Allergy and Anaphylaxis Safety Policy

Updated for:	September 2026
Next review:	September 2027

James Montgomery Academy Trust

Allergy and Anaphylaxis Policy.

Document Control:	
Policy title:	Allergy and Anaphylaxis Safety Policy.
Policy reference:	JMAT-EFM-003
Version:	Version 1.0.
Approval date:	To be completed following formal Trust Board approval.
Effective date:	01st September 2026.
Review date:	At least **annually** from approval, and sooner after legislative change, significant incident, near miss, audit failure or organisational change.
Policy owner:	Trust Estates Manager (TEM).
Accountable person:	Chief Executive Officer (CEO).
Operational Accountability:	Headteacher at each academy.
Responsible committee:	Audit and Risk Committee.
Approved by:	JMAT Trust Board.
Applies to:	All Trust academies, central teams, employees, agency staff, volunteers, pupils, visitors, contractors, lettings and Trust-led off-site activities.

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1.0. Policy statement:

James Montgomery Academy Trust will provide a safe, inclusive and proportionate approach to allergy management across its primary academies. Allergy management is a whole-school responsibility, not the responsibility of one trained person or the catering team alone. We will reduce avoidable exposure, make emergency treatment immediately available, and ensure that pupils with allergies can take part fully in school life.

- Pupils' safety, dignity, education and wellbeing come first.
- If anaphylaxis is suspected, adrenaline is given immediately. If in doubt, give adrenaline.
- Emergency medication is brought to the person. The person is never sent to collect it.
- Controls will be based on the individual pupil, the activity and the environment. We will not claim that an academy is "allergen free".
- Pupils will not be excluded, isolated or disadvantaged where reasonable adjustments and proportionate controls can enable safe participation.
- The Trust learns from incidents and near misses through a fair, evidence-led and no-blame process.

Non-negotiable emergency standard:

If anaphylaxis is suspected:

- Give adrenaline immediately.
- Call 999 and state "anaphylaxis".
- Position the pupil safely and do not allow them to stand or walk.
- Give a second adrenaline auto-injector after five minutes if there is no improvement or symptoms return.
- Start CPR and use an automated external defibrillator if there are no signs of life.

Staff must not wait for parental permission before giving emergency treatment or calling 999.

2.0. Scope and definitions:

This policy applies to all JMAT primary academies and to pupils while they are under the school's care, including EYFS provision, breakfast and after-school clubs, educational visits, residentials, sport, performances, celebrations, transport arranged by the Trust, and Trust-controlled lettings or activities. It applies to employees, agency and supply staff, volunteers, governors, contractors, caterers and regular visitors to the extent relevant to their role.

Staff and visitors with allergies will be supported through the Trust's workplace health and safety arrangements. Emergency procedures in this policy may be used for any person experiencing suspected anaphylaxis.

Term:	Definition:
AAI:	Adrenaline auto-injector.
AD:	Adrenaline device. A prescribed adrenaline auto-injector or prescribed non-injectable nasal adrenaline device. At present, schools may purchase only AAIs as spare devices.
Cross-contact:	Unintentional transfer of an allergen from one food, surface, utensil or person to another.
IHP:	Individual Healthcare Plan. This records the school arrangements and refers to, rather than replaces, clinical plans.
Allergy Action Plan:	An emergency clinical plan issued by a healthcare professional, commonly a BSACI plan.
Near miss:	An event that did not cause harm but had realistic potential to do so.
Serious incident:	An event causing, or risking, serious harm, including anaphylaxis, AAI use, loss of consciousness, resuscitation, hospital treatment or a significant allergen control failure.
Spare AAI:	An emergency AAI lawfully obtained and held by a school. It does not replace a pupil's prescribed devices.

3.0. Legal and guidance framework:

The Trust will have regard to the following law and statutory guidance, as amended or replaced:

- Children and Families Act 2014, sections 100 as amended by section 34 of the Children's Wellbeing and Schools Act 2026.
- DfE Allergy safety in schools: statutory guidance, July 2026.
- DfE statutory guidance on supporting pupils at school with medical conditions.
- Human Medicines Regulations 2012 and government guidance on emergency AAIs in schools.
- Equality Act 2010, UK GDPR and Data Protection Act 2018.
- Food Information Regulations 2014, food safety law and current Food Standards Agency guidance.
- RIDDOR 2013 where the reporting tests are met.
- Statutory EYFS framework where applicable, and current MHRA and Resuscitation Council UK advice.

The Trust will review this policy if relevant regulations or guidance change. Where this policy sets a Trust standard above the legal minimum, that standard remains mandatory within JMAT unless a documented exception is approved by the CEO on competent advice.

4.0. Governance and responsibilities:

4.1. Trust Board:

- Approves and reviews the policy at least annually.
- Ensures allergy risk is included in the Trust risk-management framework and that adequate resources are available.
- Receives an annual effectiveness report.
- Ensures the scheme of delegation makes Trust, committee, and academy responsibilities clear.

4.2 Audit and Risk Committee:

- Scrutinises termly assurance, trends, material gaps and overdue actions.
- Tests whether controls are working in practice, rather than relying only on policy or training completion.
- Reviews serious incidents and recommends policy approval to the Board.

4.3. Chief Executive Officer:

- Ensure consistent implementation across the Trust.
- Ensure adequate resources, competent advice and management systems are in place.
- Escalates material failures and serious incidents to the Board or committee.

4.4. Trust Estates Manager:

- Owns the policy framework, templates, monitoring, and assurance process.
- Provides competent advice and quality assurance, and
- Reports termly to the Audit and Risk Committee and tracks Trust-level actions to closure.

4.5. Headteacher:

- Is accountable for day-to-day implementation at the academy.
- Appoints a named senior allergy lead and deputy, and approves the academy implementation schedule.
- Ensures sufficient trained staff and effective cover throughout the day and for all activities.
- Ensures allergy controls are reflected in local risk assessments, catering oversight, attendance, anti-bullying, visits and business-continuity arrangements.
- Reports serious incidents and material failures promptly and provides termly assurance to the Trust Estates Manager.

4.6. Named senior allergy lead:

- Maintains the allergy register, IHP process and academy implementation schedule.
- Coordinates training, induction, communication, medication checks, catering assurance, visits and transition.
- Reconciles records at least termly and investigates discrepancies promptly.
- Leads or commissions incident reviews and tracks actions to evidence closure, and
- Reports termly to the headteacher.

4.7. All staff:

- Complete the training or briefing required for their role.
- Know how to summon help, where emergency equipment is kept and how to access individual plans.
- Follow this policy and the pupil's current IHP and clinical action plan.
- Do not give or permit food where suitability has not been established.
- Report concerns reactions, incidents and near misses without delay.

4.8. Parents and carers should provide accurate information, current clinical plans and prescribed medication, notify changes promptly and work with the academy on reasonable arrangements. Pupils will be involved in decisions in an age-appropriate way and supported to recognise symptoms and manage their condition safely. A failure by a parent to provide information or medication will be addressed promptly and sensitively. It does not remove the academy's duty to assess risk and support the pupil.

5.0. Identifying people with allergies:

Each academy will gather allergy and asthma information at admission, transition, annual data collection and whenever circumstances change. Information will be checked, not copied forward automatically. Arrangements for a new starter should be in place before the start of term. For a mid-term admission, every effort will be made to put arrangements in place within two weeks, with interim controls agreed immediately where needed.

- Maintain one live allergy register covering diagnosed or suspected allergy that requires monitoring, adjustment or emergency planning.
- Record known allergens, asthma, prescribed emergency medication, whether an IHP and action plan are in place, and where medication is held.
- Use current photographs where proportionate and necessary for safe identification.
- Seek relevant information from previous settings and involve the pupil and parent or carer in decisions about sharing it.
- Where appropriate, ask staff and planned visitors about allergies, particularly where food will be served.
- Reconcile the register at least termly against the MIS, IHPs, action plans, medication, catering records, trips and wraparound provision.

Suspected allergy will be taken seriously even when diagnosis or specialist advice is pending. The academy will not make clinical judgements. It will agree sensible interim controls with the family and seek advice from an appropriate healthcare professional or school nursing service where needed.

6.0. Individual Healthcare Plans (IHPs):

A pupil should have an IHP where the allergy has a functional impact, creates a risk of harm and requires arrangements additional to or different from normal school practice. A formal diagnosis is not essential. The headteacher makes the decision with the pupil, parent or carer and relevant professionals.

The academy holds the pen on the IHP because it describes school arrangements. It must refer to and attach the latest clinical Allergy Action Plan, Asthma Action Plan or care plan. Staff must not paraphrase clinical instructions in a way that could introduce error or replace the original plan.

- Pupil details, current photograph and emergency contacts.
- Known or suspected allergens, likely symptoms, relevant co-existing conditions and the pupil's ability to recognise a reaction.
- Impact on health, learning, attendance, wellbeing and, where relevant, special educational needs.
- Preventive controls, food arrangements and reasonable adjustments.
- Prescribed medication, prescriber and date, dose or device, storage, self-carry arrangements, consent and expiry.
- Roles and responsibilities, including catering, wraparound care and cover arrangements.
- Emergency response, location of personal and spare medication, and exact access arrangements.
- Lessons, meals, outdoor activity, travel, visits, transition and support for missed learning.
- Review date and triggers for earlier review.

IHPs are live documents. They will be reviewed at least annually and sooner after a reaction, incident, near miss, change in medication or clinical advice, transition, or concern that arrangements are ineffective. A single IHP should cover the pupil's relevant conditions wherever possible.

Missing information or medication: Where required information or medication is missing, the allergy lead will contact the parent or carer the same day, notify the headteacher, seek clinical advice where necessary and record interim controls. The decision must prioritise safety and inclusion. A pupil will not be automatically excluded from school or an activity because paperwork is incomplete. However, an activity must not proceed where the academy cannot put a safe arrangement in place, particularly where emergency medication would not be immediately available. The decision and rationale must be recorded and reviewed promptly.

7.0. Reducing exposure and supporting inclusion:

- Risk assess allergen exposure in classrooms, dining areas, cooking, science, art, music, rewards, celebrations, fundraising, clubs, outdoor learning, animals and insect encounters.
- Use handwashing with soap and water and effective cleaning of tables, food areas and equipment. Alcohol hand gel does not remove food proteins.
- Do not allow pupils to share food, drinks, bottles, cutlery, utensils or food containers.
- Clearly label lunchboxes, drinks and food intended for an individual pupil.
- Use an allergy-aware approach. Targeted restrictions may be introduced when supported by risk assessment, but no academy will promise a completely allergen-free or nut-free environment.
- Consider contact and airborne allergens, indoor and outdoor air quality and reasonable environmental controls.
- Choose safe alternatives for the whole group where a classroom material may expose a pupil, rather than routinely isolating the pupil.
- Treat teasing, threats, forced feeding or deliberate exposure as serious behaviour and safeguarding concerns.
- Support anxiety, confidence and self-management through age-appropriate education and pastoral support.
- Do not require a parent to attend school or a visit to provide routine support that the academy should reasonably arrange.
- Do not penalise allergy-related absence or exclude a pupil from attendance rewards because of medically necessary absence.

The views of pupils with allergies and their parents or carers will inform local arrangements and the annual policy review. The academy will explain controls without unnecessarily identifying or singling out a pupil.

8.0. Food and catering controls:

The Trust and academy retain accountability for safe arrangements whether catering is delivered directly or by a contractor. The catering provider must have a named allergy lead and deputy, trained staff and documented controls that are contractually enforceable and subject to academy verification.

- Maintain accurate recipes, ingredients and allergen matrices for all food served.
- Provide clear, accurate and easily accessible allergen information for non-prepacked food.
- Label prepacked for direct sale food with the food name, full ingredients list and the 14 regulated allergens emphasised.
- Control substitutions. No substituted product or recipe may be served until its allergen information has been checked and affected pupils' arrangements confirmed.

- Retain supplier information, labels and relevant batch details for verification, recalls and incident investigation.
- Prevent cross-contact through suitable storage, preparation order, segregation, utensils, cleaning and service practice.
- Use at least two robust methods to identify pupils with allergies at mealtimes, balanced with dignity and inclusion. Verbal memory alone is not sufficient.
- Test electronic meal-ordering or till controls and maintain a reliable manual fallback for outages or data errors.
- Seek parent or carer agreement in advance where externally supplied food, treats or celebrations could affect a pupil's safety or inclusion. Unlabelled food will not be given where suitability cannot be established.
- Ensure reasonable adjustments allow eligible pupils with allergies to receive their free school meal entitlement.
- Maintain a documented product recall, withdrawal and quarantine process.
- Escalate undeclared allergen or unsafe food concerns to the provider, Trust and relevant authority where the legal reporting threshold is met.

The named senior allergy lead will complete or commission an independent, recorded verification of catering allergen controls at least once each term. This will include observation of meal service, not only a paperwork check.

For EYFS pupils, the academy will meet the current EYFS requirements for dietary information, mealtime responsibility, information sharing and paediatric first-aid cover.

9.0. Medication and emergency equipment:

9.1. Prescribed medication:

- Pupils prescribed adrenaline should have access to two in-date devices at all times, including travel to and from school, playgrounds, sports areas and visits.
- Medication must be clearly identified, stored at room temperature in line with manufacturer instructions, protected from extremes of heat and immediately accessible. It must not be locked away or kept in a restricted office.
- Where age and risk assessment allow, pupils should be supported to carry their own devices. Staff remain ready to assist.
- The pupil's emergency kit should contain the items specified in the plan, normally two adrenaline devices, the current action plan, any prescribed reliever inhaler and any other prescribed medicine.
- Antihistamine must never delay adrenaline where anaphylaxis is suspected.
- The academy will record arrangements for taking personal devices home and returning them, so that pupils remain protected during the journey.

9.2. Spare AAIs and emergency inhalers:

Each primary academy will stock spare AAIs in pairs, with a minimum of one pair of 150 microgram AAIs and one pair of 300 microgram AAIs on each site, unless a documented assessment shows additional pairs or different arrangements are needed. Stock location must allow adrenaline to be brought to any person and administered within five minutes.

- The headteacher, or authorised purchaser acting on a headteacher-signed request, will procure spare AAIs through a lawful route.
- Spare AAIs will be clearly labelled, unlocked, readily accessible and known to all staff.
- Stock, packaging, viewing window, temperature exposure and expiry will be checked at least monthly and after use.
- Used, expired, recalled, damaged or compromised devices will be replaced without delay.
- The person's own prescribed device will be used first if it is immediately available and suitable. A spare AAI may be used to save life, including for first-time anaphylaxis or where a prescribed device is unavailable or misfires. Prior consent must not delay life-saving treatment.
- Used AAIs will be handed to ambulance staff or disposed of through an approved pharmacy or sharps route. A suspected defective device will be retained and reported through the Yellow Card scheme.

The academy will also consider stocking emergency salbutamol inhalers and spacers alongside spare AAIs. These may be used only in line with current guidance, including the requirement for the pupil to have been prescribed a reliever inhaler and for written consent to be in place.

9.3. Access testing and continuity:

Medication must be brought to the person experiencing symptoms. They must not be sent to collect it. Each academy will test access and emergency communication at least annually, after material change and where incidents or risk indicate. Any delay or unreliable handover will trigger immediate changes to location, stock, staffing or procedure.

10.0. Responding to anaphylaxis:

10.1. Recognise the A, B, C's:

Airway:	Swollen tongue; throat tightness; difficulty swallowing or speaking; hoarse voice; persistent cough.
Breathing:	Difficult, noisy or rapid breathing; wheeze; chest tightness; persistent cough.
Circulation:	Dizziness; pale or clammy appearance; sudden sleepiness; floppy child; collapse; loss of consciousness.

Anaphylaxis can occur without a skin rash. In a person with known food allergy and asthma, sudden breathing difficulty must be treated as possible anaphylaxis.

10.2. Act immediately:

1. Keep the person where they are, call for help and do not leave them alone.
2. Give an AAI immediately into the outer mid-thigh. Follow the device instructions. Note the time.
3. Call 999 and say “anaphylaxis”. Give the exact location and access instructions.
4. Lie the person flat with legs raised. If breathing is difficult, allow them to sit with legs extended. If unconscious but breathing, use the recovery position. Do not allow standing, walking or a sudden change to an upright position.
5. If symptoms have not improved after 5 minutes, or they recur, give a second AAI.
6. If there are no signs of life, start CPR and use the AED as soon as available.
7. Stay with the person, monitor them and hand the plan and used devices to paramedics.
8. Contact the parent or carer after emergency treatment and the 999 call have begun. Do not delay treatment to seek permission.

Anyone given adrenaline or experiencing suspected anaphylaxis must be assessed by ambulance clinicians and transferred for medical observation as directed. Staff acting reasonably and in good faith will be supported by the Trust.

11.0. Training, induction and competence:

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, catering and wraparound staff and regular volunteers. Role-specific briefings will be provided to relevant transport and premises staff. First-aid training alone is not sufficient.

- Allergy, asthma, eczema, hay fever and how conditions can co-exist.
- The difference between food allergy, coeliac disease and intolerance.
- Common triggers, prevention and the effect of asthma on anaphylaxis risk.
- Recognition of mild reactions, acute asthma and anaphylaxis, including reactions without skin symptoms.
- Emergency positioning, calling 999, using personal and spare AAIs, second-dose timing, emergency inhalers, CPR and AED awareness.
- How to find the allergy register and use IHPs, Allergy Action Plans and Asthma Action Plans.
- Inclusion, wellbeing, anxiety, bullying and safeguarding.
- Incident and near-miss reporting and the no-blame learning approach.

Training will include practical use of trainer AAIs and local access arrangements. New staff must complete training as part of induction. Temporary, supply and cover staff must receive an emergency briefing before unsupervised responsibility. Completion will be

recorded by staff category. The academy will sample practical understanding and will not rely solely on online certificates.

Where a pupil needs healthcare support beyond school level allergy arrangements, the headteacher will ensure any additional clinical governance, delegation and competency requirements are met.

12.0. Visits, transport, and off-site activities:

The visit leader will assess allergy risk early in planning, including travel, venue, food, remoteness, communications, overnight arrangements, emergency access and the effect of taking spare stock off site. The same inclusion standard applies to clubs, fixtures, residentials and academy-arranged transport.

- Verify and record before departure that personal medication is present, correct, in date and immediately accessible.
- Carry the current IHP and action plan in a secure but accessible form.
- Identify trained staff and contingency cover.
- Confirm food arrangements directly with the venue or provider and retain relevant allergen information.
- Consider taking a suitable pair of spare AAIs without leaving the academy without adequate spare cover.
- Record the emergency route, local medical access and communication arrangements.

Pupils with allergies should participate wherever reasonable adjustments can make the activity safe. A parent will not normally be required to attend. If essential medication is unavailable, a senior leader must decide whether a demonstrably safe alternative exists. The decision and rationale must be recorded. A dynamic risk assessment must not be used to normalise a foreseeable absence of life-saving medication.

13.0. Information sharing, privacy and transition:

Relevant staff, caterers and activity leaders will receive the information they need to keep a pupil safe. Health information is special-category personal data and will be accurate, current, access-controlled and retained in line with the Trust retention schedule. Photographs or identifiers may be used where proportionate for safety and protected from wider disclosure. Necessary information may be shared promptly in an emergency.

At transition, the academy will share relevant plans and information lawfully and in good time. The receiving academy / school will draw up its own IHP and verify its own arrangements rather than assume that previous controls transfer unchanged. Version control will make clear which plan is current and superseded copies will be removed from operational use.

14.0. Incidents, near misses and complaints:

A serious incident includes an event involving allergy where a person is harmed or placed at immediate and significant risk, including emergency medication, urgent clinical intervention or emergency-service attendance. A near miss is an error, omission or system failure that did not cause harm but clearly could have done so.

Any serious incident or near miss involving a pupil, member of staff or visitor will be recorded as soon as feasible. Reports may come from staff, pupils, parents, carers, healthcare professionals or caterers, including where a delayed reaction is recognised after the person has left the academy.

- Record who was affected, what happened, when and where, likely cause, response, medication and device details, timing, positioning, 999 call, witnesses, parent contact and outcome.
- Notify the parent or carer as soon as possible and share the report, subject to lawful and age-appropriate arrangements. Invite their account and the pupil's views.
- Notify the headteacher and Trust Estates Manager the same day for anaphylaxis, adrenaline use, ambulance attendance, hospital transfer, significant allergen failure, deliberate exposure or another high-risk event.
- Preserve labels, recipes, packaging, batch details, medication, CCTV, logs and witness evidence.
- Consider RIDDOR, food-safety, safeguarding, defective-device, Yellow Card and other reporting through the Trust Estates Manager.
- Complete a proportionate no-blame review promptly, normally within five working days where risk remains.
- Give each action an owner, deadline, risk rating and evidence of closure. Independently verify high-risk actions.
- Review the IHP, risk assessment, catering controls, training, emergency access and this policy where lessons indicate change.
- Support the pupil, family and staff following a serious incident and confirm the learning and actions to those affected.

Concerns and complaints may be raised through the Trust complaints procedure. A complaint will not delay urgent health and safety, food safety, safeguarding or regulatory action. Any child death will be managed through the required safeguarding, local and national review and notification processes on specialist advice.

15.0 Monitoring and assurance:

Control:	Academy check:	Trust / governance assurance:
Allergy register and IHPs.	Termly reconciliation; annual formal review.	Termly exceptions; annual sample.

Prescribed and spare medication.	Monthly and after use; timed access test.	Termly exceptions and risk-based verification.
Training and briefings.	Ongoing induction; annual renewal; competence sample.	Termly coverage and competence sampling.
Catering controls.	Operational checks; independent termly observation and verification.	Termly exceptions; contract and audit review.
Visits and activities.	Each activity.	Risk-based sample.
Incidents and near misses.	Immediate recording; half-termly themes.	Termly thematic review; serious-event oversight.
Policy awareness and publication.	Annual communication and continuous website availability.	Annual evidence sample.
Academy schedule.	Annual physical verification and after change.	Annual evidence sample.

Each academy will submit a termly assurance return showing pupils on the register; IHPs due or overdue; pupils prescribed adrenaline; missing, expired or inaccessible medication; spare AAI stock by dose; timed access result; training completion by staff group; catering verification; incidents and near misses; emergency medication use; emergency drill outcomes; and open or overdue actions.

Same day escalation:

The following require same-day escalation to the headteacher and Trust Estates Manager:

- No named allergy lead or deputy.
- A known at-risk pupil without safe emergency arrangements.
- Personal or spare medication that is missing, expired or inaccessible.
- Inability to deliver adrenaline within five minutes.
- Serious training gaps.
- A significant catering control failure.
- Failure to investigate a serious incident, or
- Any condition that materially compromises emergency response.

The Audit and Risk Committee will review assurance and serious incident learning. The Trust Board will receive an annual effectiveness report and approve the policy at least annually. Review will take place sooner following legal or guidance change, a serious incident or near miss, a material audit finding, organisational change or evidence that arrangements are ineffective.

Document history:

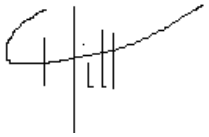
Previous versions archived in accordance with document retention requirements.

Issue:	Author / Owner:	Date Reviewed:	Reviewed By:	Approved by A&R Committee (date):	Comments/Changes
V1	JMAT	31.08.26	PRG		New Trust-wide Allergy and Anaphylaxis Policy created, replacing the previous academy framework and introducing local arrangements and assurance requirements.

Appendix A. Academy implementation schedule:

The headteacher must complete and physically verify this schedule. It records local operating detail beneath the Trust policy.

Field:	Academy entry:
Academy name:	Laughton Junior & Infant School
Site address:	School Road Laughton Sheffield S25 1YP
Headteacher name:	Mrs Claire Hill
Named senior leader and deputy for allergy safety:	Mrs Claire Hill & Mrs Janine Sanderson-Brown
Allergy register location and owner:	School Office
IHP coordinator and review process:	Mrs Helen Holden
Personal AAI arrangements:	Two spares retained in school.
Spare AAI locations and stock by dose:	School Office – Two 0.3mg.
Authorised AAI purchaser and procurement route:	Mrs Helen Holden
Monthly medication checker and deputy:	Mrs Helen Holden & Miss Maya Dodsworth
Emergency call method:	999
Ambulance access and meeting point locations:	School Car Park and/or School Playground
Timed access test result and date:	01/09/2026 - Immediate access to school car park as the gate is always open.
Pupil identification method and outage fallback:	Medical alerts displayed on Arbor/MIS. Allergy information held in classroom files (in medical boxes) and office medical folder. In the event of system outage, paper copies of the allergy register are held in the school office and classroom medical boxes.
Parent notification method (details):	Phone
Catering provider, allergy lead, and deputy (details):	RMBC Riverside Catering – Lisa Bell
Pupil identification method for catering:	Named on the school system. Wear a purple band.
PPDS and substitution controls:	No menu substitutions are made for pupils with identified allergies without prior verification against allergy records and parental information. Meetings are held with the

	parents, a member of staff from Riverside Catering and the school Cook too plan bespoke menus.
Out-of-hours / lettings arrangement (details):	N/A
Visit medication and verification process:	Visit leader obtains pupil medication and checks expiry date before departure. AAI carried by supervising adult with copy of IHP and emergency contact details. Medication receipt and return recorded.
Sharps bin location and disposal method:	
Training provider and practical session lead:	Annual allergy awareness and anaphylaxis training delivered through IHASCO. Practical AAI training led by school nursing service or qualified healthcare trainer where required.
Emergency inhaler arrangements:	Emergency inhalers stored in the school office and administered in line with the school asthma policy. Parental consent and register maintained.
Date of last emergency exercise:	01/09/2026 (allergy emergency response and ambulance access procedure tested).
Policy published (details):	01/09/2026
Academy website policy URL:	POLICIES | Laughton J&I School
Headteacher assurance:	I confirm this schedule is current, has been physically verified and is supported by the Trust assurance checklist.
Headteacher signature/date:	
Independent verification (name/role/date):	Helen Headleand