Connect Alliance Trust

Excellence - Collaboration - Respect

Allergy Safety Policy

Adopted by

Brookburn Primary School

Date approved:

Date of next review:

Version Control Table

Version	Date	Author	Rationale / Summary of changes	Ratified
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1. Aims

This policy aims to:

- Set out our school's approach to allergy safety, including reducing the risk of exposure and the procedures in place in case of allergic reaction
- Make clear how our school supports pupils with allergies to ensure their wellbeing and inclusion
- Promote and maintain allergy awareness among the school community.

2. Legislation and guidance

This policy is based on the following guidance and legislation;

- Department for Education (DfE)'s statutory guidance on allergy safety in schools
- Department for Education (DfE)'s supporting pupils with medical conditions at school
- The Department of Health and Social Care's guidance on using emergency adrenaline auto-injectors in schools
- The Food Information Regulations 2014
- The Food Information (Amendment) (England) Regulations 2019

3. Roles and responsibilities

3.1.a The Trust board

The trust board is responsible for ensuring:

Risks relating to pupils with allergy are included in the risk register and actively managed

The school has an allergy safety policy which sets out:

- Arrangements to reduce the risk of individuals coming into contact with their known allergens.
- Emergency response plans for cases of anaphylaxis.

The trust board delegates the day-to-day implementation of this policy to the LGB and school allergy safety lead.

3.1.b School Governing Body (SGB)

The local governing body is responsible for ensuring;

Accountability and implementation of this allergy safety policy

Review of the schools specific risk register entries

Reviewing annual monitoring reports in relation

3.2 Allergy safety lead

The nominated allergy safety leads are: Sophie Kay (Assistant Head) and Harriet Ikin-Tomkinson (SENDCo)

They are responsible for:

Implementing this allergy safety policy.

Reviewing the allergy safety policy at least annually, updating it when needed, and making sure it is published.

Promoting and maintaining allergy awareness across our school community.

Developing and reviewing arrangements for the safe storage and disposal of adrenaline devices (AD)

Ensuring:

- All allergy information is up to date and readily available to relevant members of staff
- All pupils who require support with allergies have an up-do-date individual healthcare plan (IHP)
- All pupils with a known food or insect sting allergy have up-to-date allergy action plans issued by a medical professional
- All staff receive regular allergy awareness training
- All staff are aware of the school's policy and procedures regarding allergies
- Relevant staff are aware of what activities need an allergy risk assessment
- Serious incidents and 'near misses' relating to allergy safety are recorded and reported as appropriate, and to consider and share with staff:
    - What lessons there are to learn
    - Any potential changes to the medical conditions and/or allergy safety policies and/or to any pupil's IHP

3.3 Headteacher

The headteacher is responsible for:

Deciding (in discussion with the parents/carers and any relevant healthcare professionals) whether a pupil's allergy can be managed through the adjustments made under the school's medical conditions policy or whether an IHP is required to specify arrangements that reflect the pupil's circumstances

3.4

There are two named school staff who are responsible for:

- Checking spare AAIs are present and in date on a monthly basis
- Making sure that prescribed, and replacement, AAIs are obtained when expiry dates approach
- Maintaining the pupil allergy register and ensuring that it is up to date

Names:

Julie Asher

Angela Flanagan

3.5 Teaching and support staff

All teaching and support staff are responsible for:

- Promoting and maintaining allergy awareness among pupils
- Maintaining awareness of our allergy safety policy and procedures
- Being able to recognise the signs of severe allergic reactions and anaphylaxis
- Being aware of specific pupils with allergies in their care
- Reducing the risk to pupils with known allergies coming into contact with known allergens
- Ensuring the wellbeing and inclusion of pupils with allergies
- Reporting any allergic reaction or case of anaphylaxis to the allergy safety lead

3.6 Parents/carers

Parents/carers are responsible for:

- Being aware of our school's allergy safety policy
- Providing the school with up-to-date details of their child's medical needs, dietary requirements, and any history of allergies, reactions and anaphylaxis
- If required, providing their child with 2 in-date adrenaline auto-injectors and any other medication, including inhalers, antihistamine etc., and making sure these are replaced in a timely manner
- Following the school's guidance on food brought in to be shared
- Updating the school on any changes to their child's condition
- provide up to date contact information so that parents/carers or other nominated adults are contactable at all times

3.7 Pupils with allergies

If age-appropriate, these pupils are responsible for:

- Being aware of their allergens and the risks they pose
- Carrying their AD on their person and only using it for its intended purpose
- Understanding how and when to use their AD

3.8 Pupils without allergies

These pupils are responsible for:

- Being aware of allergens and the risk they pose to their peers
- Older pupils might also be expected to support their peers and staff in the case of an emergency.

4. Identifying individuals at risk

Allergy is a spectrum of different allergic diseases. Reactions occur when a susceptible person is exposed to something (an “allergen”) they are allergic to. Common allergic conditions include:

- Hay fever (allergic rhinitis), triggered by allergens carried in the air, such as pollen, house dust mite, animal fur/feathers, or mould
- Skin allergies (e.g. eczema, contact dermatitis, contact urticaria/hives) caused by contact with Allergens including house dust mite, pollen and substances like nickel, latex and some chemicals
- Food allergy, which can cause symptoms ranging from mild itching in the mouth to "whole body" reactions including anaphylaxis
- Asthma which may be triggered by airborne allergens
- Allergy to insect stings and medicines

4.1 Identifying pupils at risk

We will:

- For new starters, send a form to all parent/carers of pupils after their place at the school has been confirmed, but before their first school year starts, to confirm any allergy the pupil has and whether they carry medication. Where a pupil has a new diagnosis and/or has moved to the school mid-term, we will send a form and put arrangements in place within 2 weeks.
- Send a reminder to parents/carers at the start of each year asking them to update their child’s medical information as necessary.
- We ask that parents/carers proactively inform us by either phone call to the school office [0161 881 8880] or an email to [Julie Asher: admin@brookburn.manchester.sch.uk] if their child’s medical needs change during the school year.

4.2 Identifying staff and visitors at risk

Standard procedures for:

Staff:

- New staff: Mandatory medical disclosure in the new starter pack asking staff to disclose any known severe allergies, dietary restrictions, or medication requirements (e.g. carrying an adrenaline auto-injector/ AAI)
- Individual Healthcare Plans (IHPs) and Risk assessment to identify potential workplace triggers and staff emergency protocols in place

Visitors:

- Pre-visit communication requesting details of their allergies or dietary requirements
- Medical/ allergy prompt on visitor sign in ‘Do you carry emergency allergy medication or require specific dietary/ environmental accommodations during your visit?’
- Inform visitors of the Allergy Safety Policy

4.3 Individual healthcare plans (IHP)

Pupils should have an IHP if they:

Have an allergy which has a functional impact on them in the school environment

They are at risk of harm as a result of their allergy; and

Require arrangements which are additional to or different from those made generally

It is not necessary for a pupil to have a formal diagnosis of allergy for them to have an IHP. Healthcare professionals may decide that it is more appropriate to accept that the child shows symptoms, rather than proceeding to a formal diagnosis.

The IHP will set out the additional and/or different arrangements that will be in place for supporting the pupil. The school will make every effort to make sure that arrangements are put in place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.

Not all children with an allergy will require an IHP. Some allergies will have little or no impact on the pupil while they are at school, or pose no risk to the pupil. Some allergies will not require arrangements which are additional to or different from those made generally.

The headteacher is responsible for deciding (in discussion with the parents/carers and any relevant healthcare professionals) whether a pupil's allergy can be managed through the adjustments made under the school's medical conditions policy or whether an IHP is required to specify arrangements that reflect the pupil's circumstances.

The school will consider the following principles:

- If the arrangements or support which a pupil requires would be available to any pupil as part of normal policies, an IHP may not be required
- If the pupil only needs non-prescription medication and the school's medical conditions policy would permit them to carry and administer it, an IHP may not be required

IHPs will be reviewed at least annually and more frequently if the pupil's needs have changed. Where a pupil moves on to a new school or college, their IHP will be shared as part of the transition.

4.4 Allergy and asthma action plans

All pupils who have a known allergy to a food or insect stings should be issued with an appropriate allergy action plan by their healthcare professional.

All pupils who have asthma should be issued with an asthma action plan by their healthcare professional.

The plans include medical and parental consent for staff to administer emergency medicines, including adrenaline for anaphylaxis or reliever inhaler in the event of an asthma attack.

The allergy action plan and/or asthma action plan should be attached to the pupil's IHP. Whenever the allergy action plan is updated, the pupil's IHP should be reviewed to incorporate it.

4.5 Register of pupils with known allergies

The school maintains a master register of all pupils with known allergies, which is managed centrally via the school's Management Information System (MIS) and held securely in the main office.

Information stored on this register constitutes special category health data under UK GDPR and is handled with strict confidentiality. For each pupil, the register records:

- Known allergens and specific risk factors for anaphylaxis.
- Details of prescribed Adrenaline Devices (ADs), including device type and dosage.
- Written parental consent for administering emergency medication.
- A recent photograph of the pupil to enable immediate visual verification (subject to parental consent).

To ensure immediate access in an emergency while complying with data protection principles:

- **Food Preparation & Service Areas:** Relevant extracts of the register and pupil photos must be kept in areas where food is served or handled. This data must be stored discreetly—such as in a confidential catering binder behind the counter or via password-protected, staff-facing digital systems ensuring it is readily accessible to catering staff during service but strictly shielded from line-of-sight by other pupils, visitors, or unauthorized personnel.
- **Classrooms & Off-Site Visits:** Relevant class extracts are retained securely in teacher planning folders or emergency trip bags rather than on public noticeboards.

(Note: Where age-appropriate, allowing pupils to carry their prescribed ADs on their person minimizes delays in emergency treatment and allows staff to confirm consent without needing to consult the physical register first.)

5. Assessing risk

The school will conduct a risk assessment for any pupil at risk of anaphylaxis taking part in:

Lessons such as food technology

Science experiments involving foods

Crafts using food packaging

Off-site events and school trips

Any other activities involving animals or food, such as animal handling experiences or baking

A risk assessment for any pupil at risk of an allergic reaction will also be carried out where a visitor requires a guide dog.

6. Minimising risk

Our school operates as an Allergy Aware environment. While we implement strict risk mitigation measures, we cannot guarantee a completely allergen-free or 'nut-free' environment. Claiming a school

is entirely nut-free can create a false sense of security. Instead, we focus on education, proactive hygiene, clear labeling, and robust emergency protocols."

6.1 Hygiene procedures

The following measures will be taken to prevent contamination in school:

Pupils are reminded to wash their hands before and after eating

Sharing of food, food containers, and food utensils is not allowed

Pupils have their own named water bottles, and lunch boxes provided to pupils with food allergies will be clearly labelled with the name of the child for whom they are intended

Where food is not directly provided by the school, parental engagement and permission will be sought in advance

6.2 Catering

The school is committed to providing safe food options to meet the dietary needs of pupils with allergies.

Catering staff receive appropriate training and are able to identify pupils with allergies

The school will engage with caterers to understand the controls in place to ensure that food service complies with relevant requirements

All third-party catering contracts and Service Level Agreements (SLAs) managed by the school must include an explicit clause requiring the provider to comply strictly with this Allergy Safety Policy, statutory Food Information Regulations, and mandatory staff allergen training.

School menus are available for parents/carers and pupils to view with ingredients clearly labelled, and catering staff are available to discuss the provision of allergy safe meals with parents/carers

Where changes are made to school menus, we will make sure these comply with legislation, and continue to meet any special dietary needs of pupils

Food allergen information relating to the ‘top 14’ allergens is displayed on the packaging of all food products, allowing pupils and staff to make safer choices. Allergen information labelling will follow all legal requirements that apply to naming the food and listing ingredients, as outlined by the Food Standards Agency (FSA)

Where food is provided by the school, staff will understand how to read labels for food allergens

Catering staff follow hygiene and allergy procedures when preparing food to avoid cross-contamination

6.3 Insect bites/stings

When outdoors:

- Shoes should always be worn
- Food and drink should be covered
- Cover exposed skin: Encourage pupils and staff to wear long-sleeved shirts, trousers and closed-toe shoes when participating in outdoor areas (e.g. field, wood, den)
- Stay calm near flying insects- advise not to wave arms or use large movements

6.4 Animals

All pupils will always wash hands after interacting with animals to avoid putting pupils with allergies at risk through later contact

Pupils with animal allergies will not interact with animals

6.5 Visits and trips

No pupils with allergies will be excluded from taking part

The school will plan accordingly for all visits and trips, and arrange for the staff members involved to be aware of pupils' allergies and to have received appropriate training

The school will conduct a risk assessment for any pupil at risk of anaphylaxis taking part in a school trip

Pupils at risk of anaphylaxis should have their own ADs with them

Staff trained to administer adrenaline in an emergency will be present on the school trip

Appropriate measures will be taken in line with the school's AD protocols for off-site events and school trips (see section 8.5)

7. Procedures for handling an allergic reaction

All staff are trained to recognise the signs of both mild and severe allergic reactions (known as anaphylaxis) and respond appropriately

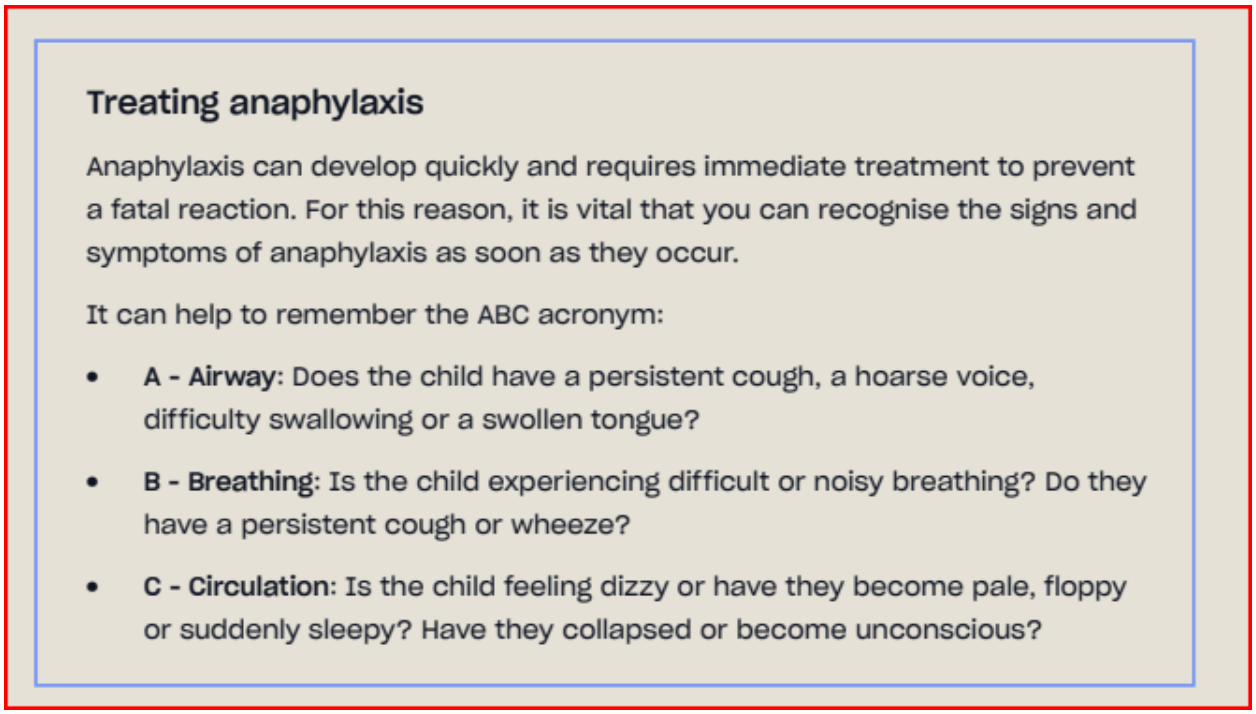
Staff are trained in the administration of adrenaline to minimise delays in an emergency

If the pupil has an allergy action plan, this must be followed

A spare school AD device will only be used if:

- The pupil does not have a prescribed AD
- The pupil's prescribed AD are not available or misfire

Specific Emergency Arrangements for Responding to an Allergic Reaction



Treating anaphylaxis

Anaphylaxis can develop quickly and requires immediate treatment to prevent a fatal reaction. For this reason, it is vital that you can recognise the signs and symptoms of anaphylaxis as soon as they occur.

It can help to remember the ABC acronym:

- **A - Airway**: Does the child have a persistent cough, a hoarse voice, difficulty swallowing or a swollen tongue?
- **B - Breathing**: Is the child experiencing difficult or noisy breathing? Do they have a persistent cough or wheeze?
- **C - Circulation**: Is the child feeling dizzy or have they become pale, floppy or suddenly sleepy? Have they collapsed or become unconscious?

1. **Emergency Action Steps:**
    - **Assess & Position:** Assess symptoms immediately. Keep the pupil still and calm. Lay them flat on their back with feet elevated (unless they have breathing difficulties, in which case sit them upright; do not stand them up).
    - The staff member present must remain with the pupil at all times to assess symptoms while AAI is collected from classroom or main office.
    - **Administer AAI:** Administer the pupil's prescribed AAI immediately without delay if signs of anaphylaxis are present. Emergency AAI to be administered if a pupil does not have a known allergy.
    - **Call 999:** Dial 999 for an ambulance as soon as anaphylaxis is suspected, clearly stating "Anaphylaxis" to the emergency call handler.
    - **Second Dose:** If there is no improvement or symptoms worsen after 5 minutes, administer a second AAI device in the opposite thigh.
2. **Parent/Carer & Emergency Communication:**
    - The main office will contact the pupil's parents/carers immediately after 999 has been called.
    - A member of staff will meet the ambulance at the school entrance to direct paramedics directly to the pupil.
    - A staff member will accompany the pupil in the ambulance if a parent/carer has not yet arrived.
3. **Post-Incident Reporting & Review:**
    - Complete an internal incident/accident report form following any allergic reaction or AAI administration.
    - Review the pupil's IHP and school risk assessments after any severe event to ensure protocols remain effective.

8. Adrenaline devices (ADs)

8.1 Prescribed ADs

Pupils who are prescribed ADs are encouraged to keep them near or on their person at all times including when travelling to or from the school and on school trips. It is recommended that two devices are carried at all times.

While parents/carers remain primarily responsible for supplying in-date prescribed ADs, the named staff members designated in Section 3.4 will conduct a **scheduled monthly audit** of all pupil-prescribed ADs held on site alongside spare devices. Parents will be notified automatically at least 30 days prior to the expiry of any prescribed device to ensure a replacement is provided promptly.

If a pupil cannot keep their ADs with them in the classroom (due to age or other considerations), then the devices will be stored:

In an appropriate central location that is unlocked and accessible at all times. This will be outlined in individual healthcare plans led by the designated asthma lead.

No more than 5 minutes away from where they may be needed

Kept at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature

A copy of the pupil's allergy action plan is kept alongside their medication, as it includes instructions on how it should be used in an emergency. This is kept in the class medical box.

8.2 Spare ADs and inhalers

Please note: current regulations only allow schools to purchase adrenaline auto-injectors (AAIs) as spare devices. Non-injectable adrenaline devices (nasal spray) may be prescribed to individuals but cannot currently be stocked as a spare device. If an individual who is prescribed nasal adrenaline suffers anaphylaxis, a school's spare AAIs may be used in an emergency. Schools can purchase an emergency asthma reliever inhaler which can only be used if the pupil's prescribed inhaler is not available and where written consent has been obtained.

The allergy safety lead is responsible for ensuring that the office team sources spare ADs [and an emergency asthma reliever inhaler] and ensuring they are stored according to the guidance.

Approved seller recommended by Anaphylaxis UK: Miller Medical

Purchased: 4 AAI's in total. The guidance states that where possible, we should purchase the same brand as what the children have in school.

2 Epi Pen Junior which delivers a dose of 150 micrograms and is for children under 6.

2 Epi Pens which deliver a dose of 300 micrograms and are for children aged 6 and above.

The dosage required (based on Resuscitation Council UK's age-based criteria, see page 11 of the AAI guidance)

Spare ADs will be stored:

In an appropriate central location that is unlocked and accessible to **staff only** at all times (main office/ KS1: 1MC)

No more than 5 minutes away from where they may be needed (larger schools may require ADs to be stored in multiple locations, such as near the dining area and playground)

Kept at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature

Spare AAIs will be kept:

In pairs, in case a second one is necessary

Separate from any pupils' prescribed ADs and clearly labelled to avoid confusion

At least 2 staff members are responsible for:

Checking monthly that spare ADs [and the emergency asthma reliever inhaler] are present and in date

Obtaining replacement ADs when the expiry date is near

8.3 Disposal

ADs can only be used once. Once an AD has been used, it will be disposed of in line with the manufacturer's instructions (for example, in a sharps bin for collection by the local council).

8.4 Using spare ADs in an emergency situation without prior consent

The Human Medicines (Amendment) Regulations 2017 do not require consent to have been obtained for spare adrenaline devices to be used in an emergency.

The school will obtain advance consent from parents/carers or pupils for spare adrenaline devices to be used, so that in an emergency, consent can be assumed to be in place.

However, in an emergency situation, anyone may take reasonable action to save a life without checking whether prior consent has been given. This avoids potentially fatal delays in treatment.

8.5 Use of ADs off school premises

Pupils at risk of anaphylaxis who are able to administer their own adrenaline should carry their own ADs with them on school trips and off-site events

A named member of staff will take spare ADs for emergency use on school trips and off-site events. This will be included in the educational visit risk assessment.

9. Serious incidents and ‘near misses’

A **serious incident** is any event relating directly to a medical condition (including allergy) in which a pupil, member of staff or visitor with a medical condition or allergy is harmed or is placed at an immediate and significant risk of harm, including situations requiring emergency medication, urgent clinical intervention or attendance by emergency services.

A '**near miss**' is an event relating directly to a medical condition (including allergy) that did not result in harm but had the clear potential to do so – for example, where an error, omission, or system failure could reasonably have led to a serious incident had circumstances been only slightly different.

9.1 Incident recording

The school will record serious incidents and ‘near misses’ relating to allergy safety as soon as is feasible. The incident will be recorded on an ‘Allergy incident and near-miss report’- Appendix 1, including the following information:

- Who was affected
- What happened, when and where
- Why the incident occurred (as far as is known)
- How staff and pupils responded and what was done to support the individual
- Whether emergency services were called
- How the incident concluded

The school will approach serious incidents and ‘near misses’ in a ‘no blame’ spirit of seeking to learn lessons.

9.2 Incident reporting

The parents/carers of a pupil aged up to 16 should be notified of the incident or ‘near miss’ as soon as possible.

The school will share the report with the pupil’s parents, the pupil or the individual involved.

They will be given the opportunity to discuss what happened and to contribute their views to the consequent lessons learned review. The school will then confirm what we have learnt from the incident and outline any actions we are taking as a result.

In some cases, the impact of exposure to an allergen at school may be delayed and not recognised until the pupil is at home. This means that incident reporting is not limited to staff – the pupil, parents/carers or others (such as healthcare professionals) will need to report to the school if there has been an incident with a delayed reaction.

Staff will always share the incident report with the designated leader responsible for medical conditions and/or allergy]. The allergy safety lead will consider whether the allergy safety arrangements in place were appropriate or if changes are needed to this policy and/or the pupil’s IHP. Any learning will be shared appropriately with staff so they can act on them and reduce the chance of an incident reoccurring.

The school will also share the report with other agencies in the following circumstances:

With the Health and Safety Executive (HSE): incidents which arise directly out of the way the school carried out a work activity which results in death or immediate hospitalization. For example, where a

pupil has suffered harm after consuming an allergen due to incorrect preparation of food by a member of staff. Refer to the school's RIDDOR procedure. A copy of all serious incidents and near-miss reports must also be sent to the Trust Central Health & Safety Officer.

In the event that the incident or ‘near miss’ was related to the delivery of a care plan or action plan issued by a healthcare professional, the relevant healthcare professional will be notified.

10. Allergy awareness

10.1 Staff training

The school ensures that all staff expected to be present during times when pupils are scheduled to be on site receive allergy awareness training at least annually. New starters will complete this training as part of their induction.

This includes permanent staff, temporary staff, supply teachers, peripatetic staff, agency workers and regular volunteers. It also includes catering staff and others who may oversee pupils at breakfast or after-school clubs. It does not include contractors carrying out work with no pupil-facing role such as builders, electricians or other ad hoc maintenance personnel.

Where pupils rely on third-party services such as contracted school transport, external drivers, or independent wraparound care operators the Allergy Safety Lead will ensure relevant Individual Healthcare Plans (IHPs) and emergency action protocols are shared with parental consent. These providers must confirm that their staff are trained to recognize allergic reactions and respond in an emergency.

The school has purchased 'training pens' from EpiPen and Jext so staff can practise safely and be familiar with the differences.

The school will conduct allergy safety drills each term. This is a simulated case of anaphylaxis to test out how staff respond, without risk to any individual. The results of the drill will be recorded and used to inform the ongoing review of this policy.

Allergy awareness training will ensure that all staff:

Have an awareness of allergy, the risks it poses, how allergic reactions can occur and how to manage it

Understand that allergy includes multiple conditions (food allergy, asthma, eczema, hay fever, others), which can co-exist

Understand the difference between food allergy, coeliac disease and food intolerance

Know where to find information on allergy triggers

Can identify the range of symptoms of allergic reactions

Understand and can recognise anaphylaxis

Know how to respond in an emergency, including:

- Calling emergency services and informing parents/carers

- How to locate and administer emergency medication
- How to use the medication/device in an emergency

Understand the impact allergy can have on a pupil's wellbeing

Understand the school's allergy safety policy

Know how to check whether an individual is on the record of those with known allergy, and how to use an allergy or asthma action plan

Understand their responsibilities in reducing the risk of individuals with known allergy coming into contact with their known allergens

Understand how to report an allergic reaction or case of anaphylaxis (whether an incident or a 'near miss')

10.2 Awareness of allergy safety policy

This allergy safety policy will be published on the school's website and shared with parents/carers at the start of the school year.

All staff should be aware of and understand the policy as part of annual allergy awareness training.

Pupils will be taught about allergies through assemblies and the PSHE curriculum. Allergy School

11. Wellbeing

Pupils with allergies can experience bullying and may also suffer from anxiety and depression relating to their allergy.

Pupils with allergies will have additional support through:

Pastoral care

Regular check-ins with their class teacher.

Reassurance that steps are being taken to minimise the risks of exposure to allergen and that robust measures are in place in the event of anaphylaxis

The school will respond to any instance of bullying in line with its behavior policy.

11.1 Wellbeing support following an incident or 'near miss'

The school recognises that an incident or a 'near miss' is a serious event with a potential impact not only on the pupil but their family, those involved in responding. and any witnesses. The school will provide support to those involved.

The school will support staff involved in any incident or 'near miss'.

See section 9 of the policy for more detail on incidents and 'near misses'.

12. Information sharing

Information about an individual's health is considered special category data under UK GDPR. It will therefore be handled in line with our data protection policy.

13. Monitoring arrangements

This policy will be monitored by the allergy safety lead.

It will be reviewed and approved annually by the allergy safety lead, or more frequently if a serious incident or 'near miss' identifies an area for improvement.

14. Links to other policies

This policy links to the following policies and procedures:

- Health and safety policy
- Supporting pupils with medical conditions policy
- School food & drink policy
- Data protection policy
- Behaviour policy

Appendices are located in the main office.

Appendix 1: Allergy incident and near-miss report template

Appendix 2: Allergy drill template

Appendix 3: Training record

Appendix 4: Governor checklist

Appendix 5: Allergy Lead checklist

Appendix 6: Individual Healthcare Plan