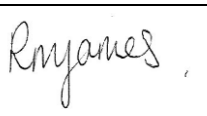
NEWMAN CATHOLIC TRUST

HEART SPEAKS TO HEART

Allergy Safety & Anaphylaxis Policy

2026-27

Ratification

Role	Name	Signature	Date
Chair of LGC	**C Collett**		**02.09.2026**
Principal	**R James**		**02.09.2026**

School-specific fields requiring completion are highlighted in GREEN

Commitment to Equality:

The Trust and its schools are committed to providing a positive working environment which is free from prejudice and unlawful discrimination and any form of harassment, bullying or victimisation. We have developed a number of key policies to ensure that the principles of Catholic Social Teaching in relation to human dignity and dignity in work become embedded in every aspect of school life, and these policies are reviewed regularly in this regard.

"Rooted in faith, we ignite a love of learning, foster inclusive education and empower every individual to achieve their utmost potential."

At the Newman Catholic Trust, we stand united in our unwavering mission to nurture a transformative educational experience, where every child is seen, valued, and cherished as a unique gift from God. Rooted in faith, we ignite a love for learning that awakens curiosity, sparks imagination, and fuels a lifelong journey of discovery.

Guided by the teachings of Christ and inspired by the profound wisdom of our namesake, Saint John Henry Newman, we strive to foster a community where inclusion is lived, diversity is embraced, and every individual is empowered to fulfil their highest potential. As Newman said, *"To live is to change, and to be perfect is to have changed often."* We believe that education is a sacred journey of continual transformation—intellectually, spiritually, and personally. We believe that true education is not just about knowledge, but about shaping hearts and minds, cultivating resilience, and nurturing the whole person.

Our vision is simple yet profound: To be a beacon of **Hope** and **Excellence**, where pupils are not only academically accomplished but spiritually enriched and personally inspired to make a difference in the world.
In all that we do, we seek to embody our Trust's **HEART Values**, which define who we are and guide how we serve:

- **Hope** – Believing in the boundless potential of every child, and striving to build a future filled with possibility, courage and faith.
- **Excellence** – Pursuing the highest standards in learning, leadership and love, so that every action reflects our calling to greatness.
- **Authenticity** – Living truthfully and faithfully, ensuring our words, actions and decisions are grounded in integrity and the Gospel.
- **Responsibility** – Caring for one another and for creation with compassion, stewardship and a deep sense of duty to the common good.
- **Truth** – Seeking wisdom and understanding through Christ, who is the Way, the Truth and the Life.

Together, **Heart to Heart and Hand in Hand**, we build communities of faith and learning where every child flourishes — intellectually, spiritually and morally — for the greater glory of God.

Trust Policy Template Disclaimer

This is the mandatory Trust template for school-level allergy safety policies. Schools must complete the fields highlighted in green and confirm that the operational arrangements accurately reflect their site. The substantive Trust requirements and emergency procedures must not be amended without prior approval from the Trust. The Local Governing Committee adopts the completed school version and monitors implementation, while the Trust Board retains ultimate accountability as proprietor.

ALLERGY SAFETY AND ANAPHYLAXIS POLICY

Trust core policy with school-specific implementation schedule

Policy owner	Chief Executive Officer / Trust Health and Safety Lead
Applies to	All Newman Catholic Trust schools, staff, pupils, volunteers, contractors with pupil-facing duties and relevant visitors
School policy lead	Named senior leader identified in Appendix 1
Review cycle	At least annually and sooner following a serious incident, near miss, material change in guidance or significant change in local arrangements
Publication	The completed school policy must be published on the school website and available in hard copy on request
Status	Mandatory Trust template. Only green-highlighted school-specific fields may be amended without Trust approval

Core Trust requirement

Every school must have a named senior leader and deputy for allergy safety, maintain ready access to personal and spare adrenaline, train all staff present when pupils are on site at least annually, record and learn from incidents and near misses and test its arrangements through an annual allergy safety drill.

This policy uses the formal legal and clinical terminology. The 2026 legislative reforms are commonly referred to as Benedict's Law.

Contents

1. Policy status, purpose and scope

This policy establishes the Trust-wide standards and school-level arrangements required to protect pupils and adults with allergy, reduce the likelihood of exposure to known allergens and secure an immediate, effective response to an allergic reaction or anaphylaxis.

It applies throughout the school day and to breakfast clubs, after-school provision, wraparound care, curriculum activities, sport, performances, residentials, educational visits and any activity organised in the school's name. Its principles also apply to staff and visitors where the school knows, or could reasonably be expected to know, that support is required.

Each school will complete Appendix 1 before adoption. Those local details form part of this policy. The policy must be read alongside the individual arrangements recorded in a pupil's Individual Healthcare Plan, Allergy Action Plan and any proportionate risk assessment.

2. Legal and guidance framework

This policy has been written with regard to the statutory and regulatory framework in force in England, including:

- section 100 of the Children and Families Act 2014, as amended by section 34 of the Children's Wellbeing and Schools Act 2026, which requires academies to have, publish and keep under review an allergy safety policy
- the Department for Education statutory guidance Allergy safety in schools (2026) and Supporting pupils at school with medical conditions
- the Equality Act 2010, including the duty to make reasonable adjustments and avoid disability discrimination
- the Human Medicines Regulations 2012, as amended in 2017, which permit schools to obtain and use spare adrenaline auto-injectors for emergency treatment
- the Food Information Regulations 2014 and the Food Information (Amendment) (England) Regulations 2019, including requirements for prepacked food for direct sale
- the Requirements for School Food Regulations 2014 and relevant Food Standards Agency guidance
- the statutory framework for the Early Years Foundation Stage where applicable
- health and safety, safeguarding, data protection, first aid and educational visits requirements.

The Trust recognises that further regulations are expected in relation to named leadership, staff training, spare adrenaline and incident recording. Rather than wait for those regulations, these measures are adopted now as mandatory Trust standards because they are set out in the statutory guidance and represent the minimum operational controls needed to protect life.

Key official sources: DfE Allergy safety in schools; DfE school allergy resources; DHSC guidance on emergency AAIs.

3. Trust principles and required standards

The Trust's approach is based on disciplined risk management, inclusion and readiness to act. Schools will not claim to be completely allergen-free because such claims can create false reassurance. Every school will instead maintain an allergy-aware culture in which risks are identified, proportionate controls are applied and emergency treatment is immediately accessible.

- **Inclusion:** pupils with allergy will participate fully in education, meals, visits and wider school life with reasonable adjustments where needed.
- **Individualisation:** support will reflect the person, their known triggers, clinical advice and actual level of risk. A generic response is not sufficient.
- **Prevention:** schools will reduce foreseeable exposure through whole-school controls, competent catering practice and activity-specific planning.
- **Preparedness:** personal and spare adrenaline will be available within five minutes and staff will be trained and expected to respond.

- **Learning:** all reactions, administration of adrenaline and relevant near misses will be recorded, reviewed and used to strengthen practice.
- **Dignity:** information will be shared on a need-to-know basis and safety arrangements will avoid unnecessary segregation, stigma or anxiety.

4. Governance, leadership and responsibilities

Role	Core responsibility
Chief Executive Officer and central team	Maintain the Trust template, respond to changes in law and guidance, provide oversight and challenge, support schools following serious incidents and ensure cross-Trust learning.
Local Governing Committee	Adopts the completed school policy, tests whether local arrangements are credible and implemented, receives at least annual assurance and holds the Principal to account for remedial action.
Principal	Is accountable for implementation. The Principal appoints a named senior leader and deputy, provides resources, ensures training and cover, confirms that catering and visit controls are effective and escalates significant risk or non-compliance.
Named Allergy Safety Lead	Leads implementation and annual review, maintains the school register, co-ordinates IHPs and Action Plans, checks training and medication arrangements, oversees incident learning and reports assurance to the Principal and LGC. This role must be held by a member of the senior leadership team and must not be delegated solely to the catering provider.
Deputy Allergy Safety Lead	Provides continuity during absence, shares operational knowledge and is able to access records, emergency medication and reporting systems without delay.
All staff and regular volunteers	Follow this policy and individual plans, know how to access emergency medication, reduce foreseeable exposure, attend required training and act immediately when anaphylaxis is suspected. Staff must report reactions and near misses.
Catering provider and catering lead	Comply with food information law and the Trust's contractual standards, maintain accurate allergen information and cross-contact controls, train staff, manage menu substitutions and work with families and school leaders to provide safe, inclusive meals.
Parents and carers	Provide timely and accurate information, current clinical plans and prescribed medication, replace expired or used medication and notify the school of any change. They work in partnership with the school but are not expected to attend routinely to provide support that the school should arrange.
Pupils	Are supported, in line with age and competence, to understand their allergy, avoid sharing food, recognise symptoms, tell an adult promptly and carry or access their medication safely. Pupils must never place another person at risk through deliberate exposure or threatening behaviour.

5. Identifying allergy and managing information

The school will identify known allergy as early as possible through admissions, transition, annual data checks, information from families, healthcare professionals and previous settings and relevant information provided by staff or visitors. Arrangements for a new pupil should be in place before entry wherever possible. Where a pupil joins mid-year, the school will act immediately and seek to complete appropriate arrangements within two weeks.

- The named lead will maintain a current allergy register, including a photograph, known triggers, prescribed medication and the existence of an IHP or Action Plan.
- Information will be available securely to staff who need it in classrooms, dining and food preparation areas, wraparound provision and for visits. Displays or lists will be positioned in staff-only areas unless an alternative is agreed with the pupil and family.

- Health information is special category personal data. It will be accurate, proportionate, kept securely and shared only where necessary to protect the person or fulfil the school's legal duties.
- The pupil and parent or carer will be involved in decisions about routine information sharing. In a life-threatening emergency, information may be shared without delay where this is necessary to protect life.
- Visitors will be asked in advance about allergy where the visit involves food, an overnight stay or activity likely to present a relevant exposure. A blanket medical declaration at sign-in is neither necessary nor proportionate.

6. Individual Healthcare Plans and Allergy Action Plans

An Individual Healthcare Plan (IHP) and an Allergy Action Plan serve related but distinct purposes. They must not be treated as interchangeable documents.

Document	Purpose
Individual Healthcare Plan	A school plan agreed with the pupil, parent or carer and relevant healthcare professional. It sets out the additional or different arrangements required in school, including risk controls, access to medication, responsibilities and arrangements for curriculum, meals and visits.
Allergy Action Plan	A clinical emergency plan issued or endorsed by a healthcare professional. It identifies symptoms and medication and gives instructions for responding to an allergic reaction or anaphylaxis. A current plan should be attached to the IHP.

A pupil will have an IHP where their allergy has a functional impact in school, creates a risk of harm and requires arrangements additional to or different from those normally available. Pupils prescribed adrenaline or requiring specific school controls will normally meet this threshold.

- The school will use a current, clinically recognised Allergy Action Plan and will not alter clinical instructions without professional advice.
- The pupil's views will be considered in line with age and understanding.
- Plans will be reviewed at least annually, whenever clinical advice changes and following a serious reaction or material near miss.
- A copy of the current Action Plan will normally be kept with the pupil's emergency medication and be immediately available to staff.

7. Assessing and reducing the risk of allergen exposure

The school will maintain a whole-school allergy risk assessment. It will be reviewed annually and after a relevant incident, significant change to the site, catering arrangements or pupil cohort. Individual and activity-specific assessments will be used where a person's needs or a planned activity require controls beyond the general arrangements.

7.1 Whole-school controls

- handwashing with soap and water before and after eating and after activities involving food or animals; alcohol hand gel is not a reliable method of removing food allergens
- no trading or unplanned sharing of food, drinks, utensils or containers
- named drinks and lunch containers for pupils with food allergy
- cleaning of eating, preparation and activity surfaces using appropriate methods, with particular attention to preventing cross-contact
- consideration of allergens when purchasing resources, rewards, toiletries, cleaning products, gardening materials and animal feed
- clear expectations for food brought from home, including celebration food, PTA events and staff refreshments
- appropriate supervision without unnecessary separation of pupils with allergy from their peers.

7.2 Curriculum and enrichment

Staff planning an activity will consider food, contact, airborne, animal and insect-sting allergens at the design stage. Alternative materials will be used for the whole group wherever practicable rather than excluding a pupil. Particular care is required with cooking, food technology, science, craft, play dough, glue, cosmetics, musical instruments, gardening, bird feed, animal handling, cultural events and fundraising activities.

7.3 Allergy-aware rather than allergen-free

The school will not make an absolute "nut-free" or "allergen-free" guarantee. It may discourage or restrict specific products where an individual risk assessment justifies this, but such a control will sit within a broader allergy-aware approach and will not replace training, safe food systems, individual plans or emergency readiness.

8. Food provision and catering controls

The Principal remains responsible for assurance even where catering is outsourced. The catering provider must be able to demonstrate competent allergen management, accurate information and effective communication with the school and families.

- Allergen information for the 14 regulated allergens will be accurate, current and readily accessible for all food supplied by the school or catering provider.
- Food prepacked for direct sale will carry the required name, full ingredients list and emphasised allergen information. Equivalent clear information will be available for non-prepacked food.
- Catering staff will prevent cross-contact through documented preparation, storage, cleaning, utensil and service controls. Food for a person with allergy will be prepared and served in accordance with the agreed plan.
- At least two robust methods will be used to identify pupils with food allergy at the point of service. The method will be appropriate to age and setting and will protect dignity.
- Menu substitutions or supply changes will not be made without checking their impact on agreed allergy arrangements. Changes will be communicated to relevant staff, pupils and families.
- Where the safety of a meal cannot be verified, it will not be served to the pupil. An agreed safe alternative will be provided without avoidable delay.
- Pupils with allergy, including those entitled to free school meals, will be included in school meal provision through reasonable adjustments. Separate tables will not be used as a routine control.
- Food supplied for breakfast clubs, wraparound care, trips, events and rewards is covered by the same standards.

School catering assurance

The named lead and catering lead will meet at least annually and whenever a pupil's needs or the menu system changes. The review will cover the allergy register, identification at service, recipe and substitution controls, staff competence, cross-contact prevention and incident learning.

9. Medication, prescribed adrenaline and spare AAIs

9.1 Personal prescribed medication

- A pupil prescribed adrenaline should have rapid access to both prescribed devices at all times. These are not replaced by the school's spare stock.
- Where age and competence allow, pupils will be encouraged to carry their devices, including while travelling to and from school. An agreed backup arrangement will be recorded in the IHP.

- Where devices are held centrally, they will be in an unlocked, clearly identified location accessible to staff at all times. Medication will be brought to the person: the person must not be sent to collect it.
- All adrenaline devices will be stored at room temperature, protected from extremes of heat and direct sunlight and never refrigerated.
- Parents and carers retain responsibility for supplying and replacing prescribed medication. The school will check availability and expiry dates at least monthly, before visits and after any use and will issue reminders in sufficient time.
- Medication will be clearly labelled and accompanied by the current Action Plan. Used or expired AAIs will be disposed of safely through an approved sharps or pharmacy route.

9.2 School spare adrenaline auto-injectors

Schools will maintain spare AAIs of the correct doses for its age range. Spare AAIs will be held in pairs because a second dose may be required.

These are stored in the First Aid Cupboard, stored in the Staff Toilet next to the Trust office, clearly labelled 'Emergency Anaphylaxis Adrenaline Pen', kept safely, but not locked away and **accessible and known to all staff.**

We use a highlighted 'box' that confirms, as part of Benedict's Law, we hold spares for use in emergency situations for those who will not have had a reaction to anything before, and that they would be used, by trained staff, alongside speaking live with the ambulance service on 999.

9.3 Consent and emergency use

Advance consent for use of a spare AAI should be recorded where practicable, normally through the Allergy Action Plan and IHP. However, the Human Medicines Regulations do not require prior consent before a spare AAI is used to save life. In a suspected life-threatening anaphylactic reaction, treatment must not be delayed to locate or check consent. Spare AAIs may be used where personal devices are unavailable, have misfired or where the person is experiencing first-time anaphylaxis from an unrecognised allergy.

Important correction to previous temporary wording

There is no emergency "opt-out" process. A parent, pupil or adult may discuss preferences in advance, but no policy wording or administrative check may prevent a person from taking reasonable, good-faith action to save life during suspected anaphylaxis.

10. Emergency treatment of allergic reactions and anaphylaxis

10.1 Recognising a reaction

Presentation	Signs and required interpretation
Mild to moderate allergic reaction	Itchy or tingling mouth, hives or raised rash, swelling of lips, face or eyes, abdominal pain, nausea or vomiting. Follow the person's Action Plan, give antihistamine only where directed, stay with them and contact the parent or emergency contact. Observe in a safe place for at least 60 minutes because symptoms can progress.
Anaphylaxis: AIRWAY	Swelling of the tongue or throat, throat tightness, difficulty swallowing or speaking, a hoarse or changed voice.
Anaphylaxis: BREATHING	Difficult, noisy or rapid breathing, persistent cough, wheeze or chest tightness.

Presentation	Signs and required interpretation
Anaphylaxis: CIRCULATION	Dizziness, faintness, confusion, pale or clammy appearance, collapse, becoming floppy or loss of consciousness.

Anaphylaxis may occur without a skin rash or earlier mild symptoms. If there is any doubt whether the reaction is anaphylaxis, treat with adrenaline. Antihistamine or an asthma reliever must never be used instead of, or delay, adrenaline for anaphylaxis.

10.2 Immediate response

1. **Position safely.** Lay the person flat with their legs raised. If breathing is difficult they may sit up, but they must not stand, walk or be moved suddenly. Bring medication and help to them.
2. **Give adrenaline immediately.** Use the person's prescribed device first if available. Otherwise use the school's spare AAI. Do not wait for 999 or for a parent. If in doubt, give adrenaline.
3. **Call 999.** State "anaphylaxis", give the school address and exact access point, describe symptoms and treatment already given and send an adult to meet the ambulance.
4. **Give a second dose after five minutes.** If symptoms have not improved, give the second prescribed device or second spare AAI. Continue to follow the emergency operator's instructions.
5. **Support breathing and circulation.** Stay with the person. If they are not breathing normally, begin CPR and use an automated external defibrillator as directed. If unconscious but breathing, place them safely in the recovery position while maintaining close observation.
6. **Notify and hand over.** Contact the parent or emergency contact as soon as emergency treatment is under way. Give the used devices and relevant records to ambulance staff. Anyone given adrenaline or experiencing anaphylaxis must be taken to hospital for assessment, even if they appear to recover.

A contemporaneous record will be made of the time symptoms began, the suspected trigger, the time and type of each medicine given, the 999 call, observations and the handover to emergency services.

11. Educational visits, sport and off-site activity

Allergy safety is part of early visit planning, not a last-minute check. The visit leader will review the pupil's IHP and Action Plan, undertake a proportionate risk assessment and confirm food, travel, supervision, emergency access and staff competence.

- The pupil's two prescribed adrenaline devices and Action Plan will accompany them and remain immediately accessible. Medication must not be placed in inaccessible luggage or left on a vehicle.
- At least one accompanying adult will be trained and confident to recognise anaphylaxis and administer the relevant device. The whole team will know who holds medication and what to do.
- Caterers, venues, transport providers and residential settings will receive relevant information in advance and provide clear assurance about controls. Unverified assumptions about "allergen-free" provision are not acceptable.
- The school may take additional spare AAIs where the risk assessment supports this, provided doing so does not leave the school without required stock.
- Where prescribed medication is unexpectedly unavailable on the day, the school will contact the parent or carer immediately and seek a safe, practical resolution. The pupil will not take part until safe arrangements are in place, but automatic or avoidable exclusion is not acceptable.
- Emergency contacts, local medical access and mobile communication will be considered for remote, sporting and residential activity.

12. Training, induction and drills

All staff present when pupils are scheduled to be on site will receive allergy awareness and emergency response training at least annually. This includes permanent and temporary staff, supply teachers,

peripatetic staff, agency workers, catering and wraparound staff and regular volunteers. First aid training alone is not sufficient.

- understanding allergy, common triggers, co-existing asthma, food intolerance and coeliac disease
- recognising mild reactions and the Airway, Breathing and Circulation signs of anaphylaxis
- locating and interpreting the allergy register, IHPs and Allergy Action Plans
- reducing exposure in classrooms, dining, play, sport, trips and wider activities
- practical use of trainer AAIs relevant to devices held by the school
- the five-minute access standard, positioning, calling 999, second dosing and post-incident action
- the effect of allergy on wellbeing and how to prevent allergy-related bullying
- how to report incidents and near misses.

New staff will complete training before, or as soon as practicable after, taking unsupervised responsibility for pupils. Supply and cover arrangements will ensure staff receive a site briefing and know the locations of emergency medication and information.

Each school will undertake and record at least one allergy safety drill each academic year. The drill will test the full response from recognition to medication retrieval, administration simulation, 999 information, access for an ambulance and internal communication. Any weakness will generate a named action and completion date.

Complaints, monitoring, review and publication

Raising concerns and complaints

Concerns should be raised promptly with the named Allergy Safety Lead or Principal so that immediate risks can be addressed. Formal complaints will be considered under the Trust Complaints Policy. A complaint does not replace emergency, safeguarding, food safety or health and safety reporting where those routes are required.

Monitoring and review

The named lead will complete the annual assurance checklist in Appendix 2 and report to the Principal and LGC. The Trust may request evidence, conduct assurance visits or require an improvement plan where implementation is not secure.

The policy will be reviewed at least annually and sooner after a serious incident or near miss, material change in law or guidance, change to catering or site arrangements, or a significant change in the needs of pupils or staff. Pupils and adults with allergy and parents or carers will be invited to contribute to review where relevant.

Publication and awareness

The completed policy will be published on the school website, available in hard copy on request and brought to the attention of pupils, parents, staff and regular volunteers at least annually. Key emergency arrangements will be reinforced through induction, staff briefings, pupil education and visible staff-only prompts at relevant locations.

Links to other policies and procedures

This policy should be read alongside the Trust and school policies and procedures for supporting pupils with medical conditions, first aid and emergency medication, health and safety, safeguarding and child protection, educational visits, behaviour and anti-bullying, equality and inclusion, attendance, data protection, complaints, food safety and catering and critical incident management.

Appendix 1: School implementation schedule

The school must complete every green field before local adoption. The entries below are deliberately limited to details which genuinely vary by school. All other requirements are fixed Trust standards.

School-specific field	To be completed by the school
School name	St Nicholas Of Tolentine Catholic Primary School
Principal	Rachael James
Named senior Allergy Safety Lead	Patricia Logan
Deputy Allergy Safety Lead	Gloria Speed
Catering provider and school catering lead	Aspens – Robert Aspee
Personal medication arrangements	No Pupil or staff at present has there own personal medication
150 microgram spare AAI stock	2 in stock, held in the Emergency Anaphylaxis Adrenaline Pen box, the First Aid cupboard stored in the Staff toilet, next to Trust Office
300 microgram spare AAI stock	2 in stock, held in the Emergency Anaphylaxis Adrenaline Pen box, the First Aid cupboard stored in the Staff toilet, next to Trust Office
Additional site, sports or wraparound stock	NOT APPLICABLE
Emergency kit checks	Patricia Logan will complete a monthly check
Sharps and medicine disposal route	Sharps box is kept in the Main office & will be dispose as and when needed
Allergy register and plan storage	Allergy register is kept in the Pupil Medical folder and in each pupil classroom
Incident and near-miss reporting route	All incident's and near misses are to be recorded on CPoms
School meal allergen information	The current menu can be accessed on the School Website -add link
Annual staff training date / renewal month	September 2026, renewal September 2027
Annual allergy safety drill date / planned month	April 2027
LGC assurance route	LGC Committee
Policy adopted by LGC	20th September 2026
Next review due	September 2026

Appendix 2: Annual assurance checklist

This checklist is completed by the named Allergy Safety Lead, reviewed by the Principal and presented to the LGC. Any "No" response requires a recorded action, owner and deadline.

Assurance standard	Yes	No	Evidence / action
The policy is current, locally adopted, published and communicated. A named senior lead and deputy are in place.	☐	☐	

Assurance standard	Yes	No	Evidence / action
The allergy register is accurate, includes current photographs and is securely accessible to staff who need it.	☐	☐	
Pupils who meet the criteria have a current IHP with a current clinician-issued Allergy Action Plan attached.	☐	☐	
The whole-school allergy risk assessment has been reviewed within 12 months and after relevant change or incident.	☐	☐	
Personal and spare adrenaline devices are available in pairs, in date, stored correctly, unlocked where centrally held and accessible within five minutes.	☐	☐	
Medication and emergency kit checks are recorded at least monthly, before visits and after use.	☐	☐	
All staff in scope have completed annual allergy awareness and emergency response training and new or temporary staff receive an effective site briefing.	☐	☐	
An annual allergy safety drill has tested retrieval, emergency actions, ambulance access and communication and all actions are complete.	☐	☐	
Catering allergen information, pupil identification, cross-contact controls, substitutions and staff competence have been jointly reviewed.	☐	☐	
Food brought into school, curriculum food use, wraparound provision, celebrations and PTA events are controlled and communicated.	☐	☐	
Educational visit procedures include current plans, two prescribed devices, trained adults and verified food and emergency arrangements.	☐	☐	
All reactions, adrenaline use and relevant near misses have been recorded, reviewed and reported and actions are complete or actively monitored.	☐	☐	
Pupil and family voice, wellbeing, inclusion and allergy-related bullying are addressed through appropriate systems.	☐	☐	
The Principal has reviewed the risk register and the LGC has received sufficient evidence that the policy is implemented in practice.	☐	☐	

Completed by: Gloria Speed, School Business Manager
Date: [INSERT DATE]
Principal review: Rachael James, Date]
LGC assurance date: [INSERT DATE]

Appendix 3: Emergency response card

SUSPECT ANAPHYLAXIS? ACT IMMEDIATELY

Airway: swollen tongue or throat, difficulty swallowing or speaking, hoarse voice.
Breathing: difficult or noisy breathing, persistent cough, wheeze or chest tightness.
Circulation: dizziness, faintness, confusion, pale or clammy appearance, collapse or loss of consciousness.
Anaphylaxis may occur without a rash. If in doubt, give adrenaline.

1	**LAY** FLAT with legs raised. If breathing is difficult, allow the person to sit up. Do not let them stand or walk. Bring help and medication to them.
2	**GIVE** ADRENALINE NOW. Use the person's prescribed device first if available. Otherwise use the school spare AAI. Do not wait for 999 or a parent.
3	**CALL** 999 and say "ANAPHYLAXIS". Give the exact address and access point. Send an adult to meet the ambulance.
4	**GIVE** A SECOND DOSE AFTER 5 MINUTES if symptoms have not improved.
5	**STAY,** OBSERVE AND SUPPORT. Follow 999 instructions. Start CPR and use the AED if the person is not breathing normally.
6	**HOSPITAL** ASSESSMENT IS REQUIRED even if the person appears to recover. Record the incident and notify the parent or emergency contact.

School spare AAI location(s):

[COPY THE LOCATIONS FROM APPENDIX 1 BEFORE DISPLAYING THIS CARD]

This card supports but does not replace annual staff training, the person's Allergy Action Plan or the full policy.