



TOWNLEY
— EST 1937 —
GRAMMAR SCHOOL

ALLERGY SAFETY POLICY

Including the prevention and emergency management of anaphylaxis

2026/2027

Legal implementation note

This policy is drafted to meet sections 100A and 100B of the Children and Families Act 2014, inserted by section 34 of the Children's Wellbeing and Schools Act 2026 (commonly referred to as Benedict's Law).

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1. Purpose and aims

Townley Grammar School recognises that allergy can be a serious and, in the case of anaphylaxis, life-threatening medical condition. The school will take a proactive, whole-school and inclusive approach so that students with allergies can attend, learn and participate safely and with dignity.

This policy aims to:

- provide a consistent framework for identifying and managing allergy-related risks;
- ensure that prescribed and school-held emergency medication can be accessed and administered without avoidable delay;
- ensure all staff can recognise an allergic reaction and know how to summon help and respond to anaphylaxis;

- minimise exposure to known allergens without creating a false assurance that the school can be completely allergen-free;
- promote full participation in lessons, dining, enrichment, clubs, educational visits and residential trips;
- support the emotional wellbeing, attendance and student voice of those living with an allergy;
- record, report and learn from allergic reactions, serious incidents and near misses; and
- meet the school's duties under Benedict's Law and associated statutory guidance.

2. Scope and guiding principles

This policy applies throughout the school day and to breakfast or after-school provision, clubs, sports, performances, examinations, work experience arranged by the school, educational visits, residential trips, transport and any activity where students are under the lawful control or charge of school staff.

The school will apply the following principles:

- **Safety without delay.** Where anaphylaxis is suspected, adrenaline must be given immediately. Staff must not wait for a named first aider, a parent or a senior leader before acting.
- **Allergy-aware, not allergen-free.** The school cannot guarantee an allergen-free environment. It will actively reduce foreseeable exposure, maintain robust emergency arrangements and avoid language that creates a false sense of security.
- **Individualised support.** Risk controls will reflect the person's known allergens, route of exposure, history, prescribed treatment, co-existing asthma and maturity.
- **Inclusion and reasonable adjustment.** Allergy must not be used as a reason to exclude a student from curriculum activities, school meals, clubs or visits where risks can be managed through reasonable and proportionate adjustments.
- **Shared responsibility.** Trustees, leaders, medical staff, teachers, associate staff, catering staff, students, parents/carers and external providers each have a role in keeping the school allergy-aware.
- **Continuous improvement.** The school will use incident data, near misses, fire drills, audits and student/parent feedback to improve practice. The school's Health and Safety committee reviews all incidents to inform and develop school practices and procedures.

3. Legal and statutory framework

This policy has due regard to:

- Children and Families Act 2014, sections 100, 100A and 100B, as amended by the Children's Wellbeing and Schools Act 2026;
- Department for Education statutory guidance on supporting pupils with medical conditions, including the allergy-specific statutory guidance in force at the time;
- Human Medicines Regulations 2012, as amended in 2017, permitting schools to obtain spare adrenaline auto-injectors for emergency use;
- Equality Act 2010, including the duty to avoid disability discrimination and make reasonable adjustments where allergy constitutes a disability;

- Health and Safety at Work etc. Act 1974 and associated risk-management duties;
- Food Information Regulations 2014 and applicable allergen-information requirements, including prepacked for direct sale food labelling requirements commonly known as Natasha's Law;
- Data Protection Act 2018 and UK GDPR; and
- relevant Department for Education, Department of Health and Social Care, Medicines and Healthcare products Regulatory Agency, Food Standards Agency and Resuscitation Council UK guidance.

Where statutory guidance, regulations or clinical advice are updated, the current legal and clinical requirements take precedence over any inconsistent wording in this policy.

4. Definitions

Term	Meaning
Allergy	An immune response to a substance that is usually harmless to most people. Allergens may be ingested, inhaled, injected or absorbed through contact.
Allergic reaction	A reaction that may range from mild or moderate symptoms to anaphylaxis. A reaction can progress rapidly and may occur without skin symptoms.
Anaphylaxis	A severe, potentially life-threatening allergic reaction affecting the airway, breathing or circulation.
Adrenaline device (AD)	A prescribed or school-held device delivering emergency adrenaline, including an adrenaline auto-injector (AAI) and any other legally authorised device. School-held stock will comply with the law in force.
Allergy Action Plan	A clinician-approved emergency plan describing symptoms and treatment. It is attached to and read alongside the student's Individual Healthcare Plan.
Individual Healthcare Plan (IHCP)	The school's agreed plan setting out a student's medical needs, risk controls, medication, responsibilities, participation arrangements and emergency response.
Cross-contact	The unintended transfer of an allergen from one food, surface, utensil, hand or environment to another.
Near miss	An event that could reasonably have resulted in an allergic reaction or delayed emergency response but did not cause harm.

5. Governance, leadership and responsibilities

5.1 Board of Trustees

- ensure the school maintains, reviews, publicises and publishes a written allergy safety policy;
- designate a named trustee for strategic oversight of allergy safety;

- ensure allergy safety is included in the school risk register and that sufficient resources are available for training, medication, equipment and risk controls;
- receive at least annual assurance on training compliance, medication availability, incidents, near misses and improvement actions; and
- review the policy at least annually and after any serious incident or significant near miss.

5.2 Headteacher

- ensure this policy is implemented across teaching, pastoral, medical, catering, premises and extracurricular provision;
- ensure contractual arrangements with caterers and third-party providers reflect this policy;
- authorise the purchase of spare AAIs and any other legally permitted emergency devices; and
- ensure emergency plans, staffing and communication arrangements are effective during the full range of school activities.

5.3 Named senior leader: Assistant Headteacher: SENDCo

- provide strategic leadership for allergy safety and act as the link between trustees, the Headteacher, Medical Team, catering and curriculum leaders;
- ensure the allergy register, IHCP process, risk-management arrangements and training programme are audited;
- ensure allergic reactions and near misses are reviewed, lessons are implemented and reports are provided to trustees;
- coordinate reasonable adjustments where allergy overlaps with SEND, disability, anxiety, attendance or safeguarding needs; and
- ensure that final statutory regulations and guidance are incorporated into school procedures.

5.4 School Nurse / Medical Welfare Officer and Medical Team

- maintain the confidential allergy register and ensure relevant information is available to staff who need it;
- coordinate IHCPs and ensure current Allergy Action Plans and, where relevant, Asthma Plans are attached;
- check prescribed medication and school-held emergency stock, including expiry dates, storage, quantity and device strengths;
- coordinate training and keep records of attendance and competency;
- provide advice to staff, students and parents/carers, while recognising that diagnosis and prescribing remain the responsibility of healthcare professionals;
- record treatment and ensure parents/carers are informed of medication administered; and
- lead or support post-incident review, stock replacement and updates to plans.

5.5 Catering manager and catering provider

- comply with food-allergen information and labelling law and maintain accurate ingredient and allergen records for all food supplied;
- operate documented controls to reduce cross-contact during ordering, storage, preparation, service and cleaning;
- ensure no ingredient or product substitution is made without an allergen check and timely communication to relevant staff and students;
- ensure catering staff receive allergy-awareness and emergency-response training appropriate to their role;
- provide clear, accessible allergen information and a safe process for students to ask questions without stigma; and
- report any error, suspected cross-contact, incorrect label or near miss immediately to the Medical Team and senior leader.

5.6 Teachers, associate staff, supply staff, volunteers and club staff

- know how to access the allergy register, relevant IHCPs and emergency procedures;
- consider allergen exposure when planning lessons, rewards, practical activities and events;
- ensure emergency medication accompanies the student and remains rapidly accessible during activities and transitions;
- respond immediately to symptoms and never send a student who may be experiencing an allergic reaction to walk to the Medical Room alone;
- prevent food sharing and challenge allergy-related bullying, teasing or deliberate exposure; and
- report incidents and near misses promptly.

Emergency Treatment and Management of Anaphylaxis

What to look for:

Symptoms usually develop quickly, within minutes of exposure to the allergen.

Mild to moderate allergic reaction symptoms may include:

- a red, raised rash (known as hives or urticaria) anywhere on the body
- a tingling or itchy feeling in the mouth
- swelling of the lips, face or eyes
- stomach pain or vomiting.

More serious symptoms are often referred to as the ABC symptoms and can include:

- **AIRWAY** - swelling in the throat, tongue or upper airways (tightening of the throat, hoarse voice, difficulty swallowing).

- BREATHING - sudden onset wheezing, breathing difficulty, noisy breathing.
- CIRCULATION - dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale, clammy skin, loss of consciousness.

The term for this more serious reaction is anaphylaxis. In extreme cases, there may be a dramatic fall in blood pressure. The person may become weak and floppy and may have a sense of something terrible happening. This may lead to collapse and unconsciousness and, on rare occasions, can be fatal.

If the child has been exposed to something they are known to be allergic to, it is more likely to be an anaphylactic reaction.

Anaphylaxis can develop very rapidly, so treatment must act quickly. **Adrenaline** is the mainstay of treatment, and it starts to work within seconds.

- What does adrenaline do?
- It opens the airways
- It reduces swelling
- It raises the blood pressure

As soon as anaphylaxis is suspected, adrenaline must be administered without delay.

Action:

- Keep the child where they are, call for help and do not leave them unattended.
- **LIE THE CHILD FLAT WITH LEGS RAISED** – they can be propped up if struggling to breathe, but this should be for as short a time as possible.
- **USE ADRENALINE AUTO-INJECTOR WITHOUT DELAY** and note the time given. AAls should be given into the muscle in the outer thigh. Specific instructions vary by brand – always follow the instructions on the device.
- **CALL 999** and state **ANAPHYLAXIS (ana-fil-axis)**.
- If no improvement after 5 minutes, administer a second AAI.
- If no signs of life, commence CPR.
- Call parent/carer as soon as possible.
- Whilst you are waiting for the ambulance, keep the child where they are. Do not stand them up, or sit them in a chair, even if they are feeling better. This could drastically lower their blood pressure, causing their heart to stop.

All pupils must go to hospital for observation after anaphylaxis, even if they appear to have recovered, as a reaction can reoccur after treatment.

5.7 Parents and carers

- notify the school of a diagnosed or suspected allergy before admission, at diagnosis and whenever needs change;

- provide current medical information, emergency contact details, a recent photograph and a clinician-completed Allergy Action Plan;
- provide the prescribed number of in-date, correctly labelled medicines and two prescribed adrenaline devices where these have been prescribed;
- check and replace medication before expiry and after use;
- participate in the development and review of the IHCP and provide written consent for medication and school-held spare devices where required; and
- inform the school promptly after any reaction, medication change, hospital attendance or revised medical advice.

5.8 Students

- carry and look after their emergency medication in accordance with their IHCP and level of independence;
- not share food, drinks, utensils, lip products or medication;
- check allergen information and ask a member of staff when uncertain;
- report symptoms immediately and tell staff if medication is missing, damaged, used or out of date;
- follow agreed hygiene and eating arrangements; and
- never tease, threaten or expose another person to an allergen.

6. Identification, records and information sharing

The school will identify people with allergies through admission information, annual data collection, direct notification from families, information from previous settings and updates received during the school year.

The Medical Team will maintain a secure allergy register recording, as relevant:

- name, year group and current photograph;
- known allergens and routes of exposure;
- usual symptoms and previous severity;
- whether asthma is also present;
- prescribed medication, device make/strength and storage location;
- whether the student self-carries medication;
- IHCP, Allergy Action Plan and Asthma Plan status;
- consent/authorisation for use of school-held emergency medication; and
- emergency contacts and relevant healthcare professionals.

Information will be shared on a need-to-know basis. Staff-only lists with photographs and key controls may be kept in relevant areas, including the Medical Room, dining/servory areas and high-risk practical teaching spaces. Information must not be displayed where it is accessible to the general public or used in a way that stigmatises a student.

Arrangements for a new student should be in place before the start of the term wherever possible. Where a student is diagnosed or joins mid-term, the school will use its best endeavours to put arrangements in place within two weeks, with interim controls implemented immediately.

7. Individual Healthcare Plans and Allergy Action Plans

An IHCP will be prepared for every student whose allergy requires active management by the school. It will be developed collaboratively with the student, parents/carers, the Medical Team, relevant school staff and healthcare professionals where appropriate.

The IHCP will include:

- known allergens, routes of exposure and circumstances that increase risk;
- signs and symptoms of mild/moderate reaction and anaphylaxis;
- prescribed treatment and the exact location of medication;
- self-carry and self-administration arrangements;
- consent and medical authorisation for use of school-held emergency medication where required;
- controls for dining, curriculum activities, examinations, clubs, sport, transport and trips;
- arrangements for substitute, cover and visiting staff;
- links with asthma, eczema, SEND, disability, anxiety, attendance or safeguarding needs;
- actions following a reaction, including hospital transfer, family contact and review; and
- the student's views, preferred communication and strategies that support confidence and wellbeing.

A current clinician-approved Allergy Action Plan must be attached to the IHCP. Where asthma is present, an Asthma Plan must also be attached. Plans will be reviewed at least annually, before a significant trip, after any reaction or near miss, and whenever diagnosis, medication, circumstances or medical advice change.

8. Whole-school allergy risk management

The school will maintain an annual whole-school allergy risk assessment and, where required, individual risk assessments. These will cover food, practical subjects, premises, cleaning, events, clubs, visits, emergency access and temporary staffing.

8.1 Allergy-aware environment

- Townley Grammar School is an allergy-aware school. It does not describe itself as 'allergen-free' or 'nut-free' because such claims cannot be guaranteed and may reduce vigilance.
- Students and staff will be reminded not to share food, drinks, cutlery, bottles or lip products.
- Hands should be washed with soap and water before and after eating and after activities involving food or other known allergens. Hand sanitiser must not be relied upon as the sole method of removing food allergens.
- Eating and food-preparation surfaces will be cleaned using appropriate products and methods to reduce residue and cross-contact.

- Food-based rewards and communal food will be avoided unless allergen risks have been assessed and suitable alternatives are available.
- Deliberate exposure, threats involving allergens or tampering with medication will be treated as a serious behaviour and safeguarding matter.

8.2 Curriculum and practical activities

Staff planning science, food technology, art, textiles, craft, music, drama, PE, animal-related activities or any lesson involving food, plants, latex, chemicals or biological materials must check the allergy register and make proportionate adjustments before the activity begins.

- ingredients and materials must be checked, including hidden or non-food uses of allergens;
- alternatives, separate equipment or additional cleaning must be provided where necessary;
- students must not be excluded solely because an allergen may be present where the risk can be managed;
- emergency medication must be immediately accessible; and
- any uncertainty must be discussed with the Medical Team before the activity.

8.3 Food brought onto site

- Parents/carers, students and staff must not provide food for general sharing unless the activity has been authorised and full ingredient/allergen information is available.
- For celebrations or events, commercially packaged food with an intact ingredient label is preferred.
- Where the school asks the community to avoid bringing a particular allergen for an identified period or activity, this is a risk-reduction measure and not a guarantee that the allergen is absent.
- External stallholders, hirers and event providers must comply with the school's allergen information and emergency requirements.

8.4 Lettings

- As stipulated in the 'Hire Agreement':

For the duration of the period of hire the Hirer must ensure the following:

- Normal emergency procedures are followed.
- A first aid kit is provided.
- Familiarity with emergency equipment, such as fire extinguishers, alarms, mobile telephone and first aid facilities.
- An emergency evacuation procedure is established. This will detail who will be responsible for taking control, calling emergency services and where to assemble. Consideration must be given to the needs of disabled participants. Evacuation practice must be undertaken on a half-term basis.

9. Food provision and catering controls

The catering provider will maintain a documented food-allergen management system. The system will include:

- up-to-date recipes, ingredient specifications and allergen matrices;
- accurate information for the 14 regulated allergens and any additional allergen relevant to an individual student;
- compliant labels for prepackaged food for direct sale, including the name of the food and a full ingredients list with allergens emphasised;
- approved-supplier and substitution controls;
- segregated storage and preparation where required, dedicated or thoroughly cleaned equipment, and effective cleaning procedures;
- a clear service-point process for identifying the student and confirming the selected meal;
- immediate withdrawal and escalation where information is missing or uncertain; and
- recording and reporting of errors, reactions and near misses.

A member of the catering staff must never advise that a meal is safe unless this is supported by current information on ingredients and preparation. Where safety cannot be confirmed, the food must not be served to the person with the allergy, and a suitable alternative must be offered.

10. Adrenaline devices and other medication

10.1 Prescribed medication

- Students prescribed adrenaline should have two in-date devices available at all times, in accordance with MHRA advice and their individual plan.
- As a secondary school, Townley will ordinarily encourage students to carry their own two devices in a clearly identifiable bag, unless the IHCP records that this is not appropriate.
- Where medication is held centrally or as a backup, it must remain unlocked, clearly labelled and capable of being brought to the student rapidly. A student experiencing symptoms must not be sent to collect it.
- Medication must be in original packaging, labelled for the student, within expiry and accompanied by the current Allergy Action Plan.
- Antihistamine may be used for mild/moderate symptoms only in accordance with the individual plan. It must never be used instead of adrenaline where anaphylaxis is suspected.

10.2 School-held spare adrenaline auto-injectors

The school will purchase and maintain spare AAs in appropriate strengths and quantities, based on the school population, site layout, current regulations and professional guidance. Spare devices supplement and do not replace a student's own prescribed devices.

- Spare AAs will be stored in pairs in clearly marked emergency anaphylaxis kits.

- Kits will be unlocked, readily accessible to staff and positioned so that a device can be brought to any relevant area within five minutes. The site risk assessment will determine whether multiple kits are required, including provision for dining and sports areas.
- Each kit will contain the devices, instructions, an emergency procedure, a list or rapid means of identifying students for whom prior authorisation exists, and a record form.
- Devices will be stored at room temperature, protected from extremes of heat, cold and direct sunlight, and never refrigerated unless manufacturer instructions specifically require otherwise.
- The Medical Team will check stock at least monthly and before major events or trips, recording expiry dates, condition and completeness. Replacement will be arranged before expiry and immediately after use or damage.
- For a known student, use of a spare device will normally be supported by prior medical authorisation and parental consent recorded in the IHCP/Allergy Action Plan.
- In an unforeseen life-threatening emergency involving a person not previously known to be at risk, a spare AAI may be used to save life in accordance with the law, current guidance, 999 advice and the device instructions.

10.3 Current emergency First Aid kit locations

Minimum proposed coverage:

- Reception
- Medical Room
- Dance office
- PE Office

11. Training and competency

All staff will receive allergy-awareness and emergency-response training at least annually. This includes teaching staff, associate staff, reception, premises, catering, lunchtime, cover/supply staff, volunteers and those delivering breakfast, after-school or extracurricular provision.

Whole-school training will cover:

- what allergy and anaphylaxis are and how reactions can occur;
- common signs of mild/moderate reaction and airway, breathing and circulation symptoms;
- the requirement to give adrenaline immediately when anaphylaxis is suspected;
- how to activate the emergency response, call 999 and locate medication;
- how to use the brands and types of adrenaline devices present in school;
- correct positioning, the five-minute second-dose rule and CPR/AED response;
- allergen exposure and cross-contact controls;
- how to access IHCPs and Allergy Action Plans;
- wellbeing, stigma and allergy-related bullying; and

- incident and near-miss reporting.

Staff with a foreseeable role in administering medication or leading trips will receive practical device training and must be judged competent before taking responsibility. New staff will receive training through induction before unsupervised duty. Refresher training will be provided after an incident, a significant policy change or the introduction of a new device. Training records will be retained and audited.

The school will conduct at least one allergy emergency drill each academic year. Drills will test communication, access to medication, response times, ambulance access and role allocation without causing avoidable anxiety to students.

12. Recognising and responding to allergic reactions

Critical rule

If a person with a known allergy develops sudden airway, breathing or circulation symptoms, or if anaphylaxis is otherwise suspected, give adrenaline without delay. If in doubt, give adrenaline. Do not wait for skin symptoms.

12.1 Mild or moderate symptoms

Symptoms may include itching or tingling in the mouth, hives, redness, localised swelling, abdominal pain, nausea or vomiting. Staff must follow the person's Allergy Action Plan, administer authorised medication where indicated and monitor continuously. If symptoms progress, involve the airway/breathing/circulation, or there is uncertainty, treat as anaphylaxis immediately.

12.2 Signs of anaphylaxis

Airway	Breathing	Circulation
Tight throat; hoarse voice; difficulty swallowing; swollen tongue	Sudden wheeze; difficult/noisy breathing; persistent cough; severe shortness of breath	Persistent dizziness; pale/floppy appearance; sudden sleepiness/confusion; collapse or unconsciousness

Skin changes may be absent. A person with food allergy and asthma who develops sudden breathing difficulty must be treated as possible anaphylaxis; a reliever inhaler must not be given instead of adrenaline.

12.3 Emergency response to suspected anaphylaxis

1

Stay with the person and summon help: Use the Arbor emergency alert or send a runner to the Student Hub/Medical Team. Bring medication and the emergency kit to the person. Do not send the person to walk to the Medical Room.

- 2 Position safely:** Lay the person flat with legs raised. If breathing is difficult, allow them to sit up gently with legs extended. Do not allow them to stand or walk, even if they feel better.
- 3 Give adrenaline immediately:** Use the person's prescribed device if immediately available; otherwise use a school-held spare device. Administer into the outer thigh, following the device instructions. Do not delay while waiting for a first aider, senior leader or parent.
- 4 Call 999:** Immediately request an ambulance and state "ANAPHYLAXIS". Give the address: Townley Grammar School, Townley Road, Bexleyheath, Kent, DA6 7AB, and identify the agreed ambulance entrance.
- 5 Maintain observation and prepare a second dose:** Record the time of the first dose. Keep the person lying/safely positioned and stay with them. If there is no improvement after five minutes, give a second dose using a second device, ideally into the opposite thigh.
- 6 Escalate life support:** If there are no signs of life, commence CPR and use the AED. Follow the 999 call handler's instructions.
- 7 Coordinate access and family contact:** A staff member must meet the ambulance and direct it. The Family Liaison Officer or delegated member of staff will contact parents/carers. Inform the Assistant Headteacher: SENDCo or, in their absence, another member of SLT.
- 8 Transfer and record:** Every suspected anaphylactic reaction requires emergency medical assessment, even if symptoms improve. Give used devices and relevant plans to ambulance staff where requested, then complete the school's incident and medication records and trigger a review.

13. Educational visits, trips and off-site activities

A student will not be excluded from a visit solely because of an allergy. The trip leader, Educational Visits Coordinator, and Medical Team will complete individual risk assessments and make reasonable adjustments.

- confirm current IHCP, Allergy Action Plan, emergency contacts and prescribed medication;
- ensure two in-date prescribed devices accompany the student and remain immediately accessible, not in inaccessible luggage or a locked vehicle;
- designate sufficient trained staff and ensure they understand the individual plan and device;
- consider taking school-held spare AAls where lawful, appropriate and included in the risk assessment;

- communicate in advance with transport, venues, accommodation and caterers, obtaining written allergen information where appropriate;
- plan safe food, cross-contact controls, activity materials, medication storage and emergency-service access;
- consider language, time zones, remoteness, travel insurance and local healthcare arrangements for overseas or residential visits; and
- review any change in medical needs immediately before departure.

Medication must be checked before leaving and on return. A trip must not depart without the agreed medication, action plan and trained staff unless a senior leader has completed and authorised a revised risk assessment.

14. Inclusion, wellbeing and attendance

- Students with allergies will be supported to participate in the full life of the school through anticipatory planning and reasonable adjustment.
- Student voice will be sought when agreeing on eating arrangements, communication, self-care, trips and classroom adjustments.
- Staff will avoid unnecessary isolation, separate eating or public identification unless this is agreed as a proportionate safety measure in the IHCP.
- Allergy-related anxiety, avoidance, embarrassment or bullying will be addressed through pastoral support and, where appropriate, the Assess, Plan, Do, Review cycle, a Provision Plan or referral to relevant services.
- Medically necessary absence and treatment will be managed in line with the Supporting Children with Medical Needs Policy and Attendance Policy. Students will not be penalised for disability-related absence.
- Deliberate exposure, threats involving allergens or interference with medication will be treated as a serious safeguarding and behaviour concern.

15. Incident and near-miss reporting

All allergic reactions, administration of adrenaline, medication errors, suspected cross-contact events and significant near misses must be reported on the same day to the Medical Team and named senior leader.

Records will include:

- date, time, location and activity;
- suspected allergen and route of exposure;
- symptoms and their progression;
- medication/device used, dose, time and administrator;
- 999 call, ambulance transfer and family contact;
- staff and witnesses involved;
- contributing factors, including food, communication, storage, staffing or access delays; and

- immediate and longer-term actions.

The incident will be entered in the Accident Record Book and relevant medical record, and the IHCP/Allergy Action Plan record will be updated where appropriate. The school will consider any statutory reporting requirement, including RIDDOR, where applicable.

A serious incident or significant near miss will trigger a documented review, normally within five working days, involving relevant leaders, the Medical Team, catering or trip staff, the student and parents/carers as appropriate. The review will consider medication access, response time, training, communication, risk assessment, equipment, safeguarding and wellbeing. Findings and actions will be reported to the named trustee and will prompt policy revision where needed.

16. Communication and publication

The school will:

- publish this policy on the school website and provide a hard copy on request;
- make the policy generally known within the school and to parents/carers;
- at least once each year, bring the policy to the attention of all students, parents/carers and all persons who work at the school, whether paid or unpaid;
- include allergy arrangements in staff induction, supply/cover information, catering contracts, lettings and external-provider agreements;
- provide age-appropriate awareness for students through assemblies, tutor time, PSHE or targeted communication; and
- display the emergency anaphylaxis procedure in appropriate staff and high-risk areas while protecting personal medical information.

Medical Team contact: medical@townleygrammar.org.uk. Main school telephone: 020 8304 8311.

17. Complaints

Concerns about allergy support should first be raised with the Medical Team or the Assistant Headteacher (SENDCo). The school will seek to resolve concerns promptly and collaboratively. Unresolved concerns may be pursued through the school's Complaints Policy. A complaint will not delay any immediate action required to keep a student safe.

18. Monitoring and review

The Board of Trustees will review this policy at least annually. It will also be reviewed after any serious allergic reaction, use of a school-held adrenaline device, significant near-miss, material change in law or guidance, or evidence that procedures are ineffective.

The annual assurance report will include, in anonymised form:

- number of students with known allergy and completed IHCP/Action Plans;
- training completion and competency records;
- number, location, strength and expiry status of school-held emergency devices;

- incidents, near misses, response times and learning;
- catering and site audit findings;
- educational visit compliance;
- student and parent feedback, including wellbeing and inclusion; and
- outstanding actions, responsible persons and deadlines.

Related school policies and documents

- First Aid Policy;
- Students with Medical Needs Who Cannot Attend School Policy;
- Supporting Pupils with Medical Conditions Policy;
- Attendance Policy;
- SEND Policy and Accessibility Plan;
- Educational Visits Policy;
- Health and Safety Policy;
- Safeguarding and Child Protection Policy;
- Behaviour and Anti-Bullying Policies; and
- Complaints Policy.

Appendix A: One-page emergency anaphylaxis procedure

SUSPECT ANAPHYLAXIS WHEN THERE IS A SUDDEN AIRWAY, BREATHING OR CIRCULATION PROBLEM

Airway: tight throat, hoarse voice, difficulty swallowing, swollen tongue.

Breathing: sudden wheeze, persistent cough, difficult or noisy breathing.

Circulation: dizziness, pale/floppy appearance, sudden confusion/sleepiness, collapse or unconsciousness.

Skin symptoms may be absent. IF IN DOUBT, GIVE ADRENALINE.

- 1** **Call for help:** Use the Arbor emergency alert or send a runner. Bring the person's medication and the nearest emergency anaphylaxis kit to them.
- 2** **Position:** Lay flat with legs raised. If breathing is difficult, allow gentle sitting with legs extended. NEVER allow standing or walking.
- 3** **Adrenaline:** Give the prescribed device immediately; use the school spare if needed. Follow the device instructions and inject into the outer thigh.
- 4** **999:** Call immediately and say "ANAPHYLAXIS". Address: Townley Grammar School, Townley Road, Bexleyheath, Kent, DA6 7AB.
- 5** **Second dose:** If there is no improvement after 5 minutes, give a second device. Record both times.
- 6** **Stay and support:** Do not leave the person. Begin CPR/AED if no signs of life. Meet the ambulance, contact family and inform SLT.
- 7** **Hospital and record:** All suspected anaphylaxis requires ambulance assessment. Complete medication, accident and incident/near-miss records.

Never give an asthma reliever inhaler instead of adrenaline for suspected anaphylaxis. An inhaler may be given after adrenaline if the individual's plan allows and wheeze persists.

Appendix B: IHCP and Allergy Action Plan checklist

Check	Required information
Identification	Name, date of birth, year group, photograph, emergency contacts
Allergy profile	Allergens, route of exposure, previous reactions, co-existing asthma/eczema
Recognition	Mild/moderate symptoms and anaphylaxis symptoms
Medication	Name, device, strength, quantity, expiry, exact location, self-carry arrangements
Authorisation	Parental consent and medical authorisation for medication and spare AAI use where required
Risk controls	Dining, curriculum, practical subjects, sport, exams, clubs, transport and trips
Emergency response	Who does what, 999 information, second dose, ambulance access, family contact
Wellbeing/inclusion	Student voice, anxiety, stigma, bullying, attendance and reasonable adjustments
Communication	Staff who need access, supply/cover arrangements and confidentiality
Review	Annual date; trigger review after change, reaction or near miss

Appendix C: Educational visit allergy checklist

- ☐ Current IHCP, Allergy Action Plan and emergency contacts checked.
- ☐ Two prescribed adrenaline devices present, in date and immediately accessible.
- ☐ Spare school AAIs considered and included where lawful and appropriate.
- ☐ Sufficient trained staff identified; device type practised.
- ☐ Transport, venue, accommodation and catering informed in writing.
- ☐ Ingredient/allergen and cross-contact information obtained; safe alternatives agreed.
- ☐ Activities reviewed for food, animal, insect, latex, plant, chemical and contact allergens.
- ☐ Medication storage protected from heat, cold, sunlight and inaccessible luggage.
- ☐ Nearest emergency care, mobile coverage, address/coordinates and ambulance access recorded.
- ☐ Overseas/residential: insurance, translation, local emergency number and extra medication considered.
- ☐ Student and parent/carers involved in planning.
- ☐ Pre-departure medication and plan check completed and signed.

Appendix C: Annual allergy safety audit

Area	Evidence / status	Action / owner / date
Policy	Published; annual communication completed; final law/guidance checked	
Governance	Named trustee and senior leader; risk register; trustee report	
Identification	Allergy register current; photographs and contacts checked	
Plans	IHCP and Allergy Action Plan completion; asthma plans attached	
Medication	Two prescribed devices; spare stock, strengths, locations and expiry	
Access	All relevant areas reachable by an emergency kit within five minutes	
Training	Annual whole-staff completion; practical competency; induction and supply cover	
Catering	Allergen matrix, substitutions, labels, cross-contact and staff training audited	
Curriculum/site	High-risk activities, cleaning, events and external providers assessed	
Trips	Visit sample audited for plans, medication and trained staff	
Incidents	Reactions and near misses reviewed; actions closed	
Wellbeing	Student/parent feedback; bullying/anxiety and attendance reviewed	
Drill	Annual emergency drill completed and learning recorded	

Key external references

- [Children and Families Act 2014 \(sections 100, 100A and 100B\)](#)
- [Children's Wellbeing and Schools Act 2026](#)
- [DfE: Supporting pupils with medical conditions at school](#)
- [DfE: Allergy guidance for schools](#)

- [DHSC: Using emergency adrenaline auto-injectors in schools](#)
- [MHRA: Adrenaline auto-injector safety guidance](#)
- [Food Standards Agency: PPDS allergen labelling for schools](#)
- [The Food Information \(Amendment\) \(England\) Regulations 2019 \('Natasha's Law' – effective October 2021\) – requires full ingredient and allergen labelling on foods pre-packed for direct sale \(PPDS\), strengthening allergen transparency and safety.](#)
- [Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 \(RIDDOR\) – where applicable, requires the reporting of serious incidents, including severe allergic reactions.](#)