The Cornwall Independent School

ALLERGY SAFETY POLICY

(incorporating anaphylaxis and asthma)

(This Policy is linked to our First Aid, Health and Safety, Children with Special Medical Needs and Healthy Eating and Nutrition Policies)
This policy, which applies to the whole school, including the Early Years Foundation Stage (EYFS), is publicly available on the school website and upon request a copy (which can be made available in large print or other accessible format if required) may be obtained from the School Office.

We have a whole school approach to safeguarding, which is the golden thread that runs throughout every aspect of the school. All our school policies support our approach to safeguarding (child protection). Our fundamental priority is our children and their wellbeing; this is first and foremost.

Scope: This policy is a live document that is sensitive to our working practices and is subject to change according to the needs of The Cornwall Independent School (TCIS). All who work, volunteer or supply services to our school have an equal responsibility to understand and implement this policy and its procedures both within and outside of normal school hours, including activities away from school. All employees and volunteers are required to state that they have read, understood and will abide by this policy and its procedural documents and confirm this by signing the *Policies Register*.

Legal Status: Complies with The Education (Independent School Standards) (England) Regulations currently in force and other statutory and best practice documentation cited in this document.

Monitoring, Review and Adaptation: The text of this policy **is necessary** and proportionate to meet the needs of The Cornwall Independent School, supporting those who work with our pupils, **making clearer** the responsibilities of school staff, volunteers, proprietor and the Governance Advisory Body. These arrangements are subject to continuous monitoring, refinement, and audit by the Headteacher. The Governance Advisory Body is committed to regularly reviewing and updating our policies to ensure they remain relevant and effective in supporting our school's mission and values, inclusive of its implementation and the efficiency with which the related duties have been implemented. This review will be formally documented in writing. Any deficiencies or weaknesses recognised in arrangements or procedures will be remedied immediately and without delay. All staff will be informed of the updated/reviewed arrangements, and it will be made available to them in writing or electronically.

The Policy Owner is Miss Jayne Chapman, supported by the Education and Compliance Officer.

Reviewed: September 2026
Next Review: September 2027 (or sooner, to reflect any material change in statutory or best practice requirements)

Miss Louise Adams
Headteacher

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Statement of intent

The Cornwall Independent School strives to ensure the safety and wellbeing of all members of the school community. For this reason, this policy is to be adhered to by all staff members, parents and pupils, with the intention of minimising the risk of anaphylaxis occurring whilst at school.

Allergy is common and reactions are unpredictable — a significant proportion of pupils who experience an allergic reaction do so for the first time while at school. All staff, whatever their role, are able to recognise the signs of an allergic reaction and anaphylaxis and know how to respond, not only in relation to pupils with a known allergy.

In order to effectively implement this policy and ensure the necessary control measures are in place, parents are responsible for working alongside the school in identifying allergens and potential risks, in order to ensure the health and safety of their children.

This policy has been produced with close regard to the Department for Education's statutory guidance Allergy safety in schools (July 2026), as set out under Legal Status above. The school does not guarantee a completely allergen-free environment; however, this policy will be utilised to minimise the risk of exposure to allergens, encourage self-responsibility, and plan for an effective response to possible emergencies.

1. Legal framework

This policy has due regard to all relevant legislation and guidance including, but not limited to, the following:

Primary Legislation:

- Children and Families Act 2014, section 100 — the underlying duty to make arrangements to support pupils with medical conditions, as extended to independent schools by section 34 of the Children's Wellbeing and Schools Act 2026.
- Children's Wellbeing and Schools Act 2026, section 34 — requires the proprietor to have, keep under annual review and publish a policy for the management of allergies affecting pupils, including the management of pupils at risk of anaphylaxis, and to have particular regard to statutory guidance issued for the purposes of section 100(2) of the Children and Families Act 2014 relating to the management of allergies in schools. Section 34 extends this duty to independent educational institutions, alongside maintained schools and non-maintained special schools, from September 2026.
- Equality Act 2010 — duties not to discriminate against, and to make reasonable adjustments for, pupils and staff whose allergy meets the legal definition of disability (case law: Wheeldon v Marstons plc, ET/1313364/2012, confirmed that a severe allergy can meet the definition of disability; seasonal rhinitis/hay fever is excluded from the statutory definition unless it aggravates another condition).
- Health and Safety at Work etc. Act 1974, section 2 — the employer's duty to take reasonable steps to protect the health and safety of employees and others affected by its activities, including catering staff and contractors.
- Children Act 1989, section 3 — the duty of care owed by any person with care of a child to safeguard and promote their welfare.
- Education Act 2002, sections 20 and 175 — duties to safeguard and promote pupil welfare.

Regulations and statutory guidance:

- The Education (Independent School Standards) (England) Regulations 2014 (as amended) — in particular the standards relating to the welfare, health and safety of pupils in Part 3 of the Schedule. As at September 2026, these Regulations have not themselves been separately amended to add an allergy-specific standard; the duty applicable to the school arises directly from section 34 of the Children's Wellbeing and Schools Act 2026, read alongside the existing health, safety, first aid and welfare standards. The school will update this section without delay should the Independent School Standards be formally amended to reflect Benedict's Law.
- The Human Medicines (Amendment) Regulations 2014 — permits the school to obtain and hold 'spare' emergency salbutamol reliever inhalers, without an individual prescription, for use in a genuine emergency.
- The Human Medicines (Amendment) Regulations 2017 — permits the school to obtain and administer 'spare' adrenaline auto-injectors (AAIs), without an individual prescription, for use in a genuine emergency.
- Food Information Regulations 2014 and assimilated EU allergen law — require food businesses, including the school's caterers, to provide information on the fourteen legally regulated allergens.
- The Food Information (Amendment) (England) Regulations 2019 ('Natasha's Law') — requires full ingredient and allergen labelling on food prepacked for direct sale (PPDS).

- Regulation (EC) 178/2002, Article 19 — the duty on food businesses to notify the relevant authority where unsafe food, including food containing an undeclared allergen, may have left the business's immediate control and pose an ongoing risk to consumers.
- Requirements for School Food Regulations 2014 (the School Food Standards) — regulates food and drink provided across the school day.
- UK GDPR and Data Protection Act 2018 — govern the lawful handling of special category (health) data, including the internal complaints route under section 164A (inserted by section 103 of the Data (Use and Access) Act 2025, in force from 19 June 2026).
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) — requires the school, as an employer, to report certain incidents arising from a work activity to the Health and Safety Executive.
- SEND code of practice: 0 to 25 years — where an allergy interacts with special educational needs.
- Statutory Framework for the Early Years Foundation Stage (EYFS) — applies to the school's EYFS (Reception) provision, in particular paragraphs 3.62–3.66 (nutrition, allergy and safer eating), paragraph 3.63 and Annex A (paediatric first aid at mealtimes), and paragraph 3.96 (emergency contact details).
- Health and Safety (First Aid) Regulations 1981 — the duty to make adequate first-aid provision for employees, applied by the school to pupils as a matter of best practice and reflected in the Health and Safety and First Aid Policies.

Departmental and professional guidance:

- Department for Education, Allergy safety in schools: statutory guidance for governing bodies of maintained schools and proprietors of academies in England (July 2026) — the guidance to which the school has particular regard under section 34 of the Children's Wellbeing and Schools Act 2026. While the guidance is framed for maintained schools and academies, the Government has confirmed that independent schools are within scope of the underlying duty and that equivalent requirements will, in due course, be reflected formally in the Independent School Standards; pending that amendment, the school adopts the guidance as its statutory benchmark of best practice.
- Department for Education, Independent School Standards: Guidance for independent schools (April 2026).
- Department for Education, Supporting pupils at school with medical conditions — the Department's current non-statutory guidance on medical conditions generally. A wider, statutory 'Medical conditions at school' guidance has been consulted on but, as at September 2026, remains in development and has not been finalised; this policy will be updated once it is published.
- Department for Education, Keeping Children Safe in Education (September 2026 edition, in force from 1 September 2026), in particular paragraph 250, which confirms that a medical condition (including allergy) does not, of itself, warrant a safeguarding referral, and cross-refers to Supporting Pupils at School with Medical Conditions and Allergy safety in schools.
- Department of Health and Social Care, guidance on the use of adrenaline auto-injectors in schools, and Emergency asthma inhalers for use in schools.
- Medicines and Healthcare products Regulatory Agency (MHRA), Adrenaline auto-injectors (AAIs): guidance and resources for safe use.
- British Society for Allergy and Clinical Immunology (BSACI) Allergy Action Plans, and the National Allergy Strategy Group resource
- Benedict Blythe Foundation and Anaphylaxis UK practical guidance on implementing Benedict's Law.
- Independent Schools Association (ISA), Annual Compliance Toolkit 2026 — sector guidance on the regulatory changes affecting independent schools for September 2026, including the allergen management ('Benedict's Law') changes summarised in this policy.

Linked policies: This policy will be implemented in conjunction with the following school policies and documents:

- Health and Safety Policy
- First Aid Policy
- Healthy Eating and Nutrition Policy
- Administering Medication Policy
- Supporting Children with Special Medical Needs Policy
- Animals in School Policy
- Educational Visits and School Trips Policy
- Allergen and Anaphylaxis Risk Assessment

- Attendance Policy
- Anti-Bullying Policy
- Safeguarding and Child Protection Policy (including the EYFS Safeguarding Policy)
- Data Protection Policy
- Complaints Policy
- EYFS Policies (including safer eating, intimate care and mobile devices/cameras)

2. **Definitions:** For the purpose of this policy

Allergy – is a condition in which the body has an exaggerated response to a substance. This is also known as hypersensitivity.

Allergen – is a normally harmless substance that triggers an allergic reaction for a susceptible person.

Food intolerance — a non-immune reaction where the body struggles to digest a food, causing symptoms such as bloating or diarrhoea. Cannot cause anaphylaxis and is managed through the Supporting Pupils with Medical Conditions Policy.

Coeliac disease — an autoimmune condition where the gut is hypersensitive to gluten. It is not an allergy and cannot cause anaphylaxis, although anaphylaxis can occur in a coeliac pupil who also has a true allergy.

Allergic reaction – is the body's reaction to an allergen and can be identified by, but not limited to, the following symptoms:

- Hives
- Generalised flushing of the skin
- Itching and tingling of the skin
- Tingling in and around the mouth
- Burning sensation in the mouth
- Swelling of the throat, mouth or face
- Feeling wheezy
- Abdominal pain
- Rising anxiety
- Nausea and vomiting
- Alterations in heart rate
- Feeling of weakness

Anaphylaxis – is also referred to as anaphylactic shock, which is a sudden, severe and potentially life-threatening allergic reaction affecting the Airway, Breathing or Circulation ('ABC'), requiring immediate emergency treatment with adrenaline. Anaphylaxis can occur without any skin symptoms being present.

This kind of reaction may include the following symptoms:

- Persistent cough
- Throat tightness
- Change in voice, e.g. hoarse or croaky sounds
- Wheeze (whistling noise due to a narrowed airway)
- Difficulty swallowing/speaking
- Swollen tongue
- Difficult or noisy breathing
- Chest tightness
- Feeling dizzy or feint
- Suddenly becoming sleepy, unconscious or collapsing
- For infants and younger pupils, becoming pale or floppy

Adrenaline auto-injector (AAI) — a device (e.g. EpiPen, Jext) used to administer a fixed dose of adrenaline in an emergency. A non-injectable nasal adrenaline device is also licensed but cannot currently be stocked by the school as a 'spare' device. 'Spare' adrenaline device — an AAI purchased by the school without an individual prescription, for emergency use where a pupil's own device is unavailable, or for a first, undiagnosed reaction.

Individual Healthcare Plan (IHP) — the school's document, forming part of a pupil's registration pack and contact sheet, setting out the additional or different arrangements in place to support a specific pupil with a functional impact from their allergy, including in an emergency. It is not a clinical document.

Allergy Action Plan / Asthma Action Plan — a clinical document issued by a healthcare professional (not the school), setting out how to recognise and respond to a pupil's allergic reaction or asthma attack. This is attached to, and referred to by, the pupil's IHP rather than duplicated or summarised.

3. Roles and responsibilities

The Governance Advisory Board is responsible for:

- Ensuring that policies, plans, and procedures are in place to support pupils with allergies and those who are at risk of anaphylaxis and that these arrangements are sufficient to meet statutory responsibilities and minimise risks.
- Ensuring that the school's approach to allergies and anaphylaxis focusses on, and accounts for, the needs of each individual pupil.
- Ensuring that staff are properly trained to provide the support that pupils need, and that they receive allergy and anaphylaxis training at least annually.
- Ensuring a named senior leader for allergy safety is in place, in line with the duty under section 34 of the Children's Wellbeing and Schools Act 2026
- Monitoring the effectiveness of this policy and reviewing it on an annual basis, and after any incident where a pupil experiences an allergic reaction.
- Receiving periodic reports on serious incidents and near misses relating to allergy and considering these when the policy is reviewed.

The named senior leader for allergy safety (Miss Jayne Chapman, Deputy Headteacher) is responsible for:

- Taking overall responsibility for allergy safety across the school, driving implementation of this policy and leading its review — this responsibility does not sit with the Lunchtime Supervisor or catering team alone.
- Ensuring all staff receive allergy awareness and emergency response training at least annually, and that new and supply staff are briefed before taking up unsupervised responsibility for pupils.
- Ensuring records are kept of all pupils and staff with a known allergy, and that Individual Healthcare Plans are in place where required.
- Ensuring 'spare' adrenaline devices and emergency salbutamol inhalers are stocked, stored and checked.
- Receiving reports of serious incidents and near misses, ensuring lessons are learned, and escalating to the Headteacher and Advisory Board as appropriate.

The headteacher is responsible for:

- The development, implementation and monitoring of this policy and related policies.
- Designating a member of SLT as the named senior leader for allergy safety.
- Ensuring that parents are informed of their responsibilities in relation to their child's allergies.
- Ensuring that all relevant risk assessments, e.g. to do with food preparation, have been carried out and controls to mitigate risks are implemented.
- Ensuring that all designated first aiders are trained in the use of adrenaline auto-injectors (AAIs) and the management of anaphylaxis.
- Ensuring that all staff members are provided with information regarding allergic reactions and anaphylaxis, including the necessary precautions and how to respond.
- Ensuring that catering staff are aware of pupils' allergies and act in accordance with the school's policies regarding food and hygiene, including this policy.

The First Aiders is responsible for:

- Ensuring that there are effective processes in place for medical information to be regularly updated and disseminated to relevant staff members, including supply and temporary staff.
- Seeking up-to-date medical information about each pupil via a medical form sent to parents on an annual basis, including information regarding any allergies.
- Contacting parents for required medical documentation regarding a pupil's allergy.
- Maintaining the register of pupils with prescribed adrenaline devices, Allergy Action Plans and Asthma Action Plans.

All staff members are responsible for:

- Attending relevant training regarding allergens and anaphylaxis.
- Being familiar with the issues affecting student and their requirements, including their Individual Healthcare Plan where relevant.

- Responding immediately and appropriately in the event of a medical emergency.
- Reinforcing effective hygiene practices, including those in relation to the management of food.
- Monitoring all food supplied to pupils by both the school and parents.
- Ensuring that pupils do not share food and drink in order to prevent accidental contact with an allergen.
- Reporting any allergic reaction or near miss, however minor it may seem, in accordance with section 16 of this policy.

The Lunchtime supervisor is responsible for:

- Monitoring the food allergen log and allergen tracking information for completeness.
- Reporting any non-conforming food labelling to the supplier, where necessary.
- Ensuring the practices of kitchen staff comply with food allergen labelling laws and that training is regularly reviewed and updated.
- Recording incidents of non-conformity, either in allergen labelling, use of ingredients or safe staff practice, in an allergen incident log.
- Acting on entries to the allergen incident log and ensuring the risks of recurrence are minimised.
- Ensuring they are fully aware of the rules surrounding allergens, the processes for food preparation in line with this policy, and the processes for identifying pupils with specific dietary requirements.
- Ensuring they are fully aware of whether each item of food served contains any of the main 14 allergens, as is a legal obligation, and making sure this information is readily available for those who may need it.
- Ensuring that the required food labelling is complete, correct, clearly legible, and is either printed on the food packaging or attached via a secure label.
- Reporting to the kitchen team at Bodriggy School (Aspens) if food labelling fails to comply with the law.

All parents are responsible for:

- Notifying the school of their child's allergens, the nature of the allergic reaction, what medication to administer, specified control measures and what can be done to prevent the occurrence of an allergic reaction.
- Keeping the school up to date with their child's medical information.
- Providing written consent for the use of a spare AAI.
- Providing the school with written medical documentation, including instructions for administering medication as directed by the child's doctor.
- Raising any concerns they may have about the management of their child's allergies with the classroom teacher.

All pupils are responsible for:

- Ensuring that they do not exchange food with other pupils.
- Avoiding food which they know they are allergic to, as well as any food with unknown ingredients.
- Notifying a member of staff immediately in the event they believe they are having an allergic reaction, even if the cause is unknown, or have come into contact with an allergen.

4. Individual healthcare plans and allergy/asthma action plans:

A pupil should have an Individual Healthcare Plan (IHP) if: their allergy has a functional impact on them at school; they are at risk of harm as a result of their allergy; and they require arrangements which are additional to, or different from, those made generally. It is not necessary for a pupil to have a formal clinical diagnosis for an IHP to be put in place — the school is guided by functional impact and risk of harm.

Once a pupil's allergies have been identified, a meeting will be set up between the pupil's parents, the relevant classroom teacher, a First Aider and any other relevant staff members, in which the pupil's allergies will be discussed and a plan of appropriate action/support will be developed and recorded in the pupil's IHP, forming part of their registration pack and contact sheet. Each IHP will record, as a minimum:

- Key information: name, date of birth, class/year group, a current photo, and who the IHP must be shared with.
- The allergy: known allergens, and whether the pupil is likely to recognise a reaction themselves and alert others.
- Managing the allergy: any care/action plan or prescribed medication; practical adjustments; the extent to which the pupil can self-manage.
- Arrangements for support: support and adaptations in lessons, at mealtimes, and on trips.
- Emergency response: signs and symptoms to watch for; what to do in an emergency; who to contact; location of relevant 'spare' devices.

- Review: date issued, date last discussed with pupil/parents, and date of next review (at least annually, or sooner following a reaction, near miss, or new clinical advice).
- Signature: the IHP is signed and dated by the pupil's parent(s)/carer(s) and, where a clinical Action Plan is attached, countersigned by the issuing healthcare professional or reviewed against their plan; the school retains a record of when consent for any emergency medication was last confirmed.

Where a healthcare professional has issued an Allergy Action Plan and/or Asthma Action Plan (for example a GP, allergy specialist, using a template such as the BSACI Allergy Action Plan), this is attached to the IHP in full and referred to, not duplicated or summarised in a way that could introduce error. Action Plans include medical and parental consent for staff to administer emergency medicines, such as adrenaline for anaphylaxis or a reliever inhaler for an asthma attack. Whenever an updated Action Plan is received, the pupil's IHP is reviewed to incorporate it.

All medical attention, including that in relation to administering medication, will be conducted in accordance with the Administering Medication Policy and the Supporting Pupils with Medical Conditions Policy. Parents will provide the First Aiders with any necessary medication, ensuring that this is clearly labelled with the pupil's name, class, expiration date and instructions for administering it.

Pupils will not be able to attend school or educational visits without any life-saving medication that they may have, such as AAIs. All members of staff involved with a pupil with a known allergy are aware of the location of emergency medication and the necessary action to take in the event of an allergic reaction and are familiar with the pupil's medication and requirements.

The SLT and Admin teams are responsible for working alongside relevant staff members and parents to ensure that any necessary support is provided and the required documentation is completed, including risk assessments being undertaken and communication of all needs of pupils.

5. **Early Years Foundation Stage (EYFS) Arrangements:** This section applies to the school's Reception class and sets out how the school meets paragraphs 3.62–3.66 and 3.96 of the Statutory Framework for the Early Years Foundation Stage, in addition to the whole-school arrangements set out elsewhere in this policy.

- Dietary, allergy and intolerance information is obtained from parents before a child is admitted to Reception, and before the child starts, and is shared with all staff involved in preparing and handling food for that child (EYFS 3.64).
- A named member of staff is identified at each meal and snack as responsible for checking that the food provided meets each child's known dietary and allergy requirements (EYFS 3.64).
- Allergy Action Plans for EYFS children with a diagnosed allergy are developed with parents, using the BSACI Allergy Action Plan template where a healthcare professional has not already provided one, and are kept current and reviewed at least annually or sooner following any change (EYFS 3.65).
- All staff working in the EYFS are trained in the symptoms and treatment of allergic reactions and anaphylaxis, in addition to the whole-school training set out in section 14 of this policy (EYFS 3.65).
- A member of staff holding a valid paediatric first aid (PFA) certificate, meeting the criteria in Annex A to the EYFS Statutory Framework, is present whenever EYFS children are eating, including at snack times (EYFS 3.63 and Annex A).
- EYFS children are always within sight and hearing of a member of staff while eating. Food is prepared and presented in a way that reduces the risk of choking, taking account of each child's age, development and any known allergy or intolerance; choking incidents, like allergic reactions, are recorded in the incident log and reviewed by the named senior leader for allergy safety (EYFS 3.66).
- Staff maintain an ongoing dialogue with parents about a child's weaning stage and the textures they can safely manage, making no assumptions based on age alone (EYFS 3.66).
- Fresh drinking water is available and accessible to EYFS children at all times (EYFS 3.62), and meals, snacks and drinks provided by the school are healthy, balanced and nutritious, having regard to the EYFS nutrition guidance and this policy's food allergy arrangements in section 6.
- Where possible, more than two emergency contact numbers are held for each EYFS child, so that a parent or carer can be reached without delay in the event of an allergic reaction; where only two are provided, the school documents the efforts made to obtain a third (EYFS 3.96).
- Arrangements for safer recruitment, whistleblowing, intimate care and the use of mobile phones and imaging devices around EYFS mealtimes are set out in the school's Safeguarding and Child Protection Policy and EYFS-specific policies and are not duplicated here.

6. Food allergies

- Parents will provide the school with a written list of any foods that their child may have an adverse reaction to, as well as the necessary action to be taken in the event of an allergic reaction, such as any medication required.
- Information regarding all pupils' food allergies will be collated, indicating whether they consume a school dinner or a packed lunch, and this will be passed on to the school's catering service.
- Any visitors including staff are to make the school admin team aware of any known allergens and whether they carry medication (for example adrenaline autoinjector (AAI) devices).

When making changes to menus or substituting food products, the school will ensure that pupils' special dietary needs continue to be met by:

- Checking any product changes with all food suppliers
- Asking caterers to read labels and product information before use
- Using the Food Standards Agency's allergen matrix to list the ingredients in all meals.
- Ensuring allergen ingredients remain identifiable.
- Kitchen staff will have a full list of allergens and will avoid using them within the menu where possible these are obtained from our caterers at Bodriggy School through the Aspens team.
- Where meals include allergens or traces of allergens, staff will use clear and fully visible labels, in line with this policy, to denote the allergens of which consumers should be aware.
- The school will ensure that there are always dairy- and gluten-free options available for pupils with allergies and intolerances.
- All food tables will be cleaned thoroughly before and after being used.
- Hot soap and water are known as the best method of cleaning away allergens this will be used alongside anti-bacterial wipes and cleaning fluid will be used.
- Boards and knives used for fruit and vegetables will be a different colour to the rest of the kitchen knives in order to remind kitchen staff to keep them separate.
- Food items containing bread and wheat will be stored separately.
- The chosen catering service of the school is responsible for ensuring that the school's policies are adhered to at all times, including those in relation to the preparation of food, taking into account any allergens.
- Learning activities which involve the use of food, such as food technology lessons, will be planned in accordance with pupils needs and taking into account any known allergies of the pupils involved.

Minimising Risks: Where pupils have a likelihood of a severe allergic reaction, including allergies to airborne or contact allergens, the school will put reasonable measures in place to manage the risk of the child or young person being exposed to such allergens. This may include:

- Ensuring that identified pupils are known to staff with their allergens and medication carried
- Designated allergen-aware classrooms or seating areas for high-risk pupils
- Restrictions on bringing in specific foods for classroom celebrations, baking activities, or science experiments
- Reviewing use of latex products (gloves, balloons, sports equipment) and switching to latex-free alternatives where a pupil has latex allergy
- Careful selection of soft furnishings, sand/play materials, and craft supplies (e.g. some contain nut oils or wheat-based ingredients)
- Review of science, food tech, art, music and PE lessons for hidden allergens (e.g. materials, animal contact in biology) including staff training

7. Food allergen labelling:

The school will adhere to allergen labelling rules for pre-packed food goods, in line with the Food Information (Amendment) (England) Regulations 2019, also known as Natasha's Law.

The school will ensure that all food is labelled accurately, that food is never labelled as being 'free from' an ingredient unless staff are certain that there are no traces of that ingredient in the product, and that all labelling is checked before being offered for consumption.

The relevant staff, e.g. kitchen staff, will be trained prior to storing, handling, preparing, cooking and/or serving food to ensure they are aware of their legal obligations. Training will be reviewed on an annual basis, or as soon as there are any revisions to related guidance or legislation.

Food labelling:

Food goods classed as 'pre-packed for direct sale' (PPDS) — for example, sandwiches or baked goods prepared and packaged on site before being sold — will clearly display the name of the food and a full ingredients list, with ingredients that are allergens emphasised, e.g. in bold, italics, or a different colour.

The school will ensure that allergen traceability information is readily available. Allergen information is obtained from the supplier and recorded, upon delivery, in a food allergen log; tracking continues throughout the school's handling of allergen-containing food goods, including during storage, preparation, handling, cooking and serving. The food allergen log is monitored for completeness on a weekly basis by the Lunchtime Supervisor, and incidents of incorrect or incomplete packaging are recorded in an incident log.

Declared allergens

The following allergens will be declared and listed on all supplied foods in a clearly legible format:

- Cereals containing gluten and wheat, e.g. spelt, rye and barley
- Crustaceans, e.g. crabs, prawns, lobsters
- Nuts, including almonds, hazelnuts, walnuts, cashews, pecan nuts, Brazil nuts and pistachio nuts
- Celery
- Eggs
- Fish
- Peanuts
- Soybeans
- Milk
- Mustard
- Sesame seeds
- Sulphur dioxide and sulphites at concentrations of more than 10mg/kg or 10mg/L in terms of total sulphur dioxide
- Lupin
- Molluscs, e.g. mussels, oysters, squid, snails

Kitchen staff will be vigilant in ensuring that all PPDS foods have the correct labelling in a clearly legible format. Food goods with incorrect or incomplete labelling will be removed from the product line, disposed of safely and no longer offered for consumption. Any abnormalities in labelling will be reported to the Lunchtime Supervisor immediately, who will contact the relevant supplier where necessary.

Where the school has reason to believe unsafe food (for example, food containing an undeclared allergen) has left its immediate control and may pose an ongoing risk to consumers, it will notify the relevant authority in line with Article 19 of Regulation (EC) 178/2002 and will always record and review the incident regardless of whether formal notification is required.

Changes to ingredients and food packaging

The school will ensure that communication with suppliers is robust and any changes to ingredients and/or food packaging are clearly communicated to kitchen staff and other relevant members of staff.

Following any changes to ingredients and/or food packaging, all associated documentation will be reviewed and updated as soon as possible.

8. Animal allergies

The Animals in School Policy will be adhered to at all times and animals should not be brought onto the school premises.

Pupils with known allergies to specific animals will have restricted access to those that may trigger a response. In the event of an animal on the school site, staff members will be made aware of any pupils to whom this may pose a risk and will be responsible for ensuring that the pupil does not come into contact with the specified allergen. The school will ensure that any pupil or staff member who comes into contact with the animal washes their hands thoroughly to minimise the risk of the allergen spreading.

A supply of antihistamine tablets will be kept in the medical cabinet in case of an allergic reaction.

9. Seasonal allergies

The term ‘seasonal allergies’ refers to common outdoor allergies, including hay fever and insect bites. Precautions regarding the prevention of seasonal allergies include ensuring that grass within the school premises is not mown whilst pupils are outside.

Pupils with severe seasonal allergies will be provided with an indoor supervised space to spend their break and lunchtimes in, avoiding contact with outside allergens. Staff members will monitor pollen counts, making a professional judgement as to whether the pupil should stay indoors.

Pupils will be encouraged to wash their hands after playing outside. Pupils with known seasonal allergies are encouraged to bring an additional set of clothing to school to change in to after playing outside, with the aim of reducing contact with outdoor allergens, such as pollen.

Staff members will be diligent in the management of wasp, bee and ant nests on school grounds and in the school's nearby proximity, reporting any concerns to the site manager, who is responsible for ensuring the appropriate removal. Where a pupil with a known allergy is stung or bitten by an insect, medical attention will be given immediately.

10. Adrenaline auto-injectors (AAIs)

Pupils who suffer from severe allergic reactions may be prescribed an AAI for use in the event of an emergency. Clinical advice recommends carrying two devices at all times, since two doses may be required, and adrenaline should be administered within five minutes of anaphylaxis being recognised.

Under The Human Medicines (Amendment) Regulations 2017 the school is able to purchase AAI devices without a prescription, for emergency use on pupils who are at risk of anaphylaxis, but whose device is not available or is not working.

The school will purchase spare AAIs from a pharmaceutical supplier, such as the local pharmacy, such as a local pharmacy.

The school will submit a request, signed by the headteacher, to the pharmaceutical supplier when purchasing AAIs, which outlines:

- The name of the school.
- The purposes for which the product is required.
- The total quantity required.

The headteacher, in conjunction with the lead first aider, will decide which brands of AAI to purchase. Where possible, the school will hold one brand of AAI to avoid confusion with administration and training; however, subject to the brands pupils are prescribed, the school may decide to purchase multiple brands.

The school will purchase AAIs in accordance with age-based criteria, relevant to the age of pupils at risk of anaphylaxis, to ensure the correct dosage requirements are adhered to. These are as follows:

- For pupils under age 6: 0.15 milligrams of adrenaline
- For pupils aged 6-12: 0.3 milligrams of adrenaline
- For pupil aged 12+: 0.3 or 0.5 milligrams of adrenaline

Spare AAIs are stored as part of an emergency anaphylaxis kit, which includes the following:

- One or more AAIs
- Instructions on how to use the device(s)
- Instructions on the storage of the device(s)
- Manufacturer's information
- A checklist of injectors, identified by the batch number and expiry date, alongside records of monthly checks
- A note of the arrangements for replacing the injectors
- A list of pupils to whom the AAI can be administered
- An administration record

Pupils who have prescribed AAI devices, and are over the age of seven, are able to keep their device in their possession; the school also keeps a spare set in a dedicated space in the medical room. These pupils will need to bring these devices with them to school and the take them home at the end of the day. Staff will check that children have brought their medication with them on arrival.

For pupils under the age of seven who have prescribed AAI devices, these are stored in a suitably safe and easily accessible location in the medical room. Parents will be required to handover any medication at the start of the day to the class teacher, which will then be returned to parents on collection.

Spare AAIs are not located more than *five* minutes away from where they may be required. The emergency anaphylaxis kit(s) can be found at the following locations:

- **The Medical Room in the school office**

All staff have access to AAI devices, but these are out of reach and inaccessible to pupils – AAI devices are not locked away where access is restricted. All spare AAI devices will be clearly labelled to avoid confusion with any device prescribed to a named pupil. In line with manufacturer's guidelines, all AAI devices are stored at room temperature in line with manufacturer's guidelines, protected from direct sunlight and extreme temperature.

The following staff members are responsible for maintaining the emergency anaphylaxis kit(s):

- Miss Jayne Chapman
- Mrs Rebecca Stevens

These staff members conduct a *monthly* check of the emergency anaphylaxis kit(s) to ensure that:

- Spare AAI devices are present and have not expired.
- Replacement AAIs are obtained when expiry dates are approaching.

Miss Jayne Chapman is responsible for overseeing the protocol for the use of spare AAIs, its monitoring and implementation, and for maintaining the Register of AAIs.

Any used or expired AAIs are disposed of after use in accordance with manufacturer's instructions. Used AAIs may also be given to paramedics upon arrival, in the event of a severe allergic reaction, in accordance with this policy. A sharps bin is utilised where used or expired AAIs are disposed of on the school premises.

Where any AAIs are used, the following information will be recorded on the AAI Record:

- Where and when the reaction took place
- How much medication was given and by whom

11. Access to spare AAIs

A spare AAI can be administered as a substitute for a pupil's own prescribed AAI, if this cannot be administered correctly, without delay. Spare AAIs may also be used, without prior individual consent, for the purpose of saving a life in a genuine emergency, in line with the Human Medicines (Amendment) Regulations 2017 — the school nonetheless seeks advance parental consent as good practice, so that consent can be assumed to be in place in an emergency.

Spare AAIs are only accessible to pupils for whom medical authorisation and written parental consent has been provided — this includes pupils at risk of anaphylaxis who have been provided with a medical plan confirming their risk, but who have not been prescribed an AAI, and pupils experiencing a first, undiagnosed reaction.

Consent will be obtained relating to medication or any additional plans put in place to support a pupil, as part of their IHP. If consent has been given to administer a spare AAI to a pupil, this will be kept in their personal file.

The school uses a register of pupils (Register of AAIs) to whom spare AAIs can be administered – this includes the following:

- Name of pupil
- Class
- Known allergens
- Risk factors for anaphylaxis
- Whether medical authorisation has been received
- Whether written parental consent has been received
- Dosage requirements

Parents are required to provide consent on an annual basis to ensure the register remains up to date. Parents can withdraw their consent at any time. To do so, they must write to the headteacher Miss L Adams.

Miss L Adams and Miss Jayne Chapman check the register is up to date on an annual basis in conjunction with the admin team. Mrs Tracey Rowe and Mrs Rebecca Stevens will also update the register relevant to any changes in consent or a pupil's requirements.

Copies of the register are held in the office which are accessible to all staff members, but an overview is provided to all staff.

12. Spare asthma inhalers:
The school holds emergency salbutamol reliever inhalers (with a spacer), purchased without a prescription under the Human Medicines (Amendment) Regulations 2014, for use where a pupil's own prescribed inhaler is not available (for example, because it is broken or empty).

This applies only to a pupil who has themselves been prescribed a reliever inhaler, and only where written parental consent has been obtained. A spare inhaler is never given in place of adrenaline to treat anaphylaxis, although it may be given after adrenaline if the pupil is still wheezing, in line with their Allergy or Asthma Action Plan.

Emergency inhalers are stored alongside 'spare' adrenaline devices in the Medical Room and are checked for expiry as part of the same monthly check.

13. School trips
The headteacher will ensure a risk assessment is conducted for each school trip to address pupils with known allergies attending. All activities on the school trip will be risk assessed to see if they pose a threat to any pupils with allergies and alternative activities will be planned where necessary to ensure the pupils are included, consistent with the school's duties under the Equality Act 2010 to make reasonable adjustments. No pupil is prevented from participating in a trip because of their allergy where reasonable adjustments can make participation safe.

The school will speak to the parents of pupils with allergies where appropriate to ensure their co-operation with any special arrangements required for the trip. A designated adult will be available to support the pupil at all times during a school trip. If the pupil has been prescribed an AAI, at least one adult trained in administering the device will attend the trip. The pupil's medication will be taken on the trip and stored securely – if the pupil does not bring their medication, they will not be allowed to attend the trip. A member of staff will be assigned responsibility for ensuring that the pupil's medication is carried at all times throughout the trip. Two AAIs will be taken on the trip and will be easily accessible at all times.

Where the venue or site being visited cannot assure appropriate food can be provided to cater for pupils' allergies, the pupil will take their own food, or the school will provide a suitable packed lunch.

14. Staff training
All staff present during times when pupils are on site — including permanent, temporary, supply and peripatetic staff — will receive allergy awareness and emergency response training at least annually, in addition to, and separate from, general first aid training. New staff receive this training as part of induction, before taking up unsupervised responsibility for pupils. Supply and cover staff are briefed on essential allergy information — including which pupils have a known allergy, where 'spare' devices are kept, and who to contact in an emergency — before starting a shift, with full training arranged as soon as practicable.

Designated staff members will be trained in how to administer an AAI, and the sequence of events to follow when doing so, in accordance with the Supporting Pupils with Medical Conditions Policy. The school will arrange specialist training at least annually, and additionally where a pupil in the school has been diagnosed as being at risk of anaphylaxis.

The relevant staff, e.g. kitchen staff, will be trained on how to identify and monitor the correct food labelling and how to manage the removal and disposal of PPDS foods that do not meet the requirements set out in Natasha's Law, and on how to consistently and accurately trace allergen-containing food routes through the school, from supplier delivery to consumption.

Designated staff members will be taught to:

- Recognise the range of signs and symptoms of severe allergic reactions.
- Respond appropriately to a request for help from another member of staff.
- Recognise when emergency action is necessary.
- Administer AAIs according to the manufacturer's instructions.
- Make appropriate records of allergic reactions.

All staff members will:

- Be trained to recognise the range of signs and symptoms of an allergic reaction.
- Understand how quickly anaphylaxis can progress to a life-threatening reaction, and that anaphylaxis can occur with prior mild to moderate symptoms, or with no skin symptoms at all.
- Understand that AAIs should be administered without delay as soon as anaphylaxis occurs.
- Understand how to check if a pupil is on the Register of AAIs.
- Understand how to access AAIs.
- Understand who the designated members of staff are, and how to access their help.
- Understand that it may be necessary for staff members other than designated staff members to administer AAIs, e.g. in the event of a delay in response from the designated staff members, or a life-threatening situation.
- Be aware of how to administer an AAI should it be necessary.

- Be aware of the provisions of this policy.

It is good practice for the school to run an allergy safety drill at least annually, in the same way as a fire drill, using a simulated scenario to test how staff respond without risk to any individual. The results are recorded and used to inform the review of this policy.

15. Mild to moderate allergic reaction

Mild to moderate symptoms of an allergic reaction include the following:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

If any of the above symptoms occur in a pupil, the nearest adult will stay with the pupil and refer to their medical forms to determine appropriate next steps and will not leave the pupil unattended. The pupil will be observed in a safe place for at least 60 minutes after the reaction, since mild reactions can develop into anaphylaxis.

The pupil's parents will be contacted immediately if a pupil suffers a mild to moderate allergic reaction, and if any medication has been administered.

In the event that a pupil without a prescribed AAI, or who has not been medically diagnosed as being at risk of anaphylaxis, suffers an allergic reaction, a designated staff member will contact the emergency services and seek advice as to whether an AAI should be administered. An AAI will not be administered in these situations without contacting the emergency services.

For mild to moderate allergy symptoms, the pupil will be monitored closely to ensure the reaction does not progress into anaphylaxis. Should the reaction progress into anaphylaxis, the school will act in accordance with this policy. Where the pupil is required to go to the hospital, an ambulance will be called.

16. Managing anaphylaxis

If in any doubt, always treat as anaphylaxis

1. Lie the pupil flat with legs raised or allow them to sit if breathing is difficult — never let them stand or walk, even if they appear to be recovering, as this can be fatal.
2. Give the adrenaline device without delay — the pupil's own prescribed device, or the nearest spare device if theirs is unavailable or misfires.
3. Immediately dial 999, request an ambulance and state 'anaphylaxis'.
4. A designated staff member will be called for help; stay with the pupil until the ambulance arrives, keeping them lying down even if they appear to improve.
5. Phone the parent/emergency contact as soon as possible.
6. If there is no improvement after five minutes, give a second dose of adrenaline using a second device, if available.
7. Begin CPR at any time if there are no signs of life.

Where there is any delay in contacting designated staff members, the nearest staff member will administer the AAI without waiting. Other staff members may assist the designated staff members with administering AAIs if necessary.

Staff should always give the adrenaline device first if a pupil has severe and sudden breathing difficulty, including wheeze, persistent cough or a hoarse voice, and then seek medical help — anaphylaxis can occur without a skin rash or other mild symptoms being present.

Reassurance for staff acting in an emergency

Anyone — staff, volunteers or bystanders — may take reasonable action to save a life. The law recognises that rescuers act under extreme pressure, and people who act in good faith are protected even if an injury occurs while giving emergency care. Mistakes, hesitation or imperfect technique do not amount to serious or wilful misconduct: the expectation is simply that staff act reasonably, to the best of their ability, in an emergency.

If the pupil stops breathing, a suitably trained member of staff will administer CPR. The headteacher will be contacted immediately, as well as a suitably trained individual, such as a First Aider.

A designated staff member will contact the pupil's parents as soon as possible. Upon arrival of the emergency services, the following information will be provided:

- Any known allergens the pupil has
- The possible causes of the reaction, e.g. certain food

- The time the AAI was administered — including the time of the second dose, if this was administered

Any used AAIs will be given to paramedics. Staff members will ensure that the pupil is given plenty of space, moving other pupils to a different room where necessary, and will remain calm, ensuring that the pupil feels comfortable and is appropriately supported.

A member of staff will accompany the pupil to hospital in the absence of their parents. If a pupil is taken to hospital by ambulance, two members of staff will accompany them.

A copy of the Register of AAIs will be held in the office, with an overview given to all staff for consultation and in the event of an allergic reaction.

Following the occurrence of an allergic reaction, the SLT, in conjunction with the First Aiders and the named senior leader for allergy safety, will review the adequacy of the school's response and will consider the need for any additional support, training or other corrective action, in line with section 16 of this policy.

17. **Serious incidents and near misses*:***
A serious incident is any event relating to a medical condition (including allergy) in which a pupil, member of staff or visitor is harmed, or placed at immediate and significant risk of harm, including situations requiring emergency medication, urgent clinical intervention or attendance by emergency services. A near miss is an event that did not result in harm but had the clear potential to do so — for example, an error, omission or system failure that could reasonably have led to a serious incident had circumstances been only slightly different.

Near misses are treated with the same seriousness as actual incidents, since they highlight weaknesses in policy, procedure, training or communication before they cause harm. The school approaches all serious incidents and near misses in a 'no blame' spirit, focused on learning lessons and improving arrangements.

Recording and reporting:
- Any serious incident or near miss is recorded as soon as feasible in the accident book/incident log, noting who was affected, what happened and when/where, why it occurred as far as is known, how staff and pupils responded, whether emergency services were called, and how the incident concluded.
- Parents/carers are notified as soon as possible.
- The report is shared with the pupil, their parents and the named senior leader for allergy safety, who considers what lessons should be learned and whether this policy and/or the pupil's IHP need to change.
- Allergen-related food safety incidents are reported to the local authority in line with food safety law.
- Incidents resulting in death or immediate hospitalisation, arising directly from a work activity, are reported to the Health and Safety Executive under RIDDOR.
- Where an incident relates to the delivery of a care plan or Action Plan issued by a healthcare professional, that professional or team is notified.

Learning lessons:

Following any serious incident or near miss, the named senior leader for allergy safety considers could the incident reasonably have been foreseen; could it have been avoided through reasonable preventative steps; was it covered by an existing policy or plan, and was that policy or plan followed and adequate; and should this policy or the pupil's IHP be changed as a result. The pupil and their parents are involved in reviewing the arrangements made for them. The Advisory Board receives periodic reports on serious incidents and near misses, which inform the annual review of this policy.

A medical incident does not, of itself, trigger a safeguarding referral. A referral would only be considered where an incident raises concern that a pupil may be at increased risk of neglect, abuse or exploitation — for example, where essential allergy information is repeatedly withheld from the school, or a pupil is repeatedly sent without necessary medication — in line with the Safeguarding and Child Protection Policy. Staff also remain alert to the wider safeguarding dimension of medical conditions recognised in Keeping Children Safe in Education, including where a pupil's allergy contributes to absence from education or to patterns of repeated part-time timetabling; any such pattern is reported to the Designated Safeguarding Lead as well as the named senior leader for allergy safety.

18. Wellbeing and preventing bullying
Living with an allergy — and the risk of anaphylaxis — can be a significant source of anxiety for a pupil. The school will provide reassurance to pupils and parents that robust steps are taken to minimise the risk of exposure to allergens and that staff are trained and equipped to respond to anaphylaxis, and will involve pupils with allergy, and their parents, in developing and reviewing the arrangements that affect them.

Bullying related to allergy — including excluding a pupil from activities, mocking their need to avoid allergens, or threatening to expose them to a known allergen — will be treated with the utmost seriousness and addressed through the school's Anti-Bullying Policy.

19. Information sharing and data protection

A pupil's health information, including details of their allergy, is special category data under UK GDPR and is subject to additional legal protection. The school has a lawful basis to hold, use and share this data where necessary to keep pupils safe, but does so in a controlled and respectful way, since unnecessary sharing can reduce a pupil's confidence in staff and can be embarrassing for pupils who do not wish to be singled out.

Allergy information is shared on a need-to-know basis with staff who require it to keep a pupil safe and is not shared more widely without good reason. Where a pupil moves to a new school, their IHP and any attached Action Plan is shared as part of transition, in line with the Data Protection Policy.

Any complaint that a pupil's or family's allergy-related health data has been mishandled is made to the school in the first instance, in line with section 164A of the Data Protection Act 2018 (inserted by section 103 of the Data (Use and Access) Act 2025, in force from 19 June 2026) and the school's Complaints Policy. The complainant may refer the matter to the Information Commissioner's Office if they remain dissatisfied with the school's response.

20. Unacceptable practice

The following practices are not acceptable at The Cornwall Independent School:

- Preventing a pupil from easily accessing their medication, including their prescribed adrenaline devices.
- Ignoring the views of the pupil, their parents or carers, or the advice of healthcare professionals.
- Assuming that every pupil with allergy requires the same support, or that older pupils no longer need support even as they take on more self-management.
- Assuming a pupil does not have an allergy because they do not yet have a formal diagnosis.
- Sending a pupil home frequently for reasons related to their allergy, or excluding them from normal or extracurricular activities, including lunch or trips.
- Sending an unwell pupil to an office or medical room unaccompanied — in an allergic emergency, help must always come to the pupil.
- Penalising a pupil's attendance record for allergy-related absence, including hospital appointments, or excluding them from attendance rewards on this basis. Allergy-related absence is coded and managed in line with the Attendance Policy and never recorded using Code C without a documented rationale.
- Requiring parents to attend the school to administer medication or provide medical support that school staff could reasonably provide.
- Creating unnecessary barriers to participation in trips or school activities, for example by requiring a parent to accompany the pupil.

21. Awareness and publication of the policy:

As set out on the cover of this policy, it is published on the school website and is available in hard copy on request from the School Office, including in large print or another accessible format if required. It is available to all staff, and all staff are made aware of it as part of annual allergy awareness training and as part of induction for new staff.

The school raises awareness of allergy safety among pupils in an age-appropriate way, particularly to reduce the risk of bullying. In line with section 34 of the Children's Wellbeing and Schools Act 2026, this policy is reviewed at least annually and brought to the attention of staff and parents at least once a year, and any changes are published on the school website without delay.

Appendix 1: Pupil allergy declaration form:

To be completed by a parent/carer on admission, at the start of each academic year, and whenever a pupil's allergy status changes.

Name of pupil	
Date of birth / Year group	
Name of GP	
Address of GP	
Nature of allergy	
Severity of allergy	
Symptoms of an adverse reaction	
Details of required medical attention	
Instructions for administering medication	
Control measures to avoid an adverse reaction	
Prescribed an AAI or nasal adrenaline device? (Y/N — attach Allergy Action Plan if yes)	
Prescribed a reliever inhaler for asthma? (Y/N — attach Asthma Action Plan if yes)	

Spare AAIs and spare inhalers: I understand that the school may purchase spare AAIs and spare salbutamol inhalers to be used in the event of an emergency allergic reaction or asthma attack. I also understand that, in the event of my child's prescribed device not working or not being available, it may be necessary for the school to administer a spare device, but this is only possible with medical authorisation and my written consent.

In light of the above, I provide consent for the school to administer a spare AAI and/or spare inhaler to my child:

Yes	☐	**No**	☐

Name of parent	
Relationship to child	
Contact details of parent	
Parental signature	

Appendix 2: Quick-reference emergency card

If you suspect anaphylaxis — ACT NOW

1. Lie the person flat, legs raised (sit up only if breathing is difficult). Never let them stand or walk.

2. Give the adrenaline device without delay — their own device, or the nearest spare device.

3. Dial 999 immediately. Say 'anaphylaxis'.

4. Stay with them. Keep them lying down, even if they seem better.

5. Phone the parent/emergency contact.

6. No improvement after 5 minutes? Give a second dose with a second device if available.

7. No signs of life? Start CPR immediately

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If in doubt, treat as anaphylaxis. Delay is the greatest risk.

A laminated copy of this card should be displayed in the Medical Room in the school office.

Appendix 3: Policy review log

Date of review	Reviewed by	Summary of changes	Approved by (date)
April 2026	Mr Bill Brown, Education and Compliance Officer	Policy in force prior to this compliance update.	[Date]
August 2026	Mr Bill Brown, Education and Compliance Officer, cross-checked against the ISA Regulatory Change Toolkit 2026	Added: named senior leader for allergy safety role; spare asthma inhalers section; formalised individual healthcare plan and action plan detail; serious incidents and near misses; wellbeing and anti-bullying cross-reference; information sharing and data protection (incl. s.164A DPA complaints route); unacceptable practice; awareness and publication; expanded legal framework (Equality Act, Benedict's Law, H&S, RIDDOR, School Food Standards, ISS Guidance April 2026, EYFS paragraph references); corrected an internal inconsistency in section 9 on where prescribed AAIs are kept; added the 'never let them stand or walk' safety instruction to the anaphylaxis protocol, previously absent; added quick-reference emergency card and review log appendices.	[Date]

Appendix 3: Quick-reference emergency card

A laminated copy of this card is displayed in the Medical Room in the school office, and in any other location where a spare AAI is stored.

RECOGNISE ANAPHYLAXIS

Difficult/noisy breathing • swollen tongue • throat tightness/swelling • difficulty swallowing or speaking • wheeze or persistent cough • hoarse voice • dizziness/collapse • pale or floppy (infants) — with or without hives, flushing or skin symptoms.

ACT IMMEDIATELY

1. Give the AAI (adrenaline auto-injector) into the outer mid-thigh, through clothing if necessary. DO NOT WAIT for a skin rash.
2. Call 999 for an ambulance — state 'anaphylaxis'.
3. Lay the pupil flat with legs raised (or sitting if breathing is easier), unless vomiting or unconscious — then place in the recovery position.
4. Note the time the AAI was given. If no improvement after 5 minutes, and a second device is available, give a second dose.
5. Stay with the pupil at all times. Send another adult to call for help, alert the named senior leader for allergy safety / First Aider, and bring the emergency kit.
6. Contact parents/carers as soon as possible after calling 999.
7. Hand any used AAI(s) to the ambulance crew on arrival.
8. Record the incident (section 17 of the Allergy Safety Policy) and inform the named senior leader for allergy safety.

Mild–moderate symptoms only (no breathing/circulation involvement): stay with the pupil, do not leave them alone, observe for at least 60 minutes, and contact parents. If symptoms worsen at any point, treat as anaphylaxis.

Appendix 4: Policy review log

Date of review	Reviewed by	Summary of changes	Next review due
September 2025	Miss Jayne Chapman	Annual review; updated for EYFS Statutory Framework (September 2025) allergy and safer-eating provisions.	September 2026
September 2026	Miss Jayne Chapman / Mr Bill Brown	Full review for September 2026: incorporated section 34 of the Children's Wellbeing and Schools Act 2026, the DfE statutory guidance Allergy safety in schools (July 2026), the April 2026 Independent School Standards Guidance, and the September 2026 edition of Keeping Children Safe in Education; added a dedicated EYFS section; expanded appendices.	September 2027

This log is completed at every review, whether or not changes are made, and is retained as evidence of the school's monitoring arrangements under this policy and under the Independent School