

Allergy Safety Policy

The Quinta Primary School

Approved by:	Headteacher and Governing Board
Approved on:	[Date]
Effective from:	September 2026
Named Allergy Safety Lead:	Jess Milne, Assistant Headteacher - SEND and Inclusion Deputy Lead – Jackie Robinson – Lead Medical and First Aid Professional. (Leads the day to day processes and practice)
Last reviewed on:	July 2026
Next review due by:	July 2027, or earlier following a serious incident or near miss

POLICY AT A GLANCE

- The Quinta is allergy-aware, not allergen-free. Risk is reduced through individual planning, safe catering, hygiene, training and rapid emergency response.
- All pupil-facing staff, including catering, preschool and Club Quinta staff, receive allergy awareness and emergency response training at least annually.
- Adrenaline must be brought to the person and given without delay. If in doubt, treat as anaphylaxis, call 999 and give a second dose after 5 minutes if there is no improvement.
- No pupil will be excluded from learning, clubs or trips because of an allergy where reasonable arrangements can make participation safe.

Statement of intent

The Quinta Primary School is committed to ensuring that pupils with allergies are safe, included and able to participate fully in school life. We will identify and reduce foreseeable risks, ensure rapid access to emergency medication, train staff to recognise and respond to allergic reactions, and learn from incidents and near misses.

Allergy safety is a whole-school responsibility. It applies throughout the school day and whenever pupils are under the school's care, including preschool, Club Quinta, breakfast and after-school provision, clubs, trips, residential visits, sporting events and activities away from the main site.

1. Purpose and scope

1.1 This policy sets out how The Quinta will identify, assess and manage allergies affecting pupils, including pupils at risk of anaphylaxis, and how the school will respond in an emergency.

1.2 The policy applies to governors, all employees, agency and supply staff, volunteers, peripatetic staff, catering staff and other adults with a pupil-facing role. Relevant arrangements also apply to staff and visitors who tell the school about an allergy.

1.3 This policy sits alongside the school's Supporting Pupils with Medical Conditions Policy. Food intolerance and coeliac disease are not allergies, but they will be managed through appropriate medical and dietary arrangements with the same emphasis on safety and inclusion.

2. Legal framework and guidance

This policy has been prepared with regard to:

- Section 100 of the Children and Families Act 2014 and section 100A, inserted by section 34 of the Children's Wellbeing and Schools Act 2026.
- Department for Education, Allergy safety in schools: statutory guidance (published 6 July 2026).
- Department for Education, Supporting pupils with medical conditions at school (current statutory guidance).
- Department of Health and Social Care, Using emergency adrenaline auto-injectors in schools.
- Department of Health, Guidance on the use of emergency salbutamol inhalers in schools.
- The Human Medicines Regulations 2012, as amended.
- The Food Information Regulations 2014 and the Food Information (Amendment) (England) Regulations 2019.
- The Equality Act 2010, the Health and Safety at Work etc. Act 1974, the UK GDPR and Data Protection Act 2018, and the statutory framework for the Early Years Foundation Stage.

The Governing Board will ensure that the policy is published, brought to the attention of pupils, parents and everyone who works at the school at least annually, and reviewed at least once each year.

3. Definitions

- **Allergy:** an immune-system reaction to a substance that is usually harmless, such as a food, insect sting, medicine, latex or another contact or airborne allergen.
- **Anaphylaxis:** a potentially fatal allergic reaction affecting the airway, breathing or circulation. It may occur without a skin rash.
- **Adrenaline device:** a prescribed or school-held emergency device that delivers adrenaline, including an adrenaline auto-injector (AAI) or another authorised device.
- **Allergy Action Plan:** a clinical plan issued or endorsed by a healthcare professional setting out symptoms and emergency treatment.
- **Individual Healthcare Plan (IHP):** the school plan recording the additional or different arrangements needed for an individual pupil.
- **Near miss:** an event in which a pupil could have been exposed to an allergen, or emergency arrangements could have failed, but serious harm did not occur.

4. Roles and responsibilities

4.1 Governing Board

- Ensures the school has, publishes and reviews an effective allergy safety policy and has regard to statutory guidance.
- Receives assurance that allergy risks are included within the school risk register and that training, medication, emergency arrangements and lessons from incidents are actively monitored.
- Ensures sufficient resources are available to implement the policy.

4.2 Headteacher

- Has overall responsibility for implementation and for ensuring staff understand their responsibilities.
- Ensures that allergy arrangements are integrated into safeguarding, health and safety, educational visits, catering and staff induction.
- Ensures serious incidents and near misses are reviewed and reported externally where required.

4.3 Named Allergy Safety Lead

The named Allergy Safety Lead is Jess Milne, Assistant Headteacher for SEND and Inclusion. The lead will:

- Maintain oversight of the allergy register, IHPs, Allergy Action Plans, risk assessments and emergency arrangements.
- Coordinate annual training, induction and supply-staff briefing arrangements.
- Ensure prescribed and spare adrenaline devices, prescribed reliever inhalers and school-held emergency salbutamol inhalers are accessible, in date and checked monthly, with checks recorded.

- Liaise with parents, pupils, healthcare professionals, the school office, catering provider, Club Quinta and relevant staff.
- Coordinate an allergy emergency drill at least annually and review the outcome.
- Lead reviews following serious incidents or near misses and recommend changes to practice, training, risk assessments or this policy.

4.4 School office and first-aid team

- Collects and updates medical information at admission, transition and whenever a parent reports a change.
- Maintains the secure allergy register and expiry-date tracking system.
- Receives, labels and stores medication in accordance with the pupil's plan and school procedure.
- Immediately tells the Allergy Safety Lead, class team, catering provider and other relevant staff about new or changed information.

4.5 The Quinta Kitchen Manager

- Complies with food-information law and provides accurate, accessible information about the 14 regulated allergens in food supplied by the school.
- Maintains safe purchasing, storage, preparation, cleaning, service and cross-contamination controls and ensures catering staff are trained.
- Checks ingredient or recipe substitutions before use and does not serve a pupil where the safety of a meal cannot be verified.
- Works directly with families and the school on complex or high-risk dietary requirements.

4.6 Teaching, support, preschool, Club Quinta and lunchtime staff

- Know which pupils in their care have allergies, where their medication and plans are kept, and how to summon help.
- Read and follow relevant IHPs, Allergy Action Plans and risk controls.
- Consider allergens when planning food, craft, science, music, outdoor learning, animal contact, celebrations and trips.
- Prevent food sharing, support effective handwashing and cleaning, and act immediately if a reaction is suspected.
- Record and report every allergic reaction, error or near miss before leaving duty.

4.7 Parents and carers

- Tell the school promptly about known or suspected allergies, changes in symptoms, medication or medical advice.
- Provide an up-to-date Allergy Action Plan or other clinical information and participate in creating and reviewing the IHP where required.
- Provide two in-date prescribed adrenaline devices where these have been prescribed, together with any other medication, and replace them before expiry or after use.
- Ensure their child has prescribed devices for travel to and from school and follow school guidance on packed lunches and food brought onto site.

4.8 Pupils

- Are supported, according to age and understanding, to recognise their allergens, avoid food sharing, tell an adult quickly if they feel unwell and understand where medication is kept.
- May carry their own medication where this is safe and agreed through their IHP.
- Must not deliberately expose another person to a known allergen or misuse emergency medication.

5. Identifying and recording allergies

5.1 Allergy information will be requested at admission, transition and through the school's annual data-check process. Parents must not wait for the annual check to report a change.

5.2 The school will maintain a secure register of known pupil allergies. It will normally record the pupil's photograph, allergens, likely symptoms, prescribed medication, device and dose, storage arrangements, self-carry decision, action-plan and IHP status, emergency contacts and review date.

5.3 Relevant information will be made rapidly available to staff who need it, including teachers, lunchtime staff, first aiders, catering staff and Club Quinta. Information displayed or shared will be limited to what is necessary to keep the pupil safe.

5.4 Where an allergy is suspected or under investigation, the school will not assume there is no risk simply because a diagnosis has not yet been confirmed. Interim controls will be agreed with the family and, where appropriate, healthcare professionals.

5.5 Staff will be invited at recruitment, induction and whenever circumstances change to tell the Headteacher or school office about any allergy that requires a workplace adjustment or emergency arrangement. The school will agree proportionate support, including access to personal emergency medication, a workplace risk assessment where required and need-to-know information sharing. Staff allergy information will be held securely and separately from the pupil allergy register.

5.6 Visitors, contractors, volunteers and external providers will be asked in advance, wherever practicable, whether the school needs to know about an allergy, particularly where food will be provided or handled. The host will record only the information needed for the visit, confirm where the person keeps any emergency medication and explain relevant emergency arrangements. The measures used to protect pupils with allergies will also be applied to staff and visitors where relevant.

6. Individual Healthcare Plans and Allergy Action Plans

6.1 A pupil will have an IHP where the allergy has a functional impact in school, creates a risk of harm, and requires arrangements additional to or different from those made generally. This includes pupils prescribed emergency adrenaline, pupils needing reasonable adjustments, or pupils whose allergy requires specific controls for meals, activities or attendance.

6.2 The IHP will be developed with the pupil, parent, relevant school staff and healthcare professional advice where available. A current Allergy Action Plan and, where relevant, Asthma Action Plan will be attached or clearly referenced.

6.3 The plan will be reviewed at least annually and whenever there is a change in diagnosis, treatment, prescribed device, dose, symptoms, school arrangements or following a relevant incident or near miss.

6.4 The school will not require a parent to attend school to administer routine or emergency medication, or to accompany a trip, because the school has failed to put suitable support in place.

7. Training and awareness

7.1 All staff present when pupils are scheduled to be on site will receive allergy awareness and emergency response training at least annually. This includes permanent, temporary, supply, agency, peripatetic and regular volunteer staff, catering staff, lunchtime staff, preschool staff and Club Quinta staff. First-aid training alone is not sufficient.

7.2 Training will cover:

- the nature of allergy, anaphylaxis, asthma, eczema, food intolerance and coeliac disease;
- common allergens, routes of exposure and practical risk reduction;
- recognition of mild, moderate and severe symptoms, including airway, breathing and circulation signs;
- how to locate and use prescribed and spare emergency medication, including practical device training;
- calling 999, positioning the casualty, giving a second dose after five minutes and never substituting an inhaler for adrenaline in anaphylaxis;
- use of the allergy register, IHPs and Action Plans, and the reporting of incidents and near misses;
- the impact of allergy on inclusion, anxiety and bullying.

7.3 New staff will receive training during induction. Supply and cover staff will receive an immediate safety briefing and access to the relevant pupil information before taking responsibility for pupils.

7.4 The school will run and record an anaphylaxis response drill at least annually and after significant changes to the site or emergency arrangements. The drill will test communication, access to medication and ambulance access without compromising the wellbeing of an identified pupil.

8. Minimising exposure to allergens

8.1 Whole-school approach

The Quinta is allergy-aware rather than allergen-free. It is not possible to guarantee that the site or food is completely free from every allergen. The school therefore uses layered controls and does not rely on a single restriction or sign.

- Food and drink must not be shared between pupils. Pupils regularly reminded of safety and allergens.
- Pupils will wash hands with soap and water before and after eating and after activities involving food, animals or known contact allergens. Hand sanitiser is not treated as a substitute for removing food allergens.
- Eating surfaces and equipment will be cleaned before and after use, with particular care following spills.
- Named bottles, lunch boxes and food containers will be used.
- Medication will never be locked away or located so far from a pupil that it cannot be used promptly.
- Targeted restrictions will be introduced where an individual risk assessment shows they are necessary and will be communicated clearly.

8.2 Food brought into school

The school asks families, staff and visitors not to bring loose peanuts or tree nuts, peanut butter, nut spreads, nut bars or satay products onto the school site. This precaution reduces risk but does not create or imply a nut-free environment. Products carrying a precautionary “may contain” statement are not automatically prohibited unless an individual plan requires a specific restriction.

Homemade food must not be brought in for general sharing. Food for a planned class event, celebration, sale or curriculum activity must be agreed in advance and must have a complete ingredient and allergen label. A suitable alternative will be available so that no pupil is singled out or excluded.

Homemade cake sales and PTA events will contain safety information for parents to make them aware.

8.3 Food supplied by the school

- Allergen information will be available to parents and pupils before food is selected or served.
- Pupils with agreed medical diets will be clearly identified to trained catering staff through a controlled system that protects privacy while preventing error.
- Recipes, ingredients and substitutions will be checked. Where the allergen status cannot be verified, the food will not be served to the pupil and a safe alternative will be arranged.
- Reasonable steps will be taken to prevent cross-contamination during storage, preparation, service and cleaning.
- Seating arrangements will be proportionate and inclusive. A pupil will not routinely be isolated simply because they have an allergy.

8.4 Curriculum, play and school activities

Staff planning an activity will check the allergy register and consider food, packaging and hidden or non-food allergens. Examples include flour in play dough, milk/wheat/soya in some glues, nuts or sesame in bird feed, latex in balloons or gloves, ingredients used in science or cooking, face paints, plants, insect stings and animals.

Where an activity presents a foreseeable risk, staff will remove or substitute the allergen for the whole group where practicable, or complete a specific risk assessment and agree safe adjustments. Pupils will not be given an inferior or unnecessarily separate experience.

8.5 Wellbeing and bullying

The school recognises that living with allergy can cause anxiety and make pupils feel different. Staff will listen to pupils and families, explain controls clearly, provide reassurance and promote age-appropriate independence without transferring adult responsibility to the child.

Any teasing, threatening, deliberately exposing, force-feeding or excluding a pupil because of an allergy will be treated seriously under the Behaviour and Anti-Bullying Policies and may also be treated as a safeguarding matter.

9. Prescribed and spare adrenaline devices

9.1 Prescribed devices

- Pupils prescribed adrenaline must have rapid access to both of their two in-date prescribed devices at all times, including while travelling to and from school and when in classrooms, dining areas, playgrounds, sports areas, clubs and on visits or trips. The pupil-specific arrangements, including self-carry or transfer between home and school, will be recorded in the IHP and clinical Action Plan.
- Devices will be kept together in a clearly labelled emergency medication bag with the pupil's photograph and Action Plan. They will be immediately accessible and not locked away.
- A pupil may carry their devices where this is agreed in the IHP. Otherwise, the named medication bag will remain within rapid reach and travel with the pupil when necessary, including to outdoor areas, clubs and trips.
- The school will track expiry dates, but parents remain responsible for supplying replacements. A pupil will not be denied education solely because a parent has failed to replace medication; the school will undertake an immediate risk assessment and contact the parent.

9.2 School emergency anaphylaxis kits

The school will hold spare AAIs in the age-appropriate doses recommended by current Department of Health and Social Care guidance. Each emergency anaphylaxis kit location will hold one pair of 150 microgram AAIs and one pair of 300 microgram AAIs. The stock level and locations will be confirmed by a documented timed site assessment so that a pair of the correct dose can be brought to any pupil area within five minutes; additional kits will be provided wherever that standard cannot otherwise be met.

Two clearly marked emergency anaphylaxis kit locations will be maintained: the dining hall and first aid room. The Allergy Safety Lead will test access at least annually and following significant site or provision changes, including from classrooms, playgrounds, the sports field, preschool and Club Quinta. A further complete kit will be added or a kit relocated immediately if the five-minute standard is not achieved.

Each kit will contain a pair of 150 microgram AAIs, a pair of 300 microgram AAIs, instructions, a record of batch numbers and expiry dates, a check log and the school emergency procedure. Spare devices will be separate from individually prescribed medication, stored at room temperature, protected from direct sunlight and temperature extremes, readily accessible, clearly labelled and never locked away.

9.3 Checks, replacement and disposal

Designated office staff will check all school-held spare AAIs and emergency salbutamol inhalers at least monthly, with a second member of staff verifying the check. Checks will confirm the correct items are present, accessible, undamaged and in date, and that inhaler spacers are available and stored hygienically. Missing, damaged, discharged, used or expired medication will be replaced promptly. Used or expired AAIs will be disposed of through an approved sharps or pharmacy process in accordance with manufacturer guidance.

9.4 Use of a spare device

A spare device may be used where a person is experiencing suspected anaphylaxis and their own device is unavailable, has misfired, is the wrong location or where the reaction is a first presentation of an unrecognised allergy. Prior consent must never be allowed to delay reasonable action to save a life.

9.5 Prescribed and emergency asthma reliever inhalers

Pupils with asthma must have rapid access to their prescribed reliever inhaler and spacer throughout the school day and during travel, play, sport, clubs and visits. The location, self-carry arrangements, symptoms, treatment and emergency response will be recorded in the pupil's Asthma Action Plan and, where required, their IHP.

The school will hold emergency salbutamol inhalers and appropriate spacers alongside the emergency anaphylaxis kits. A school emergency inhaler may only be used for a pupil who has been prescribed a reliever inhaler, whose own inhaler is unavailable, broken or empty, and for whom written parental consent is recorded on the school's emergency inhaler register.

Any use of an emergency inhaler will be recorded, the parent or carer informed and replacement or cleaning arrangements completed promptly. An asthma inhaler must never be used instead of adrenaline

for suspected anaphylaxis: adrenaline must be given first, with a reliever inhaler used afterwards only for continuing wheeze where the Action Plan or emergency advice directs this.

10. Responding to an allergic reaction

10.1 Mild or moderate reaction without airway, breathing or circulation symptoms

- Follow the pupil's Allergy Action Plan and give prescribed antihistamine if directed and available.
- Keep the pupil under direct adult supervision in a safe place for at least 60 minutes because symptoms may progress.
- Contact the parent or emergency contact and record the reaction and treatment.
- Escalate immediately to the anaphylaxis procedure if airway, breathing or circulation symptoms develop, or if there is any doubt.

10.2 Suspected anaphylaxis

Anaphylaxis is a medical emergency. Any reaction affecting the airway, breathing or circulation must be treated with adrenaline. A rash does not need to be present. If in doubt, give adrenaline.

1	Give adrenaline immediately: Use the pupil's own device if available; otherwise use a school spare device. Do not wait to call a parent or 999 before giving adrenaline.
2	Call 999: Say "anaphylaxis", give the school location and access point, and request an ambulance. Send an adult to meet the ambulance.
3	Position and supervise: Lay the person flat with legs raised. If breathing is difficult, allow them to sit with legs extended. If unconscious, use the recovery position. Never allow them to stand or walk. Bring medication and help to them.
4	Give a second dose after 5 minutes: If there is no improvement, or symptoms return, give the second adrenaline device. Note the times and give used devices to the ambulance crew.
5	Continue emergency care: Stay with the person, follow 999 instructions, give CPR if needed, and use a reliever inhaler after adrenaline if the Action Plan directs this for continuing wheeze. Never use an inhaler instead of adrenaline for anaphylaxis.

A pupil who has received adrenaline must be assessed in hospital. Parents will be informed immediately after emergency action is underway. A member of staff will accompany the pupil in the ambulance if a parent is not present and will remain until responsibility is transferred.

11. Trips, clubs, sport and off-site activities

11.1 Allergies will not be used as a reason to exclude a pupil from a trip, residential, sporting event, club or activity. Reasonable adjustments and an individual risk assessment will be completed where required.

11.2 The visit leader will check the pupil's IHP, allergens, catering and accommodation arrangements, staff training, emergency communications, nearest emergency care and access to medication. A pupil at risk of anaphylaxis must have their two prescribed devices with them, and appropriately trained staff must be present. An appropriate pair of school spare AAIs will also be taken where the risk assessment requires it.

11.3 Medication will remain with the pupil or named adult, not in a vehicle hold or inaccessible luggage. The parent will not be required to accompany the visit unless this is their choice and not a substitute for reasonable school arrangements.

11.4 The same standards apply to before- and after-school provision, holiday activities and external providers operating under school control. Relevant information and emergency arrangements will be shared before responsibility is transferred.

12. Incidents and near misses

12.1 Every allergic reaction, administration error, delay, missing or expired medication, incorrect meal, unintended exposure, emergency call or other near miss will be recorded on the school's medical/incident system before the end of the working day. Safeguarding-related concerns will also be recorded on CPOMS.

12.2 The Allergy Safety Lead and Headteacher will be told immediately about serious incidents and significant near misses. Parents may also report an incident that becomes apparent after the pupil has gone home, and this information will be treated as part of the school review.

12.3 A proportionate review will normally take place within five working days and will involve the person affected and, for a pupil, their parents or carers. It will consider what happened, whether plans and controls were followed, access to medication, communication, training, catering, site arrangements and the pupil's or person's experience. Actions will be recorded, assigned and checked.

12.4 The school will amend the relevant IHP, risk assessment, training or policy where learning shows this is necessary and will make any external notifications required by law, the academy trust, insurers, health and safety procedures or safeguarding arrangements.

13. Information sharing and data protection

13.1 Allergy information is special-category health data. The school will process and share it where necessary to meet its legal duties, protect vital interests and provide safe education, in accordance with the Data Protection Policy and privacy notices.

13.2 Information will be accurate, kept secure and shared only with people who need it. Pupil dignity will be considered when using photographs, wristbands, lists, table markers or other identification systems. Information must not be displayed publicly or shared casually in staff or parent messaging groups.

13.3 Relevant information will be shared with emergency services, catering providers, visit providers or healthcare professionals where necessary to protect the pupil. Parents and pupils will be involved in deciding how information is communicated wherever practicable.

14. Unacceptable practice

The school will not:

- lock away emergency medication or make a pupil travel to medication during an emergency;
- delay adrenaline while waiting for a parent, senior leader or ambulance;
- assume a pupil is safe because a diagnosis is pending, a previous reaction was mild, or no rash is present;
- send a pupil home repeatedly, penalise attendance, or prevent participation because of an allergy without proper assessment and reasonable adjustment;
- require a parent to attend school to provide support the school can reasonably arrange;
- ignore pupil or parent concerns, or rely solely on a blanket "allergen-free" claim instead of individual planning and practical controls;
- allow allergy-related bullying, threats or deliberate exposure to be treated as harmless behaviour.

15. Complaints

Concerns should be raised promptly with the class teacher, Allergy Safety Lead or Headteacher so that immediate safety issues can be addressed. Formal complaints will be considered under the school's Complaints Procedure. A complaint does not replace the need to report an urgent medical or safeguarding concern immediately.

16. Monitoring, publication and review

16.1 The policy will be published on the school website, available in hard copy on request and brought to the attention of staff, pupils and parents at least annually. Allergy safety will be included in staff induction and appropriate pupil and parent communications.

16.2 The Allergy Safety Lead will provide the Headteacher and Governing Board with assurance on training completion, register and IHP quality, medication checks, drills, incidents and near misses, catering controls and outstanding actions.

16.3 The Governing Board will review this policy at least annually and sooner following a serious incident, significant near miss, relevant legal or guidance change, or material change to the school site, catering or provision. The Allergy Safety Lead will seek proportionate input from pupils with allergies, their parents or carers and staff with allergies when developing and reviewing the policy and the arrangements made under it, while respecting confidentiality.

17. Related school policies

- Supporting Pupils with Medical Conditions Policy
- Administration of Medicines / First Aid Policy
- Health and Safety Policy
- Safeguarding and Child Protection Policy
- Educational Visits Policy
- Behaviour and Anti-Bullying Policy
- Data Protection Policy and Privacy Notices
- Complaints Procedure

Appendix 1: Emergency anaphylaxis procedure

IF AIRWAY, BREATHING OR CIRCULATION IS AFFECTED - GIVE ADRENALINE

If in doubt, treat as anaphylaxis. A skin rash may be absent.

Possible anaphylaxis signs

AIRWAY	swollen tongue or throat, hoarse voice, difficulty swallowing, persistent cough, throat tightness
BREATHING	difficult or noisy breathing, wheeze, rapid breathing, persistent cough, blue lips
CIRCULATION	pale, clammy, dizzy, confused, floppy, collapse, loss of consciousness
OTHER SIGNS	rash, swelling, abdominal pain or vomiting may occur, but are not required for anaphylaxis

Immediate action

1	Give adrenaline now: Use the person's own device first if immediately available; otherwise use a school spare. Do not wait for permission.
2	Call 999: Say "anaphylaxis". Request an ambulance and send someone to meet it.
3	Keep them still: Lay flat with legs raised. If breathing is difficult, allow sitting with legs extended. If unconscious, recovery position. Never let them stand or walk.
4	Second dose after 5 minutes: Give a second device if there is no improvement or symptoms return.
5	Stay and support: Follow 999 advice, note the times, start CPR if needed, inform parents, and send used devices with the ambulance crew.

REMEMBER: Never use an asthma inhaler instead of adrenaline for anaphylaxis. Adrenaline comes first; a reliever inhaler may then be used for continuing wheeze if the Action Plan directs this.

Appendix 2: School-specific operational controls

Control	Quinta arrangement
Allergy Safety Lead	Jess Milne, Assistant Headteacher - SEND and Inclusion
Primary emergency kit	Main school office / medical area
Second emergency kit	Dining hall / central first-aid point
Spare AAI stock	At each of the two emergency kit locations: one pair of 150 microgram AAIs and one pair of 300 microgram AAIs; additional complete kits if the five-minute timed site test requires them
Emergency asthma inhalers	One emergency salbutamol inhaler with appropriate spacers at each emergency kit location; use only for a pupil prescribed a reliever inhaler and listed on the written-consent register
Medication checks	Monthly checks of prescribed emergency medication, spare AAIs and emergency salbutamol inhalers; recorded by designated office staff and verified by a second member of staff
Whole-staff training	At induction and at least annually; includes preschool, Club Quinta, lunchtime and catering staff
Emergency drill	At least annually and after significant site or process changes
Incident review	Serious incidents and significant near misses reviewed normally within five working days

External guidance

Department for Education: [Allergy safety in schools](#)

Department of Health and Social Care: [Using emergency adrenaline auto-injectors in schools](#)

Department of Health: Guidance on the use of emergency salbutamol inhalers in schools