Wembley Multi-Academy Trust

ACHIEVEMENT FOR ALL

WEMBLEY HIGH TECHNOLOGY COLLEGE

ALLERGY AWARENESS POLICY

Policy reference	WHTC-15
Policy owner	Headteacher
Policy version	0.01
Date updated	July 2026
Approved by	Board of Trustees
Date approved	Pending BoT Approval
Date of next review	September 2027

Policy owner	Tom Best, Headteacher
Named senior leader for allergy safety	Christopher Kenny, Deputy Headteacher / DSL
Operational medical lead	Aimen Nasir, DDSL – Medical Sharma Phillip – Welfare Officer Kelly Emonvuon – Welfare Officer
Effective from	1 September 2026
Review cycle	At least annually; sooner after a serious incident, near miss or relevant change in guidance
Next formal review	September 2027

Statutory status

This policy is prepared for implementation from 1 September 2026. It has been written with particular regard to the Department for Education statutory guidance "Allergy safety in schools" (published 6 July 2026), the Children and Families Act 2014 as amended by the Children's Wellbeing and Schools Act 2026, and the current statutory guidance on supporting pupils with medical conditions at school.

Contents

This policy is intentionally concise. The main body sets out the procedures staff must follow. Practical records and assurance tools are placed in the appendices

Non-negotiable emergency principle

If anaphylaxis is suspected

Give adrenaline without delay. If in doubt, give adrenaline. Do not make the person walk to Welfare or Reception: bring the medication and help to them. Call 999 and say "anaphylaxis". A second dose may be needed after 5 minutes if there is no improvement.

1. Status, purpose and scope

Wembley High Technology College (WHTC) is committed to ensuring that pupils with allergies are safe, included and able to participate fully in school life. Allergic reactions can be life-threatening, but good identification, risk reduction, rapid access to medication and confident emergency action significantly reduce risk.

WHTC's dedicated allergy safety policy applies during the whole school day which includes:

- Sixth form provision
- Breakfast Club
- All after-school activity
- During educational visits, sports fixtures,
- Throughout work-related school activities such as work experience
- During events organised by or on behalf of WHTC.

It covers students, staff and visitors.

The policy should be read alongside WHTC/WMAT policies on Supporting Pupils with Medical Conditions, First Aid and Medicines, Safeguarding and Child Protection, Educational Visits, Health and Safety, Attendance, Behaviour/Anti-Bullying and Data Protection.

Legal and guidance framework

- Children and Families Act 2014, section 100, as amended by section 34 of the Children's Wellbeing and Schools Act 2026: allergy safety policy, annual review and publicity requirements.
- Department for Education: Allergy safety in schools – statutory guidance (6 July 2026).
- Department for Education: Supporting pupils with medical conditions at school – statutory guidance (current version remains in force pending further update).
- Equality Act 2010, Health and Safety at Work etc. Act 1974, common law duty of care, relevant food allergen legislation and School Food Standards.

WHTC will have regard to statutory guidance. Where guidance or legislation changes, the current statutory position takes precedence and this policy will be updated.

2. Key WHTC roles and contacts

Role / Location	WHTC Arrangement
Headteacher	Tom Best
Named senior leader for allergy safety	Christopher Kenny – Deputy Headteacher / DSL
Operational medical lead	Aimen Nasir – DDSL (Medical)
Welfare Officer – Years 7–8	Sharma Phillip
Welfare Officer – Years 9–13	Kelly Emonvuon
Emergency	999 – request ambulance and state "anaphylaxis"
Spare emergency AAI kits	Welfare Office, Study Café and Staff Room. Adrenaline must be capable of being brought to any person on site within 5 minutes; additional kits will be added if required.

The named senior leader is responsible for driving implementation and review. Welfare staff coordinate the day-to-day medical register, IHP administration, medication checks and liaison with parents, healthcare professionals and catering. This does not remove the responsibility of every member of staff to act in an emergency.

3. Staff emergency action guide

If…	Do this now
A pupil has mild or moderate allergy symptoms	Stay with the pupil and support them to lie down. Follow their Allergy Action Plan/IHP. They can raise their legs, and if they are struggling to breath, raise their shoulders or sit up slowly. Locate prescribed medication and seek Welfare support. Monitor closely because symptoms can worsen.
There are Airway, Breathing or Circulation symptoms, or you suspect anaphylaxis	Give adrenaline immediately. If in doubt, give adrenaline. Call 999 and say “anaphylaxis”. Do not wait for Welfare or a parent before giving adrenaline.
The pupil’s own adrenaline device is unavailable, inaccessible or misfires	Use a WHTC spare AAI immediately. Do not delay treatment while checking whether advance consent was recorded.
There is no improvement after 5 minutes	Give a second dose of adrenaline using the second prescribed device or second spare AAI. Update 999. The second dose is applied in the opposite leg to optimize absorption.
The pupil is elsewhere on site	Bring medication and help to the pupil. Do not make a person with suspected anaphylaxis stand or walk to Welfare/Reception.
A pupil reports a new/suspected allergy with no diagnosis or plan	Take the report seriously. Put proportionate interim arrangements in place and notify Welfare/Allergy Safety Lead. Seek healthcare advice where necessary; do not dismiss the concern because diagnosis is pending.

4. Roles and responsibilities

4.1 Headteacher and Trust Board

- Ensure WHTC has, publishes and implements an allergy safety policy and reviews it at least annually.
- Ensure sufficient resources, staffing, training, risk management and emergency medication arrangements are in place.
- Receive assurance on serious incidents/near misses and ensure lessons are acted on.

4.2 Named senior leader for allergy safety

- Lead implementation, annual review and whole-school awareness of the policy.
- Ensure allergy risks appear in relevant school risk management and that site arrangements enable access to adrenaline within 5 minutes.
- Ensure significant incidents and near misses are reviewed, reported appropriately and used to improve practice.

4.3 Welfare / medical team

- Maintain the allergy/medical register, IHPs, Allergy Action Plans and records of prescribed medication.
- Coordinate IHPs with pupils, parents and healthcare professionals and review them when circumstances or clinical advice change.
- Check prescribed medication and WHTC spare AAI stocks routinely, including expiry dates, condition, location and replacement after use.
- Provide staff with relevant, proportionate information and ensure catering and trip leaders receive the information required to keep pupils safe.

4.4 All staff

- Complete required allergy awareness and emergency response training and know where spare AAIs are located.
- Know how to access allergy information for pupils in their care and follow IHPs/Action Plans.
- Consider allergen risk when planning lessons, food-related activities, events, trips and visits.
- Respond immediately to symptoms; in anaphylaxis, give adrenaline first and call 999.
- Record and report allergic reactions and near misses promptly.

4.5 Parents/carers and pupils

- Parents/carers should provide accurate, up-to-date information, current clinical/action plans and prescribed medication, and notify WHTC of changes.
- Pupils should be supported, in an age-appropriate way, to understand their allergy, avoid known allergens, identify symptoms and seek help early.
- Older pupils who can safely self-manage will be encouraged to carry and use their prescribed medication in line with their IHP.

5. Identifying allergies, records and Individual Healthcare Plans

5.1 Identification and the allergy register
WHTC will identify allergy needs through admission information, transition records, parent/pupil notification, healthcare advice and changes arising during the year. The secure allergy/medical register records the individual, known allergens, emergency medication, whether an IHP is in place and whether there is an Allergy/Asthma Action Plan.

- For pupils joining at the start of an academic year, arrangements are be ready for the start of term.
- For mid-year admissions, WHTC ensures that appropriate arrangements are in place before the student's start date.
- Photos and full details of students with allergies is made available to caterers in the Dining Halls via secure school systems. Health information will not be displayed publicly or shared more widely than necessary.

5.2 When an IHP is required
Not every allergy requires an Individual Healthcare Plan (IHP). WHTC will normally put an IHP in place where the allergy creates a risk of harm, and requires arrangements additional to or different from normal school practice.

The named senior leader decides whether an IHP is required in discussion with the pupil, parents/carers and relevant healthcare professionals. Lack of a confirmed diagnosis does not prevent WHTC putting interim safety arrangements in place.

5.3 What the IHP must cover

- Known allergens, likely symptoms, impact on health/learning/wellbeing and any relevant interaction with SEND.
- Risk reduction and reasonable adjustments, including food, lessons, PE, social time, travel, trips and examinations where relevant.
- Emergency response, medication arrangements, who needs the information and emergency contacts.
- The pupil's role in self-management and what support/monitoring remains necessary.

Where a healthcare professional has issued an Allergy Action Plan and/or Asthma Action Plan, it will be attached or clearly referenced in the IHP. WHTC will not rewrite clinical instructions in a way that could introduce error. The most recent clinical plan takes precedence.

6. Allergy awareness training

All staff receive allergy awareness and emergency response training at least annually. This includes permanent staff, temporary and supply staff, peripatetic staff, agency workers, catering staff and regular volunteers with pupil-facing duties.

- New staff receive allergy safety information as part of induction. Supply/cover staff receive the key emergency and pupil-specific information they need before taking responsibility for pupils.
- Training covers allergy and anaphylaxis, differences between allergy/intolerance/coeliac disease, signs and symptoms, emergency positioning, calling 999, how and when to give adrenaline, use of prescribed and spare devices, asthma interaction, location of medication, IHP/Action Plans, risk reduction, wellbeing and incident/near-miss reporting.
- Practical familiarisation with trainer AAIs/devices is included. Staff who support additional clinical interventions receive separate competency-based training required for that task.
- Training attendance is recorded and reviewed so that there is sufficient trained cover for school activities, trips and out-of-hours events.
- External exam invigilators receive a brief 'Allergy Safety Fast-Sheet' upon arrival, detailing any pupils in their assigned room/hall with diagnosed anaphylaxis and the location of the nearest spare AAI kit.

Key message for staff
Anaphylaxis can occur in someone with no previously known allergy and may occur without a rash or other skin symptoms. All staff must be able to recognise Airway, Breathing and Circulation warning signs and act immediately.

7. Minimising exposure and food safety

7.1 Allergy-aware, not "allergy-free"
WHTC is an allergy-aware school. We do not describe the site as "allergy-free" or "nut-free", because this can create a false sense of security and does not address the full range of allergens. WHTC may discourage particular foods where a risk assessment supports this, but active risk management and emergency readiness remain essential.

7.2 Catering and mealtimes

- Catering arrangements comply with food allergen legislation and provide clear information on regulated allergens. Prepacked-for-direct-sale food meets applicable ingredient and allergen labelling requirements.
- Catering staff have access to the information required to identify pupils with food allergy and provide an allergen-safe meal. WHTC will use at least two robust identification/checking methods at mealtimes, for example a staff-only photo allergy register plus a point-of-service check.
- Pupils with allergy will not routinely be segregated from peers at mealtimes. Any individual seating adjustment must be justified by risk assessment and recorded in the IHP.
- Sharing or trading food, drinks, utensils and food containers is not permitted where this creates an allergy risk.
- Food preparation and serving procedures will minimise cross-contact, including appropriate cleaning, separate handling where required and clear communication if menu substitutions occur.
- If catering is provided by an external contractor, compliance with this policy, allergen labelling, and staff training standards must be explicitly written into the Service Level Agreement (SLA). The Catering Lead must participate in the annual policy review.

7.3 Food brought into school and curriculum activities

- Unlabelled food creates particular risk. Food supplied for events, rewards, celebrations or activities must have reliable ingredient/allergen information and be managed so that pupils with allergy are safely included.
- Staff planning cooking, food technology, science, art/craft, music, cultural events or activities involving animals must check the needs of participating pupils and substitute safer materials where required.
- Potential hidden sources include reused food packaging, wheat-containing play dough, some glues, latex, animal feed, cosmetics and cleaning products.

7.4 Contact and airborne allergens
Where a pupil has a known allergy to an airborne or contact allergen, WHTC will make reasonable adjustments identified through the IHP/risk assessment. This may include cleaning, ventilation, product substitution, seating/location changes, avoidance of particular materials or controls around animals/insect nests.

8. Medication, prescribed adrenaline devices and spare AAIs

8.1 Prescribed adrenaline devices
People at risk of anaphylaxis are normally prescribed two adrenaline devices because a second dose may be required. Prescribed devices may be adrenaline auto-injectors (AAIs) or, where prescribed by a clinician, a non-injectable nasal adrenaline device.

- Secondary-age pupils who can safely self-manage are expected and supported to carry both prescribed devices with them at all times, including travel to and from school, lessons, social time, PE and trips.
- Where carrying medication is not appropriate, the IHP will specify an unlocked, readily accessible storage arrangement. The pupil must still be able to receive adrenaline within 5 minutes.
- Welfare maintains a record of prescribed adrenaline and relevant Action Plans, checks expiry information and prompts for replacement. Parents/pupils must notify WHTC if medication changes.

8.2 WHTC spare AAIs

WHTC stocks spare AAIs for emergency use in line with current DfE/DHSC guidance. Because WHTC is a large secondary school, at least two pairs of spare AAIs of an appropriate dose are maintained, subject to the annual site risk assessment.

- Emergency kit locations are the Welfare Office and Staff Room. Kits are clearly labelled, readily accessible to staff and not locked away.
- All emergency kit locations (Welfare, Staff Room, Study Café) are clearly identified with standard green-and-white emergency medical signage. Maps showing emergency kit locations will be posted in all staff workrooms and departmental hubs
- Spare AAIs are stored in pairs and positioned so that a pair can be brought to any person experiencing anaphylaxis within 5 minutes. If this cannot be achieved, additional kits will be provided.
- Each kit is checked at least monthly and after any use for device condition, expiry and completeness. Used or expired AAIs are replaced promptly and disposed of safely.
- The pupil's own prescribed device should be used first where immediately available. A spare AAI must be used without delay if the prescribed device is unavailable, inaccessible or misfires, or where a person has suspected anaphylaxis and no prescribed device is available.

Current rules permit schools to stock spare AAIs. Non-injectable nasal adrenaline may be prescribed to an individual but is not currently the standard school "spare" stock; if a prescribed nasal device is unavailable in anaphylaxis, the school spare AAI may be used.

Consent must not delay life-saving treatment

It is good practice to obtain advance consent for use of school spare AAIs, but in a life-threatening emergency staff must not delay reasonable action to save a life while checking consent records.

9. Responding to allergic reactions and anaphylaxis

9.1 Mild or moderate reaction

Symptoms can include swelling of lips/face/eyes, itching/tingling, hives or itchy skin, abdominal pain/vomiting or a sudden change in behaviour. Follow the individual Allergy Action Plan/IHP, give medication prescribed for those symptoms and monitor closely. Seek help and keep emergency adrenaline immediately available.

9.2 Suspected anaphylaxis

Anaphylaxis is a potentially fatal reaction affecting Airways, Breathing or Circulation. Warning signs include persistent cough, hoarse voice, difficulty swallowing, swollen tongue, difficult/noisy breathing, wheeze/persistent cough, persistent dizziness, pallor/floppiness, sudden sleepiness or collapse/unconsciousness. Skin symptoms may be absent.

1. Give adrenaline immediately. If in doubt, give adrenaline. Do not wait to call a parent, Welfare or 999 first.
2. Call 999 immediately after giving adrenaline and state "anaphylaxis". Send someone to meet the ambulance and bring the second device/spare kit.
3. Keep the person in the correct position: lie flat with legs raised; if breathing is difficult they may sit with legs extended. Do not allow them to stand or walk. If unconscious, use the recovery position. Start CPR if there are no signs of life.
4. If there is no improvement after 5 minutes, give a second dose of adrenaline and update the ambulance service.
5. Stay with the person continuously until emergency services take over. Inform parents/carers as soon as practicable after emergency treatment has started.

If a pupil has asthma and food allergy and suddenly develops breathing difficulty, staff must consider anaphylaxis. A reliever inhaler may be used after adrenaline where the Action Plan indicates, but it must never replace adrenaline for suspected anaphylaxis.

10. Trips, activities and off-site provision

Allergy must not create unnecessary barriers to participation. Trip/activity leaders must plan early and include allergy risks in the specific risk assessment.

- The pupil's current IHP/Action Plan and both prescribed adrenaline devices must travel with them where relevant; medication must remain accessible, not packed away in luggage or a locked vehicle.
- At least one accompanying adult must be confident and trained to recognise anaphylaxis and administer adrenaline. Staff should know the location of the nearest emergency medical support and how to contact emergency services.
- Food and accommodation arrangements must be checked in advance for residentials, restaurants, work experience and external providers. The provider must receive relevant information on a need-to-know basis.
- Parents will not routinely be required to accompany a pupil solely because of allergy. WHTC will make reasonable arrangements to enable participation safely.
- PE, fixtures, examinations and enrichment activities must preserve rapid access to prescribed adrenaline. Any temporary change in location or routine must be considered.

11. Inclusion, wellbeing, attendance and self-management

Allergy can significantly affect confidence, social participation and anxiety. WHTC will listen to pupils and parents and seek practical arrangements that protect safety without unnecessary restriction or stigma.

- Pupils with allergy will be included in meals, curriculum, trips, enrichment and social activities wherever reasonable risk controls can be put in place.
- Bullying, threats involving allergens or deliberate exposure to a known allergen will be treated as serious behaviour and safeguarding concerns and responded to under relevant school policies.
- Pupils will not be penalised for allergy-related medical appointments or unavoidable allergy-related absence, and appropriate support will be provided for missed learning.
- WHTC will not require parents to attend school to administer medication or provide routine medical support that the school is reasonably expected to arrange.
- As pupils mature, they will be encouraged to take increasing responsibility for checking food, carrying medication and communicating their needs, while WHTC continues to provide appropriate adult oversight.

12. Serious incidents, near misses and learning

WHTC will record, report, investigate and learn from serious allergy incidents and near misses. A near miss includes an event that could reasonably have caused harm but did not, for example incorrect food being served but intercepted before consumption, inaccessible medication, expired emergency stock or a delay in response.

- Immediate care and safety take priority. The incident is then recorded factually, including timeline, symptoms, medication, emergency response, food/product details where relevant and the people involved.
- Parents/carers are informed. Serious incidents and significant near misses are reported to the Headteacher, named Senior Leader and WMAT Trustee for Safeguarding, alongside any statutory reporting obligations.
- The named Senior Leader leads a proportionate review, involving catering/health and safety/safeguarding/healthcare professionals as relevant. The review identifies root causes, learning and actions.
- The relevant IHP, risk assessment, training, catering controls, emergency stock arrangements and this policy are reviewed and updated where necessary.
- Where an allergen-related food safety issue may extend beyond a single contained incident, WHTC/catering will seek appropriate environmental health/Food Standards advice and make any required notifications.
- Following any incident where adrenaline is administered, the Named Senior Leader will coordinate a debrief for involved staff and ensure pastoral/wellbeing support is offered to both the pupil and responding staff members

Safeguarding interface
Allergy is primarily a medical safety issue, but circumstances may also raise safeguarding concerns, for example deliberate exposure, neglect of essential medication, fabricated/induced illness concerns or repeated failure to provide necessary healthcare. Staff must follow the WHTC Safeguarding and Child Protection Policy whenever a safeguarding concern arises.

13. Staff, visitors and contractors

Staff and regular visitors are encouraged to tell WHTC confidentially about significant allergies where this is relevant to their safety at work or while on site. Appropriate workplace risk assessment, reasonable adjustments and emergency arrangements will be agreed as necessary.

- Relevant colleagues may be told what they need to know to respond safely, with information shared proportionately and respectfully.
- Visitors participating in activities, events or catering arrangements should be asked about significant allergies in advance where appropriate.
- Contractors with no pupil-facing role do not require full allergy training, but must comply with site rules that affect allergy safety, such as food, cleaning, chemical or pest-control arrangements.

14. Governance, publication, review and related guidance

14.1 Publication and awareness
From 1 September 2026, WHTC will publish this policy on its website, make it available in hard copy on request and bring it to the attention of pupils, parents/carers and everyone who works at the school at least annually. Staff awareness is reinforced through annual training, induction and briefings.

14.2 Review and assurance
- The policy is reviewed at least annually and sooner after a serious incident or near miss, significant local change, site change or new statutory/clinical guidance.
- The named senior leader reports on implementation and assurance to the Headteacher and WMAT Trustees.
- The annual review must test whether medication can reach all areas within 5 minutes, spare AAI stock is adequate, training coverage is complete, IHPs/Action Plans are current, catering controls are effective and learning from incidents has been implemented.

14.3 Related guidance and resources
- DfE – Allergy safety in schools (statutory guidance)
- DfE – Allergy safety policy template and IHP template
- DfE – Supporting pupils with medical conditions at school
- DfE – Allergy guidance for schools / food allergy
- DHSC/DfE – Emergency adrenaline auto-injectors in schools
- BSACI – Allergy Action Plans
- Anaphylaxis UK – Safer Schools resources

Appendix A. Emergency anaphylaxis quick guide

ANAPHYLAXIS = AIRWAY / BREATHING / CIRCULATION PROBLEM

Persistent cough or hoarse voice; difficulty swallowing or swollen tongue; difficult/noisy breathing or wheeze; persistent dizziness, pale/floppy appearance, sudden sleepiness, collapse or unconsciousness. A rash is NOT required.

If any ABC sign is present – or if you are in doubt

1. Give adrenaline immediately using the pupil's own device if available; otherwise use a WHTC spare AAI.
2. Call 999 and say "ANAPHYLAXIS". Do not delay adrenaline while making the call.
3. Lie the person flat with legs raised. If breathing is difficult, allow them to sit with legs extended. Do not let them stand or walk.
4. Send someone to bring the second device/spare AAI and meet the ambulance.
5. If there is no improvement after 5 minutes, give the second dose of adrenaline.
6. If unconscious, place in the recovery position. If there are no signs of life, begin CPR.
7. Stay with them and hand over to paramedics. Inform parents/carers as soon as practicable after emergency treatment has started.

Remember

If a person with food allergy and asthma suddenly develops breathing difficulty, consider anaphylaxis. Give adrenaline first. A reliever inhaler does not replace adrenaline.

This quick guide does not replace an individual Allergy Action Plan. Where an individual clinical plan exists, follow it.

Appendix B. Spare AAI management and monthly check record

WHTC spare AAI arrangements

Kit 1 location	Welfare Office
Kit 2 location	Staff Room
Kit 3 Location	Study Café
Minimum stock	At least two pairs of spare AAIs of an appropriate dose for WHTC pupils, subject to annual risk assessment and current DHSC guidance
Accessibility	Unlocked / readily accessible to staff; clearly labelled emergency anaphylaxis kit
Maximum response time	A pair of AAIs must be capable of being brought to any person experiencing anaphylaxis within 5 minutes
Responsible for checks	Welfare / Medical team; oversight by named Allergy Safety Lead
Check frequency	At least monthly and immediately after use or known damage

Monthly recorded checks

Date	Location	Device / batch	Expiry	Condition / seal	Checked by	Action / replacement

After use: record the administration, replace stock promptly and dispose of used AAIs safely (for example by handing to paramedics, pharmacy or approved sharps disposal route).

Appendix C. Serious incident / near miss review form

Pupil / person	
Date / time / location	
Incident type	☐ allergic reaction ☐ anaphylaxis ☐ food/allergen error ☐ medication/access issue ☐ near miss ☐ other
Lead reviewer	
Parent/carer informed	
External agencies / healthcare involved	

Factual timeline

Time	What happened / symptoms / action	Who was involved

Emergency response and medication

Medication / device	Time given	Dose / device	Effect / next action

Appendix C. Serious incident / near miss review form – continued

Review and learning

Immediate cause / contributing factors	
What worked well	
What did not work / risk identified	
Changes required to IHP / risk assessment / catering / training / stock / site arrangements	
Statutory / governance reporting required	
Action owner and deadline	
Date actions checked as complete	

Appendix D. Annual allergy safety assurance checklist

The named Allergy Safety Lead should complete this review at least annually and after any significant incident/near miss. Evidence can be recorded in the final column.

Area	Assurance question	RAG / Y-N	Evidence / action
Policy and governance	Policy reviewed within 12 months; published on website; brought to attention of pupils, parents and all staff; named senior lead confirmed.		
Training	All pupil-facing staff groups have completed annual allergy awareness/emergency response training; induction and supply arrangements are effective.		
Identification	Allergy/medical register is current; transition/new starter arrangements are timely; appropriate staff can access relevant information.		
IHPs / Action Plans	IHP decisions are documented; current Allergy/Asthma Action Plans are attached/referenced; plans are reviewed after changes/incidents.		
Prescribed adrenaline	Pupils prescribed adrenaline have rapid access to both prescribed devices; expiry monitoring and self-carry arrangements are effective.		
Spare AAIs	Stock held in pairs; correct/current dose; in date; clearly labelled; unlocked; monthly checks complete; replacement process tested.		
Five-minute access	Site test/risk assessment confirms a pair of AAIs can be brought to any occupied pupil area within 5 minutes. Additional kit locations added where needed.		
Catering / food	Allergen information and cross-contact controls are current; two robust pupil identification/checking methods operate at mealtimes; PPDS labelling requirements are met.		
Curriculum / activities	Food technology, science, arts/crafts, animals, events and rewards arrangements require allergen checks and reasonable substitutions.		
Trips / off-site	Trip risk assessments address allergy; prescribed medication travels with pupil; trained adult cover and emergency arrangements are confirmed.		
Inclusion / wellbeing	No unnecessary segregation or exclusion; bullying/allergen threats addressed; attendance and missed learning support reflects medical needs.		
Incidents / near misses	All incidents and near misses recorded; parents/governance informed as required; learning actions completed; policies/IHPs updated.		
Data protection	Health information is shared on a necessary and proportionate basis; staff-only information is secure; no unnecessary public display.		

Review completed by: _____ Date: _____

Reported to: _____