

Allergy Safety Policy

Merryhills Primary School

Date policy agreed	01/09/2026
Date of next review	01/09/2027
Approved by	Merryhills Governing Body
Allergy Safety Lead	Maria Alexandrou
Deputy Allergy Safety Lead	Clare Bowkley
Sources used for policy	DfE Allergy Safety in Schools statutory guidance (July 2026); DfE allergy guidance for schools; Supporting Pupils with Medical Conditions at School; school IHP and Allergy Action Plan arrangements; relevant Benedict Blythe Foundation / Schools Allergy Code materials.

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1. Aims and policy statement

Merryhills Primary School is committed to providing a safe, inclusive and supportive environment in which children with allergies can participate fully in school life. Allergy safety is a whole-school responsibility and forms part of the school's wider duties to safeguard children, support pupils with medical conditions and make reasonable arrangements so that children are not excluded from education or school activities.

This policy sets out how Merryhills Primary School will identify and reduce foreseeable allergy risks, maintain rapid access to emergency medication, train staff, respond to allergic reactions and anaphylaxis, learn from incidents and near misses and work in partnership with parents/carers and healthcare professionals.

The school recognises that allergy can affect a child physically, emotionally and socially. Our approach therefore combines practical risk reduction with inclusion, reassurance and a culture in which allergy-related bullying, teasing, food threats or deliberate exposure are not tolerated.

2. Legal framework and status

This policy has been prepared with regard to the Department for Education (DfE) Allergy Safety in Schools statutory guidance published in July 2026 and the duties applying from September 2026. It should be read alongside:

- Children and Families Act 2014, section 100, as amended by the Children's Wellbeing and Schools Act 2026.
- DfE Allergy Safety in Schools statutory guidance (July 2026).
- DfE Supporting Pupils with Medical Conditions at School statutory guidance.
- Equality Act 2010 and the school's duties in relation to disability and reasonable adjustments where applicable.
- Relevant food information, food safety and allergen-management requirements applying to the school and its catering provider.

Where this policy refers to treatment, the child's Individual Healthcare Plan (IHP) and Allergy Action Plan and prescribed instructions take precedence.

3. Scope

This policy applies to all school staff, agency and supply staff, volunteers, governors/trustees, contractors, catering staff and visitors where their work may affect children. It applies during the school day, breakfast/after-school provision, clubs, PE, outdoor learning, performances, celebrations, educational visits and other school-organised activities.

4. Allergy safety culture and inclusion

Merryhills will promote an allergy-aware culture rather than claim to be an 'allergen-free' school. It is not possible to guarantee the complete absence of an allergen. The school will instead use proportionate, evidence-informed controls, individual planning and effective emergency preparedness.

- Allergy safety will be communicated as a shared responsibility.
- Children with allergies will be included in learning, play, meals, celebrations, trips and enrichment wherever this can be achieved safely.
- Food will not routinely be used as a reward or treat where this would create an avoidable allergy risk; suitable alternatives will be planned where necessary.
- Staff will discourage food sharing where it creates a risk and will reinforce appropriate handwashing and cleaning routines.
- Any child-specific restriction or additional control will be recorded in the child's IHP where appropriate.

Because Merryhills includes young children, responsibility for allergy risk management rests primarily with the adults supervising and caring for them. The school will not rely on a young child to identify allergens, remember medication or independently manage an emergency.

5. Roles and responsibilities

5.1 Governing body / Attigo Trust

- Approve and review this policy at least annually and hold leaders to account for its effective implementation.
- The governor responsible for the allergy audit will complete High Speed Training allergy/anaphylaxis course
- Receive assurance about training, medication arrangements, serious incidents, near misses, emergency drills and actions arising from the annual allergy safety audit.
- Ensure sufficient resources and arrangements are in place to meet the school's allergy safety duties.

5.2 Headteacher

- Ensure this policy is implemented in day-to-day practice and that allergy safety is embedded in school systems.
- The governor responsible for completing the allergy audit should undertake the High Way Allergy Training.
- Ensure appropriate staff are trained and that new, temporary and supply staff receive necessary information.
- Ensure serious incidents and significant near misses are reviewed and escalated where appropriate.

5.3 Lead and Deputy Allergy Safety Leads

Merryhills will appoint two named Allergy Safety Leads to provide leadership, continuity and cover.

Lead Allergy Safety Lead: Maria Alexandrou

Deputy Allergy Safety Lead: Clare Bowkley

- Oversee implementation of this policy and promote a whole-school allergy safety culture.
- Maintain oversight of IHPs and associated allergy action plans.
- Ensure relevant information is available to staff who need it.
- Oversee prescribed and spare adrenaline arrangements and termly medication checks.
- Coordinate staff training, practical device familiarisation and emergency drills.
- Oversee recording and review of allergic incidents and near misses.

- Identify themes, learning and actions for improvement.
- Contribute to the annual allergy safety audit and governor review.

Allergy safety remains everyone's responsibility and is not solely the responsibility of the named leads.

5.4 All staff

- Know which children in their care have allergies and where to access relevant information.
- Know where emergency medication is kept and ensure it accompanies the child/group when required.
- Follow the child's IHP and allergy action plan.
- Take reasonable steps to prevent exposure and cross-contamination.
- Act immediately if an allergic reaction or anaphylaxis is suspected.
- Report incidents, suspected reactions and relevant near misses promptly.

5.5 Parents and carers

- Inform the school of a known or suspected allergy on admission or as soon as it develops.
- Provide current medical information and a current allergy action plan where available.
- Participate in the preparation and review of the child's IHP.
- Provide prescribed medication required in school, including two prescribed adrenaline devices where these have been prescribed.
- Replace medication when it expires, is used or is otherwise no longer suitable.
- Notify the school promptly of changes to diagnosis, allergens, medication, dosage or clinical advice.
- Keep meal-ordering allergy information up to date where applicable.

5.6 Catering provider

Catering provider: Dolce

- Maintain effective allergen-management and cross-contamination procedures.
- Ensure allergen information is accurate and available.
- Follow agreed individual meal arrangements.
- Ensure substitutions or menu changes do not compromise a child's dietary safety.
- Communicate relevant changes promptly to school staff.

6. Identification and information sharing

Parents/carers will be asked to disclose allergies when a child joins the school and to notify the school of any later diagnosis or change. The school will maintain an up-to-date allergy register and ensure relevant staff can identify children requiring individual arrangements.

Allergy register location/system: Arbor Profile

Information will be shared on a need-to-know basis with staff responsible for the child's safety. Appropriate confidentiality will be maintained but confidentiality must not prevent staff who need information in order to keep a child safe from receiving it.

7. Individual Healthcare Plans (IHPs)

Children requiring individual arrangements for allergy management will have an Individual Healthcare Plan (IHP). The IHP is the school's principal child-specific allergy risk-management record. A separate individual allergy risk assessment will not routinely be required where the current IHP adequately identifies the foreseeable risks and records the arrangements needed to manage them safely.

The IHP will consider, as relevant:

- Diagnosed or suspected allergens and relevant reaction history.
- How and where exposure could reasonably occur, including cross-contamination and food sharing.
- Classroom, cooking, sensory, craft and curriculum activities.
- Mealtimes, packed lunches, clubs, parties and celebrations.
- PE, outdoor learning, the playground and field.
- Educational visits and off-site activities.
- Medication, storage, access and emergency arrangements.
- Reasonable adjustments, communication arrangements and any other child-specific controls.

Where a particular activity, visit, change in circumstances or newly identified hazard is not adequately addressed by the existing IHP and general school arrangements, an additional activity-specific or situation-specific risk assessment will be completed where appropriate.

IHPs will be developed with parents/carers and where appropriate, healthcare professional input. They will be reviewed at least annually, following a significant allergic reaction or incident, after a change in diagnosis or medication, or when the child's needs or school circumstances change.

IHP location: Arbor Profile

8. Allergy Action Plans

Where a healthcare professional has issued an Allergy Action Plan, this is the authoritative source of child-specific clinical emergency instructions. The school's IHP will refer to and work alongside the Allergy Action Plan; it will not replace or alter clinical instructions.

A current copy should be kept with or immediately accessible alongside the child's emergency medication and made available to relevant staff.

9. Medication management

Medication will be managed in accordance with the child's current clinical instructions and the school's medicines procedures. Medication must be clearly labelled with the child's name and kept readily accessible to staff who may need to use it.

At Merryhills, children's allergy/emergency medication is held in a clearly identifiable medical/allergy box in the child's classroom. The box is clearly labelled, and each child's medication is individually labelled with their name.

- Medication must not be locked away where this would delay emergency access.
- The child's current Allergy Action Plan should be immediately accessible alongside the medication.

- Medication will be stored at an appropriate room temperature, protected from direct sunlight and inappropriate temperature extremes and in accordance with manufacturer instructions.
- Medication will be checked termly with additional checks after use, after notification of a change, where there is a concern, or where an expiry date will fall before the next scheduled check.

Person responsible for coordinating termly checks: Leni Slovick - Welfare Assistant

Used adrenaline auto-injectors will be handled and disposed of safely in accordance with appropriate sharps/medicines procedures and may be handed to ambulance personnel where appropriate.

10. Prescribed adrenaline devices

Where a child has been prescribed adrenaline auto-injectors (AAIs), parents/carers will be asked to provide two current, in-date prescribed devices for school, in accordance with the child's clinical advice and Allergy Action Plan.

The two devices must remain rapidly accessible wherever the child is participating in school activities. The classroom medical/allergy box will therefore accompany the child/group when required, including PE, hall activities, outdoor learning, playground/field activities, performances and other activities away from the classroom.

The responsible member of staff will ensure the appropriate box accompanies the child/group and remains readily accessible. Emergency medication must never be left behind simply because the activity has moved to another part of the site.

11. Spare adrenaline auto-injectors

Merryhills will maintain spare adrenaline auto-injectors in accordance with the statutory guidance and applicable legal arrangements. The spare supply is additional to and does not replace, the child's own prescribed devices.

Spare AAI location(s): Medical room

Spare AAI dose(s)/quantity held: 2

Responsible person for checks: Leni Slovick

- Spare AAIs will be readily accessible and not locked away where this would delay emergency use.
- They will be stored in accordance with manufacturer instructions and checked termly as part of the school's medication monitoring arrangements, with additional checks where required.
- Use of a spare AAI will follow the statutory guidance, school emergency procedure and relevant consent/authorisation arrangements.

12. Food safety and cross-contamination

Cross-contamination can occur between foods and from food to objects or surfaces. Merryhills will use good hygiene and food-handling procedures to reduce avoidable exposure.

- Appropriate handwashing before and after food-related activities.
- Cleaning tables, equipment and surfaces after food use.
- Avoiding the sharing of food, containers and utensils where this creates a risk.

- Checking ingredient and allergen information in accordance with school/catering procedures.
- Managing utensils, preparation areas and serving arrangements to reduce cross-contamination.
- Considering allergens on hands, resources, sports equipment, musical instruments and other shared objects after food handling.

13. School meals and packed lunches

The school will work with parents/carers and the catering provider to ensure diagnosed food allergies are recorded and suitable meal arrangements are in place.

- Parents/carers record diagnosed food allergies on the school meal-ordering system where applicable.
- Only meals identified as suitable should be offered through the system.
- The child should only be served the meal ordered/approved for them.
- Catering staff follow allergen-management and cross-contamination procedures during preparation and service.
- Changes to diagnosed allergies are communicated promptly and updated on the systems.

Where an individual menu or other lunchtime arrangement is required, this will be recorded in the child's IHP.

Food should not be given to a child with an allergy outside agreed arrangements without appropriate parent/carer permission and safety checks.

14. Classroom, curriculum and special activities

Before activities involving food or materials that may contain allergens, staff will consider the needs recorded in children's IHPs. This includes cooking and baking, food tasting, sensory play, arts and crafts, science activities, food packaging used for modelling, celebrations, cultural/religious activities, fundraising activities and visitors bringing food or materials into school.

Where necessary, ingredients or materials will be substituted, additional controls introduced or the activity adapted so that all children can participate safely. The aim is safe inclusion rather than routine exclusion.

15. Educational visits and off-site activities

Allergy arrangements must be considered during planning for educational visits and off-site activities. The trip/activity leader will review the child's IHP and relevant allergy risks before completing the risk assessment.

15.1 Planning and risk assessment

Allergy arrangements must be carefully considered during planning for all educational visits and off-site activities. The trip/activity leader will:

- Review the child's IHP and relevant allergy risks before completing the risk assessment
- **Meet with parents/carers of children with IHPs in advance of the trip to:**
 - Confirm arrangements for medication management
 - Discuss any specific concerns about the venue or activities
 - Identify any additional actions needed to keep their child safe

- **Contact venues (including residential centres, activity providers and restaurants) in advance to:**
 - Inform them of pupils' allergies
 - Ask how allergens are managed in their catering and activities
 - Request written confirmation of their allergy management procedures where appropriate
 - Discuss any necessary adjustments to planned activities

15.2 Staffing and medication management

- **Consider group arrangements carefully:** If groups will be split during the activity, ensure each group containing a child with an IHP includes at least one member of staff trained to administer an AAI
- **Designate a named member of staff to carry each child's AAI** (both devices where applicable) and ensure they remain with that child's group at all times
- Ensure the designated staff member is appropriately trained and knows the emergency procedure
- **No child with an IHP requiring AAI may attend any off-site activity without their prescribed AAI**

15.3 Medication storage and accessibility

- Ensure medication remains readily accessible throughout the activity
- Medication must not be left on transport vehicles or in inaccessible bags
- AAI should be carried in a clearly labelled container that protects them from damage while allowing quick access

15.4 Public transport considerations

When using public transport:

- Brief accompanying staff about the risk of allergen exposure from other passengers eating
- Position children with severe allergies away from passengers who are eating where possible
- Ensure AAI are immediately accessible (not stored in overhead luggage)
- Brief pupils with allergies about not accepting food from strangers
- Consider carrying wipes to clean surfaces if needed

15.5 Food and catering arrangements

- Check all food and catering arrangements in detail
- Arrange suitable alternatives where needed
- For packed lunches, ensure children with allergies are seated in designated areas
- Brief all staff and volunteers about the 'no food sharing' rule

15.6 Emergency procedures

- Ensure mobile communication is available at all times
- Confirm access to emergency assistance at the venue
- Share relevant information with external providers where appropriate and lawful
- Ensure all accompanying staff have emergency contact details for parents/carers

16. Emergency procedures and drills

16.1 Suspected anaphylaxis

Anaphylaxis can develop quickly and requires immediate treatment. Staff must act promptly and follow the child's current Allergy Action Plan where available.

1. Keep the child where they are and call for help.
2. Do not allow the child to stand or walk. Bring the emergency medication to the child.
3. Administer adrenaline without delay where anaphylaxis is suspected, in accordance with the Allergy Action Plan/emergency procedure.
4. Call 999 and clearly state "ANAPHYLAXIS".
5. Position the child appropriately: generally lying flat with legs raised.
6. Do not leave the child unattended.
7. If symptoms have not improved after 5 minutes, administer the second dose of adrenaline in accordance with the emergency guidance/Allergy Action Plan.
8. If the child is unresponsive and not breathing normally, begin CPR and follow the 999 call handler's instructions.
9. Contact the parent/carer as soon as practicable, without delaying emergency treatment.
10. Ensure the child receives urgent medical assessment following anaphylaxis.

Key rule: emergency medication is brought to the child; the child is not taken to the medication.

16.2 Emergency drills

Merryhills will practise allergy emergency arrangements through planned drills. Drills should test recognition, communication, retrieval of medication, staff roles, calling 999 and supervision of other children.

Frequency / planned drill: The school will conduct termly practice drills to ensure staff are confident in responding to anaphylaxis emergencies. These drills will involve scenario-based training where staff practice locating and administering AAls, contacting emergency services, and following emergency procedures. Records of these drills will be maintained and any learning points will be used to improve our response procedures.

17. Staff training

All Merryhills staff have completed the High Speed Training allergy/anaphylaxis course. Allergy awareness and emergency-response training will be refreshed annually and appropriate induction/information will be provided for new, temporary and other relevant staff.

Training and ongoing awareness will cover:

- Common allergens and allergic reactions.
- Recognition of anaphylaxis, including airway, breathing and circulation signs.
- How to summon emergency assistance.
- Where children's medication is kept and the requirement to bring medication to the child.
- When and how adrenaline devices are used.
- The school's prescribed and spare AAI arrangements.
- Understanding and following IHPS and allergy action plans.

- Food safety, allergen avoidance and cross-contamination.
- The emotional, inclusion and safeguarding implications of allergy.
- Reporting incidents and near misses.

Training will be supported by practical familiarisation with trainer adrenaline auto-injector devices relevant to the devices used in school. Emergency drills will reinforce this training.

Training record location: Certificate folder on Google Drive

18. Bullying, wellbeing and inclusion

Allergy-related bullying, teasing, threatening a child with an allergen, deliberately exposing a child to an allergen, pressuring a child to eat unsafe food or excluding a child because of allergy will be taken seriously and managed under the school's behaviour, anti-bullying and safeguarding arrangements as appropriate. Staff will consider the emotional and psychological impact of living with allergy and will support children to participate safely and confidently in school life.

19. Serious incidents and near misses

All significant allergic reactions, suspected serious reactions and relevant allergy-related near misses will be reported, recorded and reviewed. A near miss is an event that could reasonably have resulted in an allergic reaction or harm but did not, for example an incorrect meal being identified before it was eaten.

The school's Allergy Incident and Near Miss Form will record, as appropriate:

- Date, time and location.
- Allergen or suspected allergen.
- Signs and symptoms observed.
- Actions taken, medication administered and emergency services contacted.
- Outcome.
- Staff involved and witnesses.
- How exposure occurred or could have occurred.
- Whether procedures and controls were followed.
- Lessons learned and actions required to prevent recurrence.

Following a significant incident or near miss, the school will consider whether the child's IHP, catering arrangements, medication arrangements, training, supervision, risk controls or this policy require amendment. Parents/carers will be informed. Significant learning will be shared with relevant staff and escalated to governors and external bodies where required.

20. Monitoring, quality assurance and annual governor review

The Allergy Safety Leads will monitor implementation throughout the year and complete an annual Allergy Safety Audit. The audit will provide assurance that:

- Two named allergy safety leads remain in place.
- Children requiring IHPs have current plans and current allergy action plans where required.
- Prescribed medication is available, appropriately stored and readily accessible.

- Children prescribed adrenaline have access to two prescribed devices.
- Classroom medical/allergy boxes are clearly labelled and arrangements ensure they accompany children when required.
- Termly medication and expiry checks have been completed.
- Spare AAI arrangements are current and compliant.
- Staff training and practical AAI familiarisation are current.
- New, temporary and other staff arrangements are effective.
- Emergency drills have been completed and learning acted upon.
- Food, catering, classroom and educational-visit controls are being followed.
- Incidents and near misses have been reviewed and actions completed.
- Allergy-related bullying, exclusion and wellbeing concerns have been considered.

The governing body/Trust will review this policy annually and sooner following significant legislative/guidance changes, a serious incident or where monitoring identifies that changes are required.

Annual audit completed by: The Chair of Governors – Radhika Banerji

21. Confidentiality and record keeping

Allergy and medical information will be handled in accordance with the school's data protection and confidentiality arrangements. Information will be shared with staff and relevant providers where necessary to protect the child's health and safety while avoiding unnecessary disclosure.

The school will retain appropriate records of IHPs, Allergy Action Plans, medication checks, training, emergency drills, incidents and near misses in accordance with its records-management arrangements.

22. Links with other policies

This policy should be read alongside, as applicable:

- Supporting Pupils with Medical Conditions / Administration of Medicines Policy
- Child Protection and Safeguarding Policy
- First Aid Policy
- Health and Safety Policy
- Educational Visits Policy
- Behaviour and Anti-Bullying Policy
- SEND Policy
- Data Protection / Confidentiality Policy
- Risk Assessment procedures

Appendices

The following operational documents support this policy. Insert or attach the current school-approved versions.

Appendix	Document
Appendix A	Individual Healthcare Plan (IHP) - Serious Allergy
Appendix B	Allergy Incident and Near Miss Report Form
Appendix C	Medication and Expiry Monitoring Record

Merryhills Primary School
Individual Healthcare Plan (IHP)
Serious Allergy

1. Child Details	
Child's name:	
Child's photograph:	
Date of birth:	
Year Group/Class:	
Plan start date:	
Review date:	
Parent/Carer 1 (Primary emergency contact):	Name: Relationship: Mobile:
Parent/Carer 2 (Secondary emergency contact):	Name: Relationship: Mobile:
GP details	Practice name: Contact number:

2. Medical Condition	
The child has a diagnosed serious allergy to: Allergies:	
Specific allergen(s):	☐ Ingestion ☐ Skin contact ☐ Airborne/inhalation ☐ Other:
Type of exposure that triggers reaction:	
Severity of allergy:	☐ Mild ☐ Moderate ☐ Severe ☐ History of anaphylaxis

Date of most recent allergic reaction:	
Brief reaction history / relevant clinical information:	

3. Individual Allergy Risk Management

This section records the child-specific situations in which exposure may occur and the agreed measures required to reduce risk. It should be reviewed with the parent/carer and updated whenever the child's needs or school arrangements change.

Identified risk / situation	Individual arrangements / control measures
Classroom / general learning	
Snack and lunchtime	
Food sharing	
Cooking / baking / food-related activities	
Parties, celebrations and special events	
Breakfast / after-school clubs	
PE / outdoor learning / field activities	
Educational visits / off-site activities	Include details of: <ul style="list-style-type: none"> • Who carries AAI: • Transportation method (insulated bag if needed): • Briefing arrangements for venue staff: • Emergency services access at location: • Risk assessment completion: ☐ Required before each trip
Other child-specific exposure risks	

Additional child-specific precautions / information:

4. Signs and Symptoms

Record the child's known signs and symptoms:

Symptom type	Child's specific symptoms
Skin symptoms:	
Swelling:	
Breathing symptoms:	
Gastrointestinal symptoms:	
Dizziness, collapse or other symptoms	
Other symptoms:	

IMPORTANT: Staff must follow the child's individual emergency allergy action plan (see Section 5).

5. Emergency Allergy Action Plan

This emergency action plan is: ☐ Integrated below ☐ Attached as Appendix A ☐ Displayed in: _____

Visual Emergency Action Plan

MILD TO MODERATE REACTION	SEVERE REACTION (ANAPHYLAXIS)
Symptoms may include: <ul style="list-style-type: none">• Itchy mouth/throat• Hives or skin redness• Mild swelling• Mild stomach upset	Symptoms may include: <ul style="list-style-type: none">• Difficulty breathing/wheezing• Swelling of tongue/throat• Difficulty swallowing/speaking• Persistent cough• Pale/floppy• Collapse/unconsciousness
ACTION: <ol style="list-style-type: none">1. Give antihistamine (if prescribed - see below)2. Stay with child and monitor closely3. Contact parent/carer4. If symptoms worsen, treat as severe reaction Never delay AAI if anaphylaxis suspected →	ACTION: <ol style="list-style-type: none">1. Give adrenaline auto-injector immediately2. Call 999 - say "anaphylaxis"3. Contact parent/carer4. Follow emergency procedures below

Emergency Action Following Administration of Adrenaline Auto-Injector

IMMEDIATE ACTIONS:

1. **Call 999 immediately and say "anaphylaxis"** - even if the child seems to be improving
2. **Position the child correctly:**
 - Keep the child **lying flat with legs raised**
 - If breathing is very difficult, they may sit up with legs extended, but **do not let them stand or walk**
 - If unconscious but breathing, place them in the **recovery position**
3. **Note the time the AAI was given** and stay with the child
4. **Contact parents/carers immediately**
5. **If symptoms have not improved after 5 minutes, or are getting worse**, give the **second adrenaline auto-injector** (if available and in accordance with this plan)
6. **If the child becomes unresponsive and is not breathing normally**, start CPR and follow the 999 call handler's instructions
7. **The child still requires urgent medical assessment** because symptoms can return after initial improvement - **do not send the child home without medical review**

AFTER THE EMERGENCY:

- Send the used AAI(s) with the ambulance crew
- Complete the Medication Administration Record (Section 9)
- Inform the headteacher/designated safeguarding lead
- Review this IHP with parents and healthcare professionals

6. Medication and Treatment	
Adrenaline Auto-Injectors (AAIs)	
Medication name:	
Dose exactly as prescribed:	
When it should be given:	Follow the child's current emergency allergy action plan / prescribed instructions.
Number of prescribed adrenaline auto-injectors (AAIs) held:	
AAI 1 - device / dose / expiry date:	
AAI 2 - device / dose / expiry date:	
Usual storage location:	
Medication box clearly labelled with child's name:	☐ Yes ☐ No
Arrangements when child leaves the classroom (including PE, outdoor learning and field activities):	
Expiry-date monitoring arrangements:	Termly check. Checked by: _____
Additional medication / treatment:	

Antihistamine (for mild reactions only)	
Antihistamine prescribed:	☐ Yes ☐ No
Medication name:	
Dose:	
When to give:	For mild symptoms only (see emergency action plan) Never delay AAI if anaphylaxis suspected
Storage location:	

Other Medication/Treatment	
Additional medication:	
Dose and administration:	

School's Spare AAI Provision	
Spare AAI location:	

7. Medication Check Record

Use this record for the school's routine medication checks. Any concern must be acted upon promptly and parents/carers informed where appropriate.

Date	AAI 1 expiry	AAI 2 expiry	Storage / label checked	Action required	Staff initials

8. Child's Understanding and Self-Management	
What the child understands about their allergy:	<i>(Age-appropriate)</i> ☐ Knows what they are allergic to ☐ Knows to avoid allergen ☐ Knows not to share food ☐ Knows to tell an adult if they feel unwell ☐ Other: _____
Can the child self-identify symptoms:	☐ Yes ☐ No ☐ Sometimes
Can the child self-carry their AAI:	☐ Yes ☐ No <i>(If yes, must be agreed by parents, school and healthcare professional)</i>
Specific instructions given to the child:	

9. Parent Responsibilities

Parents/carers agree to:

- ☐ Provide in-date AAIs and replace before expiry
- ☐ Inform school immediately of any changes to the child's condition, medication, or emergency contacts
- ☐ Ensure emergency contact details are current at all times
- ☐ Provide updated medical information from healthcare professionals when available
- ☐ Collect the child promptly if requested following a reaction
- ☐ Inform school of any allergic reactions that occur outside school
- ☐ Attend annual IHP review meetings (or more frequently if needed)
- ☐ Provide appropriate allergen-free food for school activities where required
-

10. Agreement and Signatures			
	Name	Signature	Date
Parent/Carer			
School representative			
Healthcare professional input (where applicable)			

11. Plan Review	
Next scheduled review date:	
Review frequency:	☐ Annually ☐ Termly ☐ Other: _____

This plan must be reviewed immediately if:

- The child has an allergic reaction at school
- There is a change in the child's condition or medication
- There is a change in the child's educational setting (e.g., new class, new school)
- Staff have concerns about the plan's effectiveness
- Parents request a review
- Healthcare professional recommends changes

Important: This IHP must be individualised. Medication doses and emergency instructions must be copied from current child-specific clinical advice and the child's emergency allergy action plan.

Merryhills Primary School

Allergy Incident and Near Miss Report Form

1. Incident Details	
Type of report:	☐ Incident (exposure occurred and child had a reaction) ☐ Near miss (potential exposure prevented or exposure occurred but no reaction)
Report completed by:	
Date of incident/near miss:	
Time of incident/near miss:	
Location:	☐ Classroom ☐ Playground ☐ Dining hall ☐ School trip ☐ After-school club ☐ PE/sports hall ☐ Other: _____
Reported by:	Name: _____ Role: _____
Date reported:	

2. Child Information	
Child's name:	
Date of birth:	
Year group/Class:	
Known allergen(s):	
Does the child have an Individual Healthcare Plan (IHP)?	☐ Yes ☐ No

3. Incident Description	
What happened?	

What was the source of the allergen?	
Allergen source:	☐ Food item ☐ Ingredient in recipe ☐ Craft material ☐ Cleaning product ☐ Another child's food ☐ Unknown ☐ Other: _____
Specific item/product:	
How did exposure occur/nearly occur?	☐ Ingestion ☐ Skin contact ☐ Airborne/inhalation ☐ Cross-contamination ☐ Food sharing ☐ Other: _____

For NEAR MISS incidents:	
How was the exposure prevented?	☐ Staff intervention ☐ Child self-identified risk ☐ Another child alerted staff ☐ Allergen labelling ☐ Other: _____
Who identified the risk?	Name: _____ Role: _____
Action taken to prevent exposure:	

4. Contributing Factors

Identify any factors that contributed to the incident or near miss. Tick all that apply.

System/Process Factors:

- ☐ Inadequate risk assessment
- ☐ Allergen information not communicated to relevant staff
- ☐ Child's IHP not followed
- ☐ Child's IHP not up to date
- ☐ Staff not aware of child's allergy
- ☐ Inadequate supervision
- ☐ Allergen labelling unclear or absent
- ☐ Food sharing not prevented
- ☐ Cross-contamination in food preparation
- ☐ Supply teacher/cover staff not briefed
- ☐ Medication not accessible
- ☐ Emergency procedures not followed
- ☐ Other: _____

Environmental Factors:

- ☐ Busy/chaotic environment
- ☐ Off-site location
- ☐ Special event (party, celebration, etc.)
- ☐ New activity or routine
- ☐ Other: _____

Individual Factors:

- ☐ Child unaware of allergen in food/item
- ☐ Child unable to read ingredients
- ☐ Child shared food despite knowing not to
- ☐ Another child shared food with allergic child
- ☐ Parent provided incorrect information
- ☐ Other: _____

Additional comments on contributing factors:

5. Immediate Actions Following Incident			
Action	Completed	By whom	Date
Parents/carers fully informed	☐ Yes		
Headteacher/senior leader informed	☐ Yes		
Used AAI(s) replaced	☐ Yes ☐ N/A		
Incident logged in accident book	☐ Yes		

5. Immediate Actions Following Incident			
Action	Completed	By whom	Date
Staff debrief completed	☐ Yes		
Child's IHP reviewed	☐ Yes ☐ Scheduled		
Risk assessment reviewed	☐ Yes ☐ Scheduled		
RIDDOR report submitted (if applicable - see guidance below)	☐ Yes ☐ No ☐ N/A		
Governing body/trust informed (if serious incident)	☐ Yes ☐ No ☐ N/A		

RIDDOR Reporting Guidance:

Report to HSE under RIDDOR if:

- The incident resulted in the child being taken directly to hospital for treatment
- The incident resulted in the child being unable to attend school for more than 7 consecutive days
- The incident was a "dangerous occurrence"

6. Lessons Learned and Recommendations	
What could have prevented this incident/near miss?	

What changes are recommended? <i>Consider: policies, procedures, training, communication, risk assessments, supervision, environment</i>			
Recommendation	Responsibility	Target completion date	Completed
			☐

What changes are recommended? <i>Consider: policies, procedures, training, communication, risk assessments, supervision, environment</i>			
Recommendation	Responsibility	Target completion date	Completed
			☐
			☐
			☐

Training needs identified:

- ☐ Whole staff allergy awareness training
- ☐ AAI administration refresher training
- ☐ Specific staff members require training: _____
- ☐ Child education about allergen avoidance
- ☐ Peer education (age-appropriate)
- ☐ Kitchen staff training
- ☐ Lunchtime supervisor training
- ☐ Other: _____

Policy/procedure changes required:

- ☐ Update whole school allergy policy
- ☐ Review food sharing policy
- ☐ Update educational visit procedures
- ☐ Review IHP template
- ☐ Improve allergen labelling system
- ☐ Review communication procedures for supply staff
- ☐ Other: _____

Merryhills Primary School

Medication and Expiry Monitoring Record

Allergy / Anaphylaxis Medication

Child's name:		Class / Year:	
Medication box location:		Plan review date:	
AAI 1 device / dose:		AAI 1 expiry:	
AAI 2 device / dose:		AAI 2 expiry:	
Other medication:		Other medication expiry:	

Routine monitoring

Complete this record as part of the school's routine medication checks. Check that medication is present, in date, correctly labelled, stored in the agreed location, and that packaging/devices appear intact. Any concern or approaching expiry must be acted on promptly and parents/carers informed where appropriate.

Date checked	AAI 1 expiry	AAI 2 expiry	Other medication / expiry	Storage & label checked	Condition / packaging checked	Action required / parent contacted	Checked by / initials

Action when medication is nearing expiry or a problem is identified

- Parents/carers should be informed in sufficient time to provide replacement prescribed medication.

- Expired, damaged, missing or incorrectly labelled medication must be escalated promptly in accordance with school procedures.
- Replacement medication must be checked on receipt and this record updated.
- The child's IHP / Allergy Action Plan should be reviewed if medication, dose or clinical instructions change.
- School spare AAls must be monitored separately in accordance with the school's allergy policy and local arrangements.

Replacement / follow-up record

Date	Issue identified	Action taken	Replacement received / new expiry	Staff initials

Important: This record supports, but does not replace, the child's Individual Healthcare Plan (IHP), current Allergy Action Plan or the school's medication administration record. Medication doses and emergency instructions must always follow current child-specific clinical advice.