St Dunstan's College

PART OF
ST DUNSTAN'S EDUCATION GROUP

ALLERGY SAFETY POLICY

Policy Owner:	Chief Operating Officer
ISSR Reference:	Part 3 - Welfare, Health and Safety of Pupils Part 4 - Suitability of Staff, Supply Staff and Proprietors Part 8 - Quality of Leadership in and Management of Schools
Date of review:	Autumn 2026
Approved by:	Part A: Group Board 25.09.26 Part B: Head and School Leadership Team, with assurance through the Local School Board
Date of next review	Autumn 2027

Version Control Information

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

PART A

1. Aims

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

The Group aims to:

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

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

2. Legislation and Regulatory Framework

This policy has regard to:

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

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

This policy should be read alongside:

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

3. Definitions

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

4. Inclusion and Reasonable Adjustments

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

Reasonable adjustments may include:

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

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

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

5. Participation and Decision-Making

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

When considering participation, schools will:

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

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

6. Partnership with Parents and Carers

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

The Group will:

- involve parents and carers in planning support;
- communicate clearly about arrangements and significant concerns;
- review arrangements regularly;
- seek parental views when making significant decisions.

Parents and carers are expected to:

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

7. Voice of the Pupil and Independence

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

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

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

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

8. Confidentiality and Information Sharing

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

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

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

9. Roles and Responsibilities

St Dunstan's Education Group Board is responsible for:

- approving Part A of this policy;
- ensuring adequate resources;

- receiving Group-wide assurance;
- reviewing significant incidents and themes where appropriate;
- holding the CEO accountable.

Named Allergy Link Board Member

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

Local School Boards

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

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

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

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

CEO

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

COO

- maintains Part A of this policy;
- sets Group-wide minimum requirements;
- monitors compliance and assurance;
- reviews significant incidents and themes;
- reports to 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 AD on their person and only using it for its intended purpose
- understanding how and when to use their AD
- engaging with agreed support arrangements;
- communicating symptoms and concerns;
- not sharing food or medication;
- developing independence where appropriate.

Pupils without allergies

These pupils are responsible for:

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

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

10. Identification and Assessment

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

Common allergic conditions include:

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

Schools shall seek to identify allergies as early as possible.

Information may be obtained through:

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

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

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

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

It is not necessary for a pupil to have a formal diagnosis of allergy for them to have an 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 pupil and parents or carers;
- emergency contacts and a current photograph.

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

Plans should:

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

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 practise safely and be familiar with the differences.

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

23. Incidents, Near Misses and Learning

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

Records should include:

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

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

- notify parents/carers of a pupil aged up to 16 of the incident or near miss as soon as possible
- support the pupil, family, staff and witnesses;
- preserve relevant evidence;
- notify the Head, Designated Allergy Lead and COO through agreed escalation routes;
- consider critical-incident and external-reporting obligations;

- undertake a proportionate, learning-focused review;
- identify actions, owners and deadlines;
- review the IHCP, risk assessment, training and relevant procedures;
- share learning across the Group where appropriate.

24. Record Keeping

Appropriate records shall be maintained regarding:

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

25. Complaints

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

26. Monitoring and Review

Implementation will be monitored through:

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

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

PART B

SCHOOL-SPECIFIC OPERATIONAL PROCEDURES

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

St Dunstan's College

27.1 Local Policy Information

School / Setting	St Dunstan's College
Head	Jade McLellan
Designated Allergy Lead	Lucy Clewley
Deputy Allergy Lead	Gemma Kenward and Ailsa Cameron (Andrew Coley, parental leave cover)
Medical Lead / School Nurse	Allison Watson
Catering Lead	Alexandria Donald
Education Visits Coordinator	Richard Davies

27.2 Allergy Records and Information Systems

- At St Dunstan's College, the allergy register is stored on our MIS system – iSAMS. This is first logged by the school nurse upon entry to the school when shared via the medical questionnaire.
- Parents are responsible for updating the school with any changes to their child's allergy needs.
- IHCP's and allergy action plans are stored on the school shared drive.
- All staff have access to IHCP's and allergy action plans on the school system.
- During trips, staff are provided with digital copies of all student allergies.
- When there are changes to a student's allergy needs, the nurse is alerted and the records are updated. The nurse will then update the relevant staff, including the catering team, Junior School Deputy Head Pastoral, or Senior School Head of Year.
- Visitors are informed of regulations for their own conduct in their arrival information (such as not bringing any food onto the site) and anyone in charge of groups of students, without a member of our staff present, would be briefed by the organising teacher on allergy arrangements and individual needs in the group. Wraparound care in the Junior School is operated by Munchkins, who collect and manage their own allergy information.
- In the Junior School, students carry the Allergy Action Plan with them.

- Staff familiarise themselves with this information for their classes at the start of the year, so they are not relying on accessing it online in the moment it is needed;

27.3 Individual Healthcare Plans and Review

- IHCPs are coordinated by the school nurse and any relevant professionals that are involved with the student. Parents are involved throughout the process.
- All new ICHPs are completed within the first week of school starting and the timeframe is the same for mid-year admissions.
- Parents are invited to an annual review of their child's IHCP via telephone consultation.
- Students are involved in the review of their IHCP where applicable and appropriate.
- All ICHPs are updated annually but can be reviewed earlier if there are any changes in circumstances.
- Each pupil's care plans are shared with the relevant members of staff.

27.4 Identifying staff and visitors at risk

- New staff in the school must provide any known allergens to the school nurse.

27.5 Prescribed Medication Arrangements

- Prescribed AAIs are kept within close proximity of the student in Junior School, via an orange bag. In Senior School, students carry their AAI's with them at all times.
- In Junior School children carry their AAI's via an orange bag, and students in senior school, carry their AAI's within a pocket in their blazers which have a zip lock.
- Senior School students carry two AAI's on trips, during sporting activities and when being evacuated alongside an emergency pack held by a member of staff.
- The school nurse holds a medication tracker to show the expiry date of any prescribed medications and parents are asked to replace these and this is their responsibility once requested. Parents are prompted via telephone call or email.
- Expired medication is disposed of securely unless requested by the parent.

27.6 Spare Adrenaline Auto-Injectors

Complete the table for every location.

Exact location	Brand	Dose	Responsible checker	Check frequency
Wellness Centre	Epi-Pen	0.3 and 0.15ml	College Nurse	Termly
Refectory Cleaning Room	Epi-Pen	0.3 and 0.15ml	College Nurse	Termly
Senior School Office	Epi-Pen	0.3 and 0.15ml	College Nurse	Termly
STEM Block	Epi-Pen	0.3 and 0.15ml	College Nurse	Termly

Cafeteria				
Junior School Office	Epi-Pen	0.3 and 0.15ml	College Nurse	Termly
PE Office in Leisure Block	Epi-Pen	0.3 and 0.15ml	College Nurse	Termly
Chemistry	Epi-Pen	0.3 and 0.15ml	College Nurse	Termly
Modern Foreign Languages	Epi-Pen	0.3 and 0.15ml	College Nurse	Termly

27.7 Management of Allergies and Dietary Requirements

The school works closely with its catering provider to identify pupils with food allergies, medical dietary requirements and faith-based dietary requirements and to ensure they are supported safely at mealtimes. The catering provider is responsible for preparing and serving food, while the School's Nurse ensures that relevant medical, allergy and dietary information is communicated appropriately and kept up to date.

The catering provider is supplied with the relevant dietary and allergy plans, together with a current school list identifying pupils with food allergies, dietary requirements and faith-based food requirements. This information is reviewed and updated whenever the school is notified of a change. The Nurse will promptly communicate any changes to the catering provider to ensure that the information used to prepare and serve meals remains accurate and current. Two methods are used to identify pupils with specific dietary and allergy requirements and help ensure they receive the correct meal:

1. **Dietary and medical requirements list**: A current list of pupils' dietary and medical requirements is accessible to catering staff in the Refectory, next to the allergy counter. This enables staff to identify pupils with specific food allergies and dietary requirements.
2. **Allergy counter and Laminated dietary cards**: Pupils with identified food allergies or dietary requirements are served from the allergy counter. Dietary Requirement Cards are categorised according to the level of severity: low, moderate or severe.

Pupils in Year 3 and above with low-severity requirements, such as dietary preferences, may choose to obtain food from elsewhere, provided they are confident in selecting suitable food and doing so safely.

For EYFS lunchtime provision, a designated member of staff ensures that each pupil receives a meal that meets the dietary requirements specified on their Dietary Card.

The Catering Provider check with the school nurse after every half-term to confirm whether there have been any changes to students' allergies, intolerances or dietary requirements. This ensures that we always have the most up-to-date and accurate information, allowing us to meet students' individual needs.

Menu Management
At the beginning of each term, the catering provider supplies the school with a three-week rolling menu cycle designed to provide balanced, nutritious and varied meals that support pupils' health and wellbeing. The menus are reviewed to ensure they offer suitable options that meet pupils' dietary requirements, including food allergies, intolerances, medical dietary needs and faith-based requirements. Any proposed changes to the menu or ingredients must be communicated to the school where they may affect pupils' dietary needs, ensuring that appropriate and safe meal options remain available.

Events
Anyone organising a school event must check with all attendees in advance to identify any food allergies, medical dietary requirements, intolerances or faith-based dietary requirements. The event form must be completed and updated with the relevant information, ensuring that accurate and up-to-date details are shared with the catering provider at least 10 days before the event. This allows sufficient time for the catering team to review requirements, plan appropriate menus and make any necessary arrangements to ensure that suitable and safe food is provided for all attendees. Any changes to dietary requirements after this deadline must be communicated to the catering provider as soon as possible.

27.8 Curriculum, Events and Other Activities

The school will identify and risk assess activities, events and third-party use where allergens may be introduced or exposure could occur. This includes, but is not limited to, food-based learning, science, art, DT, cookery, sensory play, animals, fundraising, celebrations, visitors and lettings. The person responsible for the activity must ensure that appropriate risk assessments are carried out and controls are implemented, taking account of pupils' known allergies and Individual Healthcare Plans.

27.9 Educational Visits, Fixtures and Co-Curricular Activities

- Staff can access all allergy information via the school nurse and iSAMS.
- The trip leader is repudiable for liaising with the school nurse and ensuring that all medication is present for trips and sporting activities, including emergency supplies.
- During trips and sporting activities, AAI's and any required medication is carried by the student or teaching staff.
- During residential strips, a student's prescribed medication is carried buy a named staffing member.
- Junior School residential trip leaders also collect medication that is required outside of normal school hours and is usually administered away from the College. A log of all medication is kept by the trip leader during each trip.
- The orange medication bags carried by Junior School pupils remain with them during after-school Forder activities. These are then returned to the child's Form Room before the start of the following day.
- The same procedure is in place for After School Care; pupils' orange bags are taken to Munchkins Sports, who return them to JS Staff at the end of the session. These are returned to pupils' classrooms before the start of the following day.

27.10 Emergency Response and Site Access

- Emergency help is summoned by radio or sending a bystander to get help. This will change depending on location within and around the building
- 999 will be called by the member of staff at the emergency or a member of staff alongside them. The following language will be used:
    - **The word "Anaphylaxis"**: Say this exact term so the call handler understands the extreme urgency and dispatches an ambulance right away.
    - **Adrenaline status**: State whether an adrenaline auto-injector (such as an EpiPen) has already been given.
    - **Exact location**: Give your precise address or postcode or use a tool like What3Words if you are outside.
    - **Current symptoms**: Describe severe signs like trouble breathing, swelling of the throat or tongue, or a feeling of faintness
- The ambulance access points are via the main entrance most of the time, but we have field access as well. We would aim to get the ambulance as close to the casualty as feasibly possible. The service will be met by the estates team.
- A student will be accompanied to hospital by a familiar person and parents/carers would be notified as soon as possible.

27.11 Training

All staff joining St Dunstan's College are offered induction training related to emergency procedures such as use of AAI's.

Staff have annual AAI training. This is logged at the time of training.

27.12 Early Years Procedures (where applicable)

Medication

- Parents/carers must provide all allergy medication and share the required details with the College Nurse. This is managed through the admissions forms when a pupil joins the College.
- Pupil medication, including adrenaline auto-injectors will be accessible at all times and carried by the supervising staff member in an orange bag.
- Pupil medication will be checked daily by teaching staff daily to ensure it is present.
- Each child who carries an AAI or asthma inhaler will have an Allergy Plan or Asthan Plan detailing their medication, symptoms, triggers, and emergency procedures.

Eating Supervision

- Staff will maintain close supervision of children during meals, snacks, cooking activities, and celebrations. At lunchtime, at least two paediatric first aid trained staff members will be designated to closely supervise pupils, one of whom will have no other role or responsibilities during the mealtime. They shall be known as the Anchor.

- Children with allergies will be seated appropriately to minimise the risk of allergen exposure and cross-contamination. A designated staff member will serve the lunches to pupils with allergies.
- Staff must check ingredient information with the catering staff before serving food and ensure dietary requirements are met.
- No food will be shared between children.
- All staff involved in food preparation will follow safe food handling practices.

Paediatric First Aid

- At least one person with a current Paediatric First Aid qualification will be available at all times when children are present.
- All staff will be familiar with and are trained in recognising the signs and symptoms of allergic reactions and anaphylaxis and any necessary action to be taken.
- Staff will receive regular training on allergy management, emergency medication, and emergency procedures.

Staff Handover

- All staff will be aware of dietary requirements, known allergens, medication locations, and relevant medical information.
- All staff have regular reminders of where to find details of pupil dietary requirements, known allergens, medication locations, and other relevant medical information.
- New pupil dietary or medical requirements are communicated with all relevant staff members.

Parental Communication

- Upon admission to the school, parents are required to provide full details of any medical or dietary requirements for pupils. Parents are reminded to update the school on any medical changes by contacting the College Nurse on wellnesscentre@stdunstans.org.uk
- Allergy information will be recorded on iSams and updated promptly by the Wellness Centre.
- Parents will be informed of any allergic reaction, medication administration, or allergy-related incident.

Outings

- A risk assessment will be completed before all outings and educational visits.
- Pupils' allergy information and Individual Healthcare Plans must be known by the trip lead and supporting school staff, and all medication must accompany the pupil.
- A Paediatric First Aid trained member of staff will be present and aware of emergency procedures.
- Staff will consider potential allergen risks associated with venues, activities, and food provision.

Sleeping Children

- Staff supervising sleeping pupils must be aware of children's medical needs and know how to access emergency medication immediately.

- Sleeping pupils will be monitored in accordance with EYFS sleep procedures and checked regularly.
- Any concern regarding breathing difficulties, swelling, or allergic symptoms will be treated as an emergency.

Emergency Response
See Appendix 1 for Emergency Response to anaphylaxis.

27.13 Local Assurance

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

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

Appendix 1 - Emergency Response to Anaphylaxis

ANAPHYLAXIS IS A TIME-CRITICAL MEDICAL EMERGENCY

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

Recognise

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

Act Immediately

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

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

Appendix 2 – Local Forms, Templates and Records

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

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

Appendix 3 - References

- Department for Education, Allergy Safety in Schools, published 6 July 2026.
- Department 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.