

Jessie Younghusband Primary School



Allergy Safety Policy

Adopted by governing body: 7th July 2026

Review date: annual or after any serious incident

1. Purpose

This policy sets out how Jessie Younghusband Primary School identifies and supports children, staff and visitors with allergies so they are safe and can participate fully in school life. It follows the Department for Education statutory guidance “Allergy safety in schools” (6 July 2026).

2. Named lead and governance

Named senior lead: Luke Hanna (Headteacher) supported by Charlotte Elkington (SBM) Safeguarding governor / governor link: Sue Webb.

The named lead is responsible for maintaining the allergy register, ensuring training, overseeing Individual Healthcare Plans (IHPs), arranging spare AAls and reporting to governors.

3. Identification, admissions and record keeping

- Allergy information is collected at admission via the admissions pack and recorded on Bromcom with an allergy flag. Staff record allergy information on induction.
- We remind parents/staff twice yearly to update allergy information and contact those with identified allergies annually to confirm medication and expiry dates.
- Pupils who use WSCC catering must complete allergy information before meals are provided; these pupils wear a designated lanyard at meal service and are flagged on the electronic meal-checking system.
- The school keeps a secure allergy register (name, photo, known allergens, IHP status). A staff-only copy is displayed in the medication cupboard area and by the catering hatch.

4. Individual Healthcare Plans (IHPs) and Allergy Action Plans

- Children requiring specific supportive arrangements have an IHP. IHPs are produced with parents, the SENCo and relevant healthcare professionals. Copies are stored in the child’s medication box and on the secure central file used by staff who need to know.

5. Training, induction and supply staff

- All staff present during pupil hours receive annual allergy awareness and emergency response training (recognition of allergic reactions/anaphylaxis, locating and using AAls, calling emergency services, recording incidents). Induction includes the same training for new staff.
- Supply, peripatetic and regular volunteers are given temporary access to the staff drive containing training videos and must confirm they have watched the material before they begin pupil contact. Catering and before/after-school staff are included in training.

6. Medication storage and spare AAls

- All prescribed medication is stored centrally in the staff room cupboard in clearly labelled individual easy-open boxes containing the child’s medication, IHP and a simple flow chart. A list of children with known allergies (with photos) is held there and by the catering hatch; accessible to staff only.

- The school will hold spare adrenaline auto-injectors (AAIs) in accordance with DfE guidance. The policy describes where spare AAIs are stored, who may access them, and a schedule for checking expiry dates.

6a. Spare adrenaline auto-injector (AAI) arrangements

- **Provision and sourcing**
The school holds one or more spare adrenaline auto-injectors (AAIs) for emergency use. Spare AAI(s) have been obtained via the school nursing service and are owned and managed by Jessie Younghusband Primary.
- **Storage and labelling**
Spare AAI(s) are stored in the same central location as children's prescribed medication: the labelled medication cupboard in the staff room. The spare AAI(s) are kept in a clearly labelled box marked "Spare AAI — For emergency use only" and are stored alongside the school's medical records for ease of access. The exact location is: staff room medication cupboard, top shelf, right hand side. Only authorised staff may access the cupboard.
- **Access and authorised staff**
Access to the spare AAI(s) is restricted to trained, authorised staff. The named senior lead (Luke Hanna) maintains and publishes the list of staff authorised to access and administer spare AAIs. A copy of the authorised-staff list is held with the medication cupboard register and on the staff drive.
- **Use in an emergency**
Spare AAI(s) will be used only in accordance with the child's IHP/Allergy Action Plan or where a child is displaying signs of anaphylaxis and:
a) the child's own prescribed AAI is not immediately available, or
b) the child's AAI has passed its expiry date or failed to operate, or
c) the child's AAI has already been used and a second dose is required.
If a spare AAI is used, staff must call 999 immediately, inform the office to contact parents, and follow post-administration procedures (monitoring, recovery position if required) until ambulance arrival.
- **Consent and communication**
The school has informed parents via admissions and routine communications that the school holds spare AAI(s) for use in an emergency. Where possible, the school will seek parental agreement for the use of spare AAI(s) at admission or when an IHP is created/updated. However, in an emergency where a child is at risk of anaphylaxis, staff will use a spare AAI without delay where clinically required.
- **Record keeping and replacement**
Any use of a spare AAI is logged immediately in the WSCC Health & Safety portal and recorded on the child's medical record. The named lead ensures the spare AAI is replaced without delay following use and that replacement details (supplier, batch/serial number, expiry date, procurement evidence) are recorded. Spare AAI(s) are checked termly and by the named lead each half-term for in-date status; checks are logged (date, checker, action).
- **Training and competency**
Only staff who have completed the school's allergy emergency training are authorised to administer spare AAIs. The competency log is maintained by the named lead.

7. Storage and access — children's medication and adrenaline auto-injectors (AAIs)

- **Central storage location**

All children's prescribed medication, including adrenaline auto-injectors (AAIs), is stored centrally in the staff room medication cupboard. Medication is kept in individual, easy-open, clearly labelled boxes. Each box is labelled with the child's full name, class, date of birth and a recent photo. A register of contents is kept with the cupboard and on the secure staff drive.

- **Contents of each box**

Each individual medication box contains:

- the child's prescribed medication(s) (e.g. AAI, inhaler), clearly labelled;
- the child's Individual Healthcare Plan (IHP) and/or Allergy Action Plan;
- a single-page, easy-read emergency flowchart (see below) that sets out immediate actions for staff and visitors; and
- contact details for parents/carers and the child's named healthcare professional (if provided).

- **Labelling and visibility for staff only**

Medication boxes and the cupboard display a staff-only list (name, photo, allergens) that is visible to authorised staff and catering staff where relevant (for meal service). These lists are not displayed where pupils or visitors can view them. The cupboard is kept locked when not attended by authorised staff.

- **Access and authorised staff**

Only authorised, trained staff may access medication boxes. A current list of authorised staff is held with the medication register and on the staff drive. Supply and visiting staff must be shown where medication is kept as part of induction or briefing before they begin pupil contact.

- **Access for visitors in an emergency**

Where a visitor (for example a visiting teacher, contractor on site-staffed event or volunteer) needs to know the location of medication in an emergency, an authorised member of staff will retrieve the relevant box and the flowchart and brief the visitor immediately. Visitors must not remove medication from the school.

- **Checking, audit and expiry management**

The named lead (Luke Hanna) ensures that medication contents and expiry dates are checked termly; parents are reminded annually and at point of expiry to replace medication. Checks are logged (date, checker, actions). Any out-of-date medication is returned to parents or disposed of according to local NHS guidance.

- **Security, privacy and data protection**

Medical records and IHPs are stored in line with data protection requirements. Staff access to the medication cupboard and the allergy register is restricted to those who need the information to safeguard the child.

8. Daily routines, catering and food handling

- Catering staff follow documented procedures for special diets and allergen controls. Staff running classroom food activities, food technology, science and craft check allergen information prior to sessions and follow risk assessments.

9. Visits, trips and clubs

- For each trip, the trip lead carries the medication boxes and IHPs for children in their group and is responsible for access to medication and AAls. Children who split into smaller groups remain with staff trained to support allergies; volunteer helpers will not be the only adult responsible for a child with an allergy.
- External club providers must be Ofsted-registered (where applicable) and provide evidence of training and safe medication arrangements. Internal clubs follow school daily procedures.

10. Reporting, recording, investigation and complaints

- All allergic reactions and near misses are recorded through the WSCC Health & Safety portal and the school incident processes. The Headteacher and governors review incidents; lessons learned are implemented and IHPs/policy amended where necessary.
- The school complaints process allows parents to raise concerns or complaints following a serious incident or a prolonged failure to implement agreed arrangements.

11. Communication, publication and awareness-raising

- The policy is published on the school website and on the internal portal. Parents are informed about the policy at meet-the-teacher events and when an IHP is created or updated. Pupils receive age-appropriate allergy awareness through assemblies and curriculum activities to support inclusion and reduce bullying.

12. Data protection and information sharing

- Medical information is handled in line with data protection law. Parental consent is sought for sharing IHPs with staff who need the information. The school will seek copies of IHPs from previous settings and aim to have arrangements in place by the start of term, or within two weeks where a child arrives mid-term.

13. Monitoring and review

- The named lead will produce an annual report to governors including training completion, incidents, spare AAI stock and policy review. This policy will be reviewed at least annually and following any serious incident.

Appendix A — Staff quick guide (one page)

Where to find the allergy register: Bromcom / staff room cupboard / catering hatch.

Where medication is stored: labelled individual boxes in the staff room medication cupboard (central location).

Spare AAls: Staffroom Medical Cupboard

If a child has an allergic reaction:

- Send for a trained member of staff and the child's medication box / IHP.
- If signs of anaphylaxis (difficulty breathing, swelling of face/throat, persistent cough/wheeze, collapse), give adrenaline immediately (child's AAI or school spare), call 999 and notify office/head.
- After AAI administration, place child in recovery position if breathing, monitor until ambulance arrives and record on WSCC H&S portal. Do not hesitate to use an AAI if unsure.

Trips: trip lead takes medication boxes and IHPs; named lead ensures medication is in date and accessible.

Near misses: report immediately on WSCC H&S portal and inform Headteacher.

Appendix B — INSET structure

Whole staff (60 minutes): Headteacher introduction (5–10 mins) → short awareness video (20 mins) → school procedures (20 mins) → Q&A and sign-off (10–15 mins).

Extended (45–60 mins) for key staff: school nurse demonstration using trainer pens, scenario practice, competency sign-off, review of IHPs and trip arrangements.

Resources Used:

- Allergy School (Natasha Allergy Research Foundation) — free staff modules and pupil resources.
- NHS / local Trust AAI instructional videos (short device technique videos for EpiPen/Jext).
- GOV.UK AAI safety campaign materials.
Use these videos for whole-staff awareness; follow with a practical demonstration led by a clinician using trainer pens and record competency for key staff.