Langley Mill Church of England (Controlled) Infant School and Nursery

Allergy and Anaphylaxis Policy

Always our best for God, each other and ourselves

This policy has been assessed in the light of all other school policies and the Equality Act 2010.

Written / Reviewed by	Date	Changes Made		New Policy Version		Next Review Date
DCC/ Phillippa Wakefield	September 2026	Yes	No	Yes	No	September 2027

Allergy and Anaphylaxis School Policy

Health, Safety & Wellbeing Guidance – Schools

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Allergy and Anaphylaxis

School Policy

This model policy is provided for adoption and local adaptation by DCC Community Schools and by schools and academy trusts that purchase support from DCC Health, Safety and Wellbeing. It sets out clear and practical arrangements for managing allergies and anaphylaxis and should be adapted to reflect the school's local governance, catering, staffing, site arrangements and pupil needs. It sets out clear and practical arrangements for managing allergies and anaphylaxis and should be adapted to reflect the school's local governance, catering, staffing, site arrangements and pupil needs.

The school will add local details, including named responsibilities, approval and review dates, medication and spare adrenaline auto-injector arrangements, catering, training and communication processes. The policy will be published, accessible to staff and parents, and reviewed at least annually or sooner following a serious allergic reaction, significant near miss, change in statutory requirements, national guidance or local arrangements.

This policy will be read alongside the Derbyshire County Council Supporting Pupils with Medical Needs Guidance, the school's Administration of Medicines Policy and relevant first aid, safeguarding, behaviour and anti-bullying, educational visits, food safety/catering and special diet procedures.

Derbyshire County Council Supporting Pupils with Medical Needs Guidance explains the status of legal requirements, statutory guidance, recommended practice and local discretion. It also contains or signposts the forms, templates, records and reference links that support allergy and anaphylaxis arrangements.

Policy Development

This model policy has been developed by Derbyshire County Council (DCC) with reference to current legislation, national guidance and recognised good practice, including:

- Department for Education (DfE) statutory guidance: Supporting pupils at school with medical conditions.
- DfE statutory guidance: Allergy safety in schools.
- DfE Allergy safety policy template.
- Children's Wellbeing and Schools Act 2026, section 34, which inserts the allergy safety policy requirement into the Children and Families Act 2014.
- Department of Health and Social Care (DHSC) guidance on the use of emergency adrenaline auto-injectors in schools.
- Food Standards Agency guidance on allergen information and food allergen management.
- Allergy Action Plans and relevant allergy sector resources.
- Derbyshire County Council Supporting Pupils with Medical Needs Guidance and Administration of Medicines Model School Policy.

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Definitions

Term	Meaning
Allergy	An immune system reaction to a substance that is usually harmless. Symptoms may be mild, moderate or severe.
Allergen	A substance that can trigger an allergic reaction. Common allergens include peanuts, tree nuts, milk, egg, sesame, fish, shellfish, soya, wheat, latex, insect venom, pollen, animal dander and some medicines.
Anaphylaxis	A serious and potentially life-threatening allergic reaction that requires immediate emergency treatment.
Adrenaline auto-injector (AAI)	A prescribed emergency device used to inject adrenaline during anaphylaxis. Examples include EpiPen and Jext. Schools in England are permitted to purchase spare AAIs without a prescription for emergency use and, in line with the DfE statutory guidance, should stock spare AAIs of the correct dosage for their pupils.
Adrenaline device (AD)	A wider term for prescribed adrenaline used in anaphylaxis. This includes an adrenaline auto-injector or, where prescribed to an individual, a non-injectable nasal adrenaline device. At present, the legal exemption permitting schools in England to purchase spare adrenaline devices without a prescription applies to AAIs only.
Allergy Action Plan (AAP)	A plan completed by a healthcare professional setting out the pupil's allergens, symptoms, medication and emergency response. It should be attached to, or referenced within, the pupil's IHP where required.
Individual Healthcare Plan (IHP)	A school plan that records the support required for a pupil with a medical condition or allergy. It should set out the arrangements the school will put in place, including emergency arrangements where relevant. An Allergy Action Plan may be attached to, or used alongside, the IHP.
RIDDOR	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013.

Document control

School name and address	Langley Mill CofE Infant School and Nursery Sedgwick Street Langley Mill NG16 4DT		
Policy title	Allergy and Anaphylaxis Policy		
Local policy lead	Phillippa Wakefield and Suzanne Gardner		
Named senior leader responsible for allergy safety	Phillippa Wakefield		
Date approved:	[Insert date]	Date implemented from	[Insert date]
Review frequency	At least annually, or sooner following a serious allergic reaction, significant near miss, change in statutory requirements, national guidance or local allergy management arrangements.		
Review due by	September 2026		
Published location:	https://www.langleymillinfantschool.co.uk/our-school/our-governors/ - 1697627138212-410da105-d1b4 for stakeholders. School bus for staff.		
Related policies	Supporting Pupils with Medical Needs, Administration of Medicines, First Aid, Safeguarding, Behaviour and Anti-Bullying, Educational Visits, Food Safety/Catering, Equality and Accessibility.		

Governance Oversight

The school will identify the following allergy safety roles:

Role	Name
Named Senior Leader responsible for Allergy Safety	Phillippa Wakefield
Allergy and Anaphylaxis Operational Lead	Suzanne Gardner
Deputy Allergy and Anaphylaxis Lead	Claire Jones
Named Governor or Trustee responsible for Allergy Safety	Matthew Fortheringham

The Named Senior Leader will oversee the implementation, monitoring and review of this policy and ensure that lessons learned from allergic reactions, serious incidents and near misses are considered. The operational lead and deputy will support day-to-day allergy and anaphylaxis arrangements.

Where a named governor or trustee is appointed, they will provide additional oversight and challenge in line with the school's governance arrangements.

Named allergy and anaphylaxis leads

The school will identify an Allergy and Anaphylaxis Operational Lead and Deputy Lead to support the day-to-day coordination of allergy and anaphylaxis arrangements. These roles will operate under the oversight of the Named Senior Leader responsible for allergy safety

Name	Role	Responsibilities
Suzanne Gardener (Head Teacher)	Allergy and Anaphylaxis Operational Lead	Coordinate the allergy register, staff training records, medication and AAI checks, communication with relevant staff, policy review support and incident learning.
Claire Jones (Assistant Head Teacher)	Deputy Allergy and Anaphylaxis Lead	Support the operational lead and provide cover for key allergy and anaphylaxis arrangements where required.

1. Statement of intent

Langley Mill Church of England Infant School and Nursery is committed to supporting pupils with allergies so that they can participate in school life as fully and safely as possible. Allergies will be taken seriously and managed through a whole-school allergy safety approach that reduces the risk of exposure to known allergens, supports inclusion and wellbeing, promotes appropriate awareness, and enables a prompt response in an emergency.

The purpose of this policy is to:

- reduce the risk of allergic reactions and anaphylaxis while pupils are at school or taking part in school-related activities
- ensure staff know how to recognise allergic reactions and anaphylaxis, and how to respond in an emergency
- set out arrangements for Allergy Action Plans, Individual Healthcare Plans, Individual Allergy Risk Assessments where required, prescribed medication, spare adrenaline auto-injectors and emergency response
- promote inclusion, wellbeing and reasonable adjustments for pupils with allergies
- provide clarity for staff, parents/carers, pupils, governors/trustees and catering providers about roles and responsibilities
- ensure allergic reactions, serious incidents and near misses are recorded, reviewed and used to improve arrangements
- support the school to meet relevant allergy safety, medical needs, safeguarding, equality and health and safety responsibilities.

This Statement of Intent and the accompanying Allergy and Anaphylaxis Policy have been adopted by the school and approved through its local governance arrangements.

Role	*Name*	*Signature*	*Date*
Headteacher			
Chair of Governors			

2. Scope

This policy applies to pupils with known or suspected allergies, including those at risk of anaphylaxis. It applies during the school day, on school premises, during educational visits, sporting fixtures, residential visits, breakfast clubs, after-school clubs, wraparound care, school events and other school-arranged activities.

The policy also applies to allergy safety arrangements involving staff, supply staff, volunteers, contractors, catering staff, governors/trustees, visitors and others involved in school activities where allergy management is relevant.

This policy will be read alongside the Derbyshire County Council Supporting Pupils with Medical Needs Guidance and the school's Administration of Medicines Policy, particularly where a pupil requires an Individual Healthcare Plan, prescribed medication, emergency medication or support with medicine administration.

3. Legal and guidance context

This policy has been developed with reference to the following legislation, statutory guidance and relevant good practice:

- Children and Families Act 2014, section 100, which requires schools to make arrangements to support pupils with medical conditions.
- Children's Wellbeing and Schools Act 2026, section 34, which requires schools' section 100 arrangements to include an allergy safety policy. The policy must be published, kept under review and reviewed at least annually.
- Department for Education statutory guidance: Supporting pupils at school with medical conditions.
- Department for Education statutory guidance: Allergy safety in schools.
- Department for Education Allergy safety policy template.
- Department of Health and Social Care guidance on emergency adrenaline auto-injectors in schools.
- Food Information Regulations 2014 and associated allergen information requirements.
- Food Standards Agency guidance on allergen information and food allergen management.
- Equality Act 2010, where a pupil's allergy may amount to a disability and reasonable adjustments may be required.
- Keeping Children Safe in Education, where safeguarding, inclusion and bullying considerations are relevant.
- Derbyshire County Council Supporting Pupils with Medical Needs Guidance and the school's Administration of Medicines Policy.

4. Whole-school allergy safety principles

- The school will adopt a whole-school allergy awareness approach rather than relying only on individual staff, catering controls or lunchtime arrangements.
- The school will take reasonable and proportionate steps to reduce the risk of exposure to known allergens. Allergy risks will be considered where relevant in food provision, food brought in by others, curriculum activities, science, design and technology, art and craft, cooking, rewards, fundraising, celebrations, visitors, trips, clubs, events, animals and outdoor activities.
- Where pupils have known allergies to airborne or contact allergens, the school will consider reasonable measures to reduce the risk of exposure.
- Pupils with allergies will be supported to participate in school life wherever this can be achieved safely through reasonable adjustments and proportionate risk management.
- The school will not claim to be allergen-free, as this cannot be guaranteed. Where specific restrictions are introduced, these will be based on individual need, risk assessment and clear communication.
- The school will identify and maintain an appropriate number of staff who are trained and willing, or whose role includes responsibility, to support allergy emergency arrangements, including access to prescribed and spare adrenaline auto-injectors where held. All staff will know how to summon help, call 999 in the event of suspected anaphylaxis and follow emergency instructions. Staff will only be expected to administer allergy medication where they have agreed to do so and have received appropriate information, instruction or training, unless this forms part of their contract, role or job description. This does not prevent any member of staff from taking reasonable emergency action to preserve life, including calling 999 or following emergency services advice.
- Allergic reactions, serious incidents, near misses and concerns will be recorded, reviewed and used to improve arrangements.

5. Roles and responsibilities

5.1 Governing body or trust board will:

- ensure the school has appropriate arrangements for supporting pupils with allergies and other medical conditions
- approve and monitor this policy and ensure it is published, accessible and reviewed at least annually
- ensure a Named Senior Leader is identified for allergy safety
- seek assurance that suitable training, resources and arrangements are in place to manage allergy risks
- seek assurance that allergic reactions, serious incidents and near misses are reviewed and that learning is acted upon
- ensure the school meets relevant legal duties, including medical conditions, allergy safety, equality, safeguarding and data protection requirements.

5.2 Headteacher will:

- ensure this policy is implemented effectively across the school
- ensure a Named Senior Leader, Allergy and Anaphylaxis Operational Lead and Deputy Lead are identified
- ensure an appropriate number of staff are trained and willing, or have this responsibility within their role, to support allergy emergency arrangements, and ensure relevant staff receive allergy awareness and emergency response training at induction and at least annually
- ensure information about pupils with allergies is shared with staff who need to know, while respecting confidentiality and data protection requirements
- ensure suitable arrangements are in place for prescribed emergency medication and spare AAIs, including storage, access, checking and replacement
- ensure allergy risks are considered where relevant in school trips, clubs, events, curriculum activities, catering arrangements and food brought in by others
- report significant concerns, serious incidents and near misses to governors/trustees as appropriate.

5.3 Named allergy and anaphylaxis leads will:

- coordinate the school allergy register
- support the gathering, review and sharing of Allergy Action Plans, Individual Healthcare Plans and Individual Allergy Risk Assessments where required
- coordinate medication checks and reminders to parents/carers when prescribed allergy medication is approaching expiry
- check spare AAIs monthly, where held, and support replacement arrangements
- maintain allergy awareness training records and refresher training records
- liaise with parents/carers, school nurses, healthcare professionals and catering providers where needed
- support individual allergy risk assessments and ensure agreed controls are communicated to relevant staff
- support the recording and review of allergic reactions, suspected anaphylaxis, AAI use, catering errors, near misses and lessons learned.

5.4 All staff will:

- complete allergy awareness and emergency response training relevant to their role
- know which pupils in their care have allergies and where to access relevant plans and medication
- consider allergy risks when planning or supervising food-related, curriculum, craft, science, cooking, outdoor, visit or club activities
- act promptly if a pupil reports symptoms or if an allergic reaction or anaphylaxis is suspected
- know how to call for help, call 999, locate emergency medication and follow the pupil’s Allergy Action Plan or emergency procedures

- promote an inclusive environment and challenge allergy-related bullying, teasing, unsafe behaviour or deliberate exposure to allergens
- report concerns, allergic reactions, suspected anaphylaxis, incidents or near misses to the named allergy and anaphylaxis lead.

Participation in the administration of allergy medication, including adrenaline auto-injectors, is voluntary unless it forms part of the staff member's contract, role or job description. Individual decisions on involvement will be respected. Punitive action will not be taken against staff who choose not to consent where administration of medicines is not part of their agreed role.

5.5 Catering provider or catering staff will:

- comply with food allergen information requirements and school procedures
- maintain accurate allergen information for food provided by the school or catering provider
- take reasonable steps to reduce the risk of allergen cross-contact or cross-contamination
- know how pupils with food allergies are identified within the catering system
- work with the school and parents/carers to support special diets and safe meal provision
- check ingredients, product changes and substitutions before food is prepared or served
- report allergen concerns, errors, near misses or changes in ingredients to the school promptly.

5.6 Parents and carers are responsible for:

- informing the school of their child's allergy, previous reactions, medication and any changes in condition or treatment
- providing an up-to-date Allergy Action Plan completed by, or based on advice from, a healthcare professional where the pupil has been diagnosed with an allergy or prescribed allergy medication
- providing in-date medication, including two AAIs where prescribed, in the correct dosage and original packaging
- replacing medication before expiry or following use
- ensuring the school has current emergency contact details
- completing the school's parental agreement for administration of medicine form where prescribed allergy medication, antihistamine, adrenaline auto-injectors or other allergy medication is to be held or administered in school
- supporting their child, where age appropriate, to understand their allergy, avoid allergens and seek help quickly
- engaging with the school and catering provider where special diet arrangements or reasonable adjustments are needed.

5.7 Pupils will be supported, according to their age, maturity and understanding, to:

- tell an adult immediately if they feel unwell or think they may be having an allergic reaction
- avoid sharing or swapping food and avoid foods with unknown ingredients
- carry their medication where this has been agreed
- use only their own medication and never share medication with another pupil
- act safely and respectfully towards pupils with allergies
- take increasing responsibility for allergy self-management where appropriate.

6. Identification of pupils with allergies

The school will ask parents/carers to provide allergy and medical information as part of admission, transition and whenever there is a change in a pupil's health. Information may also be gathered from the pupil where appropriate, previous settings and relevant healthcare professionals where available.

Parents/carers are responsible for informing the school promptly if their child is diagnosed with an allergy, prescribed allergy medication, has a change in medication, has an updated Allergy Action Plan, or is advised to avoid particular allergens.

The school will maintain an allergy register for pupils with known allergies. The register will include relevant information about known allergens, medication, whether an Allergy Action Plan or Individual Healthcare Plan is in place, and any key emergency arrangements.

Relevant allergy information will be shared with staff who need it to keep pupils safe. The school will ensure staff know where to access current information, how updates are communicated, and where emergency medication is stored.

Where allergy arrangements are relevant to staff or visitors, the school will take reasonable and proportionate steps to manage known allergy risks, particularly where food is provided or exposure to known allergens may be reasonably foreseeable.

7. Allergy Action Plans and Individual Healthcare Plans

Where a healthcare professional has issued an Allergy Action Plan, the school will use this to support the pupil's allergy arrangements. The plan should set out the pupil's known allergens, symptoms, medication and emergency actions.

The school will not rewrite clinical instructions from an Allergy Action Plan. Where an Allergy Action Plan has been provided, it will be attached to, or clearly referenced within, the pupil's Individual Healthcare Plan where required.

An Individual Healthcare Plan will be used where a pupil's allergy has a functional impact in school, the pupil is at risk of harm as a result of the allergy, and the pupil requires arrangements that are additional to, or different from, those made generally. This may include arrangements for medication, emergency response, reasonable adjustments, specific allergy controls, visits, clubs or school activities.

The Individual Healthcare Plan will describe the arrangements the school will put in place to support the pupil. It is not a clinical document and does not replace clinical advice, Allergy Action Plans, Asthma Action Plans or care plans issued by healthcare professionals.

The Individual Healthcare Plan will be developed with parents/carers, the pupil where appropriate, relevant school staff and relevant healthcare professionals where clinical advice, medication, emergency treatment or specialist arrangements are required.

The school will review Allergy Action Plans, Asthma Action Plans and Individual Healthcare Plans at least annually, or sooner where there is a change in the pupil's allergy, medication, emergency arrangements, healthcare advice, school activities, or following a serious allergic reaction or significant near miss.

Where an Individual Healthcare Plan is required, the school will use the relevant DfE's Supporting Pupils at School with Medical Conditions guidance and associated templates that are also signposted in the Derbyshire County Council Supporting Pupils with Medical Needs Guidance, or an equivalent local format that captures the same information.

8. Individual allergy risk assessment

The school will consider whether an Individual Allergy Risk Assessment is required where a pupil's allergy presents a significant or pupil-specific risk, the pupil is prescribed adrenaline devices or is at risk of anaphylaxis, or where additional controls are needed beyond the school's general allergy safety arrangements. Any assessment will be proportionate to the pupil's needs and the circumstances being assessed.

The assessment will be proportionate to the pupil's needs and completed in consultation with parents/carers, the pupil where appropriate, and relevant staff. Healthcare professional advice should be used where available. Where direct healthcare professional involvement is not available, the school should use the clinical information provided in the pupil's Allergy Action Plan or other healthcare professional documentation.

The school should use the Individual Allergy Risk Assessment template available from S4S Health, Safety and Wellbeing - Resources - Risk Assessment Section to support the assessment of pupil-specific allergy risks across medication, catering, curriculum activities, visits, clubs, events, inclusion and emergency arrangements.

The risk assessment will consider, where relevant:

- known allergens and likely exposure routes

- classroom, curriculum and practical activities
- lunchtime and catering arrangements
- breakfast clubs, after-school clubs and wraparound care
- school trips, residential visits and sporting fixtures
- food brought from home or used for celebrations, rewards or fundraising
- prescribed medication, prescribed AAIs and spare AAI access
- communication with relevant staff
- reasonable adjustments, inclusion and wellbeing
- emergency response arrangements.

The assessment will be reviewed at least annually, or sooner following a serious allergic reaction, significant near miss, change in allergy, medication, healthcare advice, school arrangements or planned activity.

9. Emergency response to allergic reaction and anaphylaxis

Symptoms of an allergic reaction may develop quickly. Mild to moderate symptoms may include itching, hives, rash, swelling of lips, face or eyes, tingling mouth, stomach pain or vomiting. More serious symptoms may include airway, breathing or circulation symptoms.

Staff will stay with the pupil, call for help and follow the pupil's Allergy Action Plan where available. The pupil must not be left alone or sent to another area of the school to seek help.

For mild to moderate allergic reactions, staff will follow the pupil's Allergy Action Plan, monitor the pupil closely and contact parents/carers. If symptoms worsen, or there is any doubt about the severity of the reaction, staff will treat this as suspected anaphylaxis and act immediately.

Anaphylaxis should be suspected where there are symptoms affecting the airway, breathing or circulation, or where there is rapid deterioration following exposure to a known or suspected allergen.

Staff should recognise that severe allergic reactions and anaphylaxis may occur in individuals with no previous diagnosis of allergy. A rapid response will be initiated whenever symptoms suggest anaphylaxis, regardless of whether a known allergy has been identified.

Staff will be aware that asthma and allergy can co-exist. Where a pupil with a known food allergy develops sudden breathing difficulty, anaphylaxis must be considered and adrenaline should not be delayed where anaphylaxis is suspected. A reliever inhaler must not be used instead of adrenaline to treat suspected anaphylaxis.

If anaphylaxis is suspected, staff must act immediately:

1. **keep the pupil where they are and call for help. *Do not leave the pupil unattended***
2. **lay the pupil flat with legs raised**
3. **if breathing is difficult, the pupil may be propped up for as short a time as possible. *Do not allow the pupil to stand or walk***
4. **summon trained staff immediately where available, *but do not delay emergency treatment where anaphylaxis is suspected***
5. **a trained and willing member of staff, or a member of staff whose role includes this responsibility, should administer the pupil's prescribed adrenaline device or a permitted AAI without delay, following the instructions on the device and the pupil's Allergy Action Plan where available. *Emergency action must not be delayed while waiting for a specific person if this would place the pupil at greater risk***
6. **call 999 immediately and state "anaphylaxis"**
7. **note the time adrenaline was administered**
8. **if there is no improvement after 5 minutes, administer a second adrenaline device or AAI if available**
9. **if there are no signs of life, begin CPR and continue until emergency help arrives**
10. **contact parents/carers as soon as possible once emergency action has been taken**
11. **ensure the pupil attends hospital for observation, even if they appear to have recovered**
12. **record the incident and complete the school's allergic reaction or near miss review process.**

10. Supply, storage and care of medication

Parents/carers are responsible for providing prescribed allergy medication that is in date, correctly labelled and in the correct dosage. Where a pupil is prescribed adrenaline auto-injectors or other prescribed adrenaline devices, parents/carers should provide two devices for school use unless otherwise agreed in the pupil's plan.

Depending on age, maturity and competence, pupils may carry their own prescribed allergy medication or adrenaline devices where this has been agreed with the school and parents/carers. Where self-carry has been agreed, the school will ensure relevant staff know what arrangements apply in an emergency.

Where a pupil does not carry their own emergency medication, the school will store it in a clearly labelled anaphylaxis kit or other agreed location that is accessible to staff, not locked away, and able to be brought to the pupil without delay.

The school will make arrangements for prescribed adrenaline devices to be accessible during the school day and school-arranged activities, including lessons, breaktimes, lunchtimes, PE, visits, trips, playground activities and sports fields where relevant.

An anaphylaxis kit should contain, where provided or required:

- two AAIs or prescribed adrenaline devices where prescribed
- the pupil's up-to-date Allergy Action Plan
- antihistamine if included on the plan
- asthma inhaler if included on the plan
- any other items specified in the pupil's plan.

Prescribed adrenaline devices and spare AAIs will be stored in line with the manufacturer's instructions, at room temperature, protected from direct sunlight and temperature extremes, and must not be refrigerated. **They must not be locked away or kept in a location where access is restricted.**

The school will keep a record of pupils who have prescribed adrenaline devices and will check allergy medication regularly. Parents/carers remain responsible for replacing medication before it expires or after it has been used.

Used AAIs will be disposed of safely as sharps. They may be handed to ambulance staff or disposed of through an appropriate clinical waste route.

11. Spare adrenaline auto-injectors

Langley Mill Church of England Infant School and Nursery will hold spare adrenaline auto-injectors (AAIs) for emergency use in line with national guidance and this policy.

Spare AAIs are intended for emergency use where anaphylaxis is suspected and a pupil's own prescribed device is not available, is not working, is out of date, has misfired, or where emergency action is required for a person presenting with suspected anaphylaxis. This may include a person who has not previously been known to have an allergy, where anaphylaxis is suspected and use of the spare AAI is permitted by national guidance and the school's emergency arrangements. Staff should follow the instructions on the device, the pupil's Allergy Action Plan where available, and any emergency services advice.

Spare AAIs are not a replacement for a pupil's own prescribed adrenaline devices. Parents/carers remain responsible for providing in-date prescribed medication for their child, including two prescribed adrenaline devices where required.

Spare AAIs will be:

- the correct dosage for the pupils who may need them

- clearly labelled by dosage and as spare emergency devices
- stored in a way that helps staff select the appropriate device in an emergency
- stored in pairs where practicable
- stored safely, readily accessible to staff and not locked away
- located so that adrenaline can be brought to the person experiencing suspected anaphylaxis without delay and, as far as reasonably practicable, within five minutes
- checked regularly and replaced before expiry or after use.

Where the school holds more than one dosage of spare AAI, local arrangements must clearly identify which dose is intended for which pupil group or weight range, in line with national guidance, manufacturer instructions and any healthcare professional advice available to the school. This information should be reflected in the school's local arrangements for spare AAIs, including the number, dosage and location of devices held.

Where the school has a large site, split site, extensive grounds or separate buildings, the school will consider whether more than one pair of spare AAIs is needed to support timely access.

The school will record the number, dosage, expiry dates and location of spare AAIs. The named allergy and anaphylaxis lead, or another identified member of staff, will check spare AAIs monthly and support replacement arrangements where required.

The wider term adrenaline device may include an adrenaline auto-injector or, where prescribed to an individual, a non-injectable nasal adrenaline device. Schools may currently purchase spare AAIs only. If a person prescribed a nasal adrenaline device experiences suspected anaphylaxis and their prescribed device is not available, the school's spare AAI may be used in an emergency.

Local arrangements:

Number, dosage and location of spare AAIs held	4 pens - 2 pens for children up to the age of 6 (expiry August 2027) - 2 pens for children over 6 (expiry May 2028)
Storage location(s)	Top of bookcase outside Head Teachers office.
Person responsible for monthly checks	Sue Robinson – Named School First Aider
Replacement process	Dates in school calendar one month before expiry to allow replacements to be ordered
Record location	With school medical allergy record in the corridor with first aid equipment.

12. Training and awareness

The school will provide allergy awareness and emergency response training for staff who are present when pupils are on site and whose role may involve pupil contact or allergy safety arrangements. Training will be provided at induction and refreshed at least annually, or sooner where required following a serious allergic reaction, significant near miss, change in guidance, change in pupil need or change in local arrangements.

Training may be provided by a competent training provider, healthcare professional, school nursing service, first aid training provider or other suitably competent person or organisation. The level of training required will depend on the staff role, the pupil's needs, the medication involved and whether the staff member is expected to administer an AAI or provide pupil-specific support. Where a staff member is expected to administer medication or provide pupil-specific support, the school should confirm that they are competent and confident to do so.

Training will be proportionate to staff roles and will include, where relevant:

- common allergens and allergy triggers
- how allergic reactions can occur
- recognition of mild, moderate and severe allergic reactions
- recognition of anaphylaxis and the need for immediate action
- how and when to call 999
- where pupil medication and spare AAIs are located
- how to administer AAIs, including practical familiarisation with trainer devices where available
- the school's allergy safety arrangements, including risk reduction measures, allergen avoidance and cross-contamination controls
- staff roles and responsibilities
- how to report allergic reactions, suspected anaphylaxis, serious incidents and near misses.

Where a pupil requires individual support, medication, emergency arrangements or procedures that go beyond general allergy awareness, the school will arrange pupil-specific information, instruction or training where required. Clinical or technical training will be supported by appropriate healthcare professional advice where needed.

Staff will only be expected to administer allergy medication where they have agreed to do so and have received appropriate information, instruction or training, unless this forms part of their contract, role or job description. Staff should not be pressured to undertake allergy medication administration where this has not been agreed. This does not prevent staff from taking reasonable emergency action to preserve life or prevent serious harm, including summoning emergency assistance, calling 999, or following emergency services advice.

First aid training alone will not be treated as a substitute for allergy awareness and emergency response training.

The school will keep records of allergy training, including dates, attendance, training content and refresher requirements.

13. Catering and food allergen management

The school will work with its catering provider or catering team to manage food allergy risks and provide clear allergen information for food provided by the school. The school will maintain a system for identifying pupils with food allergies to catering staff where this is needed to keep pupils safe.

The school will ensure that, where relevant:

- menus and allergen information are available to parents/carers in advance where reasonably practicable
- parents/carers can discuss their child's dietary needs with the catering manager or appropriate member of staff
- ingredient changes, product substitutions and menu changes are checked before food is provided to pupils with known food allergies
- reasonable controls are in place to reduce the risk of allergen cross-contact or cross-contamination during storage, preparation, cooking and serving
- food is not provided to primary school age pupils with known food allergies without appropriate parental engagement and agreement
- food used in lessons, crafts, science, celebrations, rewards, fundraising and events is considered as part of allergy risk management where relevant.

The school will also consider allergy risks linked to food brought in by others, including packed lunches, birthday treats, rewards, fundraising events and food provided by visitors or external providers.

The school does not claim to provide an allergen-free environment. Any specific food restrictions or additional controls will be based on individual need, risk assessment and clear communication.

The school's local catering arrangements are: Derbyshire County Council, via Langley Mill Academy. All parents are required to complete dietary request form upon starting school and an allergy lists with photos are up in school.

14. Educational visits, clubs and school activities

The school will consider allergy risks when planning educational visits, residential visits, clubs, sporting fixtures, off-site activities and school events.

Staff leading the activity will check, where relevant, that pupils with allergies have required medication, relevant plans and appropriate emergency arrangements in place. This may include the pupil's Allergy Action Plan, Individual Healthcare Plan, Individual Allergy Risk Assessment and prescribed adrenaline devices.

Where a pupil is at risk of anaphylaxis, the school will ensure that staff supervising the activity know how to recognise an allergic reaction, summon help, access emergency medication and follow the pupil's emergency arrangements.

Where food is provided by an external venue, provider or host organisation, the school will seek appropriate allergen information in advance and agree safe arrangements with parents/carers where required.

The school will consider whether spare AAIs should be taken on an off-site activity where this is appropriate and can be managed safely. This decision will take account of the pupils attending, the activity, travel time, staffing, access to emergency services and the need to maintain suitable emergency arrangements for pupils remaining on site.

Where spare AAIs cannot reasonably be taken, the visit risk assessment must confirm how emergency arrangements will be managed. This should include ensuring the pupil's prescribed medication is available, staff know how to respond, emergency services can be contacted, and the activity can proceed safely. If safe emergency arrangements cannot be put in place, the visit arrangements should be reviewed and reasonable adjustments considered before a decision is made.

Pupils will not be excluded from visits, clubs or school activities because of allergy unless, after individual assessment and consideration of reasonable adjustments, the risk cannot be managed safely.

15. Allergy awareness, nut bans and allergen restrictions

The school recognises that it cannot guarantee a completely allergen-free environment. The school will adopt a whole-school allergy awareness approach, supported by proportionate risk assessment, clear communication and suitable emergency response arrangements.

The school will not normally describe itself as allergen-free or rely only on blanket bans to manage allergy risks. Where specific allergen restrictions are needed, these will be based on individual need, risk assessment and clear communication with staff, pupils and parents/carers.

Any allergen restrictions will be reviewed regularly and following any relevant allergic reaction, significant near miss, change in pupil need or change in school arrangements.

16. Inclusion, equality, safeguarding and bullying

The school will support pupils with allergies to participate in school life as fully and safely as possible. Reasonable adjustments will be considered where a pupil's allergy affects their ability to access learning, activities, visits, clubs, catering arrangements or wider school opportunities.

A severe allergy may amount to a disability under the Equality Act 2010. Where this applies, the school will consider reasonable adjustments in line with its equality, accessibility and SEND arrangements.

Allergy-related bullying, teasing, unsafe behaviour or deliberate exposure to a known allergen will be treated seriously and managed in line with the school's behaviour, anti-bullying and safeguarding procedures.

Staff will promote respectful awareness of allergies and will support pupils to understand how they can help keep others safe, without singling out or unnecessarily excluding pupils with allergies.

Safeguarding concerns will be considered where a pupil is repeatedly placed at risk because essential allergy information, medication or equipment is not provided, or where there are wider concerns that a pupil's health needs are not being met.

17. Wellbeing

The school recognises that living with allergies can affect a pupil's wellbeing, confidence and participation in school life.

The school will support pupils with allergies by:

- promoting a supportive and inclusive environment
- treating pupils with allergies with dignity and respect
- taking reasonable steps to reduce unnecessary isolation, exclusion or anxiety linked to allergy management
- supporting participation in school activities wherever this can be achieved safely
- working with parents/carers and pupils, where appropriate, to respond to concerns about allergy arrangements
- taking appropriate action where allergy-related bullying, teasing or unsafe behaviour is identified.

Where a serious allergic reaction or significant near miss occurs, the school will consider whether the pupil, and others affected, need reassurance, support or adjustments before returning to normal school activities.

18. Incident reporting, near misses and learning

The school will record allergic reactions, suspected anaphylaxis, use of adrenaline auto-injectors, medication errors, catering errors, near misses and other allergy-related concerns.

Parents/carers will be informed as soon as practicable where their child has experienced an allergic reaction, suspected anaphylaxis, use of emergency medication or a significant allergy-related near miss.

The school will ensure that pupils, parents/carers and, where relevant, healthcare professionals can report allergy-related incidents or near misses, including concerns identified after the end of the school day where exposure to the allergen could reasonably have occurred at school or during a school-arranged activity.

Allergy-related incidents and near misses will be reviewed by the named allergy and anaphylaxis lead, or another appropriate member of staff, and reported to the headteacher or principal where appropriate. Significant incidents will be shared with governors or trustees in line with the school's reporting arrangements.

The review will consider, where relevant:

- what happened and where
- whether the pupil's Allergy Action Plan, Individual Healthcare Plan or Individual Allergy Risk Assessment was followed
- whether medication was available and accessible without delay
- whether staff responded promptly and effectively
- whether communication arrangements worked
- whether catering, activity, supervision or visit arrangements need to change
- whether further staff training or parent/carer communication is required
- whether individual plans, risk assessments or this policy need to be reviewed.

Learning from incidents and near misses will be used to improve allergy safety arrangements. Reporting under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR), food safety reporting, safeguarding action, healthcare professional advice or notification to the employer will be considered where relevant.

The school should seek advice from Derbyshire County Council Health, Safety and Wellbeing, or the employer's competent health and safety adviser, where there is uncertainty about whether an allergy-related incident is reportable under RIDDOR. A report may need to be considered where the incident arises out of, or in connection with, school work activities and results in a reportable injury, dangerous occurrence or other reportable outcome. Not every allergic reaction, administration of adrenaline or use of an AAI will be reportable under RIDDOR.

19. Communication with parents, pupils and staff

The school will communicate allergy arrangements to staff, pupils and parents/carers in a way that is appropriate to the school's local arrangements. This may include the school website, parent communications, staff briefings, induction, training, pupil assemblies, PSHE, catering information and individual meetings.

The school will ensure this policy is published, accessible to staff and parents/carers, and brought to the attention of relevant staff at least annually.

Relevant information about pupils with allergies will be shared with staff who need it to keep pupils safe and support their participation in school life. Information will be shared in a controlled and proportionate way, taking account of confidentiality and data protection requirements.

Parents/carers are responsible for providing accurate and timely information about their child's allergy, medication, emergency arrangements and any changes. Parents/carers are also asked to support reasonable allergy safety arrangements communicated by the school.

Where appropriate, pupils will be supported to understand allergy safety arrangements, including how to seek help, how to act safely around pupils with allergies, and why food or medication should not be shared.

20. Monitoring and review

This policy will be published, kept under review and reviewed at least annually. It will also be reviewed sooner where there is a serious allergic reaction, allergy-related serious incident, significant near miss, change in statutory requirements, national guidance or local allergy management arrangements.

The review will consider, where relevant:

- training records and refresher training
- medication and spare AAI checks
- allergy register arrangements
- incident and near miss learning
- parent/carer, pupil or staff feedback
- catering and food allergen arrangements
- educational visits, clubs and school activity arrangements
- the effectiveness of Allergy Action Plans, Individual Healthcare Plans and Individual Allergy Risk Assessments.

Any changes needed following review will be recorded and communicated to relevant staff, parents/carers and pupils where appropriate.