Allergy Safety – School Operating Guide

School Name:	Mesne Lea Primary School	**Headteacher:**	Victoria Unsworth
Date:	September 2026	**Date of next review:**	Autumn 2027
Approval:	Local Governing Board	**Approval:**	LGB 7th October 2026

Current version	Previous version	Summary of changes made
September 2026		New guide

This guide explains how schools should implement the Board-approved Allergy Management Policy. It may be updated administratively to reflect operational learning, new statutory guidance or regulations, provided changes do not reduce the protection offered or materially alter the approved policy.

1. Headteacher quick-start checklist

Action	What must be in place
1. Appoint leadership	Name a senior leader as School Allergy Safety Lead and identify who will cover the role when absent.
2. Know who is at risk	Maintain a current allergy register and ensure relevant pupils/students have an IHP and clinical Action Plan.
3. Train and brief staff	Complete annual SCHOOT training; brief new, temporary, catering, club and trip staff.
4. Check medication	Confirm prescribed devices and spare AAI pairs are accessible, in date and capable of reaching the person within five minutes.
5. Complete local arrangements	Complete the School Implementation Schedule, including catering, activity, trip and incident-reporting arrangements.
6. Assure and review	Complete the annual allergy safety audit and review learning from every reaction, medication error or near miss.

2. What every member of staff needs to know

The six essentials

Know which pupils/students/staff have allergies; know where their Action Plans and medication are; prevent food sharing; consider allergens when planning; report symptoms immediately; and for suspected anaphylaxis give adrenaline first, then call 999.

- Do not send a person experiencing a reaction to another area alone.
- Do not make them walk to their medication.
- Do not wait for a parent, consent confirmation or an ambulance before giving adrenaline.
- Do not use an asthma inhaler instead of adrenaline for suspected anaphylaxis.
- Do not assume a rash must be present; anaphylaxis can occur without one.

3. Annual implementation cycle

When	School action
Before/at start of academic year	Confirm Allergy Safety Lead; update allergy register and IHPs; check catering lists and local medication locations; arrange annual SCHOOT training; complete Implementation Schedule.
On admission or receipt of new information	Obtain allergy details and clinical plans; put interim controls in place immediately; aim to finalise appropriate arrangements within two weeks for an in-year admission where practicable.
At least termly	Check spare AAI stock, doses, storage, expiry and five-minute access through Every Compliance; check prescribed medication monitoring arrangements.
Before a relevant trip/activity	Review the IHP and risk assessment; confirm medication is present and in date; brief staff and providers; check food and emergency arrangements.
After a reaction, error or near miss	Provide immediate care; inform parents; record on Every Compliance; review causes, controls, training, IHP and reporting requirements.
Annually	Complete the allergy safety audit, seek appropriate pupil/student and parent feedback, and report assurance through school and Trust governance arrangements.

4. Roles in practice

Role	Operational responsibilities
Headteacher	Appoint the Allergy Safety Lead; ensure time, resources, training and contractor compliance; approve local arrangements; ensure incidents are reported and assurance is provided.

Role	Operational responsibilities
Allergy Safety Lead	Maintain the register; coordinate IHPs/Action Plans; monitor medication; liaise with parents, healthcare professionals and caterers; support risk assessments; review incidents; lead the annual audit.
DSL	Consider safeguarding where information or medication is repeatedly withheld, deliberate exposure or bullying creates risk, or possible abuse, neglect or exploitation is indicated.
Teachers/activity leaders	Check the allergy register and plans; adapt activities; ensure medication accompanies off-site activities; respond and report.
Office/first-aid staff	Maintain records and medication processes; make information available; support emergency response and parent communication.
Catering staff/provider	Maintain current authorised dietary information, prevent cross-contamination, manage substitutions and use robust identification checks at service.
Parents/carers	Provide accurate information, Action Plans, in-date prescribed medication and prompt updates; participate in IHP reviews.
Pupils/students	Report symptoms; avoid sharing food; follow agreed medication arrangements; contribute to planning according to age and maturity.

5. Identifying allergies and maintaining the register

Obtain allergy information through admission and transition forms, annual data verification, information from the previous setting, parents/carers, the pupil/student and any clinical documentation received.

5.1 Minimum register content

- name, photograph, year/tutor group and emergency contacts;
- known allergens and usual symptoms;
- risk of anaphylaxis and any co-existing asthma;
- prescribed medication and whether it is self-carried;
- location of medication and spare emergency stock; and
- confirmation that an IHP and clinical Allergy/Asthma Action Plan are in place, where required.

The register must be available to teaching, pastoral, office, first-aid, catering, breakfast-club and after-school staff who need it. Photographic lists may be displayed in staff-only preparation, service, medical or teaching areas where necessary for safety, but not publicly without a proportionate reason.

6. Individual Healthcare Plans

Use an IHP where an allergy has a functional impact, creates a risk of harm, or requires arrangements beyond ordinary provision. It may also be used where the needs are complex or additional clarity is helpful.

6.1 Developing the plan

Develop the IHP with the pupil/student, parent or carer, Allergy Safety Lead, relevant staff, caterer where appropriate, and healthcare professionals where advice is available. Attach or clearly reference any clinical Allergy Action Plan or Asthma Action Plan.

6.2 Minimum content

- diagnosis, allergens, signs and symptoms and the impact on school life;
- reasonable adjustments, food and mealtime arrangements;
- medication, storage, self-carrying and emergency procedures;
- arrangements for lessons, PE, clubs, examinations, trips and residentials;
- information sharing, consent, staff training and emergency contacts; and
- review date and triggers for an earlier review.

Review at least annually, when the condition or medication changes, a new clinical plan is received, after an incident or near miss, before significant transition, or at the request of the pupil/student, parent, school or healthcare professional. Where clinical advice is delayed, put reasonable interim safety arrangements in place rather than waiting.

7. Staff training and briefing

All staff who are present when pupils and students are scheduled to be on site must complete annual allergy awareness and emergency-response training through SCHOOT. First-aid training alone is not sufficient.

7.1 Training must cover

- recognition of mild/moderate reactions and anaphylaxis;
- immediate emergency action and practical familiarity with AAI devices used in the school;
- locations and use of prescribed and spare medication;
- the relationship between asthma and food allergy;
- individual Action Plans, risk reduction, inclusion and wellbeing; and
- incident and near-miss reporting.

7.2 Other briefings

New employees must be covered through induction. Supply, agency, peripatetic, regular volunteer, club, trip and temporary staff must receive information proportionate to their role before taking responsibility for pupils/students. Staff working closely with a particular pupil/student may require additional plan-specific instruction.

8. Reducing exposure to allergens

Schools should maintain an allergy-aware environment based on individual risk assessment. A general “nut-free” or “allergen-free” label must not replace effective controls and may create false reassurance.

8.1 Routine controls

- handwashing before and after eating and suitable cleaning of tables, equipment and preparation areas;
- no sharing or swapping food and clear labelling of food, drinks and lunchboxes;

- separation of ingredients, utensils or storage where required;
- checking ingredients before lessons, activities, rewards, celebrations and fundraising;
- appropriate supervision of younger or vulnerable pupils/students during meals and snacks;
- safe disposal of food waste and controls for animals, plants, air quality and environmental triggers; and
- restricting a specific allergen from a defined area or activity where supported by individual risk assessment.

8.2 Planning lessons and activities

Check for allergens in cooking and food technology, science experiments, art and craft materials, play dough, glue, food packaging, animal feed, gardening, sensory activities, musical/shared equipment, rewards and external providers' resources. Where reasonably practicable, adapt the activity for the whole group rather than excluding the pupil/student.

9. Food and catering arrangements

The school and catering provider must comply with food-safety and allergen-information requirements. The School Implementation Schedule must explain how authorised diets, substitutions, cross-contamination controls and incidents are managed across meals, breakfast/after-school clubs, events, lessons, vending and retail outlets.

9.1 Identifying the correct person and meal

Use at least two robust identification methods at the point of service. These may include photographs, electronic till alerts, pre-ordered meals, named or distinct trays, verbal confirmation by a designated member of staff and checking against the approved dietary list.

Pupils and students with allergies must not routinely be seated separately. Controls should support inclusion with peers.

9.2 Food prepared or provided by school

- Maintain accurate allergen information and make it accessible to pupils/students and parents.
- Ensure an agreed meal is provided only to the intended person.
- Use appropriate preparation separation, cleaning and cross-contamination controls.
- Manage substitutions safely and communicate material menu changes.
- Retain sufficient ingredient information to establish what was used if an incident occurs.

9.3 Food brought from home

- Set clear expectations on food sharing, labelling and distribution to a class or group.
- Discourage identified high-risk foods only were supported by local risk assessment.
- Food should not be brought in from home without prior approval from the Headteacher
- Do not give unlabelled or homemade food to a person with a known food allergy unless ingredients and preparation controls have been confirmed as safe under the agreed arrangements.

9.4 Phase-specific considerations

Early years/primary	Secondary
Direct supervision may be required; use named meal checks, labelled cups/bottles/lunchboxes, controls against sharing, rapid access to medication and additional cleaning/handwashing.	Combine growing independence with reliable systems such as till alerts, ingredient access, agreed self-carrying, food technology/science/PE procedures, multiple dining-area controls and additional emergency kits for large or split sites.

10. Prescribed medication

- A pupil/student prescribed adrenaline should normally always have access to two prescribed devices.
- Support self-carrying where appropriate, based on age, maturity, competence, needs, risk and safeguarding considerations.
- Where stored by school, medication must be clearly labelled, unlocked and readily accessible; it must not rely on one named person and must be capable of reaching the person within five minutes.
- Keep medication in original packaging, at the required temperature, protected from extremes and replaced before expiry.
- Store a copy of the relevant Action Plan with medication where practicable. Emergency medication must never be locked away.

11. Spare adrenaline auto-injectors

School type	Minimum expected spare stock
Primary school	One pair of 150 microgram AAIs and one pair of 300 microgram AAIs.
Secondary school	One pair of 300 microgram AAIs. Large or split-site secondary schools should normally hold two or more pairs, informed by risk assessment.

The pupil/student profile, site layout, separate buildings, dining areas, playgrounds and sports facilities may require additional kits. Spare stock is additional to, not a substitute for, prescribed devices.

11.1 Storage and checking

- clearly identify as school emergency stock and store in pairs;
- keep unlocked, accessible and capable of reaching any relevant area within five minutes;
- store at room temperature in accordance with manufacturer instructions;
- check at least termly through Every Compliance and before any trip on which stock will be taken;
- replace promptly after use or before expiry; and
- dispose of safely through an appropriate pharmacy or medicines-disposal route.

11.2 When a spare AAI may be used

- a prescribed device is unavailable, damaged, expired or misfires;
- a second dose is required;
- a different prescribed form of adrenaline is unavailable; or
- someone experiences suspected anaphylaxis for the first time.

Obtain advance consent where practicable and record it in the IHP. In a life-threatening emergency, staff must not delay treatment while trying to confirm consent.

12. Responding to allergic reactions

12.1 Mild or moderate reaction

Possible symptoms include swollen lips, face or eyes; itchy or tingling mouth; hives or itchy rash; abdominal pain; vomiting; mild throat tightness; or a sudden change in behaviour.

1. Follow the person's Allergy Action Plan.
2. Administer authorised medication where directed.
3. Do not leave the person alone.
4. Notify the parent or emergency contact.
5. Continue to observe for at least 60 minutes.
6. Be ready to treat for anaphylaxis if symptoms progress.

12.2 Signs of anaphylaxis

Airway	Breathing	Circulation
Tongue/throat swelling; throat tightening; hoarse voice; difficulty swallowing.	Sudden wheeze; breathing difficulty; persistent cough; noisy breathing.	Dizziness/faintness; sudden drowsiness; confusion; pale or clammy skin; collapse; unconsciousness.

Anaphylaxis can occur without a rash. A pupil/student with food allergy and asthma who suddenly develops breathing difficulty must be treated as potentially experiencing anaphylaxis.

12.3 Emergency response to suspected anaphylaxis

If in doubt, give adrenaline.
Adrenaline should be given as soon as possible. Do not wait to see whether symptoms worsen.

1. Remain with the person and call for help.
2. Bring the emergency medication to the person. Do not make them walk to an office or medical room.
3. Position them safely and do not allow them to stand or walk.
4. Administer their prescribed adrenaline immediately, where available.
5. Use a school spare AAI if their device is unavailable, fails or a further device is required.
6. Call 999 immediately and state that anaphylaxis is suspected. Give the school address and access information.

7. Arrange for someone to meet the ambulance.
8. Notify the parent or emergency contact.
9. Give a further dose after five minutes if there is no improvement, following the Action Plan or emergency instructions.
10. Start CPR if the person becomes unresponsive and is not breathing normally.
11. Remain with the person until emergency help arrives.

Anyone treated with adrenaline must be assessed by emergency medical services. Complete an incident report and notify the Allergy Safety Lead after the immediate emergency has been managed.

13. Educational visits and off-site activities

Support participation wherever reasonably possible. Complete a specific risk assessment for anyone at risk of anaphylaxis, covering triggers, food, transport, prescribed devices, staff responsibility and training, communications, mobile coverage, nearest emergency treatment, overnight arrangements, activities, insurance/provider information and contingencies.

13.1 Before departure

- Confirm required medication is present and in date.
- Ensure relevant staff understand the IHP and Action Plan.
- Carry emergency contact information and confirm food arrangements.
- Brief external providers and transport staff where necessary.
- A pupil/student must not be required to have a parent accompany them merely because suitable school arrangements have not been made.
- Spare AAIs may be taken where appropriate, but pupils/students remaining on site must not be left without adequate emergency stock.

14. Inclusion, wellbeing, attendance and bullying

- Listen to concerns, explain safety arrangements and avoid singling people out unnecessarily.
- Provide reasonable adjustments and support age-appropriate independence.
- Do not routinely send a pupil/student home, prevent participation, exclude them from attendance rewards solely because of medically related absence, or require a parent to provide routine support the school has agreed to deliver.
- Consider pastoral support, missed learning and transition arrangements.
- Treat teasing, exclusion, threats, contamination of food or belongings, waving/placing allergens near someone or force-feeding threats as potential allergy-related bullying.
- Deliberate exposure to a known serious allergen may be a serious behaviour and safeguarding matter.

15. Safeguarding

An allergy incident is not automatically a safeguarding matter. Refer to the DSL where the circumstances indicate possible abuse, neglect or exploitation, including repeated withholding of relevant medical information, repeated absence of essential medication that creates risk, suspected deliberate exposure or allergy-related bullying presenting a safeguarding risk.

16. Incident and near-miss reporting

Report every allergic reaction, medication error, significant exposure, serious incident and near miss to the Allergy Safety Lead and record it through Every Compliance as soon as practicable.

16.1 Immediate and follow-up actions

1. Ensure immediate safety and medical care.
2. Inform the parent or carer promptly. For a student aged 16 or over, consider their views subject to safeguarding, emergency and legal requirements.
3. Record what happened, symptoms, medication, timings, response, outcome and immediate actions.
4. Notify the Trust in accordance with reporting arrangements; significant matters should be escalated to Rebecca Dunne, Deputy CEO/COO.
5. Secure relevant records and invite the pupil/student and parent to contribute.
6. Review the IHP, Action Plan, catering/activity controls and staff training.
7. Identify actions, owners and deadlines and share relevant learning.
8. Consider external reporting to the insurer, environmental health/food safety, HSE under RIDDOR, healthcare professionals, safeguarding partners or another regulator.
9. Use a fair, proportionate and no-blame learning approach while retaining the ability to address deliberate, reckless or seriously negligent conduct.

17. Information sharing, staff and visitors

Allergy information is special-category health data. Keep it accurate and secure, make it accessible in an emergency and share it on a need-to-know basis. Information may be shared without consent where necessary to protect life, prevent serious harm or meet another legal obligation.

Employees should tell their line manager about an allergy requiring workplace arrangements. The school should risk assess, agree reasonable adjustments and clarify emergency medication. Where food is provided or an activity may expose a visitor to an allergen, ask about relevant dietary or allergy needs.

Appendix 1: School Implementation Schedule

Complete and review annually. Personal pupil/student details must remain in the secure allergy register and must not be included in a published version of this schedule.

A. School information

Item	School details
School name	Mesne Lea Primary School
Phase	Primary / Secondary
Headteacher	Victoria Unsworth
School Allergy Safety Lead(s)	VU AC AW
DSL	VU AF AC KD / LS PE DA JG
Medical/first-aid coordinator	A.Cartwright & A.White
Catering provider	Citywide
Catering manager/contact	Lucy Clarke & Karen Hodson 0161 925 1122
Date schedule approved	14/09/2026
Date of next review	14/12/2026

B. Local pupil/student profile

Profile	Number
Pupils/students with a recorded allergy	27
Pupils/students with food allergy	26
Pupils/students at risk of anaphylaxis	0
Pupils/students prescribed adrenaline devices	0
Pupils/students with an IHP for allergy	0
Pupils/students with both food allergy and asthma	4

C. Allergy register

Requirement	Local arrangement
System on which register is held	Bromcom and Excel
Person responsible for updating it	A.White
Frequency of checks	Fortnight by A.Cartwright
Staff-only locations where photographic information is available	
Arrangements for catering staff	All on Cypad/ ParentPay too and emailed out regularly
Arrangements for supply and temporary staff	Class contexts + phase leaders

Requirement	Local arrangement
Arrangements for breakfast and after-school clubs	Parents have their own portal and they are to update. School inform Kickstart lead to check our list + cross reference

D. Emergency medication

Medication	Quantity	Dose	Location	Responsible person
Spare AAI pair 1	1		Mrs Stott's/Community Room	A.White C.Mellor
Spare AAI pair 2	0			
Additional site kit	0			
Emergency asthma inhaler, where held	1		Mrs Stott's/Community Room	A.White C.Mellor

The school confirms that emergency medication is unlocked and accessible; can reach relevant areas within five minutes; AAIs are stored in pairs; checks are completed at least termly; replacement arrangements are in place; and emergency kits are clearly labelled.

E. Training

Item	Details
Training provider/resource	SCHOOT
Date of annual whole-school training	Summer Term
Percentage of required staff completing training	100%
Arrangements for new starters	Part of induction to complete
Arrangements for supply staff	C.Mellor / A.White must update on arrival
Staff receiving additional pupil/student-specific training	Diabetes training for two Year 6 children

F. Food and mealtime controls

Requirement	Local arrangement
Methods used to identify pupils/students with allergies	Data collection, Bromcom and Induction
How safe meals are ordered and authorised	Parents order and kitchen chef checks
How meal substitutions are communicated	Default but in line with allergies
Controls against cross-contamination	Very controlled
Packed-lunch expectations	Packed lunch poster shared with parents via class dojo
Food brought in for birthdays or events	This has stopped now

Requirement	Local arrangement
Breakfast/after-school club arrangements	Separate provider
Secondary-school till or vending arrangements	NA
Food-technology arrangements	Brought food + has to be checked by office managers and class teachers

G. School activities

Area	Local arrangements
Art and craft	Ordered + checked by class teachers and office managers
Science	Ordered + checked by class teachers and office managers
Cooking/food technology	Ordered + checked by class teachers and office managers
PE and sports facilities	NA
Animals and gardening	RA completed by teachers and leaders; no dogs allowed
Performances and celebrations	Must be planned in advance by office managers and class teachers and authorised by SLT 2 weeks in advance
Fundraising and external food providers	Parents access or we limit all food cooked and catered for in the school kitchen by school cook
Educational visits and residentials	RA added and catered for
School transport, where arranged by the school	RA completed and added to evolve 2 weeks in advance

H. Incident reporting

Item	Local arrangement
Internal reporting system	Every Compliance
Person to whom incidents are reported	V.Unsworth, A.Cartwright and in their absence any member of SLT
Trust escalation contact	Rebecca Dunne, Deputy CEO/COO
Location of incident/near-miss form	Every Compliance
Arrangements for notifying parents	Face to face, Parents call/ all contacts / class dojo/ emails
Arrangements for review and learning	Case sampling discussed at SLT and distributed to all + minuted

Appendix 2: Emergency Anaphylaxis Procedure

Suspect anaphylaxis where there are airway, breathing or circulation symptoms

AIRWAY: throat or tongue swelling, hoarse voice, difficulty swallowing.
BREATHING: wheeze, difficulty breathing, persistent cough, noisy breathing.
CIRCULATION: dizziness, faintness, pale or clammy skin, confusion, collapse or unconsciousness.

Take immediate action

1. Give adrenaline immediately. If in doubt, give it.
2. Bring the medication to the person.
3. Do not allow them to stand or walk.
4. Call 999 and say “anaphylaxis”.
5. Use their prescribed device first, where available.
6. Use a school spare AAI where needed.
7. Give a second dose after five minutes if there is no improvement.
8. Call the parent or emergency contact.
9. Stay with the person and be prepared to start CPR.
10. Complete an incident report and notify the Allergy Safety Lead.

Display copy

Schools should display this procedure in staff areas, medical/first-aid areas and other suitable locations and include the school address and ambulance access instructions on the local display copy.

Appendix 3: Termly Emergency Medication Check

For information only – this will be completed using Every Compliance.

Check	Complete / action
Correct number of spare AAIs present	
Correct doses present	
Devices stored in pairs	
Devices in original packaging	
Devices clearly labelled as spare school stock	
Devices in date	
Solution appears clear where visible	
Devices not damaged	
Storage area unlocked and accessible	
Storage temperature appropriate	
Emergency instructions present	
Access achievable within five minutes	
Replacement or disposal action required	

Appendix 4: Allergy Incident or Near-Miss Record

For information only – this will be completed using Every Compliance.

Details	Record
Name of person affected	
Date and time	
Location	
Known or suspected allergen	
Description of what occurred	
Symptoms	
Medication administered	
Time medication administered	
Administered by	
Was 999 called?	
Parent/emergency contact notified	
Outcome	
Immediate safety action	
Serious incident, near miss or other reaction?	
Initial cause or contributing factors	
Pupil/student and parent views	
Staff involved in review	
Learning identified	
Changes required to IHP or Action Plan	
Changes required to policy, training or systems	
External reporting considered/completed	
Trust notified	
Actions, owners and deadlines	