnosis is incomplete. Where symptoms or risk are suspected, temporary proportionate arrangements will be agreed with parents while appropriate healthcare advice is sought.

Medical Tracker will be the school's central operational record. The record will include, as applicable:

- current photograph, date of birth, class and site;
- allergens and known triggers, including food, insect, medicine, latex, contact and airborne allergens;
- usual symptoms, previous reactions and risk of anaphylaxis;
- co-existing asthma or other relevant conditions;
- IHP, Allergy Action Plan and Asthma Action Plan status and review dates;
- prescribed medication, dose/device type, storage location, consent and expiry dates;
- whether the pupil carries medication and how staff will ensure access throughout the day;
- parent and emergency contact information;
- reasonable adjustments, meal arrangements and communication requirements;
- incidents, near misses and actions arising.

Up-to-date photo lists of pupils with relevant food allergies will be available to authorised staff in food-service and food-handling areas. Information will be limited to what staff need to keep pupils safe and will be handled as special-category health data.

7. Individual Healthcare Plans and clinical plans

A pupil should have an IHP where the allergy has a functional impact in school, creates a risk of harm, and requires arrangements additional to or different from those made generally. A formal diagnosis is not an absolute prerequisite where risk and functional impact require support. A pupil will hold a single IHP covering their allergy, rather than separate plans for different conditions.

The school holds the pen on the IHP because it describes school arrangements. Staff will not make clinical judgements or rewrite clinical instructions. The latest Allergy Action Plan, Asthma Action Plan, medication plan or clinical letter will be attached and referenced with its source and review date.

IHPs will be co-produced with the pupil, parents and relevant professionals and will address:

- known allergens, exposure routes and risk-reduction controls;
- symptoms and emergency response, including positioning and second-dose arrangements;
- medication, storage, access, carriage between home and school and expiry monitoring;
- meal provision, packed lunches, snacks, rewards, celebrations and curriculum food;
- classroom, playground, PE, swimming, clubs, trips, transport and residential arrangements;
- self-management and age-appropriate independence;
- continuity of education, including how missed work will be communicated and supported where allergy-related absence occurs;
- roles and communication, including absence and cover arrangements;
- wellbeing, anxiety, bullying and inclusion;
- review triggers and transition arrangements.

Plans will be reviewed at least annually and sooner following updated clinical advice, medication changes, a significant reaction, a near miss, transition, or a material change in school arrangements.

8. Medication and emergency equipment

8.1 Prescribed adrenaline devices

- Pupils prescribed adrenaline should have rapid access to two in-date devices at all times, including travel to and from school, lunch, playground, PE, clubs, trips and residentials.
- Pupils will be encouraged to carry their own devices in their school bag where appropriate. Where this is not suitable, devices will be stored in an unlocked, clearly identified and immediately accessible location.
- Medication must be stored at room temperature, protected from extremes of heat and direct sunlight, and never refrigerated unless the manufacturer specifically requires otherwise.
- A current Allergy Action Plan should be kept with the pupil's medication wherever practicable.
- Adrenaline must be brought to the pupil. A pupil experiencing a reaction must not be sent or walked to the office or medical room.

8.2 Spare adrenaline auto-injectors

Avondale Primary School will hold spare adrenaline auto-injectors in pairs and in the age-appropriate strengths required by current national guidance. Because the school operates across two sites, suitable spare devices will be held on each site unless a documented time-and-motion assessment demonstrates an equally safe arrangement. Devices must be capable of reaching any person who may require them within five minutes.

- Spare devices will be clearly labelled and stored unlocked in central, accessible emergency kits.
- Each kit will include instructions, the school emergency procedure and appropriate supporting equipment.
- Expiry dates and monthly visual checks will be recorded in Medical Tracker or the school's linked inventory process.
- Used or expired auto-injectors will be handed to ambulance staff, returned to a pharmacy or disposed of through an approved sharps route.
- Spare devices may be used where a prescribed device is unavailable, has misfired, is the wrong location, or where a person without a previous diagnosis presents with suspected anaphylaxis.
- Prior consent is good practice but must never delay life-saving treatment in an emergency.

8.3 Emergency asthma inhalers

The school will maintain emergency salbutamol inhalers and spacers in accordance with current guidance. These may only be used for pupils who have been prescribed a reliever inhaler and for whom written consent is held, when their own inhaler is unavailable. A reliever inhaler must never be used instead of adrenaline to treat suspected anaphylaxis.

9. Emergency response to an allergic reaction

ANAPHYLAXIS: AIRWAY, BREATHING OR CIRCULATION SYMPTOMS

1. Keep the person where they are. Lie them flat with legs raised. If breathing is difficult, allow them to sit with legs extended. Do not allow them to stand or walk.

2. Send for the person's prescribed adrenaline and the nearest spare emergency kit. Bring medication to the person.

3. Give adrenaline immediately. Do not wait to contact parents or emergency services before administering it.

4. Call 999 immediately and say “ANAPHYLAXIS”. Give the school address, exact site and access point.

5. Stay with the person. Inform the headteacher/Allergy Safety Lead and contact parents or emergency contacts.

6. If there is no improvement after five minutes, give a second dose using a second device if available.

7. Commence CPR if there are no signs of life and use the defibrillator when available and indicated.

8. The person must be assessed by ambulance clinicians and transferred to hospital following anaphylaxis, even if they appear to recover.

IF IN DOUBT, TREAT FOR ANAPHYLAXIS. DELAYING ADRENALINE IS MORE DANGEROUS THAN GIVING IT WHEN IT MAY NOT HAVE BEEN NEEDED.

9.1 Mild to moderate reactions

Symptoms may include swollen lips, face or eyes; itchy or tingling mouth; hives; rash; abdominal pain; vomiting; sudden behavioural change; or mild throat symptoms without Airway, Breathing or Circulation compromise. Staff will follow the pupil's current Allergy Action Plan, give prescribed treatment where authorised, contact parents and continuously supervise the pupil in a safe place for at least 60 minutes because symptoms may progress. Any deterioration or uncertainty will be treated as anaphylaxis.

9.2 Emergency communication across the split site

Each site will maintain a clear method for summoning immediate assistance and directing an ambulance. Staff will state the exact site, entrance and location. The response must not depend on medication being transported across the road from the other site. Emergency-drill evaluation will specifically test both sites, playgrounds, halls and external areas.

10. Whole-school training and competence

All pupil-facing staff will receive allergy-awareness and emergency-response training at least annually. This includes permanent and temporary teachers, teaching assistants, office and welfare staff, lunchtime staff, catering staff, breakfast and after-school staff, supply and agency staff, peripatetic staff and regular volunteers.

Training will cover:

- allergy, asthma, eczema, coeliac disease and food intolerance, and the distinctions between them;
- how exposure occurs and the school's risk-reduction controls;
- mild reactions and the Airway, Breathing and Circulation signs of anaphylaxis;
- practical use of the adrenaline devices held by the school;
- emergency positioning, 999 communication, second doses and CPR;
- location of prescribed and spare medication on both sites;
- use of IHPs, Allergy Action Plans and Medical Tracker information;
- food-allergy controls, cross-contact and allergen labelling;
- wellbeing, inclusion and allergy-related bullying;
- incident and near-miss reporting.

New staff will receive allergy information during induction. Supply, cover and visiting staff will receive a concise safety briefing before taking responsibility for pupils. Role-specific training and competency assessment will be arranged where an individual pupil requires support beyond general awareness and emergency response. Parents will not be expected to provide staff training, although their lived experience will inform planning.

11. Minimising exposure to known allergens

The school will take reasonable, proportionate steps to minimise exposure without creating a false guarantee of an allergen-free environment. Avondale will describe itself as allergy-aware rather than “nut-free”. The school may restrict or discourage specific items where this is proportionate to identified risk, but such restrictions do not replace vigilance and emergency preparedness.

11.1 General controls

- No trading or sharing of food, drinks, utensils or containers.
- Handwashing with soap and water before and after eating or handling food where required. Alcohol hand gel is not relied upon to remove food proteins.
- Age-appropriate supervision of eating and clear routines for cleaning tables, utensils and food-preparation areas.
- Named and clearly labelled drinks, lunchboxes and specialist meals.
- Activities involving food, animals, latex, plants, chemicals or recycled packaging will be checked against known pupil allergies.
- Alternatives will be selected for the whole group where this avoids singling out or excluding a pupil.
- Wheat-containing play dough, allergen-containing glues, bird feed containing nuts or sesame, latex balloons/gloves and contaminated food packaging will be considered within planning.
- Visitors, volunteers and external providers will be informed of relevant controls on a need-to-know basis.
- Staff and regular visitors will be asked whether they have a known allergy, particularly where they are likely to be served food on site, so that appropriate arrangements can be made for them.

11.2 Air quality

Poor air quality, indoors and outdoors, can trigger and worsen allergic symptoms and asthma. The school will consider ventilation, air-quality monitoring and, where appropriate, supplemental filtration as part of its wider health and safety responsibilities, recognising the link between air quality and asthma-related risk highlighted in current national guidance. This sits alongside, and is coordinated with, the school's Health and Safety Policy.

12. Food provision and catering arrangements

The school is responsible for assuring itself that food supplied on its premises is managed safely. The Catering Manager, is responsible for ensuring the school kitchen is compliant with food law, providing accurate allergen information, managing cross-contact risks within its service and delivering agreed allergen-safe meals. Contracting the service does not remove the school's duty to provide effective oversight.

12.1 Information and planning

- Parents must provide the school with accurate and updated allergy information and relevant clinical documentation. The school will pass necessary dietary information to Dolce securely and promptly.
- School will provide clear and accessible information about the 14 regulated allergens and, where appropriate, ingredients for food offered.
- School will make an appropriately knowledgeable representative available to discuss provision with the school and families.
- Any agreed allergen-safe or specially adapted meal arrangement will be recorded in the pupil's IHP and reflected in the school and Dolce systems.
- Menu substitutions and last-minute changes must be checked against dietary requirements and clearly communicated before service.

12.2 Identification at service

Children MUST come to the serving hatch wearing their lanyard. This is the class teacher’s responsibility. This lanyard must be checked by the staff serving the lunch meal to ensure that they are aware of the allergy and provide a suitable meal.

12.3 Preparation, service and cross-contact

- The Catering Manager will maintain documented allergen controls, staff training, cleaning and cross-contact procedures.
- Where an allergen-safe meal is prepared, it should be protected from substitution and cross-contact through preparation, storage, transport and service.
- Staff serving food must verify the pupil and meal at the point of handover.
- If there is uncertainty about ingredients, labelling, cross-contact or the correct meal, the food will not be served until the position is resolved.
- An incorrect meal that is intercepted before consumption is still a near miss and must be recorded and reviewed.

12.4 Packed lunches, snacks, rewards and events

- Packed lunches and drinks should be named and stored safely. Expectations about high-risk foods will be communicated to families.
- Unlabelled homemade food presents a higher uncertainty than food with reliable ingredient information and will not be given to a pupil with food allergy unless expressly agreed through their plan.
- Class rewards, tasting activities, fundraising, PTA events, performances and cultural events must be planned in advance with allergy inclusion and allergen information considered.
- Birthday treats will not be permitted in school.

- Occasional providers and the PTA will be encouraged to supply clear allergen information even where formal food-business requirements may not apply.

12.5 Free school meals

Where a pupil with allergy is eligible for free school meals, the school will make reasonable adjustments so that they can access their entitlement safely, working with the school kitchen, the pupil and their family to agree suitable provision. Agreed arrangements will be captured through the pupil's IHP.

13. Curriculum, clubs, activities and visitors

Staff planning lessons and activities must consider allergy risk as part of normal planning. Food technology, cooking, science, art, craft, sensory play, gardening, animal visits, music, PE, swimming and celebrations may require specific controls. A pupil will not be excluded simply because the usual material presents a risk; staff will seek a safe alternative and document any individual adjustment.

Breakfast clubs, after-school clubs, holiday activities and external organisations operating on site must follow this policy or demonstrably equivalent arrangements. The school will ensure that allergy information, medication access and emergency roles remain effective outside normal classroom hours.

14. Educational visits, residentials and off-site activity

- Every visit involving a pupil with allergy will include an individual allergy risk assessment and review of the IHP and clinical plan.
- Planning will begin early enough to verify food, travel, accommodation, emergency access and local medical arrangements.
- The pupil's two prescribed adrenaline devices and other required medication must accompany the pupil and remain immediately accessible to the trained supervising adult or pupil, as agreed.
- At least one accompanying adult must be competent and confident to recognise anaphylaxis and administer the device used by the pupil and the school.
- The visit leader will carry emergency contact and plan information and know how to direct emergency services to the group.
- Taking school spare devices off site may be appropriate, but must not leave the school without adequate provision. Additional spare devices may therefore be required.
- Parents will not be required to accompany the pupil as a condition of participation unless this is genuinely necessary following an individual, evidence-based assessment and all reasonable alternatives have been explored.

15. Wellbeing, inclusion and anti-bullying

The school recognises that allergy can cause anxiety, social isolation and fear of eating or participating. Staff will listen to pupils and families, explain safety arrangements, encourage age-appropriate self-management and avoid practices that unnecessarily single out pupils.

- Pupils with allergies will normally eat with peers rather than at a separate table.
- Attendance rewards and sanctions will not disadvantage pupils for absence arising from allergy, treatment or healthcare appointments.
- Allergy-related teasing, threats, deliberate exposure or attempts to force-feed an allergen will be treated as serious bullying and a safeguarding concern.
- Where appropriate and agreed with the pupil and parent, peers may be taught how to seek adult help in an emergency.
- Pupil voice and family feedback will inform annual policy review and individual planning.

16. Information sharing, confidentiality and Medical Tracker

Health information is special-category personal data. The school will share relevant information lawfully, proportionately and only with people who need it to protect the pupil and enable inclusion. The need for privacy will be balanced against the need for staff to recognise risk and respond safely.

The Medical Lead will:

- maintain the central allergy register and authorised pupil profiles;
- store or link current IHPs, Allergy Action Plans and Asthma Action Plans;
- record consents, medication, locations and expiry dates;
- provide appropriate alerts and access for relevant staff;
- record treatment, incidents, near misses, parent communication and follow-up actions;
- generate compliance information for the Allergy Safety Lead, headteacher and governing body.

The school will maintain an emergency-access contingency so that essential plans and medication locations remain available during a network, device or system failure. Access permissions will be reviewed regularly, and obsolete versions of plans will be removed or clearly archived to prevent confusion.

17. Incidents, near misses and learning

All allergic reactions, suspected reactions, administration of adrenaline, catering errors, missing or expired medication, delays, failures of information sharing and near misses must be reported to the Allergy Safety Lead and recorded promptly in Medical Tracker or the school's linked incident process.

Examples of near misses include:

- an incorrect meal selected, prepared or presented but intercepted before consumption;
- a pupil's medication not being available at the expected location;
- an expired, damaged or incomplete emergency kit;
- a pupil leaving site without required medication;
- a delay in finding a plan, medication or trained help;
- an activity using an unassessed allergen;
- a parent reporting a delayed reaction following possible school exposure.

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

- ensure immediate care, parent communication and staff/pupil support;
- preserve relevant records, labels, menus, packaging, medication details and witness accounts;
- notify the headteacher, chair of governors and relevant providers;
- consider statutory reporting, including RIDDOR, safeguarding, food-safety notification, local authority, insurer and healthcare routes as applicable;
- investigate what happened, why controls failed or succeeded, and whether wider pupils or consumers may be at risk;
- review the pupil's IHP, catering arrangements, training, emergency response and policy;
- assign actions, owners and deadlines and verify completion;
- share lessons proportionately with staff, governors, Dolce and families.

18. Monitoring, audit and review

The Allergy Safety Lead will complete and retain an annual allergy-safety audit, supported by termly operational checks. Monitoring will include:

- completeness and accuracy of the allergy register;
- current IHPs and attached clinical plans;
- prescribed and spare medication, locations and expiry dates;
- five-minute accessibility on site and during clubs;
- staff training completion and induction arrangements;
- kitchen allergen information, meal identification and cross-contact controls;
- educational visit and curriculum risk-assessment practice;
- incident and near-miss themes and completion of actions;
- pupil and parent feedback, wellbeing and inclusion;
- website publication and policy awareness.

The governing body will receive at least annual assurance and anonymised information about significant incidents, near misses, training and improvement actions. This policy will be reviewed at least annually and considered for immediate review following a serious incident, significant near miss, legal change, updated DfE guidance or material change to school or catering arrangements.

19. Unacceptable practice

The following are unacceptable:

- locking away emergency medication or storing it where it cannot reach the pupil within five minutes;
- sending an unwell pupil alone to the office or asking a pupil experiencing suspected anaphylaxis to walk to medication;
- delaying adrenaline while waiting for a parent, senior leader, first aider or 999 call handler;
- using a salbutamol inhaler instead of adrenaline for suspected anaphylaxis;
- ignoring the pupil's, parent's or healthcare professional's information or applying one standard plan to all allergies;
- requiring a formal diagnosis before any proportionate interim support is considered;
- excluding pupils from meals, trips, clubs or activities without an individual assessment and consideration of reasonable adjustments;
- requiring parents to attend routinely to administer medication or accompany activities because the school has not made arrangements;
- describing the school as guaranteeing an allergen-free environment;
- failing to report or learn from an incident or near miss.

20. Complaints and concerns

Parents, pupils and staff should raise immediate safety concerns with Danielle Loftus, Medical Lead or Vicky Brown, Headteacher. Concerns will be addressed promptly and without detriment to the pupil. Formal complaints will be managed under the school's Complaints Policy. Urgent food-safety concerns may also require engagement with Dolce, the local authority environmental health team or the Food Standards Agency, depending on the circumstances.

Appendix A – Avondale emergency aide-memoire

Stage	Required action
Recognise	Any Airway, Breathing or Circulation symptom = suspected anaphylaxis. A rash is not required.
Position	Lie flat with legs raised. If breathing is difficult, allow sitting with legs extended. Never stand or walk.
Adrenaline	Bring the pupil's devices and nearest spare kit. Give adrenaline immediately. If in doubt, give it.
999	Call 999 and say “ANAPHYLAXIS”. Give the exact Avondale site, entrance and location.
Second dose	If no improvement after five minutes, give a second dose using a second device.
Stay	Remain with the person, monitor continuously, contact parents and prepare for CPR/AED if required.
Record	After the emergency, record, preserve evidence, notify leaders and commence incident review.

Appendix B – Minimum termly compliance check

✓	Check	Date	Initials
☐	Allergy register reconciled against admissions and class information.		
☐	All pupils requiring an IHP have one; clinical plans are attached and current.		
☐	All prescribed devices are present, in date and in the documented location.		
☐	Spare 150 microgram and 300 microgram auto-injector pairs are appropriate, in date and accessible in the office		
☐	Emergency inhalers, spacers and consents are current.		
☐	Time-and-motion check confirms emergency kits can reach all key areas within five minutes.		
☐	Dolce pupil dietary list matches the school register; discrepancies resolved.		
☐	Two-stage meal identification process tested during service.		
☐	New, supply, lunchtime, wraparound and peripatetic staff have received required briefing/training.		
☐	Trips, clubs and curriculum planning demonstrate allergy consideration.		
☐	Incidents and near misses reviewed; actions completed and evidenced.		
☐	Parent/pupil changes and feedback incorporated.		

Appendix C – Sources and supporting resources

- Department for Education (2026), Allergy safety in schools: statutory guidance for governing bodies of maintained schools and proprietors of academies in England. Published 6 July 2026.
- Department for Education, Supporting pupils at school with medical conditions: statutory guidance (current version pending announced update).
- Department of Health and Social Care, Using emergency adrenaline auto-injectors in schools.
- Department of Health and Social Care, Guidance on the use of emergency salbutamol inhalers in schools.
- British Society for Allergy and Clinical Immunology, Allergy Action Plans and school resources.
- Food Standards Agency, allergen guidance for food businesses, non-prepacked food and prepacked-for-direct-sale food.
- Schools Allergy Code and Checklist, Benedict Blythe Foundation and The Allergy Team, used as supplementary best-practice material.
- Menu, allergen and dietary-management documentation applicable to Avondale Primary School.