	Vanguard Learning Trust *As a group of local primary and secondary schools, Vanguard Learning Trust's mission is to serve its local community by providing outstanding, inclusive education. We have a collective purpose and responsibility to provide effective teaching, through a curriculum based on equality of opportunity and entitlement that allows our students to shine both in and out of the classroom. Each school in the Trust has its own ethos, which also complements the Trust's vision and values, and the common aspiration that all students can achieve their potential.*

Allergy safety policy

September 2026

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Part A: Trust-wide

1. Overview

1.1 Purpose

The Trust is committed to ensuring that all students and staff with allergies are supported to participate fully and safely in school life. This policy sets out the Trust's approach to managing allergies and reducing the risk of exposure to allergens, including the prevention and emergency response to anaphylaxis. It should be read alongside the Trust's 'Supporting students with medical conditions' policy, which outlines broader arrangements for supporting students with medical needs.

1.2 Scope

This policy applies to:

- All Trust schools.
- All students and staff.
- Visitors, volunteers, contractors and external providers where relevant.

It applies to any allergic condition or medically recognised hypersensitivity that may require reasonable adjustments, risk reduction measures or emergency response arrangements within school, including:

- food allergies;
- environmental and airborne allergies;
- insect sting allergies;
- medication allergies;
- latex allergy;
- allergic asthma; and
- other clinically recognised allergic or hypersensitivity conditions where identified through medical advice.

1.3 Statutory framework

This policy has been developed having regard to the Department for Education statutory guidance 'Allergy safety in schools' (2026), issued under section 100 of the Children and Families Act 2014 as amended by section 34 of the Children's Wellbeing and Schools Act 2026, together with the Trust's wider statutory duties under the Equality Act 2010, the Health and Safety at Work etc. Act 1974 and related safeguarding legislation.

1.4 Definitions

- **Allergy**: A reaction by the immune system to a substance that is normally harmless.
- **Anaphylaxis**: A severe, potentially life-threatening allergic reaction requiring immediate emergency treatment.
- **Allergen**: A substance that can cause an allergic reaction.
- **Adrenaline auto-injector (AAI)**: A device used to treat anaphylaxis.

1.5 The Trust's approach

1.5.1 Principles

The Trust adopts the following principles:

- Students with allergies will be fully included in school life.
- An allergy-aware approach will be used rather than blanket exclusion of foods (eg. 'nut-free' environments will not be relied upon as the sole control measure).
- Risk reduction will be proportionate, practical and evidence-informed, which supports the participation of students in:
    - lessons
    - school meals
    - enrichment activities

    - educational visits
    - after-school provision
- Students will not be excluded from activities on the basis of allergy unless there is a clear, evidence-based risk that cannot be safely mitigated.
- Staff will act quickly and confidently in emergency situations.
- Students will be supported to manage their own allergies where appropriate.

1.5.2 Wellbeing and protection from bullying

The Trust recognises that students with allergies may experience anxiety due to the risk of exposure to allergens and the potential for serious allergic reactions. Schools will take proactive steps to support the emotional wellbeing of students with allergies by:

- providing reassurance that effective risk reduction and emergency procedures are in place;
- ensuring staff understand the impact that allergies may have on a student's wellbeing; and
- promoting an inclusive environment where students feel safe and supported.

The Trust has a zero-tolerance approach to bullying related to allergies. This includes, but is not limited to,:

- deliberate exposure or threats involving known allergens;
- teasing, exclusion or intimidation linked to a student's allergy; and
- misuse of food or materials to create risk.

All such incidents will be treated as serious safeguarding concerns and managed in line with the Trust's behaviour and safeguarding policies. Schools will ensure that students understand the seriousness of allergies through age-appropriate education and awareness.

2. Roles and responsibilities

2.1 Trustees

The board of trustees will:

- ensure the Trust complies with its statutory duties relating to allergy safety;
- receive annual assurance from the chief executive officer that schools are meeting the Trust expectations set out in **Appendix 2**, based on each school's annual review and quality assurance activities; and
- scrutinise reports relating to significant allergy incidents, emerging risks and Trust-wide themes, ensuring that appropriate actions have been taken where improvements are required.

2.2 Chief executive officer

The chief executive officer will:

- ensure this policy is implemented consistently across all Trust schools;
- obtain assurance through annual returns from headteachers confirming compliance with the Trust expectations set out in **Appendix 2**, supported by evidence from school monitoring activities such as allergy register reviews, staff training records, incident reviews and local governance oversight; and
- commission further review or support where monitoring identifies concerns or inconsistent practice.

2.3 Headteachers

Headteachers will:

- ensure implementation of this policy and that all Trust expectations set out in **Appendix 2** are fulfilled; and
- appoint a named allergy lead, who will be a member of the school's senior leadership team. The name of contact details of each school's allergy lead can be found in **Part B** of this policy.

2.4 School allergy lead

The school's allergy lead will:

- maintain an allergy register;
- oversee staff training and awareness;
- ensure emergency procedures are in place; and
- ensure AAIs are available, in date and accessible.

Schools are responsible for determining the number and location of spare AAIs required to meet the needs of their site and for ensuring that adequate emergency provision is maintained at all times. The school's allergy lead must monitor stock levels, expiry dates and usage, and arrange for the timely replacement of used or expired AAIs to ensure continued compliance with this policy and statutory guidance.

2.5 Staff

All staff are expected to:

- follow individual healthcare plans (IHPs);
- complete annual allergy awareness training;
- respond immediately to suspected anaphylaxis; and
- support inclusion and risk reduction.

2.6 Parents and carers

Parents and carers must:

- provide accurate allergy information;
- supply prescribed medication; and
- update schools on any changes.

2.7 Unacceptable practice

The Trust is clear that the following practices are not acceptable and must not occur:

- preventing or delaying access to prescribed medication, including adrenaline devices;
- requiring parents or carers to attend school to administer medication or provide medical support;
- ignoring the views of the student, their parents/carers or advice from healthcare professionals;
- assuming that all students with allergies require the same level of support;
- excluding students from activities, school meals or educational visits without a clear and evidence-based risk assessment;
- sending a student experiencing an allergic reaction to seek help alone;
- penalising students for attendance where absence is related to their allergy or medical needs; and
- creating unnecessary barriers to participation in any aspect of school life.

All staff must ensure that their practice reflects the Trust's commitment to inclusion, safety and equality.

3. Allergy register

3.1 Overview

Each school must maintain an up-to-date allergy register including:

- students with diagnosed allergies;
- staff with allergies (including medication requirements);
- where relevant, information about visitors, volunteers, contractors and external providers with known allergies where this information has been voluntarily provided and is necessary to support safe participation;
- prescribed medication and location;
- known triggers; and
- emergency arrangements.

The register must be accessible to relevant staff at all times. In addition to maintaining the allergy register, schools will implement clear and proportionate systems to ensure that students with allergies are identifiable in relevant settings, particularly during food service and food-related activities. This may include the use of staff checks, visual identifiers or information accessible to catering staff. Systems must balance safety with dignity and inclusion.

3.2 Identification and information gathering

Schools will have clear processes in place to identify students, staff and, where appropriate, visitors with allergies. This includes:

- gathering information from parents/carers at admission and transition points;
- seeking relevant medical information, including individual healthcare plans and allergy action plans, from previous settings and healthcare professionals;
- ensuring arrangements are in place prior to a student starting, or as soon as reasonably practicable for in-year admissions; and
- ensuring staff are informed of relevant allergy information in a timely and appropriate manner.

Where food is provided to visitors, schools will make reasonable enquiries in advance to identify any allergies that may require consideration.

3.3 Information sharing

Schools will ensure that allergy information is shared with staff who need it in order to safeguard students and enable full participation in school life. Information will be shared proportionately, kept accurate and up to date, and processed in accordance with data protection legislation. Appropriate arrangements will be in place to ensure relevant information is available to catering staff, trip leaders, first aiders and other staff with responsibility for students.

3.4 Individual healthcare plans (IHPs)

Students whose allergy requires specific support or management arrangements in school will have an individual healthcare plan (IHP). This will include:

- allergens and triggers;
- symptoms and escalation signs;
- medication and dosage;
- emergency response actions; and
- location of medication.

The decision as to whether an IHP is required will be based on the student's individual circumstances, medical advice where available, the views of parents/carers and the impact of the allergy on the student's participation in school life. IHPs will be developed collaboratively with parents/carers, the student where appropriate and relevant healthcare professionals. Information contained within IHPs will be shared with staff who need to know in order to support the student safely, in accordance with data protection requirements. They will be reviewed at least annually or sooner where there is a change in the student's allergy, medication, circumstances or support needs. Where available, allergy action plans and asthma action plans from healthcare professionals will be attached to the IHP. Further detail is contained in the Trust's 'Supporting students with medical conditions' policy.

3.5 Medication and adrenaline auto-injectors

Schools will ensure that students who have been prescribed adrenaline devices have prompt access to them at all times in accordance with their Individual Healthcare Plan (IHP) and any accompanying Allergy Action Plan. Schools are aware that:

- students should carry their own prescribed adrenaline devices where this is appropriate for their age, understanding and clinical advice;
- for younger students, prescribed medication may be stored in an agreed, secure but immediately accessible location;
- where a student has both food allergy and asthma, arrangements must be in place to ensure timely access to both prescribed adrenaline devices and asthma medication in accordance with the student's IHP and any accompanying allergy or asthma action plan; and
- emergency asthma inhalers, where provided by the school, do not replace adrenaline in the treatment of suspected anaphylaxis.

Schools will maintain a suitable stock of spare adrenaline auto-injectors (AAIs) in accordance with Department for Education guidance. Spare AAIs are emergency devices held by the school and are not a substitute for a student's own prescribed medication. Each school will determine the appropriate number and location of spare AAIs having regard to the size and layout of the site. Wherever reasonably practicable, arrangements should enable a spare AAI to reach a person experiencing suspected anaphylaxis within approximately five minutes. Where necessary, schools should establish multiple emergency medication locations. Spare AAIs should normally be stored in pairs, in clearly identified locations known to staff. Schools will ensure that:

- prescribed and spare adrenaline devices remain immediately accessible in an emergency;
- all adrenaline devices are stored, monitored and checked regularly to ensure they remain in date;
- appropriate records are maintained of prescribed and spare emergency medication, including storage locations, expiry dates and routine checks;
- arrangements are in place for students to take their prescribed medication home where required, including during travel to and from school and for educational visits; and
- used or expired adrenaline devices are disposed of safely in accordance with manufacturer guidance and local arrangements.

Where anaphylaxis is suspected, adrenaline should be administered immediately. Staff should not delay treatment while awaiting emergency services or seeking parental consent. If there is any doubt whether anaphylaxis is developing, staff should treat the reaction as anaphylaxis. Emergency spare AAIs may be used where:

- a student's prescribed device is unavailable, inaccessible or has failed;
- a student has not previously been diagnosed with an allergy but is displaying symptoms consistent with suspected anaphylaxis; or
- immediate use of a spare device is necessary to avoid delay in life-saving treatment.

Where reasonably practicable, schools should obtain advance parental consent for the use of spare AAIs. However, consent is not required in an emergency where immediate action is necessary to save life.

6. Emergency response and incident reporting

6.1 Emergency response

In the event of suspected anaphylaxis, staff must:

1. Administer an AAI immediately where anaphylaxis is suspected. Staff should not delay administration while seeking confirmation or awaiting medical advice.
2. Call 999 and state “anaphylaxis”. This applies even if the student appears to recover following administration of an AAI.
3. Lie the student flat (unless breathing is difficult).
4. Administer second AAI if no improvement after 5 minutes.
5. Stay with the student until emergency services arrive.
6. Contact parents/carers.

All staff must act immediately without waiting for senior approval. An infographic used across to raise awareness of these steps can be found in **Appendix 3**. Where a student experiences a mild or moderate allergic reaction which does not involve airway, breathing or circulation symptoms, staff will follow the student's IHP or allergy action plan where one is available, ensure the student is not left unattended, inform parents/carers as soon as reasonably practicable and continue to observe the student for an appropriate period, recognising that symptoms may occasionally progress to anaphylaxis. If there is any doubt whether anaphylaxis is developing, staff will treat the reaction as anaphylaxis and follow the emergency procedure immediately.

6.2 Incident reporting and learning

Following any allergy-related incident or near miss, schools will ensure that:

- the incident is recorded using the school's normal accident and incident reporting procedures;
- parents/carers are informed as soon as reasonably practicable;

- where appropriate, relevant healthcare professionals are consulted to support any review of the student's IHP;
- any use of emergency medication is recorded in accordance with the school's medication procedures;
- allergy-related near misses are recorded where an incident had the potential to result in harm but was avoided through timely intervention or by chance;
- incidents and near misses are reviewed by the allergy lead or other designated member of staff to identify lessons learned and any improvements required to procedures, training or risk assessments; and
- significant incidents are reported in accordance with Trust reporting arrangements and any applicable statutory reporting requirements.

Following review, schools will update IHPs, risk assessments and local procedures where necessary to reduce the likelihood of recurrence.

7. Staff training

7.1 Induction and annual training

All staff will receive allergy awareness and emergency response training at induction and at least annually thereafter. Training will include:

- recognising allergic conditions, including food allergy, allergic asthma and anaphylaxis;
- understanding the difference between allergy, coeliac disease and food intolerance;
- recognising the signs and symptoms of mild allergic reactions and anaphylaxis;
- emergency response procedures, including when to administer adrenaline and call emergency services;
- the location and use of prescribed and spare adrenaline devices (where held), and emergency asthma inhalers where provided;
- the use of Individual Healthcare Plans (IHPs), Allergy Action Plans and Asthma Action Plans, where applicable;
- reducing the risk of exposure to known allergens;
- awareness of the allergy register and local procedures; and
- reporting allergy incidents and near misses.

This training applies to teaching staff, support staff, administrative staff, lunchtime supervisors, catering staff and any other adults who may supervise students. Schools will ensure that allergy awareness training forms part of staff induction and that appropriate arrangements are in place to ensure temporary, supply, agency and peripatetic staff, together with regular volunteers, are informed of key allergy procedures and emergency response expectations before supervising students.

7.2 Allergy safety exercises (‘allergy drills’)

Schools will undertake planned allergy safety exercises or simulated emergency scenarios to test staff understanding of emergency procedures and their confidence in responding to suspected anaphylaxis. As a minimum, each school will complete at least one allergy safety exercise each academic year. A template exercise can be found in **Appendix 4**. Additional exercises should be undertaken where appropriate, for example following significant staff changes, a serious incident or near miss, or where monitoring identifies a need for further training. Exercises will normally be co-ordinated by the school's allergy lead, supported by the senior leadership team and first aid team as appropriate. Outcomes, lessons learned and any actions arising will be recorded and used to inform staff training, Individual Healthcare Plans where relevant, local procedures and future policy review.

7.3 Allergy incidents and learning

All allergy-related incidents and near misses must be recorded on the school's allergy incident log; the Trust provides a template (click here) for schools to utilise. The log will contain details of allergic reactions, suspected anaphylaxis, use of adrenaline auto-injectors (AAIs), medication errors, near misses and

incidents involving deliberate exposure to allergens or allergy-related bullying. All allergy-related incidents and near misses must be:

- recorded in accordance with school procedures;
- reviewed by the allergy lead; and
- used to inform improvements in practice.

The allergy lead will review the allergy incident log regularly to identify trends, learning and any required improvements to practice. Significant incidents should inform staff training, risk assessments and policy review.

8. General areas

8.1 Educational visits and enrichment activities

Schools must ensure that:

- students with allergies are included in all activities where safe to do so;
- risk assessments explicitly consider allergy risks;
- medication is available during all off-site visits - medication must remain immediately accessible and must not be stored in locations where access could be delayed; and
- staff understand emergency procedures when off-site.

For residential visits, schools will consider additional arrangements including storage of medication overnight, access to emergency medication at all times and communication with external providers.

8.2 Catering and food management

Schools will:

- work with catering providers to manage allergen information;
- ensure that external food providers and suppliers are informed of relevant allergy requirements before providing food for students;
- ensure food labelling is clear and accurate;
- implement proportionate controls to reduce cross-contamination risk; and
- ensure students are not excluded from meals unnecessarily.

Schools will also:

- set clear expectations regarding food brought from home, including discouraging the sharing of food and ensuring that any food used in lessons or activities is appropriately managed;
- ensure that parents/carers are informed of expectations regarding packed lunches and food brought into school for events or celebrations;
- take reasonable steps to ensure that food used in classroom activities, including cooking, craft or science, does not present an avoidable risk to students with known allergies; and
- ensure that staff understand that allergen information must be checked whenever food products, suppliers or menus change.

9. Policy review

9.1 Communication and monitoring

This policy will be published on the Trust and school websites, made available in hard copy on request, and communicated to staff through induction and annual allergy awareness training. Schools will also take reasonable steps to raise awareness of allergy safety amongst pupils in an age-appropriate manner.

9.2 Monitoring, assurance and review

The Trust will maintain appropriate arrangements to monitor compliance with this policy and provide assurance that effective allergy management arrangements are in place across all schools. Monitoring activities will include:

- annual completion of the Trust allergy operational checklist (**Appendix 2**) by each school - this acts as an annual confirmation from each headteacher to their local governing body, and to the Trust's

safeguarding lead to compile for the CEO and board of trustees, that the requirements of this policy have been implemented;

- review of the school's allergy register, IHPs, medication records and emergency equipment checks;
- monitoring of staff training completion, induction records and the completion of annual allergy safety exercises;
- review of allergy-related incidents, near misses, investigations and lessons learned; and
- periodic review of the outcomes of allergy safety exercises to ensure that identified actions have been completed.

The Trust's assurance arrangements will include:

- annual review by each local governing body (or equivalent governance committee) of the school's allergy arrangements, including the outcome of allergy safety exercises, staff training, significant incidents and completion of the Trust allergy operational checklist;
- oversight by the CEO and board of trustees of Trust-wide compliance, including any schools requiring additional support or improvement; and
- implementation and monitoring of actions arising from audits, incidents, near misses and allergy safety exercises.

This policy will be reviewed annually or sooner following:

- a significant allergy-related incident;
- updated statutory guidance; or
- changes in Trust practice.

An allergy risk reduction checklist is included (**Appendix 5)** to support schools in identifying and managing local risks. The Trust and its schools will, where appropriate, involve students with allergies and their parents/carers in reviewing allergy arrangements to ensure they remain effective, proportionate and responsive to need.

Version history

First issue/revision date	Approved by	Summary of changes if not first issue
October 2026	BoT	New policy.

Appendix 1: Signs and symptoms of allergic reaction and anaphylaxis

Mild to moderate allergic reaction may include:

- itchy skin, rash or hives
- swelling of lips, eyes or face
- abdominal pain or vomiting
- mild wheeze or cough
- runny nose or sneezing

Severe allergic reaction (anaphylaxis) may include:

- difficulty breathing or noisy breathing
- swelling of tongue or throat
- difficulty swallowing or speaking
- persistent cough or choking
- wheeze or severe shortness of breath
- collapse, dizziness or loss of consciousness
- pale or floppy appearance (especially in younger children)

Key principle: Anaphylaxis should always be treated as a medical emergency. If in doubt, adrenaline must be given immediately.

Appendix 2: Trust expectation summary (annual operational checklist)

Schools must ensure:

- ☐ an allergy lead is appointed (on SLT)
- ☐ an allergy register is maintained and updated
- ☐ individual healthcare plans are in place where required
- ☐ prescribed auto-adrenaline injectors (AAIs) are accessible at all times
- ☐ spare AAIs are available in school
- ☐ all staff receive annual allergy awareness training
- ☐ emergency procedures are understood by all staff
- ☐ allergy risks are included in school risk registers
- ☐ incidents and near misses are recorded and reviewed

Checked by	
Checked on	
Any actions and by when	

Appendix 3: Emergency response flowchart (anaphylaxis)

In the case of suspected anaphylaxis, immediately:

1. Recognise symptoms
    - sudden breathing difficulty, swelling, collapse, or rapid deterioration
2. Administer Adrenaline Auto-Injector (AAI) immediately
    - use student's own AAI if available
    - use spare AAI if not available or device fails - do not delay administration while searching for medication
3. Call 999 immediately
    - state clearly: "anaphylaxis"
4. Lie the student flat with legs raised where possible. If the student is struggling to breathe, they may sit up carefully but should return to a lying position as soon as possible.
5. Give second AAI after 5 minutes if no improvement
6. Stay with the student until emergency services arrive
7. Contact parents/carers immediately
8. Record incident and inform allergy lead



Appendix 4: Example allergy safety exercise

Purpose
This exercise is intended to help schools test staff confidence in recognising and responding to suspected anaphylaxis, locating emergency medication, following emergency procedures and identifying any improvements required to local arrangements. The exercise is intended to support, and not replace, formal allergy awareness training.
Recommended duration: 20–30 minutes
Recommended frequency: At least once each academic year and following any significant allergy incident, near miss or substantial change in staffing.
Facilitator: Allergy lead, headteacher, first aid lead or other designated senior member of staff.

Scenario
The facilitator should present the scenario one stage at a time, allowing participants to discuss their response before moving on.

- It is 12.20 pm during lunchtime. A Year 5 pupil with a known peanut allergy has been eating lunch in the dining hall.
- The pupil approaches a lunchtime supervisor and says: "My mouth feels funny and my throat feels tight." The pupil appears anxious and begins coughing.
- Approximately one minute later, staff notice that the pupil's lips have started to swell and they are finding it increasingly difficult to speak.
- The pupil's prescribed adrenaline auto-injectors (AAIs) are normally kept in their medical bag in the classroom. A spare AAI is stored in the school office.

Stage 1: Recognising the emergency
Discussion questions
Ask participants:

- What signs or symptoms are causing concern?
- Do you believe this may be anaphylaxis?
- At what point should emergency procedures begin?
- Would you wait to see whether symptoms improve?

Facilitator notes
Participants should identify that:

- throat tightness is a significant warning sign;
- coughing, swelling of the lips and difficulty speaking suggest involvement of the airway;
- the pupil is displaying symptoms consistent with suspected anaphylaxis;
- emergency procedures should begin immediately; and
- staff should not delay treatment to observe whether symptoms worsen.

Key learning point: If there is any doubt whether anaphylaxis is developing, staff should treat the reaction as anaphylaxis and follow the emergency procedure immediately.

Stage 2: Immediate response
Discussion questions
Ask participants:

- Who remains with the pupil?
- Who retrieves the medication?
- Who calls 999?
- Who informs senior staff?
- Who meets the ambulance on arrival?
- How do you ensure the pupil is continually supervised?

Facilitator notes

Participants should identify that:

- one member of staff should remain with the pupil at all times;
- another member of staff should immediately collect the pupil's prescribed adrenaline device;
- if the prescribed device cannot be accessed without delay, the spare AAI should be obtained immediately;
- another member of staff should contact emergency services;
- senior leaders should be informed as soon as practicable; and
- arrangements should be made to direct ambulance crews quickly to the pupil's location.

Key learning point: Effective emergency response depends upon staff working together with clearly delegated responsibilities. The pupil should never be left alone while medication is collected.

Stage 3: Administering medication

Discussion questions

Ask participants:

- Which adrenaline device would you use?
- Would you wait for the pupil's own medication?
- When should adrenaline be administered?
- What would you do if the pupil's medication cannot be located?
- What would you do if symptoms continue after the first injection?

Facilitator notes

Participants should identify that:

- the pupil's prescribed adrenaline device should normally be used if immediately available;
- where the prescribed device cannot be located quickly, a spare AAI should be used without delay;
- adrenaline should be administered immediately once anaphylaxis is suspected;
- staff should not delay treatment while continuing to search for medication;
- emergency services should always be called; and
- if symptoms persist or return and a second device is available, a second dose may be administered in accordance with staff training, manufacturer guidance and advice from emergency services.

Key learning point: Prompt administration of adrenaline is the priority. Delaying treatment presents a greater risk than administering adrenaline where anaphylaxis is suspected.

Stage 4: Communication

Discussion questions

Ask participants:

- What information should be given to the emergency services?
- When should parents/carers be informed?
- How should other pupils be supervised during the incident?
- Who should record what has happened?

Facilitator notes

Participants should identify that:

- the emergency call should clearly state that anaphylaxis is suspected;
- staff should advise that adrenaline has been administered;
- the school's full address and the precise location of the pupil should be given;
- parents or carers should be contacted as soon as reasonably practicable;
- another member of staff should supervise other pupils to minimise disruption and maintain safety; and
- key details of the incident should be recorded.

Key learning point: Clear communication and effective delegation help ensure the pupil receives prompt medical assistance whilst maintaining the safe supervision of other pupils.

Stage 5: Following the incident

The facilitator should now advise participants that: The ambulance has arrived and the pupil has been taken to hospital. The pupil is recovering well.

Discussion questions

Ask participants:

- What actions should the school now take?
- What records need to be completed?
- Should the Individual Healthcare Plan be reviewed?
- What lessons should the school consider?

Facilitator notes

Participants should identify that the school should:

- complete the school's accident and incident reporting procedures;
- record the use of emergency medication;
- arrange for any used or expired adrenaline devices to be replaced;
- review the pupil's Individual Healthcare Plan and any associated risk assessments;
- identify whether there were any delays or barriers during the emergency response;
- consider whether additional staff training or procedural changes are required; and
- report the incident in accordance with Trust procedures where appropriate.

Key learning point: Every significant allergy incident provides an opportunity to improve procedures, staff confidence and future emergency responses.

Exercise debrief

Following the discussion, the facilitator should ask participants:

- What aspects of the response worked well?
- Were roles and responsibilities clear?
- Was emergency medication located quickly?
- Did everyone understand what they were expected to do?
- Were there any unnecessary delays?
- What improvements should be made before the next exercise?
- Are any changes required to local procedures, training or Individual Healthcare Plans?

The facilitator should summarise the discussion and agree any actions arising.

Exercise record

Date of exercise and facilitator	
Staff participating	
Strengths identified	
Areas for improvement	
Actions agreed	
Person responsible and by when	
Date actions completed	

Appendix 5: Allergy risk reduction checklist (Trust guidance)

Schools should consider the following risk reduction measures:

- clear communication of allergens within classrooms and shared spaces
- safe food handling and allergen awareness in food areas
- supervision arrangements during meal and snack times
- appropriate cleaning procedures to reduce cross-contamination
- careful planning of food-based activities (eg. cooking, celebrations)
- consideration of allergens in science, craft and sensory activities
- staff awareness of student-specific triggers
- safe management of educational visits and off-site activities