



CHESTNUT HILL SCHOOL

ALLERGY SAFETY & MANAGEMENT POLICY

Chestnut Hill School

Wales implementation of the Outcomes First Group allergy safety framework

Document type	Education / Health & Safety Policy
Policy owner	Head of School
Last review	September 2026
Next review	September 2027



OFG group standards • Welsh legal framework • Allergy-aware • Safeguarding-led

CONTENTS

All headings and numbered subheadings

Section	Page
KEY CONTACTS	5
1.0 POLICY STATEMENT	5
1.1 Application at Chestnut Hill School	5
2.0 LEGAL & POLICY FRAMEWORK	6
2.1 Wales - primary legal and guidance framework	6
2.2 England and OFG cross-border references	6
2.3 Linked school and Group policies	7
3.0 CONTEXT	7
4.0 PRINCIPLES	7
4.1 Wales and cross-border terminology	8
5.0 RESPONSIBILITIES	8
5.1 Proprietor / Governors / Regional or Operations Directors	8
5.2 Executive Headteacher / Head of School	8
5.3 Allergy Safety Lead	8
5.4 All Team Members	9
5.5 Parents / Carers	9
5.6 Students with Allergies	9
5.7 All Students	10
6.0 SUPPLY, STORAGE AND CARE OF MEDICATION	10

CONTENTS (continued)

Section	Page
6.1 Prescribed adrenaline auto-injectors (AAIs)	10
6.2 School spare emergency AAIs - Wales	10
6.3 Emergency AAI register and consent	10
6.4 Expiry monitoring	11
6.5 Disposal	11
6.6 Medication audits	11
7.0 CATERING AND FOOD ALLERGEN CONTROLS	11
7.1 Chestnut Hill nut-free site control	11
7.2 Allergen information and PPDS food	11
7.3 Cross-contact, food activities and events	11
8.0 ALLERGY AWARENESS, INCLUSION AND ACCESS	12
9.0 RISK ASSESSMENTS	12
9.1 Site-specific Allergy Risk Assessment	12
9.2 Individual Risk Assessments	12
9.3 Educational visits, transport, work experience and off-site provision	12
10.0 RESPONDING TO ALLERGIC REACTIONS AND ANAPHYLAXIS	13
10.1 Mild to moderate allergic reaction	13
10.2 Suspected anaphylaxis	13
10.3 Use of a school spare AAI in Wales	13

CONTENTS (continued)

Section	Page
10.4 After an allergic reaction or AAI use	13
11.0 SERIOUS INCIDENTS AND NEAR MISSES	14
12.0 TRAINING AND EMERGENCY DRILLS	14
13.0 ALLERGIES, BULLYING AND SAFEGUARDING	14
14.0 MENTAL HEALTH & WELLBEING	14
15.0 INFORMATION SHARING AND CONFIDENTIALITY	15
16.0 MONITORING, AUDIT AND POLICY REVIEW	15
17.0 USEFUL RESOURCES	15
Appendix A - Types of Plans	15
A.1 Allergy Action Plan (AAP)	15
A.2 Individual Healthcare Plan (IHP)	16
Appendix B - Flowchart: Allergic Reaction Without AAI	16
Appendix C - Flowchart: Suspected Anaphylaxis / AAI	17
Appendix D - Information on Allergies	17
Appendix E - Allergy Management Safety Checklist	18

KEY CONTACTS

All team members who work directly or indirectly with children and young people at Chestnut Hill School share responsibility for creating a safe environment. The following people have specific additional responsibilities for allergy safety and management:

Role	Named person
Allergy Safety Lead	Nicola Edwards
Medication Lead	Nicola Edwards
Catering Manager / Lead	Eva Ford - Eden
Designated Safeguarding Person (DSP)	Jon White
Executive Headteacher	Ben Reading
Head of School	Vickie Salamone
Governor / Regional or Operations Director	Melanie Callaghan-Lewis

Immediate emergency principle

Where anaphylaxis is suspected, administer the pupil's prescribed AAI immediately if available and indicated by their plan, call 999, and do not leave the pupil alone. The school spare AAI arrangements in Wales are set out in sections 6.2, 6.3 and 10.3.

1.0 POLICY STATEMENT

Chestnut Hill School is committed to a whole-school approach to health, welfare, safeguarding and inclusion. Allergies are treated as potentially serious medical conditions and are managed through prevention, individual planning, staff awareness, rapid emergency response and partnership with pupils, parents/carers, healthcare professionals, catering providers and placing authorities.

The school will take reasonable and proportionate steps to minimise avoidable exposure to allergens while recognising that no school environment can be guaranteed to be completely free from every allergen. The school will support pupils with allergies to participate fully and safely in education, enrichment, community activities and school life.

- minimise foreseeable exposure to allergens through proportionate risk controls;
- ensure individual Allergy Action Plans (AAPs), Individual Healthcare Plans (IHPs) and risk assessments are clear, accessible and kept up to date;
- maintain effective emergency arrangements, including access to prescribed medication and school spare AAIs;
- provide role-appropriate training so team members can recognise and respond to allergic reactions and anaphylaxis;
- make reasonable adjustments so allergy does not create unnecessary barriers to participation;
- review incidents, near misses and audit findings to improve practice; and
- treat deliberate allergen exposure, allergy-related bullying or disregard of agreed healthcare arrangements as potential safeguarding matters.

1.1 Application at Chestnut Hill School

Chestnut Hill School is an independent school in Wales and therefore its primary legal and regulatory framework is Welsh. As part of Outcomes First Group (OFG), the school will also implement relevant Group standards and procedures that operate across the organisation. Where an OFG requirement is based on legislation or statutory guidance that applies only in England, Chestnut Hill will treat it as an additional Group standard where it is compatible with Welsh law and guidance; Welsh legal and regulatory requirements take precedence for the operation of the school.

Pupils may be placed at Chestnut Hill by Welsh or English local authorities. An English placing authority may maintain an Education, Health and Care Plan (EHC plan/EHCP), while a Welsh placing authority may maintain an Individual Development Plan (IDP). These education plans do not replace the pupil's allergy-specific AAP, IHP, medication arrangements or emergency plan.

2.0 LEGAL & POLICY FRAMEWORK

This policy has been reviewed against the legal and guidance framework relevant to an independent school operating in Wales and against the OFG group policy framework. The status of individual documents is distinguished below so that England-only requirements are not presented as Welsh law.

2.1 Wales - primary legal and guidance framework

- The Independent School Standards (Wales) Regulations 2024 - including the welfare, health and safety standards and requirements for effective written health and safety, first aid, safeguarding, risk assessment, behaviour and anti-bullying arrangements.
- Education Act 2002 - including the regulatory and safeguarding framework applying to independent schools in Wales.
- Health and Safety at Work etc. Act 1974 and the Management of Health and Safety at Work Regulations 1999.
- Equality Act 2010 - including the duty to avoid disability discrimination and make reasonable adjustments where required.
- Human Medicines Regulations 2012, as amended by the Human Medicines (Amendment) Regulations 2017 - enabling schools, including independent schools in Wales, to obtain and administer emergency adrenaline auto-injectors in defined circumstances.
- Welsh Government: Guidance on the use of emergency adrenaline auto-injectors in schools in Wales (Guidance document 220/2017).
- Welsh Government: Supporting Learners with Healthcare Needs (2017, published 2018) and associated healthcare planning templates. Although directed principally to maintained settings, Chestnut Hill adopts its learner-centred principles as Welsh good practice alongside the Independent School Standards.
- Keeping Learners Safe - Welsh Government safeguarding guidance for proprietors of independent schools and other education settings in Wales.
- Food Information (Wales) Regulations 2014 and Food Information (Wales) (Amendment) (No. 2) Regulations 2020, including allergen and prepacked-for-direct-sale (PPDS) information requirements.
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR), where reporting thresholds are met.
- Additional Learning Needs and Education Tribunal (Wales) Act 2018 and the Welsh ALN framework, where relevant to a learner's placement and support. Independent schools in Wales do not themselves determine ALN or maintain IDPs under the ALN Act, but must meet the Independent School Standards and work with placing local authorities. Allergy or another medical condition does not, by itself, mean a learner has ALN.

2.2 England and OFG cross-border references

OFG operates schools in more than one UK nation. The following England-specific documents may inform Group standards, cross-border commissioning and the terminology used in documentation for pupils placed by English authorities. They are not the primary statutory framework for Chestnut Hill School:

- Department for Education, Allergy safety in schools: statutory guidance (published 6 July 2026) - applies to England. OFG may adopt its standards across the Group as additional good practice.
- Children and Families Act 2014, section 100 - England duty relating to pupils with medical conditions; it is not the statutory basis for Chestnut Hill School in Wales.
- Children's Wellbeing and Schools Act 2026 allergy safety provisions - England-focused provisions and regulatory powers; relevant to OFG's wider English estate, not a substitute for Welsh requirements.
- Department for Education, Supporting pupils with medical conditions at school - applies to England.
- Keeping Children Safe in Education (KCSiE) 2026 - applies to England. Chestnut Hill follows Keeping Learners Safe for safeguarding practice in Wales.
- SEND Code of Practice: 0 to 25 years - applies in England and may be relevant where an English placing authority maintains an EHCP. In Wales, school terminology is ALN and IDP where applicable.

Cross-border rule

A pupil's placing authority or EHCP/IDP may affect individual planning and information-sharing, but it does not change the fact that Chestnut Hill operates under the Welsh school, safeguarding, health and safety and food-law framework.

2.3 Linked school and Group policies

- Safeguarding Policy
- Medicines Policy and Procedures
- First Aid Policy
- Health & Safety Policy
- Head Injury & Concussion Policy
- Infection Control Policy
- Educational Visits & Activities Policy
- Behaviour Policy
- Anti-Bullying Policy
- Food Safety Policy and Food Safety Management Controls
- RSE Policy
- Data Protection Policy
- Serious Incident Notification Policy

3.0 CONTEXT

Allergic conditions can range from mild symptoms to anaphylaxis, a severe and potentially life-threatening reaction. Triggers may include food, medicines, insect venom, latex, pollen, mould, dust mites and other environmental substances. A pupil may experience an allergic reaction even where the school has not previously been informed of a diagnosed allergy.

Chestnut Hill supports pupils with a wide range of additional learning, communication, sensory and developmental needs. Some pupils may not be able to describe early symptoms reliably, may communicate through AAC or behaviour, or may have difficulty recognising risk and self-managing medication. Allergy planning must therefore be individualised, developmentally appropriate and informed by the pupil's communication profile, health information and observed presentation.

The school's approach is prevention-focused but emergency-ready: risks are assessed, allergen information is controlled, prescribed medication is immediately accessible, school spare AAls are held under the Welsh emergency AAI arrangements, and staff are trained to respond promptly.

4.0 PRINCIPLES

- Comply with Welsh legal and regulatory requirements and implement OFG standards where these complement Welsh requirements.
- Put the pupil's safety, dignity, participation, voice and best interests at the centre of planning.
- Use proportionate risk management rather than relying on assumptions or blanket controls alone.
- Ensure pupils are not disadvantaged because of allergy, disability, ALN, SEND, communication needs, ethnicity, cultural background, religion, language or other protected characteristics.
- Provide clear allergen information and safe catering systems, including controls to reduce cross-contact.
- Maintain immediate access to required medication and clear emergency procedures.
- Involve parents/carers, pupils (where appropriate), healthcare professionals, catering staff and placing authorities in planning and review.
- Review incidents, near misses and emerging risks to strengthen practice.
- Promote a whole-school culture in which allergy-related teasing, intimidation or deliberate exposure is not tolerated.

4.1 Wales and cross-border terminology

Within Chestnut Hill School, Welsh terminology is used as the default: Designated Safeguarding Person (DSP), Additional Learning Needs (ALN), Additional Learning Provision (ALP) and Individual Development Plan (IDP). English terms such as Designated Safeguarding Lead (DSL), SEND and EHCP may appear in OFG documents or in paperwork maintained by an English placing authority. Where such terms are used, staff should interpret them in their proper jurisdictional context rather than treating them as interchangeable legal duties.

An IHP and AAP are healthcare documents and are distinct from an IDP or EHCP. A pupil may require an AAP and/or IHP whether or not they have ALN/SEND.

5.0 RESPONSIBILITIES

5.1 Proprietor / Governors / Regional or Operations Directors

- Ensure the school has effective arrangements for allergy risk management, emergency response, health and safety, first aid, safeguarding and inclusion.
- Ensure a named Allergy Safety Lead is appointed and has sufficient authority, time and resources to coordinate the policy.
- Ensure the school has appropriate staff training, information, supervision and access to competent advice.
- Monitor implementation through governance, audit, incident review and the annual Allergy Management Review.
- Ensure the setting completes OFG reporting requirements, including the Monthly AAI Audit and quarterly allergy/anaphylaxis drills on Info Exchange.
- Ensure identified improvement actions are implemented and followed through.

5.2 Executive Headteacher / Head of School

- Provide, so far as reasonably practicable, a safe and inclusive environment in which pupils with allergies can participate in all aspects of school life.
- Ensure all team members understand the school's allergy arrangements and know how to access emergency information and medication.
- Appoint and support the Allergy Safety Lead.
- Ensure pupils' allergy details, risk assessments, AAPs and IHPs are up to date and shared appropriately with relevant team members and catering staff.
- Ensure sufficient trained team members are available throughout the school day and for visits/off-site activities.
- Ensure a clear School Emergency Plan is in place and tested at least every three months using scenario or tabletop exercises.
- Ensure individual allergy arrangements are considered when planning trips, transport, alternative provision, work experience and community activities.
- Report on allergy management through governance arrangements and ensure incidents and near misses are reviewed.

5.3 Allergy Safety Lead

- Maintain an up-to-date Allergy Register identifying pupils with known allergies, allergens/triggers, medication location, emergency treatment and whether they are eligible for use of the school spare AAI.
- Coordinate individual allergy risk assessments and ensure they are reviewed following change, reaction or at least annually.
- Seek and maintain Allergy Action Plans completed or authorised by an appropriate healthcare professional wherever possible.
- Coordinate IHPs where the pupil's needs require a broader school support plan.
- Ensure copies of plans held on site and electronically are consistent and version controlled.
- Liaise with parents/carers, healthcare professionals, the Head of School, Medication Lead and catering provider.
- Check allergy medication and spare AAIs at least termly and in accordance with the OFG monthly AAI audit process.
- Ensure emergency AAI consent and eligibility information required by Welsh guidance is recorded and accessible.
- Ensure trained staff understand the location and use of prescribed and spare AAIs.
- Coordinate incident/near-miss reviews and update plans, risk assessments and training where required.

5.4 All Team Members

- Complete allergy awareness training appropriate to their role and know the signs of an allergic reaction and anaphylaxis.
- Know which pupils in their care have known allergies and where emergency plans and medication are located.
- Follow the pupil's AAP/IHP and school emergency procedures without delay.
- Never withhold or delay access to an AAI because of uncertainty that could reasonably be resolved by following the plan or calling 999.
- Ensure food-related learning and activities are planned and supervised with appropriate allergen controls.
- Report all allergic reactions, medication use, exposure events and near misses through the school's recording and escalation systems.
- Challenge allergy-related bullying, intimidation or unsafe behaviour and report safeguarding concerns to the DSP.
- Consider communication differences: a pupil may show pain, distress, breathing difficulty or deterioration through behaviour, gesture, AAC or changes in presentation rather than spoken language.

5.5 Parents / Carers

- Inform the school of diagnosed or suspected allergies and any change in diagnosis, treatment or risk.
- Provide current medical documentation, an AAP where available, and prescribed medication in the correct dose and within expiry.
- Provide two prescribed AAls where these have been prescribed/advised for the pupil and replace them after use or before expiry.
- Provide consent and evidence required for the school spare AAI arrangements where applicable.
- Work with the school on IHPs, risk assessments and safe food arrangements.
- Notify the school of any history of biphasic anaphylaxis or other relevant clinical information.
- Review information held by the school when requested and communicate promptly after any change.

5.6 Students with Allergies

Pupils will be involved in planning and self-management in a way that reflects their age, development, communication, understanding and confidence. They will be supported, where appropriate, to:

- understand their allergens and avoidance strategies;
- recognise symptoms and seek adult help immediately;
- know where medication is kept and, where assessed as safe, carry and/or self-administer their AAI;
- avoid food sharing and check food/ingredients when able;
- contribute to reviews of their plan and explain what support helps them feel safe.

For pupils under 16, competence to make a particular healthcare decision may be considered using Gillick principles where relevant. For pupils aged 16 and over, the Mental Capacity Act 2005 applies where capacity is in question. Capacity is decision-specific. Emergency treatment must not be delayed by unnecessary assessment processes; team members must follow the pupil's plan and emergency procedures.

5.7 All Students

All pupils will be supported to understand allergies in a developmentally appropriate way and to contribute to an inclusive environment. Learning may be reinforced through RSE, health and wellbeing learning, safeguarding, food technology and everyday routines. Information about a classmate's allergy will only be shared to the extent necessary for safety and with due regard to dignity and confidentiality.

6.0 SUPPLY, STORAGE AND CARE OF MEDICATION

Medication required for allergy management must be available without avoidable delay. It must be stored safely, clearly labelled and in a location known to relevant team members. Emergency medication must not be locked away where this would delay access.

6.1 Prescribed adrenaline auto-injectors (AAIs)

- Where age, development and risk assessment allow, pupils may carry their own prescribed AAI(s).
- Where pupils do not self-carry, prescribed AAI(s) will be stored in a clearly identified, immediately accessible location.
- Each emergency medication kit should include the pupil's AAP/IHP and any prescribed antihistamine, inhaler or other medication identified in the plan.
- AAls must be in date, the correct dose and stored in accordance with the manufacturer's instructions.
- Prescribed AAls are the pupil's primary emergency medication; school spare AAls are back-up devices and do not replace the requirement for prescribed medication.

6.2 School spare emergency AAls - Wales

The Human Medicines Regulations 2012, as amended in 2017, permit schools including independent schools in Wales to obtain AAls without a prescription for emergency use. Holding spare AAls is a discretionary power under Welsh guidance; Chestnut Hill School chooses to maintain an appropriate stock as an additional safety control, in line with OFG expectations and the site risk assessment.

- The number, dose and location of spare AAls will be determined by risk assessment, pupil profile, site layout and access time.
- Spare AAls will be stored securely but must not be locked away or placed where access could be delayed.
- All relevant team members will know the locations of spare AAls.
- Spare stock will be checked, documented and replaced after use or before expiry.

- Spare AAls may accompany off-site activities where indicated by risk assessment.

6.3 Emergency AAI register and consent

In line with Welsh Government emergency AAI guidance, the school will maintain an Emergency AAI Register that identifies the pupils for whom the school spare AAI may be used. The register will be immediately accessible and kept with, or readily available alongside, the spare AAI kit.

- confirm that the pupil is known to be at risk of anaphylaxis, for example through prescription or written healthcare information;
- record the pupil's prescribed AAI type and dose where relevant;
- record parent/carers consent, or the pupil's consent where appropriate, for use of the school spare AAI;
- include a current photograph where appropriate and consented;
- include emergency contacts and the date/version of the register; and
- be updated promptly when information changes.

Important Wales-specific control

A school spare AAI is principally for a pupil known to be at risk of anaphylaxis whose own prescribed AAI is unavailable or cannot be administered without delay and where the required consent is in place. If a severe allergic reaction is suspected in a pupil who does not meet these criteria, call 999 immediately and seek emergency clinical advice about whether use of the school spare AAI is appropriate.

6.4 Expiry monitoring

The school will maintain a documented expiry-check system. Medication and spare AAls will be checked at least termly and through the OFG monthly AAI audit process. Parents/carers will be notified when pupil medication is approaching expiry and replacement will be requested in good time.

6.5 Disposal

Used AAls are single-use sharps. They should be handed to ambulance personnel where possible or disposed of in an approved sharps container in line with the Medicines Policy and clinical waste arrangements. Other medication will be returned or disposed of through approved routes.

6.6 Medication audits

Records of expiry checks, stock checks, replacement requests, emergency use and corrective actions will be retained. These records form part of the school's allergy audit and governance assurance arrangements.

7.0 CATERING AND FOOD ALLERGEN CONTROLS

The school and its catering provider will operate safe food-allergen controls. In Wales, allergen information and labelling requirements are governed by the Food Information (Wales) Regulations 2014 and associated amendments, including the 2020 amendment introducing PPDS labelling requirements from October 2021.

Catering staff will have access to current allergy information for pupils who use school catering. Menus, ingredients and allergen information must be updated whenever suppliers, recipes or ingredients change. No substitute ingredient will be introduced without checking the allergen impact.

7.1 Chestnut Hill nut-free site control

Chestnut Hill School operates a nut-free site as a local risk-reduction measure. Food served by the school and food brought onto site by pupils, staff or visitors must not knowingly contain nuts. This additional control does not mean that the school is "allergen-free" and does not create a guarantee that traces or accidental cross-contact can never occur. Individual allergy risk assessments and emergency arrangements remain essential.

7.2 Allergen information and PPDS food

- Information on the 14 regulated allergens must be available for food supplied by the catering operation.
- PPDS food must carry the name of the food and a full ingredients list with regulated allergens appropriately emphasised, in accordance with the Food Information (Wales) requirements.
- Precautionary "may contain" information will be considered where a genuine residual cross-contact risk remains following risk assessment; it is not a substitute for safe food-handling controls.

- Parents/carers may request to discuss individual dietary requirements with the school/catering lead.
- Pupils will be supported, where developmentally appropriate, to ask about ingredients and make safe food choices.

7.3 Cross-contact, food activities and events

- Food for pupils with allergies should be prepared using appropriate segregation, cleaning and utensil controls.
- Food technology, science, sensory activities, celebrations, rewards, cultural events, fundraising, visiting caterers and off-site meals must be considered within individual and activity risk assessments.
- Food must not be given to a pupil with a known food allergy unless it is within the agreed arrangements for that pupil.
- Packed lunches, drinks and specialist food should be clearly identified where confusion could create risk.
- Staff must consider non-food allergen exposure, including latex, craft materials, medicines, animals, pollen and insect venom.

8.0 ALLERGY AWARENESS, INCLUSION AND ACCESS

Chestnut Hill is allergy-aware. The school does not describe itself as completely allergen-free because this cannot be guaranteed. Risk controls will be tailored to the individual pupil and the activity. A whole-school ban may be used where there is a clear local rationale, as with the school's nut-free-site rule, but blanket bans do not replace individual risk assessment, food controls, training or emergency planning.

Reasonable adjustments will be made where required so pupils with allergies can access lessons, dining, play, PE, food technology, educational visits, work experience and community activities. Adjustments will be proportionate to risk and should not unnecessarily isolate the pupil.

The school will take account of ALN/SEND, sensory needs, communication differences and developmental level. Pupils who are non-speaking or have limited interoceptive awareness may require enhanced observation and personalised communication systems to indicate pain, breathing difficulty, discomfort or a need for help.

9.0 RISK ASSESSMENTS

9.1 Site-specific Allergy Risk Assessment

A site-specific allergy risk assessment will be maintained and reviewed at least annually and whenever there is a significant change. It will consider foreseeable risks, catering, food-related learning, cross-contact, cleaning, storage, medication access, site layout, emergency response, emergency AAI locations, visitors and contractors.

9.2 Individual Risk Assessments

An individual allergy risk assessment will be completed for each pupil known to have an allergy. It will be reviewed at least annually and sooner after diagnosis, a reaction or near miss, a change in medication, a change in communication/independence, or any change in placement or activity.

- allergens and likely exposure routes;
- symptoms and how they may present for the individual pupil;
- communication needs and ability to seek help;
- prescribed medication and its location;
- eligibility/consent for school spare AAI;
- catering and food activity controls;
- classroom, transport, community and off-site risks;
- reasonable adjustments and supervision;
- emergency actions and key contacts.

9.3 Educational visits, transport, work experience and off-site provision

No pupil should be excluded from an activity solely because of an allergy where risk can reasonably be managed. Before a trip, work placement, alternative provision, community activity or transport change, the responsible team member must check the pupil's current plan, medication, trained-staff availability, food arrangements, emergency access and communication. Prescribed AAIs must travel with the pupil. A school spare AAI may also accompany the activity when indicated by the risk assessment and Welsh consent/eligibility arrangements.

10.0 RESPONDING TO ALLERGIC REACTIONS AND ANAPHYLAXIS

Do not wait for all symptoms

Anaphylaxis may develop rapidly and can present with airway, breathing or circulation problems, with or without skin symptoms. If anaphylaxis is suspected, follow the pupil's AAP/IHP, use the AAI immediately when indicated and call 999.

10.1 Mild to moderate allergic reaction

- Stay with the pupil and follow their AAP/IHP.
- Remove the trigger if this can be done safely and without delaying care.
- Give prescribed antihistamine or other medication only as directed by the pupil's plan/medication instructions.
- Observe continuously for progression. Anaphylaxis can develop after apparently mild symptoms.
- If symptoms progress or airway/breathing/circulation symptoms develop, treat as suspected anaphylaxis immediately.
- Inform parents/carers and record the event in accordance with school procedures.

10.2 Suspected anaphylaxis

- Give the pupil's prescribed AAI immediately if available and indicated by the plan. Do not delay adrenaline while waiting for antihistamine to work.
- Call 999 immediately and say "ANAPHYLAXIS".
- Keep the pupil with an adult and do not allow them to stand or walk. Position them in accordance with current emergency guidance: usually lying flat with legs raised; if breathing is difficult, they may sit with legs extended.
- Send for the second prescribed AAI and the school spare AAI kit as appropriate.
- If there is no improvement or symptoms persist/return, administer a second AAI after 5 minutes, using the pupil's second prescribed device or an eligible school spare device in line with the emergency plan and Welsh arrangements.
- If the pupil becomes unresponsive and is not breathing normally, begin CPR and follow 999 instructions.
- Ensure someone meets the ambulance and gives paramedics the used devices, medication details and timing of doses.
- Contact parents/carers as soon as this can be done without delaying emergency treatment.
- Every pupil who receives adrenaline must be transferred to hospital by ambulance for medical assessment/observation.

10.3 Use of a school spare AAI in Wales

The school spare AAI is a back-up device. In accordance with Welsh Government guidance it may be used where the pupil is known to be at risk of anaphylaxis, their own prescribed AAI is unavailable or cannot be administered correctly without delay, and the required consent is in place. The Emergency AAI Register must be checked where practicable without delaying life-saving treatment.

If a severe allergic reaction is suspected in a pupil who is not known to be at risk or is not covered by the school's emergency AAI arrangements, call 999 and seek immediate clinical advice about use of the school spare device. The call and advice received must be documented.

10.4 After an allergic reaction or AAI use

- Record the date, time, location, suspected allergen, symptoms, medication, dose, device used, time administered, staff involved, emergency services contact and outcome.
- Inform parents/carers and relevant senior leaders.
- Replace any used school spare AAI immediately.
- Review the individual risk assessment, AAP/IHP and Emergency AAI Register information.
- Complete any OFG serious incident/near-miss notification and RIDDOR reporting where the legal threshold is met.
- Hold a debrief and consider training, catering, supervision, environmental or procedural changes.

11.0 SERIOUS INCIDENTS AND NEAR MISSES

A serious incident is an event that causes, or could cause, significant harm. A near miss is an event that could have resulted in an allergic reaction or delayed emergency response but did not. Examples include the wrong meal being served but intercepted before consumption, inaccessible medication, expired medication, missing allergen information, a failure to follow a plan or an avoidable cross-contact event.

All allergy-related incidents and near misses will be recorded and reviewed. Reviews will identify contributory factors, lessons learned, required improvements, training needs and changes to risk assessments, AAPs, IHPs, catering controls or emergency arrangements. Actions will have an identified owner and completion date and will be monitored to closure. The OFG Serious Incident Notification Policy must also be followed.

12.0 TRAINING AND EMERGENCY DRILLS

All team members will receive allergy awareness training appropriate to their role. Team members who may administer an AAI will receive practical instruction and must be confident and competent to follow the pupil's plan and the device instructions. Training will form part of induction and will be refreshed in line with OFG requirements and whenever practice changes indicate a need.

- common allergens and non-food triggers;
- signs of mild/moderate reaction and anaphylaxis, including presentations without a skin rash;
- why adrenaline must not be delayed where anaphylaxis is suspected;
- how to access and use prescribed and school spare AAIs;
- Welsh eligibility/consent arrangements for spare AAIs;
- how to call 999 and position/monitor the pupil;
- how ALN, autism, communication differences or limited speech may affect symptom recognition and help-seeking;
- catering, cross-contact and food-activity controls;
- bullying and safeguarding implications;
- incident and near-miss reporting.

Emergency allergy/anaphylaxis drills will take place at least every three months in line with the OFG standard and will be recorded on Info Exchange. Any gap identified through a drill will be addressed as a matter of urgency.

13.0 ALLERGIES, BULLYING AND SAFEGUARDING

Allergy-related bullying is unacceptable. Deliberately exposing a pupil to an allergen, threatening exposure, contaminating food, hiding or tampering with medication, coercing a pupil to eat or touch an allergen, or knowingly disregarding agreed healthcare controls may create a risk of significant harm and must be treated as both a behavioural and potential safeguarding concern.

Concerns must be reported to the Designated Safeguarding Person (DSP) in accordance with the Chestnut Hill Safeguarding Policy and Keeping Learners Safe. Where the concern involves a team member, the Managing Allegations / Low-Level Concerns arrangements and relevant Welsh safeguarding procedures will be followed.

14.0 MENTAL HEALTH & WELLBEING

Living with allergy can cause worry, hypervigilance, embarrassment, social avoidance or anxiety, particularly following a severe reaction. Team members should be alert to excessive reassurance-seeking, unnecessary food restriction, repeated checking or washing, avoidance of normal activities, or distress around eating and social events.

Support will be proportionate and should increase safety without unnecessarily reinforcing fear. The school may involve pastoral, clinical or external health professionals where appropriate. Pupil voice will be considered in planning and reviews.

15.0 INFORMATION SHARING AND CONFIDENTIALITY

Allergy information is health data and must be handled in accordance with the UK GDPR, Data Protection Act 2018 and the school's Data Protection Policy. Information will be shared on a need-to-know basis with people who require it to keep the pupil safe, including relevant education staff, catering teams, transport or off-site providers where necessary.

Data protection must not be used as a reason to withhold information that is necessary to protect a pupil from serious harm. Registers, photographs, AAPs and IHPs must be stored securely while remaining immediately accessible to authorised staff in an emergency.

16.0 MONITORING, AUDIT AND POLICY REVIEW

- Monthly AAI audit completed and recorded in accordance with OFG arrangements.
- Quarterly allergy/anaphylaxis emergency drill, with learning recorded and actions closed.

- Annual site-specific allergy risk assessment review.
- At least annual review of individual risk assessments, AAPs/IHPs and Emergency AAI Register information, or sooner following change/incident.
- Annual Allergy Management Review reported through leadership/governance arrangements.
- Policy review at least annually and sooner where Welsh law/guidance, OFG requirements, local risk or practice changes.

17.0 USEFUL RESOURCES

- Welsh Government - The use of emergency adrenaline auto-injectors in schools.
- Welsh Government - Supporting learners with healthcare needs and associated templates.
- Welsh Government - Keeping Learners Safe.
- Food Standards Agency / Food Standards Agency Wales - allergen and PPDS guidance.
- British Society for Allergy & Clinical Immunology (BSACI) - paediatric allergy action plans.
- Allergy UK - information and helpline support.
- Anaphylaxis UK - allergy and anaphylaxis information and education.
- Natasha Allergy Research Foundation / Allergy School resources.
- MHRA - current adrenaline auto-injector safety advice and manufacturer instructions.

Appendix A - Types of Plans

A.1 Allergy Action Plan (AAP)

An AAP is primarily a clinical emergency document, normally completed or authorised by an appropriate healthcare professional. It provides the instructions to follow if the pupil has an allergic reaction. The school should use a recognised plan such as an age-appropriate BSACI plan where suitable.

- pupil name, date of birth and photograph;
- diagnosed allergy/allergies and known triggers;
- signs and symptoms;
- step-by-step emergency actions;
- medication, dose, brand and administration instructions;
- when to use an AAI and when to call 999;
- healthcare professional details/sign-off where required;
- emergency contacts;
- review date.

A current copy should be kept with the pupil's emergency medication and be accessible to relevant team members. It should be reviewed whenever diagnosis, medication or risk changes, after a significant reaction, and at least annually.

A.2 Individual Healthcare Plan (IHP)

An IHP describes how the school will support a pupil's healthcare needs day to day and in emergencies. It is developed collaboratively with the pupil (where appropriate), parents/carers and relevant professionals. For allergy, an IHP may incorporate or cross-reference the AAP.

- medical condition/allergy and triggers;
- signs/symptoms and communication/presentation for the individual pupil;
- medication and its location;
- day-to-day arrangements and reasonable adjustments;
- catering and cross-contact controls;
- emergency procedures;
- school spare AAI eligibility/consent where relevant;
- trips, transport, work experience and off-site arrangements;
- roles and responsibilities;
- contacts and review arrangements.

IDP / EHCP distinction

An IHP/AAP is not an IDP or EHCP. Where a pupil has an IDP maintained under Welsh arrangements or an EHCP maintained by an English local authority, allergy arrangements should be coordinated with the education plan where relevant but must remain explicit in the healthcare documentation.

Appendix B - Flowchart: Allergic Reaction Without AAI

Always check and follow the pupil's current Allergy Action Plan. Mild/moderate symptoms can progress to anaphylaxis. If in doubt about severity, treat the situation as an emergency and call 999.

MILD / MODERATE REACTION - ACTION

- Keep the pupil under continuous observation and obtain their AAP/IHP.
- Remove the trigger if safe to do so.
- Give prescribed antihistamine or other medication only as directed by the plan/label.
- Inform parents/carers in line with the plan.
- If symptoms worsen, or airway / breathing / circulation symptoms appear, move immediately to the anaphylaxis pathway.

Examples may include localised hives/itching, mild swelling, sneezing, runny nose, itchy mouth or mild gastrointestinal symptoms. Presentation varies and may be different for a pupil who is non-speaking or has communication needs.

IF SEVERE FEATURES APPEAR

- Call 999 and state "ANAPHYLAXIS".
- If the pupil has a prescribed AAI, use it immediately as directed by the plan.
- If prescribed AAI is unavailable, apply section 10.3 and the Wales school spare AAI arrangements.
- Do not leave the pupil alone. Position safely and monitor continuously.

Appendix C - Flowchart: Suspected Anaphylaxis / AAI

Anaphylaxis is a medical emergency. Skin symptoms may be absent. Airway, breathing or circulation problems after exposure to a possible allergen should be treated urgently.

SUSPECTED ANAPHYLAXIS - IMMEDIATE ACTION

1. Give the pupil's prescribed AAI immediately if available and indicated.
2. Call 999 immediately and state "ANAPHYLAXIS".
3. Keep the pupil lying flat with legs raised where possible. If breathing is difficult, allow them to sit with legs extended. Do not let them stand or walk.
4. Send for the second AAI and school spare AAI kit where relevant.
5. If there is no improvement or symptoms persist/return, give a second AAI after 5 minutes in line with the plan and eligible spare-AAI arrangements.
6. If unresponsive and not breathing normally, start CPR and follow 999 instructions.
7. Do not leave the pupil alone. Contact parents/carers without delaying treatment.
8. Handover to ambulance staff and ensure hospital assessment/observation.

School spare AAI - Wales

Use of the school spare AAI must follow section 10.3. For a pupil not known to be at risk / not covered by the emergency AAI arrangements, call 999 and seek immediate clinical advice about use of the spare device.

Appendix D - Information on Allergies

The 14 regulated food allergens are:

Cereals containing gluten	Crustaceans
Eggs	Fish
Peanuts	Soya
Milk	Nuts
Celery	Mustard
Sesame	Sulphur dioxide / sulphites
Lupin	Molluscs

Any food can potentially cause an allergic reaction. Non-food triggers can include latex, medicines, chemicals, insect venom, pollen, grasses, trees, mould, dust mites and animal dander.

Possible mild/moderate symptoms include itching, hives, flushing, swelling of lips/face/eyes, itchy mouth, sneezing/runny nose and gastrointestinal symptoms. Possible anaphylaxis features include swelling of the tongue/throat, hoarse voice, difficulty swallowing, persistent cough/wheeze, breathing difficulty, collapse, persistent dizziness, marked pallor/floppiness or other sudden severe deterioration. Always follow the individual plan and current emergency guidance.

Appendix E - Allergy Management Safety Checklist

Allergy management requirement	Done
Each pupil with a known allergy has an up-to-date individual allergy risk assessment.	☐
Each pupil has an AAP where available and an IHP where broader school support planning is required.	☐
The Allergy Register is current and identifies allergens, medication location and emergency treatment.	☐
The Emergency AAI Register is current and records Welsh eligibility/consent requirements for spare AAls.	☐
The site-specific allergy risk assessment has been completed/reviewed.	☐
All team members have completed allergy awareness training appropriate to their role.	☐
Sufficient staff are trained and competent in AAI emergency response.	☐
The required stock of spare AAls is held in doses/locations identified by the risk assessment.	☐
Spare AAls and pupil AAls are in date and checks are documented.	☐
Prescribed medication is immediately accessible and not locked away where this would delay treatment.	☐
Catering controls, allergen information and PPDS labelling arrangements are current.	☐
The Chestnut Hill nut-free-site control has been communicated to staff, pupils, families, visitors and relevant providers.	☐
Food-related curriculum and event risks are assessed.	☐
Risk assessments for visits, transport, work experience and off-site provision include allergy controls.	☐

Quarterly allergy/anaphylaxis drills have been completed, recorded and actions closed.	☐
Monthly AAI audits have been completed and recorded on Info Exchange.	☐
Incidents and near misses have been reviewed and improvement actions completed.	☐
The policy and annual Allergy Management Review have been completed within the required cycle.	☐