St Christopher's
THE HALL SCHOOL

PART OF
ST DUNSTAN'S EDUCATION GROUP

# ALLERGY SAFETY POLICY

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| **Policy Owner:** | Chief Operating Officer |
| **ISSR Reference:** | Part 3 - Welfare, Health and Safety of Pupils<br>Part 4 - Suitability of Staff, Supply Staff and Proprietors<br>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 |
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| 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 child 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**

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| **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 |

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| | 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 child 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 child 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 Child 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 children, 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 the child's confidentiality while recognising that information may need to be shared where this is necessary:

- to safeguard the child;

- 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 the Group Board.

**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 (IHCP)
    - 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 IHCP

**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 AAI on their person and only using it for its intended purpose
- understanding how and when to use their AAI
- 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;
- child 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 child 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 IHCP. Healthcare professionals may decide that it is more appropriate to accept that the child shows symptoms, rather than proceeding to a formal diagnosis.

The IHCP 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 IHCP. 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 child 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.

IHCPs 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 IHCP 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 IHCP. Whenever the allergy action plan is updated, the pupil's IHCP 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 practice 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 the pupil 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**

**St Christopher's The Hall**

**27.1 Local Policy Information**

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| **School / Setting** | St Christopher's The Hall |
| **Head** | Mr Tom Carter |
| **Designated Allergy Lead** | Mrs Davies |
| **Deputy Allergy Lead** | Mrs Moorley |
| **First Aid Coordinator** | Mrs Davies |
| **Catering Lead** | Harrisons Catering – Mr Phil Dean |
| **Education Visits Coordinator** | Mrs S Nilsson and Miss S Rule |

### 27.1 Allergy Records and Information Systems

The School maintains clear and accessible records of children with allergies, medical conditions and dietary requirements to ensure that relevant staff have the information they need to keep pupils safe.

The allergy register is maintained through the School's medical information systems, including Medical Tracker and the Medical Drive, and is kept up to date by the First Aid Coordinator. The School also maintains a dietary and medical needs chart identifying pupils with allergies, medical conditions and dietary or faith-based food requirements. Relevant information is provided to the catering provider, with the dietary needs chart accessible in the kitchen and food serving area. The information is reviewed and updated whenever a child's needs change.

Individual Healthcare Plans (IHPs), Allergy Action Plans and child photographs are held securely on the School's Medical Drive and Medical Tracker. The child's photograph is included on the IHP and Allergy Action Plan to support clear identification. Where a child has an Allergy Action Plan, a copy is also kept with their emergency auto-injectors where appropriate.

Staff who require medical information to safely support children can access the relevant information through the School's medical systems during the school day. Class Teachers and Teaching Assistants are expected to familiarise themselves with the medical, allergy and dietary needs of children in their care. Class medical and dietary needs charts provide an additional means of identifying children with significant needs.

When children are attending activities away from their usual classroom, the relevant emergency information and medication must accompany them. Where required, the child's School Blue First Aid Bag, containing their emergency medication, will accompany them to specialist lessons, sport, clubs, playtimes, fixtures and educational visits. Staff responsible for the activity must ensure that the bag remains readily accessible.

Any changes to a child's medical, allergy or dietary information will be communicated by the First Aid Coordinator to the relevant staff. Depending on the nature and urgency of the change, this may be communicated by email, staff meetings, direct communication or updates to the School's medical systems. Where a change affects dietary or allergy arrangements, the catering provider will also be informed promptly.

The First Aid Coordinator will ensure that updated information is reflected across the relevant records and that superseded information is removed or clearly replaced to avoid conflicting information.

Supply, visiting, temporary and wraparound staff will be given appropriate information about significant medical conditions, allergies and emergency arrangements relevant to the children in their care. Staff working directly with children will be directed to the appropriate medical information and informed of any emergency procedures they need to know. Where external or wraparound providers are responsible for child's, relevant medical information will be shared where necessary to ensure their safety, in accordance with the School's confidentiality and data protection requirements.

Where the School's usual digital systems or staffing arrangements are unavailable, a controlled Emergency Medical Information Pack will provide access to essential information, including significant medical conditions, severe allergies and emergency medication requirements. This will ensure that key information remains available during an emergency or system outage. Any temporary records or changes made during an outage will be transferred to Medical Tracker and the Medical Drive once normal systems are restored.

The School will ensure that medical information is appropriately transferred during transition between classes, year groups and phases. When a child moves to a new class, relevant medical, allergy and dietary information will be reviewed and communicated to the new Class Teacher and Teaching Assistants.

Where a child transfers to another school or educational setting, relevant medical information, including IHPs, Allergy Action Plans, specialist Care Plans and medication information, will be shared with the receiving setting where appropriate and in accordance with parental consent, confidentiality and applicable data protection requirements.

### 27.2 Individual Healthcare Plans and Review

The Learning Enrichment Department coordinates the development of Individual Healthcare Plans (IHPs), working in partnership with parents/carers and, where appropriate, the child

and relevant healthcare professionals. The First Aid Coordinator is responsible for ensuring that the associated medical records are accurate, current and appropriately communicated. IHPs will be reviewed and agreed through the School's established medical arrangements, with significant or complex cases escalated to the Head and relevant SLT where appropriate.

For new starters, parents/carers are required to provide medical information through the School's Data Collection Form as part of the admissions process. This information is reviewed before the child starts School wherever reasonably practicable. Where a child has a chronic or significant medical condition, the Learning Enrichment Department will liaise with the family to establish whether an IHP is required and will work to ensure that the appropriate plan, medication, emergency arrangements and staff awareness are in place before the child starts or as soon as reasonably practicable following admission.

The same process applies to mid-year admissions. Medical information will be reviewed as part of the admission process and any identified medical needs will be followed up promptly. Where further information is required from parents/carers or healthcare professionals, the Learning Enrichment Department and First Aid Coordinator will coordinate this to ensure that appropriate arrangements are established without unnecessary delay.

Parents/carers are actively involved in the development of their child's IHP and are responsible for providing accurate and up-to-date information about their child's condition, medication, treatment and emergency needs.

Where specialist medical advice is required, the School will work with the child's healthcare professionals or Specialist Nursing Team. Specialist Care Plans, such as those relating to diabetes, epilepsy or severe asthma, will be shared with the Learning Enrichment Department and incorporated into the child's School arrangements where appropriate.

The School's IHP template provides a comprehensive overview of the child's needs and includes individual child details, emergency procedures, routine monitoring, activities, mealtimes and dietary requirements, impact on learning, staff training and responsibilities, and pastoral needs.

IHPs will be reviewed at least annually and whenever there is a significant change in the child's circumstances. An event-triggered review may be required following:

- A significant change in the child's medical condition.
- A change in diagnosis or treatment.
- A change in medication.
- A hospital admission or significant medical incident.
- A change in emergency procedures.
- Advice or recommendations from a healthcare professional.
- A significant change to the child's participation in School activities.
- A change in the child's dietary or allergy requirements.

Following a review, the First Aid Coordinator will ensure that Medical Tracker and the Medical Drive are updated and that relevant staff are informed of any changes. Where the change affects dietary or allergy arrangements, the catering provider will also be informed.

Staff briefing and acknowledgement will be managed through a combination of email, staff meetings, direct briefings and access to the School's medical systems. Class Teachers and Teaching Assistants are expected to familiarise themselves with the medical needs of pupils in their care and the actions required by their IHP.

For significant or complex medical conditions, the First Aid Coordinator will ensure that the relevant staff are specifically briefed on the child's needs, emergency procedures and the location of any emergency medication. Where appropriate, staff briefing or training will be recorded through the School's staff training or medical records to provide an audit trail that relevant staff have been informed.

Where children participate in educational visits, residentials, sport, clubs or co-curricular activities, the relevant IHP information will be considered as part of the planning and risk assessment process, with staff attending the activity briefed on any specific medical requirements.

### *27.3* Identifying staff and visitors at risk

The School recognises its responsibility to identify and appropriately manage known allergies among staff and visitors while ensuring that personal medical information is handled sensitively and confidentially.

All new staff will be asked to provide details of any known allergies or relevant medical requirements as part of the pre-employment and induction process. This information will be used to identify any reasonable adjustments or emergency arrangements that may be required.

An annual staff medical and allergy information form will also be circulated to all staff to provide an opportunity to update the School on any new or existing allergies or medical requirements. Information received will be collated and securely stored on the Medical Drive by the First Aid Coordinator. Relevant information will be shared with SLT and People Operations where necessary to ensure appropriate support and emergency arrangements are in place.

Staff will be encouraged to notify the School promptly if their allergy or medical requirements change during the academic year rather than waiting for the annual review.

For visitors, the member of staff responsible for organising the visit will ensure that relevant allergy information is requested and collated in advance of the visit, where appropriate. This may include information about known allergies, the nature of the allergy and any emergency medication or specific arrangements required.

The staff member coordinating the visit will provide the relevant information to the First Aid Coordinator before the visitor arrives, allowing appropriate arrangements to be considered. Where necessary, the First Aid Coordinator will ensure that relevant members of staff are made aware of the information and any emergency requirements.

All information relating to staff and visitor allergies will be treated as confidential medical information and shared only with those who need the information to ensure the individual's safety and wellbeing.

**27.4 Prescribed Medication Arrangements**

The School ensures that prescribed medication, including adrenaline auto-injectors (AAIs) and other emergency allergy medication, is stored, checked and made accessible in accordance with each child's Individual Healthcare Plan (IHP) and Allergy Action Plan.

Parents/carers are responsible for providing all prescribed medication required by their child. Medication must be provided directly to the First Aid Coordinator and must not be sent into School in a child's school bag. All medication must be in its original packaging, clearly labelled with the pharmacy dispensing label and child's name, in date and accompanied by clear instructions for use.

For children who require an AAI, parents/carers must provide two AAIs for use in School. Both AAIs are kept together in the child's School Blue First Aid Bag, which is stored in the designated location and is readily accessible to staff.

For children in EYFS and Pre-Prep, the emergency medication will be managed by staff in accordance with the child's IHP and Allergy Action Plan. Children will not be expected to self-carry emergency medication unless this has been specifically agreed as appropriate for the individual child, taking account of their age, maturity and ability to manage their medication safely.

Both AAIs must remain readily accessible at all times. The School Blue Medical Bag will accompany the child when they leave their usual classroom for specialist lessons, playtime, lunchtime, sport, clubs, fixtures and other activities. It must also accompany the child on educational visits, residential trips and other off-site activities.

The School Blue Medical Bag must be placed on the medical storage rail at the end of the school day at 3.30pm. Staff are aware of the location of the bags so that they can be accessed promptly in an emergency.

For educational visits and residential trips, the relevant emergency medication will be included within the visit arrangements and risk assessment. The Visit Leader will ensure that emergency medication remains accessible throughout the visit and is available during travel, activities and evacuation procedures.

The First Aid Coordinator is responsible for checking the School's medication repository and emergency medication arrangements. Medication and AAIs are checked monthly to ensure that they are present, correctly labelled, undamaged and within their expiry date. Checks are recorded as part of the School's medical records and medication monitoring arrangements.

The First Aid Coordinator will monitor expiry dates and will prompt parents/carers when medication or AAIs are approaching expiry so that replacement medication can be provided in sufficient time. Parents/carers remain responsible for ensuring that the School has current medication and for replacing medication when required.

Any used, damaged or expired AAI will be removed from the child's available medication and the parent/carer will be contacted to provide a replacement. Expired AAIs will be returned to the parent/carer for disposal and will be collected from the School Office. The School does not dispose of expired AAIs.

Where an AAI has been used during an emergency, the incident will be recorded on Medical Tracker and the parent/carer will be informed. The First Aid Coordinator will ensure that the used AAI is replaced promptly so that two AAIs remain available for the child.

Other prescribed medication, apart from AAIs, asthma inhalers, seizure medication and associated emergency allergy medication, is stored securely in the locked Medical Room. Any medication requiring refrigeration, such as certain antibiotics, will be stored in the medical refrigerator.

The First Aid Coordinator and Deputy are authorised to administer prescribed medication to children. In addition, all trained First Aid staff are authorised to administer non-prescription medications such as Calpol and Piriton, where parental consent has been obtained and in accordance with the school's medication procedures. Medication must only be administered to the child for whom it has been prescribed or supplied.

All medication administered is recorded on Medical Tracker, including the medication and time administered. Medical Tracker will automatically notify the parent/carer of the medication administered.

Medication prescribed for one child must only be given to that named child. It must never be given to another child, including another child's AAI, even in an emergency. Each child's emergency medication must therefore remain clearly identifiable and linked to their individual medical and allergy records.

**27.5 Spare Adrenaline Auto-Injectors**

Complete the table for every location.

| Exact location | Brand | Dose | Responsible checker | Check frequency |
|---|---|---|---|---|
| Learning Enrichment office | EpiPen | 0.3mg | First Aid Coordinator | Monthly |
| Learning Enrichment office | EpiPen | 0.3mg | First Aid Coordinator | Monthly |
| Learning Enrichment office | EpiPen Jr | 0.15mg | First Aid Coordinator | Monthly |
| Learning Enrichment office | EpiPen Jr | 0.15mg | First Aid Coordinator | Monthly |

The School will maintain appropriate arrangements for the provision and use of spare adrenaline auto-injectors (AAIs) in accordance with its allergy and emergency medical

procedures. Spare AAIs will only be used in accordance with the School's relevant emergency procedures and where the necessary consent and eligibility requirements have been met.

Parents/carers of children who have been prescribed an AAI are responsible for providing two in-date AAIs for their child to be kept in School. The School will also maintain appropriate arrangements for any spare emergency AAIs that it holds, ensuring that they are readily accessible to appropriately trained staff in an emergency.

Parental consent for the use of emergency medication will be obtained through the School's medical information and consent arrangements. The School will maintain an appropriate record of children who are prescribed AAIs and any relevant consent on Medical Tracker and the Medical Drive.

The First Aid Coordinator is responsible for overseeing the storage, monitoring and replacement of AAIs. Emergency AAIs will be stored securely but remain readily accessible in an emergency. The First Aid Coordinator will carry out monthly checks to ensure that AAIs are present, in date, correctly stored and undamaged, with checks recorded as part of the School's medical records.

Where a child has their own prescribed AAIs, both AAIs must remain readily available throughout the School day. The child's School Blue Medical Bag will accompany them when they leave their usual classroom for specialist lessons, playtime, lunchtime, sport, clubs and other activities. AAIs must also accompany children on educational visits, residential trips and other off-site activities.

For residential and off-site visits, the Visit Leader will ensure that emergency medication is included within the visit arrangements and remains accessible throughout travel and activities. Relevant medical needs will be incorporated into the visit risk assessment and staff briefing.

Where an AAI is used, damaged or reaches its expiry date, the First Aid Coordinator will ensure that the parent/carer is informed and that a replacement is requested promptly. Parents/carers are responsible for replacing their child's expired or used AAIs. Expired AAIs will be returned to parents/carers for disposal and collected from the School Office.

Any administration of an AAI, including the use of a spare AAI where appropriate, will be recorded on Medical Tracker and the parent/carer will be notified. Following use, the First Aid Coordinator will ensure that the School's emergency medication provision is reviewed and that replacement medication is obtained so that appropriate emergency cover is maintained.

All arrangements for the use of spare AAIs will be read alongside the School's Allergy Safety Policy, Individual Healthcare Plans and Allergy Action Plans.

### 27.6 Catering and Mealtime Procedures

The School works closely with its catering provider to ensure that children with allergies, medical dietary requirements and faith-based food requirements are identified and supported safely at mealtimes. The catering provider is responsible for the preparation and

service of food, with the School's First Aid Coordinator responsible for ensuring that relevant medical, allergy and dietary information is communicated and kept up to date.

The catering provider is supplied with the relevant dietary and allergy plans and a current School list identifying children with allergies, dietary requirements and faith-based food requirements. This information is updated whenever the School is notified of a change. The First Aid Coordinator will communicate any changes to the catering provider promptly.

Two methods are used to identify children and verify that they receive the correct meal:

1. A current dietary and medical needs chart is accessible in both the kitchen and food serving area, allowing catering staff to identify children with specific dietary and allergy requirements.
2. Children with identified dietary or allergy requirements wear a wristband (orange for allergies, purple for dietary) at lunchtime, provided by their Class Teacher or Teaching Assistant. This provides an additional visual identification check at the food counter and reinforces the meal verification process.

For children in EYFS and Pre-Prep, the Class Teacher and Teaching Assistant will be present at the food counter to monitor the food being selected and served. This provides a four-eyes approach, with two members of staff checking that the correct food is being provided to the correct child.

The catering provider is responsible for ensuring that menus, ingredients and allergen information are appropriately controlled. Any proposed changes to menus, ingredients or substitutions that may affect a child's dietary or allergy requirements must be considered against the information provided by the School. Where a change is identified that could affect a child's safe meal provision, the catering provider and School will ensure that an appropriate alternative is provided.

The catering provider will follow appropriate procedures to minimise the risk of cross-contact, including suitable cleaning, handwashing and control of utensils and food preparation equipment. Staff involved in food preparation and service will receive appropriate training from the catering provider and will be made aware of the School's dietary and allergy information.

Where a child has an allergy to an ingredient or substance outside the regulated 14 allergens, this will be recorded within the child's medical and dietary information and communicated to the catering provider. The same identification and meal verification procedures will apply.

The School's Allergy Safety Policy must be followed where a child has a severe allergy or requires an Allergy Action Plan. Relevant emergency medication arrangements must remain in place throughout the school day, including at lunchtime and during activities away from the child's usual classroom.

**Snacks, Celebrations and Food from Home**

The school encourages children to bring one healthy snack for morning break. Communication is sent to parents requesting that all snacks are nut-free. Staff monitor

snacks each day to help minimise the risk posed to children with airborne allergies and to ensure a safe environment for all pupils.

For birthdays, celebrations, fundraising activities and other events involving food, the School will ensure that food provision is considered in advance and is consistent with children's recorded dietary and allergy requirements. Where food is provided by a third party, the organiser will be responsible for ensuring that relevant ingredient and allergen information is obtained and shared with the School and catering provider where necessary.

**Events and Third-Party Food Provision**

Where food is provided at a School event or by an external provider, the School will ensure that appropriate checks are made before food is served. Information about ingredients and allergens should be obtained in advance and considered alongside the School's dietary and allergy information.

The School will not knowingly provide food that conflicts with a child's recorded medical or dietary requirements. Where there is uncertainty about whether food is suitable, an alternative will be provided rather than making an assumption.

**Mealtime Supervision**

Mealtimes are supervised by School staff, with additional arrangements in place for younger children.

For children in EYFS and Pre-Prep, Class Teachers and Teaching Assistants will provide close supervision during the meal selection and serving process. Staff will ensure that children receive the correct meal and that children with allergies or dietary requirements are appropriately identified using the School's established checks.

Staff will remain alert to signs of an allergic reaction or other medical emergency during mealtimes and will follow the child's IHP, Allergy Action Plan and the School's emergency medical procedures where required.

The School's emergency medication, including AAIs where required, must remain readily accessible during lunchtime. For children whose emergency medication is contained within their School Blue First Aid Bag, the bag must accompany them when they move away from their normal classroom and remain accessible throughout the activity or period away from the classroom.

**Back-Up Arrangements**

The School recognises that catering arrangements must remain safe if the usual catering or School staff are absent or if normal digital systems are unavailable.

The current dietary and allergy information is therefore maintained in a format that can be accessed by relevant staff, including the dietary and medical needs charts accessible in the kitchen and food serving area. The School's controlled Emergency Medical Information Pack provides an additional back-up for essential medical information where the normal digital systems are unavailable.

If there is any uncertainty about a child's dietary or allergy requirements, staff must not make assumptions about the suitability of food. The child should not be given the food in question until the requirement has been checked and a safe alternative identified.

Any changes made during a temporary system failure or staffing issue will be added to the School's main medical and dietary records once normal systems are restored.

- the two methods used to identify pupils and verify allergy-safe meals;
- mealtime supervision and arrangements for younger children.

### 27.7 Curriculum, Events and Other Activities

The School recognises that children may encounter food, allergens and other potential triggers outside of normal mealtimes. Medical, allergy and dietary needs must therefore be considered when planning curriculum activities, events and activities involving visitors or external providers.

Teachers and activity leaders are responsible for considering known medical, allergy and dietary requirements when planning activities. Where an activity involves food, animals, plants, chemicals, sensory materials or other potential allergens, staff should check the relevant child's IHP, Allergy Action Plan and medical information before the activity takes place. Where staff are unsure about the suitability of an activity, material or ingredient, they should seek advice from and check the arrangements with the First Aid Coordinator before the activity takes place.

For children with severe allergies, the arrangements set out in the Allergy Safety Policy and their individual Allergy Action Plan must be followed. Emergency medication must remain readily accessible throughout the activity.

#### Food-Based Learning and Cookery

Where food is used as part of lessons, cookery or other curriculum activities, staff must consider the dietary and allergy requirements of all children participating.

Ingredients should be checked before the activity and suitable alternatives provided where required. Staff should take appropriate measures to reduce the risk of cross-contact, including effective handwashing, cleaning of surfaces and appropriate control of utensils and ingredients.

Where there is any uncertainty about whether an ingredient is suitable for a child, it must not be given or used with that child until the requirement has been checked. Staff should seek advice from the First Aid Coordinator where necessary.

#### Science, Art, Design Technology and Sensory Activities

Medical and allergy considerations will be included when planning science, art, design technology and sensory activities where materials may contain potential allergens or otherwise affect a child's medical condition.

Teachers should consider the ingredients and materials being used and make reasonable adjustments where necessary. This may include providing an alternative material, preventing

direct contact, increasing supervision or ensuring that emergency medication remains immediately accessible.

Where a child's IHP identifies particular restrictions or precautions, these must be followed. If staff are unsure about the safety or suitability of a material or activity, they should consult the First Aid Coordinator before proceeding.

**Animals and Outdoor Activities**

Where children have contact with animals, plants or outdoor environments, staff should consider known allergies and medical conditions before the activity.

Appropriate precautions will be taken where a child has a known allergy or other condition that may be affected by the activity. Staff must be aware of the child's Allergy Action Plan and know where emergency medication is located.

The School Blue Medical Bag must accompany children where it contains emergency medication and must remain accessible throughout the activity. Staff should seek advice from the First Aid Coordinator where there is any concern about a child's participation.

**Fundraising and Celebrations**

Food used for fundraising, birthdays, celebrations and other School events must be planned with children's dietary and allergy requirements in mind.

Where food is provided, the organiser should obtain appropriate ingredient and allergen information in advance and ensure that suitable alternatives are available where necessary.

Where parents, volunteers or external organisations are providing food for an event, the School will ensure that the relevant information is obtained and that the food provided is appropriate for children with identified dietary and allergy needs. Where there is any uncertainty, the organiser should consult the First Aid Coordinator before food is provided.

**Visitors and External Providers**

Staff arranging visits from external providers, visitors or organisations must consider the medical, allergy and dietary needs of the children who will be involved.

Where an external provider is delivering an activity involving food, animals, sensory materials or other potential allergens, the organiser should obtain relevant information in advance and share any necessary medical information with the provider.

External providers will be expected to follow the School's relevant health, safety, medical and allergy arrangements while working with children.

Where staff are unsure whether an external activity or provision is suitable for a child with a medical condition or allergy, they should discuss the arrangements with the First Aid Coordinator before the activity takes place.

**School Lettings**

Where the School site is used by external organisations or hirers, the organisation responsible for the activity will be expected to manage the health and safety and medical needs of participants attending their activity.

Where School children are involved in an activity provided by an external organisation, the School will ensure that relevant medical and allergy information is communicated where necessary and that appropriate emergency arrangements are in place.

Any external provider using food as part of an activity must ensure that appropriate ingredient and allergen information is available and that food is not provided where it conflicts with a known medical or dietary requirement.

**Emergency Arrangements**

For all curriculum activities, events and other activities, staff must know how to summon medical assistance and where emergency medication is located.

The First Aid Coordinator carries a portable radio throughout the school day, allowing assistance to be summoned quickly. Where a child has emergency medication contained within their School Blue Bag, this must accompany them when they leave their usual classroom and remain accessible for the duration of the activity.

Any medical incident or administration of medication must be reported to the First Aid Coordinator and recorded appropriately on Medical Tracker. Significant incidents will also be escalated to the Head of Operations and SLT in accordance with the School's emergency medical and health and safety procedures.

### 27.8 Educational Visits, Fixtures and Co-Curricular Activities

The School recognises that children with medical conditions, allergies and dietary requirements must be appropriately supported when participating in educational visits, fixtures, clubs and other co-curricular activities. Medical and allergy arrangements will be considered as part of the planning and risk assessment process before an activity takes place.

All educational visits and activities will have a risk assessment completed by the Visit Leader and reviewed by the Educational Visits Coordinator (EVC), the First Aid Coordinator and a member of SLT. The risk assessment will identify relevant medical, allergy and dietary requirements and will link to the child's IHP, Allergy Action Plan or specialist Care Plan where appropriate.

The Visit Leader will review the relevant medical information before the visit and ensure that staff attending the visit are appropriately briefed. Before departure, the First Aid Coordinator will verify the required medication and emergency medication arrangements, including confirming that children prescribed AAIs have two in-date AAIs available. Any additional medication required for the visit must be provided by parents/carers in its original packaging, clearly labelled with the pharmacy dispensing label and the child's name and dosage instructions.

Emergency medication must remain readily accessible throughout the activity and must not be stored away where it cannot be accessed quickly. Where a child's medication is contained within their School Blue Medical Bag, this must accompany the child when they are away from their normal classroom. This applies to specialist lessons, sport, clubs, fixtures, playtime, lunchtime and educational visits.

For off-site activities, the Visit Leader is responsible for ensuring that the School Blue Medical Bag and any other required medication remain accessible throughout travel, activities, breaks, meals and evacuation arrangements. Staff must know where the medication is located and understand the relevant emergency procedures.

**Venues, Caterers and Match Teas**

Where a visit, fixture or activity involves an external venue, the Visit Leader will ensure that relevant medical, allergy and dietary requirements are communicated to the venue in advance.

For residential visits, the venue will be provided with appropriate information about the children's medical, allergy and dietary requirements, and the Visit Leader will confirm that the venue can safely meet these needs.

Where food is provided by a venue, caterer or at a match tea, the organiser will obtain appropriate ingredient and allergen information and ensure that suitable food is available for children with recorded dietary or allergy requirements. Where there is any uncertainty about the suitability of food, the First Aid Coordinator should be consulted before the activity takes place.

Any risk assessments provided by external venues will be obtained and reviewed by the Visit Leader as part of the overall visit planning process.

**Residential and Overseas Visits**

For residential visits, parents/carers will be asked to confirm their child's current medical, allergy and dietary information before the visit. This information will be checked against the School's existing records, and any discrepancies or changes will be followed up by the First Aid Coordinator with the family.

Parents/carers are required to provide any additional medication needed for a residential visit in its original packaging, clearly labelled with the child's name and dosage requirements.

Medication provided for the residential will be recorded in a medication repository forming part of the visit information pack. The Visit Leader and accompanying staff will be made aware of the medication requirements and emergency arrangements.

The Visit Leader will be responsible for the administration of medication during the visit and ensuring that all administration is recorded appropriately. On return to School, medication will be handed back to the parent/carer and the return will be recorded and signed for.

For overseas visits, additional consideration will be given to travel arrangements, access to appropriate medical services, availability of prescribed medication, local healthcare arrangements, food provision and any relevant language or communication requirements.

**Spare AAIs**

Where the School holds spare AAIs, the Visit Leader and First Aid Coordinator will consider whether these should be taken as part of the emergency medication provision for the activity, in accordance with the School's Allergy Safety Policy and relevant arrangements.

A child's own prescribed AAIs must always accompany them where required. Spare AAIs are an additional emergency provision and do not replace the requirement for parents/carers to provide the child's prescribed medication.

Any use of an AAI during a visit must be treated as a medical emergency, with emergency services contacted where appropriate and parents/carers notified. The incident and medication administration must be recorded on Medical Tracker on return to School, or as soon as reasonably practicable.

**Pre-Visit Staff Briefing**

Before a day visit, residential, fixture or significant co-curricular activity, the Visit Leader will ensure that a pre-visit meeting or briefing takes place with all staff attending.

This briefing will cover:

- Relevant medical conditions and allergies.
- IHPs and Allergy Action Plans.
- Location and accessibility of medication.
- Emergency procedures.
- Venue-specific risks.
- Dietary and catering arrangements.
- Responsibilities of individual staff members.
- Arrangements for contacting parents/carers and emergency services.

Any staff member who is unsure about a child's medical, allergy or dietary requirements should seek advice from the First Aid Coordinator before the activity takes place.

**Wraparound, Clubs and Third-Party Providers**

For children attending wraparound care, clubs or activities provided by third parties, relevant medical and allergy information will be shared with the provider where necessary to ensure the child's safety.

The provider will be expected to understand the child's relevant emergency arrangements and know how to summon assistance. Where emergency medication is required, arrangements will ensure that it remains accessible throughout the session.

For activities taking place away from the child's normal classroom, the School Blue Medical Bag containing emergency medication must accompany the child where appropriate and remain accessible for the duration of the activity.

Where an external provider is responsible for an activity, the School will ensure that appropriate medical, allergy and dietary information is communicated and that the provider's arrangements are considered as part of the relevant risk assessment.

Any medical incident occurring during a club, fixture, wraparound session or third-party activity must be reported to the First Aid Coordinator, with significant incidents also

reported to the Head of Operations and SLT and recorded through the School's appropriate medical and incident reporting systems.

### 27.9 Emergency Response and Site Access

The School has established emergency response arrangements to ensure that medical assistance can be summoned quickly and that emergency services can access the site without unnecessary delay. All staff are expected to remain calm, follow the School's emergency procedures and prioritise the safety and wellbeing of the child.

#### Summoning Internal Emergency Help

The First Aid Coordinator carries a portable radio throughout the school day, which remains switched on and available for immediate communication. This provides a direct method of summoning internal medical assistance across the School site.

In the event of a medical emergency, staff should use the radio to contact the First Aid Coordinator, clearly stating:

- The location of the emergency.
- The child's name, where known.
- The nature of the emergency.
- Whether emergency medication is required.
- Whether an ambulance has been called.

Staff should remain with the child and provide appropriate first aid within the limits of their training while waiting for assistance.

#### Calling 999

Where a medical emergency requires an ambulance, **999 must be called immediately**. Staff should not delay calling emergency services while waiting for the First Aid Coordinator or another member of staff.

The person calling 999 should state clearly:

**"This is St Christopher's The Hall School."**

They should then provide the School's full address, the exact location of the emergency on site, the nature of the emergency and any relevant medical information.

The caller should remain on the telephone and follow the instructions given by the emergency services.

Where possible, the School Office should be informed that an ambulance has been called so that arrangements can be made to meet and direct emergency services.

#### Ambulance Access

The School will maintain a designated principal emergency access point for ambulance and emergency service vehicles. During building works or where the usual access route is unavailable, an alternative access point will be identified and communicated to staff.

The School's current site arrangements and emergency access routes will be included in staff briefings and reflected in the relevant site emergency information. Staff should ensure that access routes remain clear when an ambulance or other emergency service is expected.

**Meeting and Directing Emergency Services**

A member of staff will be designated to meet the emergency services at the agreed access point and direct them to the location of the emergency.

Where the First Aid Coordinator is attending to the child, the School Office or another available member of staff will coordinate access and meet the ambulance.

The person meeting the emergency services should provide clear directions and, where appropriate, relevant information about the child's condition and the location of their emergency medication.

**Accompanying a Child to Hospital**

Where a child requires hospital treatment and a parent/carer has not yet arrived, an appropriate member of School staff will accompany the child where necessary.

The member of staff should take relevant medical information, including the child's **IHP, Allergy Action Plan or specialist Care Plan**, where appropriate, together with any required emergency medication.

The School will maintain communication with the parent/carer and ensure that the child is appropriately handed over to their parent/carer or the medical professionals responsible for their care.

**Contacting Parents and Senior Leaders**

Parents/carers will be contacted as soon as reasonably practicable following a significant medical incident or where emergency medical treatment is required.

The First Aid Coordinator will ensure that relevant senior staff are informed. Significant medical incidents will be reported to the Head of Operations and SLT.

Where a child has an IHP or Allergy Action Plan, the incident will be considered as part of any subsequent review of the child's medical arrangements.

**Emergency Cards, Medication and Equipment**

The School maintains medical information through Medical Tracker and the Medical Drive. Relevant IHPs, Allergy Action Plans and medical information can be accessed by staff who require the information to support children safely.

Children who require emergency medication have their medication stored in accordance with their individual arrangements. Where emergency medication is contained within a School Blue Medical Bag, this must accompany the child whenever they leave their usual classroom for specialist lessons, sport, clubs, playtime, lunchtime and educational visits.

The School Blue Bags must be placed on the medical storage rail at 3.30pm at the end of the school day. Staff are aware of their location so that they can be accessed quickly during an emergency.

A controlled Emergency Medical Information Pack is also maintained as a back-up arrangement should the School's normal digital systems be unavailable. This contains essential emergency medical information and ensures that critical information remains accessible.

**Clubs, Events and Lettings**

Emergency arrangements apply throughout the School day, including during clubs, wraparound care, sporting activities, events, fixtures and educational visits.

Staff responsible for clubs and activities must know how to summon the First Aid Coordinator and where emergency medication is located. Where a child leaves their usual classroom, their School Blue Medical Bag must accompany them where it contains emergency medication.

For events and activities involving external providers or third parties, the School will ensure that appropriate emergency arrangements are communicated and that relevant medical information is shared where necessary.

Where the School site is being used for lettings, the organisation responsible for the activity will be expected to have appropriate emergency arrangements in place. Where School staff or children are involved, the School's emergency procedures will continue to apply.

Any medical emergency occurring during a club, event, fixture, wraparound session or letting must be reported to the First Aid Coordinator, with significant incidents also reported to the Head of Operations and SLT and recorded through the School's appropriate medical and incident reporting systems.

### 27.10 Training and Anaphylaxis Drills

The School recognises that appropriate staff training and regular anaphylaxis drills are essential to ensure that children with medical conditions, allergies and dietary requirements are supported safely and consistently. Training and drills will reflect the responsibilities of individual staff members and the medical needs of children within the School.

**Induction Training**

All new staff will receive information about the School's arrangements for supporting children with medical and dietary needs as part of their induction. This will include:

- the location of the first aid area and medical facilities;
- the location of emergency medication and School Blue Medical Bags;
- how to access relevant medical information, Individual Healthcare Plans (IHPs) and Allergy Action Plans;
- procedures for responding to medical emergencies, including suspected anaphylaxis;
- the School's arrangements for allergies, dietary requirements and anaphylaxis;
- the importance of emergency medication remaining readily accessible;
- who to contact if a child becomes unwell or requires medical assistance; and
- the importance of confidentiality when handling medical information.

New staff will be expected to familiarise themselves with the medical needs of children in their care and to seek clarification where they are unsure of any medical or emergency arrangements.

**Annual Whole-Staff Training**

All staff will receive annual medical and first aid refresher training through INSET, blended training onsite, monthly refresher sessions and relevant online training. This will reinforce the School's procedures for first aid, medical conditions, allergies, anaphylaxis, emergency medication and safeguarding.

Annual allergy and anaphylaxis training will cover, as appropriate:

- recognising the signs and symptoms of anaphylaxis;
- understanding the importance of acting promptly;
- knowing where children's emergency medication is kept;
- understanding the arrangements for School Blue Medical Bags and emergency medication;
- knowing how to access and follow Allergy Action Plans;
- understanding the School's emergency response procedures;
- knowing how to summon assistance and call 999;
- understanding the roles of staff during an emergency; and
- knowing the arrangements for reporting and reviewing an incident.

All staff will be reminded that they must not delay seeking emergency medical assistance where a child is experiencing a suspected serious allergic reaction.

**Role-Specific Training**

Staff who have specific responsibilities for children with allergies or who may need to respond to an allergic reaction will receive additional information, instruction or training appropriate to their role.

This may include:

- First Aid Coordinator and first aid staff;
- Class Teachers and Teaching Assistants;
- staff supervising sport, clubs and co-curricular activities;
- staff responsible for educational visits and residential trips;
- Early Years staff;
- Learning Enrichment Department staff;
- catering staff and relevant catering managers; and

- other staff identified through an individual pupil's Allergy Action Plan or risk assessment.

Where a child has a specific medical or allergy requirement, relevant staff will be familiar with the child's Allergy Action Plan, the location of their emergency medication and the actions required in an emergency.
Where specialist training is required, this will be provided by an appropriate healthcare professional, Specialist Nursing Team or other suitably qualified professional where appropriate.

**Temporary and Third-Party Staff**

Supply teachers, temporary staff, volunteers, visiting staff and external providers will receive appropriate information about children with significant medical conditions, allergies or dietary requirements where this is necessary for their role.

Temporary and visiting staff will be informed of:

- relevant children with significant medical or allergy needs;
- the location of emergency medication;
- the procedure for summoning assistance;
- who to contact in an emergency; and
- any specific emergency arrangements relevant to the pupils they are supervising.

External providers responsible for activities will be given appropriate medical information where necessary to keep children safe. Their own medical and emergency arrangements will be considered as part of the relevant risk assessment.
Staff who have not received the necessary training must not undertake specialist medical procedures or administer medication unless they are appropriately trained and authorised to do so.

**Anaphylaxis Drills**
The School will undertake regular anaphylaxis drills to test and reinforce its arrangements for responding to a suspected allergic reaction.

A programme of drills will be maintained throughout the academic year and will include, as appropriate:

- a whole-school or whole-setting drill at least annually;
- additional scenario-based drills for relevant staff where required;
- testing of arrangements during educational visits, residentials or other activities where appropriate;
- testing that emergency medication can be located and accessed promptly;
- checking that relevant staff know how to access the pupil's Allergy Action Plan; and
- checking communication, escalation and emergency-service arrangements.

Drills will be planned so that they do not unnecessarily alarm pupils or create confusion with a genuine medical emergency. Where appropriate, drills may be conducted as staff-based scenarios rather than involving pupils directly.
The School's Allergy Safety Policy and relevant pupil Allergy Action Plans will inform the content of drills.

**Annual Drill Schedule**

The First Aid Coordinator will maintain an annual drill schedule and coordinate the programme with relevant members of SLT and the Learning Enrichment Department.

The schedule will identify:

- the date or planned period for each drill;
- the staff or area involved;
- the scenario or procedure being tested;
- the emergency medication and equipment to be checked;
- the person responsible for leading the drill;
- any relevant external or specialist input; and
- the arrangements for recording and reviewing the outcome.

Additional drills may be arranged following a significant allergy incident, near miss, change in a child's medical needs, introduction of new procedures, staff changes or identification of an area requiring improvement.

**Recording and Review of Drills**

Each drill will be recorded using the School's appropriate training or anaphylaxis drill record. The record will include, where applicable:

- date and time;
- location;
- staff participating;
- scenario tested;
- emergency medication and equipment checked;
- actions taken;
- response times where these are relevant;
- any issues or deficiencies identified;
- lessons learned;
- actions required; and
- the person responsible for each action.

The First Aid Coordinator will maintain records of completed drills and ensure that any identified actions are communicated to the relevant staff member or department.

**Actions and Continuous Improvement**

Where a drill identifies a gap, delay, training need, equipment issue or procedural weakness, an action will be recorded with a named person responsible and an appropriate completion timescale.

Actions may include:

- additional staff briefing or training;
- updating an Allergy Action Plan or IHP;
- changing the location or accessibility of emergency medication;
- replacing or checking equipment;
- updating staff communication arrangements;
- amending risk assessments or emergency procedures; or
- reviewing arrangements with the catering provider or relevant external provider.

The First Aid Coordinator will monitor outstanding actions and ensure that completed actions are recorded. Significant or unresolved issues will be escalated to the Head and relevant SLT member.

The effectiveness of the drill programme will be considered as part of the School's annual medical and dietary review. Findings, significant incidents, trends and recommendations will be reported through the appropriate governance arrangements.
All anaphylaxis drill records, AAI records and related allergy assurance documentation will be maintained in accordance with and linked to the SDEG Allergy Safety Policy.

The school shall describe:

- induction training;
- annual whole-staff training;
- role-specific training;
- training for temporary and third-party staff;
- record-keeping arrangements;
- the annual drill schedule;
- how actions are recorded and completed.

**27.12 Early Years Procedures (where applicable)**

The School recognises that children in Early Years, including Preschool and Reception (ages 3–5), require additional supervision and age-appropriate arrangements to support their medical, allergy and dietary needs. Staff working with Early Years children will be familiar

with the child's relevant medical information, IHP, Allergy Action Plan and emergency medication arrangements.

**Medication**

All medication for Early Years children must be provided by parents/carers in its original packaging, clearly labelled with the pharmacy dispensing label and child's name, dosage and instructions, and must be in date. Medication must be handed directly to the School Office and must not be sent into School in a child's bag.

The First Aid Coordinator is responsible for the administration of medication and will ensure that all medication administered is recorded on Medical Tracker. The system will automatically notify parents/carers of the medication administered and the time it was given.

Prescribed medication will be stored securely in accordance with the School's medication storage arrangements. Emergency medication, including AAIs and inhalers, must remain readily accessible throughout the School day.

Where a child requires emergency medication, their School Blue Medical Bag will accompany them when they leave their usual classroom and must remain accessible during activities, specialist lessons, outdoor play, lunchtime, clubs and outings.
The First Aid Coordinator will undertake regular checks of medication to ensure that it is present, correctly stored, in date and available for use. Parents/carers are responsible for replacing medication before it expires or following its use.

**Eating and Mealtime Supervision**

The School's catering provider is supplied with the relevant dietary, allergy and medical information, including a current list identifying children with allergies, dietary requirements and faith-based food requirements.

A dietary and allergy needs chart is displayed in the kitchen and food serving area. Children with identified dietary or allergy requirements also wear a wristband at lunchtime, provided by their Class Teacher or Teaching Assistant. This provides an additional visual check when food is selected and served.

For children in EYFS and Pre-Prep, the Class Teacher and Teaching Assistant will be present at the food counter to supervise the selection and serving of food. A four-eyes approach will be used to provide an additional check that the correct meal is given to the correct child.

Staff will ensure that children are appropriately supervised while eating and remain alert to signs of choking, allergic reaction or other medical concerns. Any concern should be reported immediately to the First Aid Coordinator and managed in accordance with the child's medical plans and School emergency procedures.

Snacks are provided by the School's catering provider. This helps ensure that food provided to Early Years children is managed consistently with the School's dietary and allergy arrangements.

**Paediatric First Aid**

All School staff are paediatric first-aid trained every three years, with annual refresher training provided through INSET and relevant online training.

Staff working with Early Years children must know the location of first aid equipment, emergency medication and the School's emergency procedures.

The First Aid Coordinator carries a portable radio throughout the school day, allowing staff to summon assistance quickly. Staff should remain with the child and provide appropriate first aid within the limits of their training while awaiting additional assistance.

**Parental Communication**

Parents/carers are required to complete the School's annual Data Collection/Medical Information Form, including where their child has no known medical or dietary needs. Parents must notify the School of any changes to their child's medical, allergy or dietary requirements as soon as possible.

Where a child has a chronic medical condition, an Individual Healthcare Plan (IHP) will be developed by the Learning Enrichment Department in conjunction with parents/carers and, where appropriate, healthcare professionals.

For children with severe allergies, an Allergy Action Plan will be completed with the parent/carer. The child's photograph will be included on the relevant medical plan to assist identification.

IHPs and Allergy Action Plans will be reviewed regularly and whenever there is a significant change in the child's condition, medication or circumstances. The First Aid Coordinator will ensure that relevant changes are communicated to staff and the catering provider.

**Outings and Off-Site Activities**

Medical, allergy and dietary requirements must be considered when planning all Early Years outings.

Risk assessments will be completed by the Visit Leader and reviewed by the EVC, First Aid Coordinator and a member of SLT. Relevant IHPs and Allergy Action Plans will be considered as part of the planning process.

Emergency medication must accompany the child on all outings. Where a child has prescribed AAIs, both AAIs must be available and accessible throughout the visit.

The Visit Leader will ensure that staff attending the outing are briefed on the children's medical needs, emergency procedures and medication arrangements.

Where food is provided during an outing, the catering arrangements will be checked in advance to ensure that children's dietary and allergy requirements can be safely met.

**Emergency Response**

In the event of a medical emergency involving an Early Years child, staff should immediately summon assistance using the portable radio carried by the First Aid Coordinator and provide the location and nature of the emergency.

Where an ambulance is required, 999 must be called without delay. Staff should clearly identify the School, provide the School's address and give the exact location of the child on site.

A member of staff will meet and direct emergency services to the child's location where required. The child's relevant medical information, including their IHP or Allergy Action Plan and emergency medication, will be made available to emergency responders.

Parents/carers will be contacted as soon as reasonably practicable following a significant medical incident or where emergency medical treatment is required. Significant incidents will also be reported to the Head of Operations and SLT and recorded on Medical Tracker.

Following any significant incident, the First Aid Coordinator will review the child's medical arrangements and consider whether the IHP, Allergy Action Plan, risk assessment, staff briefing or other arrangements need to be updated.

### 27.13 Local Assurance

The Head shall confirm annually that:

- a First Aid Coordinator 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.

The checklist will be coordinated by the First Aid Coordinator and reviewed by the Head, with input from the catering provider, Learning Enrichment, Operations and SLT as appropriate.

**Date of annual review:** September 2026
**Completed by:** First Aid Coordinator and Head of Operations
**Reviewed and approved by:** Head
**Reported to:** Local School Board and COO
**Next review date:** September 2027

## 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 child where they are and send for the nearest suitable AAI and emergency help.
2. Lay the child 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 child.
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 child must go to hospital even if they appear to recover.
10. A suitable adult shall accompany the child until a parent or carer takes over. Record, report and replenish medication.

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

## APPENDIX 2

## LOCAL FORMS, TEMPLATES AND RECORDS

Each school shall maintain 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.