ROSEMEAD PREPARATORY SCHOOL & NURSERY
DULWICH

PART OF
ST DUNSTAN'S EDUCATION GROUP

ALLERGY SAFETY POLICY

Policy Owner:	Chief Operating Officer
ISSR Reference:	Part 3 - Welfare, Health and Safety of Pupils Part 4 - Suitability of Staff, Supply Staff and Proprietors Part 8 - Quality of Leadership in and Management of Schools
Date of review:	Autumn 2026
Approved by:	Part A: Group Board; Part B: Head and School Leadership Team, with assurance through the Local School Board
Date of next review	Autumn 2027

Version Control Information

Reason for Amendment	Role	Date	Main Changes
New standalone policy	Chief Operating Officer	Autumn 2026	

PART A

1. Aims

St Dunstan's Education Group is committed to ensuring that pupils with allergies are safe, supported and able to participate fully in school life.

The Group aims to:

- safeguard pupils from foreseeable allergy-related harm;
- provide a consistent Group-wide framework for allergy awareness, prevention and emergency response;
- identify pupils with allergies at the earliest opportunity;
- ensure that pupils requiring active allergy management have appropriate healthcare and clinical action plans;
- ensure that medication, including adrenaline auto-injectors, is readily accessible;
- ensure staff receive appropriate information, training and support;
- work in partnership with pupils, parents, carers, healthcare professionals and catering providers;
- promote inclusion, dignity, wellbeing and increasing independence where appropriate;
- learn from allergic reactions, incidents and near misses;
- make reasonable adjustments and enable participation wherever reasonably possible.

The welfare of the pupil shall remain central to decision-making.

2. Legislation and Regulatory Framework

This policy has regard to:

- Children and Families Act 2014;
- Equality Act 2010;
- Human Medicines Regulations 2012;
- Food Safety Act 1990;
- Food Information Regulations 2014;
- Food Information (Amendment) (England) Regulations 2019;
- Early Years Foundation Stage Framework;
- Independent School Standards;
- Department for Education Allergy Safety in Schools guidance 2026;
- Department of Health and Social Care guidance on emergency adrenaline auto-injectors in schools;
- relevant Food Standards Agency, NHS and medicines-safety guidance.

The Department for Education allergy guidance published in July 2026 is not currently statutory for independent schools. The Group nevertheless adopts its core expectations as Group policy and good practice.

This policy should be read alongside:

- Supporting Pupils with Medical and Dietary Needs Policy;
- Safeguarding and Child Protection Policy;
- Health and Safety Policy;
- First Aid Policy;
- Food and Nutrition Policy;
- Educational Visits Policy;
- Mandatory Training Policy;
- Risk and Compliance Policy;
- Equality, Equity, Diversity and Inclusion Policy;
- Critical Incident Policy;
- Data Protection Policy;
- Complaints Policy.

3. Definitions

Allergy	An immune-system response to a substance that is normally harmless. Reactions may be mild, moderate or severe.
Allergen	A substance capable of triggering an allergic reaction. Common causes include food, medicines, latex, insect venom, pollen and animal dander.
Anaphylaxis	A severe and potentially life-threatening allergic reaction requiring immediate emergency treatment.
Adrenaline Auto-Injector (AAI)	A single-use device that delivers a measured dose of adrenaline into the outer thigh.
Allergy Action Plan	A clinical treatment plan completed by an appropriate healthcare professional setting out symptoms and treatment.
Individual Healthcare Plan (IHCP)	A school-owned plan setting out the arrangements required to support an individual pupil safely and inclusively.
Designated Allergy Lead	The named senior leader responsible for coordinating allergy safety within a school or setting.
Near Miss	An event that did not cause harm but had a realistic potential to result in allergen exposure, delayed treatment or another

	serious failure.

4. Inclusion and Reasonable Adjustments

The Group is committed to an inclusive environment in which pupils with allergies can thrive.

Reasonable adjustments may include:

- adaptations to teaching and activities;
- safe and inclusive catering arrangements;
- access to medication;
- additional supervision;
- adjustments to educational visits, sport and co-curricular activities;
- environmental controls where reasonably practicable;
- pastoral support and measures to protect wellbeing.

The Group recognises that pupils with the same allergy may require different arrangements.

No pupil shall be excluded solely because of an allergy where reasonable adjustments and appropriate controls can enable participation.

5. Participation and Decision-Making

The Group starts from a presumption that pupils with allergies will participate fully in school life.

When considering participation, schools will:

- consider individual circumstances;
- consult parents and carers;
- seek medical advice where appropriate;
- involve the pupil where appropriate;
- consider reasonable adjustments;
- assess foreseeable risks;
- balance educational benefits and safety considerations;
- record significant decisions and their rationale.

Restrictions shall only be imposed where there is a clear and evidenced safety rationale that cannot reasonably be addressed through adjustments or other control measures.

6. Partnership with Parents and Carers

The Group recognises parents and carers as essential partners in allergy management.

The Group will:

- involve parents and carers in planning support;
- communicate clearly about arrangements and significant concerns;

- review arrangements regularly;
- seek parental views when making significant decisions.

Parents and carers are expected to:

- provide accurate and current information;
- notify the school promptly of changes;
- provide Allergy Action Plans and other medical information where required;
- provide two prescribed AAIs where prescribed, together with any other medication or equipment;
- ensure medication remains in date and is replaced promptly;
- maintain current emergency contact details;
- participate in reviews where appropriate;
- follow reasonable school guidance regarding food brought onto site.

7. Voice of the Pupil and Independence

Pupils are often best placed to explain the impact of their allergy.

Pupils should be involved, where appropriate, in decisions regarding:

- healthcare plans;
- support arrangements;
- catering provision;
- participation in activities;
- transition arrangements.

The Group encourages pupils, where developmentally appropriate and medically safe, to develop increasing independence in understanding and managing their allergy. Responsibility for safe systems remains with the school and relevant adults.

8. Confidentiality and Information Sharing

Information regarding allergies will be shared on a need-to-know basis.

The Group will seek to respect pupil confidentiality while recognising that information may need to be shared where this is necessary:

- to safeguard the pupil;
- to protect others;
- to deliver appropriate support;
- to provide safe catering;
- to respond to an emergency;
- to comply with legal obligations.

9. Roles and Responsibilities

St Dunstan's Education Group Board is responsible for:

- approving Part A of this policy;
- ensuring adequate resources;
- receiving Group-wide assurance;
- reviewing significant incidents and themes where appropriate;
- holding the CEO accountable.

Named Allergy Link Board Member

- provides focused oversight of allergy safety;
- receives assurance regarding implementation, training, emergency medication and incident learning;
- supports appropriate scrutiny by the Group Board.

Local School Boards

- receive assurance regarding local implementation;
- review significant local issues and themes;
- support and challenge school leadership.

Risks relating to pupils with allergy are included in the risk register and actively managed. The school has an allergy safety policy which sets out:

- Arrangements to reduce the risk of individuals coming into contact with their known allergens
- Emergency response plans for cases of anaphylaxis

The local school board delegates the day-to-day implementation of this policy to the allergy safety lead.

CEO

- ensures implementation across the Group;
- secures appropriate resources;
- receives reports regarding significant incidents and material concerns.

COO

- maintains Part A of this policy;
- sets Group-wide minimum requirements;
- monitors compliance and assurance;
- reviews significant incidents and themes;
- reports to governors.

Heads of School and Group Head of Nurseries

- implement this policy within their setting;
- approve and maintain Part B;

- appoint a senior Designated Allergy Lead and appropriate deputy cover;
- ensure adequate staffing, training and emergency preparedness;
- ensure pupils receive appropriate support.

Designated Allergy Safety Leads

- coordinate local allergy-safety arrangements;
- maintain an overview of relevant pupils and plans;
- ensure information is communicated appropriately;
- oversee medication, training, drills and local checks;
- coordinate incident and near-miss learning;
- report to the Head and through agreed Group assurance routes.
- promote and maintain allergy awareness across school communities, ensuring:
    - All allergy information is up to date and readily available to relevant members of staff
    - All pupils who require support with allergies have an up-do-date individual healthcare plan (IHP)
    - All pupils with a known food or insect sting allergy have up-to-date allergy action plans issued by a medical professional
    - All staff receive regular allergy awareness training
    - All staff are aware of the school's policy and procedures regarding allergies
    - Relevant staff are aware of what activities need an allergy risk assessment
    - Serious incidents and 'near misses' relating to allergy safety are recorded and reported as appropriate, and to consider and share with staff:
        - What lessons there are to learn
        - Any potential changes to the medical conditions and/or allergy safety policies and/or to any pupil's IHP

Medical Leads

- maintain medical records;
- support the development and review of IHCPs;
- maintain medication and AAI records;
- liaise with parents, carers and healthcare professionals;
- support training and emergency preparedness.

Catering Leads and Providers

- comply with allergen-information and food-safety requirements;
- maintain ingredient, substitution and cross-contact controls;
- operate reliable pupil-identification and meal-verification systems;
- train catering staff;
- participate in audits and incident reviews.

Educational Visits Coordinators

- ensure educational visits properly consider allergy, medication, catering and emergency arrangements.

Staff

- are aware of specific pupils with allergies in their care and follow plans and procedures;
- maintain awareness relevant to their duties;
- consider allergy in planning and risk assessment;
- respond promptly in an emergency;
- complete required training and drills;
- report concerns, reactions and near misses;
- promote inclusion and dignity.

Parents and Carers

- provide accurate information, medication, plans and equipment;
- follow the school's guidance on food brought in to be shared;
- update the school on any changes to their child's condition;
- maintain emergency contacts;
- participate in reviews;
- support agreed arrangements;
- if required, provide their child with 2 in-date adrenaline auto-injectors and any other medication including inhalers, antihistamines, etc., and make sure these are replaced in a timely manner.

Pupils with allergies

If age-appropriate, these pupils are responsible for:

- being aware of their allergens and the risks they pose
- carrying their AD on their person and only using it for its intended purpose
- understanding how and when to use their AD
- engaging with agreed support arrangements;
- communicating symptoms and concerns;
- not sharing food or medication;
- developing independence where appropriate.

Pupils without allergies

These pupils are responsible for:

- Being aware of allergens and the risk they pose to their peers
- Not sharing food or medication

Older pupils might also be expected to support their peers and staff in the case of an emergency.

10. Identification and Assessment

Allergy is a spectrum of different allergic diseases. Reactions occur when a susceptible person is exposed to something (an 'allergen') they are allergic to.

Common allergic conditions include:

- Hay fever (allergic rhinitis), triggered by allergens carried in the air, such as pollen, house dust mite, animal fur/feathers, or mould;
- Skin allergies (e.g. eczema, contact dermatitis, contact urticaria/hives) caused by contact with allergens including house dust mite, pollen and substances like nickel, latex and some chemicals;
- Food allergy, which can cause symptoms ranging from mild itching in the mouth to 'whole body' reactions including anaphylaxis.

Schools shall seek to identify allergies as early as possible.

Information may be obtained through:

- admissions processes;
- parental disclosure;
- medical reports and Allergy Action Plans;
- healthcare professionals;
- staff observations;
- pupil disclosure;
- transition information from another setting.

Safe interim arrangements should be implemented where needs are reasonably apparent while complete information is obtained.

11. Individual Healthcare Plans (IHCP) and Allergy Action Plans

An IHCP shall be developed for each pupil whose allergy requires active management by the school.

It is not necessary for a pupil to have a formal diagnosis of allergy for them to have an IHP. Healthcare professionals may decide that it is more appropriate to accept that the child shows symptoms, rather than proceeding to a formal diagnosis.

The IHP will set out the additional and/or different arrangements that will be in place for supporting the pupil. The school will make every effort to make sure that arrangements are put in place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.

Not all children with an allergy will require an IHP. Some allergies will have little or no impact on the pupil while they are at school or pose no risk to the pupil. Some allergies will not require arrangements which are additional to or different from those made generally.

The IHCP may include:

- the diagnosed allergy and known allergens;
- reaction history and co-existing conditions, particularly asthma, for which an asthma care plan should be included;
- known triggers and control measures;
- medication, dose, location and access arrangements;
- emergency procedures;
- catering arrangements;
- educational, sporting, co-curricular and visit arrangements;
- reasonable adjustments and wellbeing support;
- the responsibilities of staff, the pupil and parents or carers;
- emergency contacts and a current photograph.

The clinical Allergy Action Plan shall be attached to the IHCP and shall not be rewritten by school staff.

Plans should:

- be developed with parents and carers;
- involve healthcare professionals where appropriate;
- involve pupils where appropriate;
- be reviewed at least annually;
- be reviewed sooner after a reaction, near miss, treatment change, transition or material change in circumstances.

IHPs will be reviewed at least annually and more frequently if the pupil's needs have changed. Where a pupil moves on to a new school or college, their IHP will be shared as part of the transition.

Allergy and asthma action plans

All pupils who have a known allergy to a food or insect stings should be issued with an appropriate allergy action plan by their healthcare professional.

All pupils who have asthma should be issued with an asthma action plan by their healthcare professional.

The plans include medical and parental consent for staff to administer emergency medicines, including adrenaline for anaphylaxis or reliever inhaler in the event of an asthma attack.

The allergy action plan and/or asthma action plan should be attached to the pupil's IHP. Whenever the allergy action plan is updated, the pupil's IHP should be reviewed to incorporate it.

12. Allergy Information and Communication

Each school shall maintain a secure and current allergy register covering pupils with diagnosed allergies, whether or not an AAI has been prescribed.

Schools shall maintain arrangements for:

- communicating relevant information to staff;
- providing accessible photographs and action information to those who need it;
- briefing supply, visiting and occasional staff;
- communicating with catering and activity providers;
- safe handover between classes, phases and settings;
- maintaining a back-up where normal systems or staff are unavailable.

13. Risk Assessment and Prevention

Allergy shall be considered in routine and activity-specific risk assessments.

This includes:

- food preparation, serving, snacks and tasting;
- science, art, design technology, cookery and sensory play;
- animals, pollen, insect venom, latex and medicines;
- sport, transport and remote areas of sites;
- events, lettings, external catering and fundraising;
- breakfast, after-school and holiday provision;
- educational visits, fixtures and residentials;
- staff absence, technology failure and emergency evacuation.

Control measures shall be proportionate, documented where appropriate and reviewed. Restrictions shall not be used as a substitute for individual planning, vigilance or emergency preparedness.

14. Food, Catering and Eating Arrangements

The Group will work with catering providers to support pupils safely and inclusively.

Schools and catering providers shall maintain:

- a current record of pupils requiring allergy-safe provision;
- at least two reliable methods of identifying and verifying allergy-safe meals, with a documented back-up;
- accurate ingredient and allergen information for food served;
- controls against cross-contact in storage, preparation, cooking, display and service;
- cleaning, handwashing and utensil arrangements;
- controls on ingredient substitutions and menu changes;
- full-word identification of the 14 regulated allergens;
- lawful labelling of food prepacked for direct sale;
- additional arrangements for allergens outside the regulated 14;
- equivalent controls for cafés, tuck shops, clubs, events and third-party food provision.

Schools and catering providers should ensure that:

- catering staff receive appropriate training;
- school menus are available for parents/carers and pupils to view with ingredients clearly labelled, and catering staff are available to discuss the provision of allergy safe meals with parents/carers;
- where changes are made to school menus, that these comply with legislation, and continue to meet any special dietary needs of pupils;
- where food is provided by the school, staff will understand how to read labels for food allergens.

Food, drinks, utensils and containers shall not be shared or swapped. Throwing food is prohibited. Pupils shall be encouraged to wash their hands with soap and water before and after eating.

The Group may implement reasonable restrictions on food brought onto or supplied on its sites. Current restrictions relating to nuts are an additional precaution and do not constitute a guarantee that any site is allergen-free or nut-free.

15. Curriculum, Events and Activities

Staff shall consider whether use of food or another allergen is necessary and whether a safer alternative can achieve the same educational purpose.

Advance allergy planning shall apply to:

- food-based learning;
- celebrations and rewards;
- fundraising and bake sales;
- cultural and community events;
- clubs and wraparound provision;
- animals visiting or living on site;
- external providers and visitors.

16. Adrenaline Auto-Injectors (AAIs) and Emergency Medication

Pupils prescribed AAIs shall have rapid access to two in-date devices at all times, including journeys and off-site activities.

AAIs shall:

- be stored in accordance with manufacturer instructions;
- remain unlocked and immediately accessible to staff;
- be clearly identified and recorded;
- be checked regularly;
- be replaced promptly after use, damage or expiry;
- be disposed of safely after use.

Each school shall maintain suitable spare AAIs, in appropriate numbers and doses, in accordance with current law and guidance. Exact storage, checking, consent and procurement arrangements shall be specified in Part B.

17. Responding to an Allergic Reaction or Anaphylaxis

A pupil with a known allergy shall be treated in accordance with their Allergy Action Plan and IHCP.

For a mild or moderate reaction, staff shall:

- stay with the pupil;
- send for help and medication;
- follow the Allergy Action Plan, including antihistamine where directed;
- note the time;
- contact parents or carers;
- observe continuously for deterioration.

Any airway, breathing or circulation symptom shall be treated as anaphylaxis. Staff shall:

- give adrenaline immediately;
- call 999 and state "anaphylaxis";
- position the pupil safely and prevent them from standing or walking;
- give a second dose after five minutes if there is no improvement or symptoms worsen;
- start CPR if required;
- ensure hospital assessment, even where the pupil appears to recover;
- arrange for a suitable adult to accompany the pupil until a parent or carer takes over.

Emergency treatment shall not be delayed while seeking a particular member of staff, contacting parents or locating a pupil's own device if a suitable spare device is immediately available and may lawfully be used.

The Human Medicines (Amendment) Regulations 2017 do not require consent to have been obtained for spare adrenaline devices to be used in an emergency.

The school will obtain advance consent from parents/carers or pupils for spare adrenaline devices to be used, so that in an emergency, consent can be assumed to be in place.

However, in an emergency situation, anyone may take reasonable action to save a life without checking whether prior consent has been given. This avoids potentially fatal delays in treatment.

18. Educational Visits, Fixtures and Off-Site Activity

Pupils with allergies should be enabled to participate wherever reasonably possible.

Planning must consider:

- the pupil's IHCP and Allergy Action Plan;

- medication and two prescribed AAIs where applicable;
- catering and cross-contact risks;
- staff competence and supervision;
- emergency service access and communications;
- storage temperatures and transport;
- fixtures, match teas, residentials and overseas visits;
- the possible use of spare AAIs.

Emergency medication must remain with the pupil or immediately accessible and shall not be placed in inaccessible luggage or a vehicle hold.

19. Sport and Co-Curricular Activities

The Group encourages full participation in sport and co-curricular activity.

Reasonable adjustments and individual risk controls shall be implemented where appropriate. Medication must remain readily accessible, and relevant staff shall understand the pupil's arrangements and emergency response.

20. Early Years and Nursery Provision

Schools and nurseries shall comply with EYFS requirements and provide arrangements appropriate to the age and developmental stage of each child.

Provision shall include:

- close communication with parents and carers;
- appropriate supervision during eating;
- allergy and medication management;
- current healthcare and clinical action plans;
- staff awareness and emergency readiness;
- paediatric first aid arrangements;
- safe handover between rooms and activities.

21. Inclusion, Wellbeing and Bullying

The Group recognises that allergy can affect confidence, attendance, social relationships and mental health, and may amount to a disability under the Equality Act 2010.

Schools shall:

- consider reasonable adjustments proactively;
- avoid unnecessary segregation;
- provide pastoral support where needed;
- respond to allergy-related teasing, bullying, coercion or deliberate exposure under the relevant behaviour and safeguarding procedures;
- involve pupils in wider allergy-awareness activity where appropriate.

22. Training and Drills

All staff present when pupils are on site, including teaching, support, catering, site, wraparound and relevant agency staff, shall receive allergy-awareness training at induction and at least annually thereafter.

Training shall include:

- understanding that allergy includes multiple conditions (food allergy, asthma, eczema, hay fever, others), which can co-exist
- understanding allergy and anaphylaxis;
- risk reduction and inclusive practice;
- recognising mild, moderate and severe reactions;
- use of AAIs and safe body positioning;
- local information and medication systems;
- IHCPs and Allergy Action Plans;
- food labelling and cross-contact relevant to the role;
- reporting reactions and near misses;
- the relationship between allergy and asthma;
- wellbeing and allergy-related bullying.

Each school has purchased 'training pens' from EpiPen and Jext so staff can practise safely and be familiar with the differences.

Each school shall conduct and record an anaphylaxis drill at least annually. Identified actions shall be assigned and checked to completion.

23. Incidents, Near Misses and Learning

Every allergic reaction and material near miss shall be recorded as soon as reasonably practicable. Schools will seek and consider the views of the pupil and parents or carers when reviewing significant incidents and near misses.

Records should include:

- who was affected;
- what happened, when and where;
- the known or suspected cause;
- actions taken and their timings;
- medication administered;
- emergency service involvement;
- the outcome;
- communication with parents or carers;
- immediate controls and subsequent actions.

Following a significant incident or near miss, the school shall:

- notify parents/carers of a pupil aged up to 16 of the incident or near miss as soon as possible
- support the pupil, family, staff and witnesses;
- preserve relevant evidence;
- notify the Head, Designated Allergy Lead and COO through agreed escalation routes;
- consider critical-incident and external-reporting obligations;
- undertake a proportionate, learning-focused review;
- identify actions, owners and deadlines;
- review the IHCP, risk assessment, training and relevant procedures;
- share learning across the Group where appropriate.

24. Record Keeping

Appropriate records shall be maintained regarding:

- allergies and related medical conditions;
- IHCPs and Allergy Action Plans;
- medication and AAI stock;
- medication administration;
- training and drills;
- parental consents;
- incidents, near misses and actions.

25. Complaints

Concerns should initially be raised with the relevant school. Unresolved concerns shall be managed under the Group Complaints Policy.

26. Monitoring and Review

Implementation will be monitored through:

- audit activity;
- review of allergy registers, plans and medication;
- training and drill review;
- catering assurance;
- incident and near-miss review;
- complaints review;
- parental and pupil feedback;
- Local School Board assurance;
- Group Board assurance.

Part A shall be reviewed annually by the COO. Part B shall be reviewed annually by the Head of School or Group Head of Nurseries and sooner following a significant incident, near miss or material operational change.

PART B

SCHOOL-SPECIFIC OPERATIONAL PROCEDURES

Part B shall be completed by each school or setting. It provides the local operational detail required to implement Part A safely and consistently. It may add detail but shall not dilute or contradict the Group requirements in Part A.

Rosemead Prep School

27.1 Local Policy Information

School / Setting	Rosemead Prep School
Head	Christopher Woodward
Designated Allergy Lead	Mark Bacon
Deputy Allergy Lead	Lorraine Whaley
Medical Lead / School Nurse	Jeanneth Lopera
Catering Lead	Paul Baines
Education Visits Coordinator	Lorraine Whaley

27.2 Allergy Records and Information Systems

Allergy Register

The school's allergy register is maintained electronically through Medical Tracker. Parents and carers are responsible for notifying the School Office in writing of any new allergy, diagnosis, treatment, medication, or change to their child's existing needs. This process is explained in the Parent Handbook, and the School Office's contact details are readily available.

The School Office updates the relevant records when new information is received and communicates significant changes to the appropriate members of staff.

Individual Plans and Photographs

Individual Healthcare Plans (IHCPs), Allergy Action Plans, pupil photographs, and related medical information are held securely on Medical Tracker. This provides staff with a clear and consistent source of current information.

Staff Access

All school staff are issued with individual login details for Medical Tracker and can access allergy information throughout the school day. The School Office is also staffed during school

hours: staff may contact the office whenever they require information, clarification, or support.

For off-site activities, staff can access Medical Tracker using their individual login details, ensuring that essential allergy information remains available away from the school site.

Temporary and Wraparound Staff

Supply, visiting, and temporary staff are directed to the allergy information sheet displayed above the teacher's desk in each form room. This identifies pupils in the class who have allergies.

Wraparound care is provided by an external organisation, which maintains and manages its own pupil medical and allergy information.

Back-Up Arrangements

The school uses more than one system to provide resilience. In addition to Medical Tracker, allergy information is recorded on iSAMS. The School Office also maintains a paper-based back-up system, including lunch cards, which can be used if digital systems are temporarily unavailable.

Transition Between Classes

Allergy information is discussed during the school's transition arrangements. On move-up afternoon, current and receiving teachers meet to share relevant information about individual pupils, including allergies, healthcare needs, and required support. Electronic records remain available to provide continuity and confirm the latest information.

27.3 Individual Healthcare Plans and Review

The Head of Operations is responsible for coordinating and approving Individual Healthcare Plans (IHCPs). This helps ensure that each plan contains the necessary information and that appropriate arrangements are in place to support the pupil.

New Starters and Mid-Year Admissions

All new starters, including pupils admitted during the academic year, are required to complete the school's new joiner form. Allergy, medical, and healthcare information provided through the admissions platform, Applicaa, is transferred by the Receptionist onto iSAMS as part of the pupil's admissions and onboarding process.

The information supplied is reviewed so that relevant allergy and medical needs can be identified before the pupil joins the school, wherever possible. Where a pupil is admitted during the school year, the same process applies: information is collected through the new joiner form and transferred onto the school's system promptly.

If the information provided indicates that an IHCP is required, the matter is referred to the Head of Operations for coordination and approval.

Involvement of Parents, Pupils and Healthcare Professionals

The school maintains close contact with parents and carers throughout the admissions process. Families are asked to provide full and accurate information on the relevant forms, including details of allergies, medication, treatment, and emergency procedures.

Pupils are involved in discussions where this is appropriate to their age and understanding. Where specialist guidance is required, information supplied by the pupil's healthcare professionals is used to inform the IHCP and the support provided by the school.

Review Arrangements

Medical and allergy information is reviewed through the school's annual data-recapture process, which is issued by the Head of Digital Services.

An additional review is undertaken whenever the school is notified of a relevant change: for example, a new diagnosis, revised medication, an updated Allergy Action Plan, or a change in emergency treatment. Parents and carers should notify the School Office in writing so that records and, where necessary, the pupil's IHCP can be updated.

27.4 Identifying staff and visitors at risk

Staff and Visitors with Known Allergies

The school takes reasonable steps to identify and support staff and visitors with known allergies. Information is handled sensitively and shared only with those who need it to maintain the individual's safety.

New and Existing Staff

New staff are asked to provide details of any known allergies before their start date as part of the onboarding process. This should include, where relevant: the allergen, typical symptoms, the level of risk, required medication, emergency treatment, and any reasonable adjustments needed within the workplace.

The information is provided to the Head of Operations, who coordinates any necessary arrangements with the staff member. With the individual's knowledge and consent, relevant information may be shared with appropriate colleagues, first aiders, catering staff, or others who may need to respond in an emergency.

Staff must inform the school promptly if they develop a new allergy or if their diagnosis, treatment, medication, or emergency arrangements change. Records and agreed arrangements will then be updated.

Visitors

Visitors are asked to provide details of any known allergies in advance of their visit, wherever practicable. This request may be made by the member of staff organising the visit or through the school's visitor information and booking arrangements.

Where refreshments, meals, practical activities, or extended time on site are planned, visitors should provide sufficient information for appropriate precautions to be considered. The visit organiser will liaise with the School Office, catering team, or other relevant staff as necessary.

Visitors are responsible for bringing any prescribed emergency medication they may require, such as an adrenaline auto-injector, and keeping it accessible. On arrival, they should notify their school contact of any essential emergency information.

If advance notification has not been possible, the visitor should advise Reception of their allergy when signing in. The school will take reasonable precautions but cannot guarantee an entirely allergen-free environment.

27.4 Prescribed Medication Arrangements

Children do not self-carry adrenaline auto-injectors (AAIs) or other prescribed allergy medication, regardless of their age or phase. Pupils' prescribed AAIs are stored safely in their classrooms, where they remain readily accessible to staff. The school's spare AAIs are stored in Reception.

Two AAIs must remain available for pupils who require them throughout the school day. This includes lessons, break and lunchtime, physical education, swimming, games, clubs, school transport, off-site activities, and emergency evacuations.

When a pupil leaves the classroom for PE, swimming, games, or another organised activity, the class teacher hands the pupil's AAIs directly to the member of staff responsible for the activity. The receiving member of staff is responsible for keeping them accessible and returning them safely to the class teacher afterwards. The same principle applies during clubs, transport, trips, and evacuations: the pupil's medication must remain with the supervising staff.

Medication is checked monthly as part of the school's first-aid box and medication checks. Expiry dates and stock information are recorded on Medical Tracker. The system generates alerts when medication is approaching its expiry date or requires attention, providing an additional safeguard alongside the monthly physical checks.

When an alert is received, the school contacts the pupil's parents or carers by telephone and asks them to supply replacement medication promptly.

Parents and carers are asked to collect expired medication. If it has not been collected within seven days, the school takes it to a pharmacy for safe disposal. If medication is damaged, parents are contacted and asked to provide a replacement without delay.

Following use, an AAI will be handed to attending paramedics where appropriate. A sharps container is also available for the safe disposal of used medical devices. All uses of emergency medication are recorded and reported to the pupil's parents or carers.

27.5 Spare Adrenaline Auto-Injectors

Exact location	Brand	Dose	Responsible checker	Check frequency
School Office	EpiPen	[Insert]	Jeanneth Lopera	Monthly

27.6 Catering and Mealtime Procedures

Rosemead's catering provider is Holroyd Howe. The responsible Catering Manager is Paul Baines, who oversees the safe preparation and service of meals for pupils with known allergies and dietary requirements.

Identification and Meal Verification

The school uses two methods to identify pupils with allergies and verify that they receive an appropriate meal. First, identified pupils are issued with an allergy card, which they must present in the dining room before being served. Second, the Head Chef maintains a daily written record of the meals eaten by pupils with allergies.

These arrangements provide a clear checking process at the point of service and create a daily record of the food provided.

Paper allergy cards are kept in the dining room and act as the documented back-up if a staff member is absent or a digital system is unavailable. Pupils are regularly reminded that they must present their allergy card before they can be served.

Food Preparation and Allergen Controls

Catering staff follow Holroyd Howe's established allergen-management procedures. These cover:

- menu planning and ingredient checks;
- recipe or product substitutions;
- communication of allergen information;
- prevention of cross-contact;

- cleaning and handwashing;
- the separation and use of utensils; and
- the management of allergies involving substances outside the 14 regulated allergens.

Any uncertainty about a meal or ingredient must be resolved by the catering team before the food is served.

Food Brought into School

Snacks, birthday or celebration food, fundraising food, and other food from home must not be brought into school. This requirement is stated explicitly in the Parent Handbook and helps the school maintain consistent control over ingredients and allergens.

Rosemead does not operate cafés or tuck shops, and it does not currently use separate third-party food provision for events or hospitality.

Mealtime Supervision

Mealtimes are appropriately supervised by school staff. Allergy cards support staff in identifying pupils with allergies, while younger pupils receive suitable assistance and oversight to ensure that they present their card and receive the correct meal.

27.7 Curriculum, Events and Other Activities

Teachers are reminded through the Staff Handbook of the importance of considering allergies when planning lessons, activities, and events. Allergy risks must be considered at the earliest stage of planning: where an activity may involve exposure to food or another potential allergen, an appropriate risk assessment is completed.

These arrangements apply to food-based learning, science, art, design technology, cookery, sensory play, activities involving animals, fundraising, celebrations, visitors, and lettings.

Before an activity takes place, the responsible member of staff should check the relevant pupil allergy information on Medical Tracker. The risk assessment should consider possible exposure through eating, touching, inhalation, cross-contact, shared equipment, surfaces, animal feed, or activity materials. Reasonable adjustments or suitable alternatives must be arranged where necessary.

For cookery and food-based learning, ingredients and product labels must be checked in advance. Any substitutions must also be reviewed, as their allergen content may differ. Food must not be shared or consumed unless this forms part of a planned and appropriately assessed activity. Pupils' prescribed allergy medication must remain readily accessible.

Materials used in science, art, design technology, or sensory play must be checked where they contain, or may have come into contact with, food products or other known allergens.

Activities involving animals must also consider possible reactions to the animal, its bedding, feed, or associated equipment.

The school's restrictions on food brought from home continue to apply to birthdays, celebrations, and fundraising activities. Any exception or externally provided food must be agreed in advance and included within the activity's risk assessment.

Staff organising visitors or lettings must consider whether the planned activity introduces food, animals, or other potential allergens. Visitors and hirers are expected to follow the school's allergy controls while on site.

If allergy risks cannot be adequately controlled, the activity must be adapted, replaced, or not proceed.

27.8 Educational Visits, Fixtures and Co-Curricular Activities

Allergy and medication requirements are identified during the planning stage of every educational visit, sports fixture, or off-site activity. Reception provides the trip leader with an allergen and medication report identifying the pupils whose needs must be considered.

The trip leader is responsible for reviewing this report and ensuring that allergy arrangements are included in the visit risk assessment. Before departure, the trip leader verifies that each relevant pupil's prescribed medication is present, in date, and clearly identified. Where a pupil has been prescribed two adrenaline auto-injectors (AAIs), the trip leader must confirm that both are available.

Medication, including both prescribed AAIs, is carried by the trip leader. It must remain immediately accessible throughout the journey and activity: it must not be placed in inaccessible luggage, left on transport, or stored separately from the pupil's group. The school's spare AAIs are also taken on the trip where appropriate.

Trip leaders are fully briefed about pupils with allergies. As part of the planning process, they are responsible for checking relevant arrangements with venues, caterers, sports hosts, and providers of match teas. This includes communicating known allergies, confirming how suitable food will be identified, and considering the risk of cross-contact or unexpected substitutions.

The same principles apply to residential and overseas visits. Allergy needs must be considered across the full itinerary, including travel, accommodation, meals, excursions, and emergency arrangements. Sufficient medication must be available for the duration of the visit and remain accessible to the responsible staff.

Munchkins is responsible for managing allergy arrangements within the wraparound care and third-party activities it provides. Munchkins maintains its own information and procedures and must ensure that its staff are aware of the children in its care who have allergies. Where relevant information needs to be shared, this is coordinated with the school in accordance with appropriate confidentiality and safeguarding arrangements.

27.9 Emergency Response and Site Access

Any member of staff who suspects an anaphylactic reaction must treat the situation as an emergency. Internal help should be summoned immediately through the School Office or the Head's Executive Assistant, both located on the ground floor. Internal telephone lists containing contact details for members of the Senior Leadership Team (SLT) are displayed in every room.

Any member of staff may call 999. Staff are explicitly instructed that they do not need to contact or obtain approval from a senior leader before calling: if in doubt, call 999.

The caller should state clearly:

"This is a suspected anaphylaxis emergency. Please send an ambulance to Rosemead Preparatory School, 70 Thurlow Park Road, London SE21 8HZ . The principal ambulance access point is the ramp on Lancaster Avenue."

The caller should answer the emergency operator's questions, follow all instructions, and remain on the telephone until told they may disconnect.

The principal ambulance access point is the ramp on Lancaster Avenue. The alternative access point is the disabled parking bay on Lancaster Avenue. The member of staff making the emergency call should contact a colleague, who will go to the agreed access point, meet the emergency services, and direct them promptly to the pupil.

A member of the Senior Leadership Team will accompany the pupil to hospital if a parent or carer is not immediately available. A senior leader is responsible for contacting the pupil's parents or carers. Senior leaders will communicate through the school's appropriate internal channels so that contact is maintained and responsibilities remain clear throughout the incident.

Emergency information and pupil details are available through Medical Tracker. Emergency equipment is held in the School Office, with first-aid boxes located throughout the school.

For clubs, events, and lettings, emergency arrangements are communicated clearly during the advance briefing provided to organisers or hirers. They must understand how to summon help, call 999, identify the ambulance access points, and contact the school's responsible person. A member of SLT remains on site while wraparound provision is operating.

27.10 Training and Anaphylaxis Drills

All new members of staff receive allergy and anaphylaxis training as part of their induction. This includes the relevant iHASCO training module and a practical demonstration delivered by the Head's Executive Assistant. The practical session covers the school's allergy procedures, the location of emergency information and medication, and the expected response to a suspected anaphylactic reaction.

The school operates a rolling programme of whole-staff training. This ensures that allergy awareness, emergency response procedures, and the use of adrenaline auto-injectors remain

familiar to staff. Refresher training is provided regularly and when changes to school procedures or pupil needs make additional training necessary.

Role-specific training requirements are considered and reviewed as part of the school's Health and Safety meetings. Particular attention is given to staff whose responsibilities may involve a higher level of allergy management: for example, trip leaders, classroom staff, catering staff, Reception, first aiders, and those supervising sports, clubs, or other off-site activities.

The School Office coordinates the relevant record-keeping arrangements and ensures that allergy and medication information on Medical Tracker is kept current. Records should provide assurance that required training and practical demonstrations have been completed and that refresher needs can be identified.

Emergency allergy drills are included within the school calendar and take place once each term. The arrangements for planning and conducting these drills should be read alongside the school's Health and Safety Policy. Drills allow the school to test how effectively staff summon help, locate medication, contact emergency services, manage access for an ambulance, and communicate with senior leaders and parents.

Any learning points or required actions arising from training, drills, incidents, or procedural reviews are recorded in the minutes of the Health and Safety meeting. Actions are allocated, monitored, and reviewed at subsequent meetings until they have been satisfactorily completed.

27.11 Incident, Near-Miss and Escalation Procedures

All allergy-related incidents and near misses must be recorded on the school's iAM incident-recording system as soon as practicable. The record should provide a clear account of what happened, the response taken, the people involved, and any immediate follow-up required.

During an incident, the school's radio system is used to alert the School Office and relevant staff promptly. This internal notification must not delay emergency treatment or a call to 999. Staff do not require senior approval before contacting the emergency services.

The Head of Operations leads the investigation of allergy-related incidents. The investigation considers the circumstances of the event, the effectiveness of the response, whether established procedures were followed, and whether further controls or training are required.

Once immediate medical needs and safety risks have been addressed, the Head of Operations ensures that the location is left appropriately and safely. The scene, relevant equipment, records, packaging, or other potential evidence should not be unnecessarily disturbed. Relevant information must be retained so that the incident can be examined accurately.

Where an incident is serious, has wider implications, or meets the school's critical-incident threshold, it is escalated to the Chief Operating Officer. The Head coordinates the school's response through the critical-incident group and ensures that the appropriate critical-incident arrangements are followed.

Health and safety is a standing item at the three Local School Board meetings held each year. Significant allergy incidents, trends, findings, and actions are reported through this process as appropriate, with due regard for confidentiality.

Learning from incidents and near misses is shared through Health and Safety review meetings and Senior Leadership Team meetings. Required actions are recorded, assigned to a responsible person, and given an appropriate completion date. Progress is monitored through subsequent meetings until each action has been completed and its effectiveness reviewed.

27.12 Early Years Procedures (where applicable)

Younger pupils receive additional support to help them manage allergies safely. Children do not self-carry adrenaline auto-injectors (AAIs) or other prescribed allergy medication. Their medication is stored in the classroom, with spare AAIs held in Reception. Staff remain responsible for ensuring that medication is accessible throughout the school day.

At mealtimes, pupils with allergies use allergy cards to verify that they receive the correct meal. Staff provide appropriate supervision and help younger children present their cards. The Head Chef records what each pupil with an allergy has eaten. Food for snacks, birthdays, celebrations, or fundraising must not be brought from home.

Staff supporting younger pupils receive allergy and anaphylaxis training through iHASCO and a practical demonstration from the Head's Executive Assistant. Emergency equipment is held in the School Office, and first-aid boxes are available throughout the school. These arrangements operate alongside the school's wider paediatric first-aid procedures.

Whenever responsibility for a pupil passes between rooms or members of staff, essential allergy information and medication must be handed over clearly. For PE, swimming, games, clubs, or similar activities, the class teacher gives the pupil's AAIs directly to the responsible member of staff.

Parents must notify the School Office in writing of new allergies or changes. Information is updated on Medical Tracker, and parents are telephoned when medication needs replacing. A senior leader contacts parents following an emergency.

For outings, the School Office provides an allergen and medication report. The trip leader verifies the pupil's medication, including two prescribed AAIs, and keeps it accessible throughout the visit. Spare AAIs also accompany the group.

Routine sleeping provision is not applicable at Rosemead. If sleeping arrangements form part of a residential visit, medication must remain accessible and supervising staff must be fully briefed.

In an emergency, staff summon help through the School Office or radio system and call 999 without waiting for senior approval. The pupil is continuously supervised, and a senior team member accompanies them to hospital when required.

27.13 Local Assurance

The Head of School or Group Head of Nurseries shall confirm annually that:

- a senior Designated Allergy Lead and deputy are in place;
- the allergy register and plans are current;
- prescribed and spare AAIs are accessible and in date;
- all staff have completed required training;
- an anaphylaxis drill has taken place and actions are complete;
- catering identification and allergen controls have been audited;
- local procedures have been reviewed following incidents and near misses;
- assurance has been provided to the Local School Board and COO.

APPENDIX 1

EMERGENCY RESPONSE TO ANAPHYLAXIS

ANAPHYLAXIS IS A TIME-CRITICAL MEDICAL EMERGENCY

Any one airway, breathing or circulation symptom is sufficient. Give adrenaline immediately. If in doubt, give adrenaline.

Recognise

- Airway: persistent cough, hoarse voice, difficulty swallowing, swollen tongue or throat tightness.
- Breathing: difficult or noisy breathing, wheeze, persistent cough or breathlessness.
- Circulation: persistent dizziness, pale or floppy appearance, sudden sleepiness, collapse or unconsciousness.

Act Immediately

1. Treat the pupil where they are and send for the nearest suitable AAI and emergency help.
2. Lay the pupil flat with legs raised. If breathing is difficult, allow them to sit with legs outstretched. Do not let them stand or walk.
3. Give adrenaline immediately into the outer mid-thigh, following the device instructions.
4. Call 999 and say “anaphylaxis”. State that adrenaline has been administered.
5. Note the time and stay with the pupil.
6. Contact the parent or carer without delaying treatment.
7. If there is no improvement after five minutes, or symptoms worsen, give the second dose and update 999.
8. Start CPR if there are no signs of life and use an AED as directed.
9. The pupil must go to hospital even if they appear to recover.
10. A suitable adult shall accompany the pupil until a parent or carer takes over. Record, report and replenish medication.

Never give food or drink. Never leave the pupil alone. Never delay adrenaline while seeking a nurse, senior leader or parent.

APPENDIX 2

LOCAL FORMS, TEMPLATES AND RECORDS

Each school shall maintain or link to the following, as applicable:

- allergy register;
- Individual Healthcare Plan template;
- recognised clinical Allergy Action Plans;
- parental consent forms;
- medication and AAI register;
- medication administration record;
- training record;
- anaphylaxis drill record and action log;
- incident and near-miss form;
- annual allergy-safety assurance checklist;
- local emergency site and access information.

APPENDIX 3

REFERENCES

- Department for Education, Allergy Safety in Schools, published 6 July 2026.
- Department for Education, Allergy Guidance for Schools, updated 9 July 2026.
- Department of Health and Social Care, Using Emergency Adrenaline Auto-Injectors in Schools.
- Medicines and Healthcare products Regulatory Agency, Adrenaline Auto-Injectors: Guidance and Resources for Safe Use.
- ISBA and The Allergy Team, Allergy Safety Policy template, June 2026.