The John Hampden School Wendover

Allergy and Anaphylaxis Policy

Date policy to be reviewed: September 2027

Signed:

_____ Head Teacher Date _____

_____ Chair of Governors Date _____

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1. **Introduction**

The John Hampden School Wendover is committed to providing a safe, inclusive, and welcoming environment for all children, young people, staff, and visitors with allergies. Recognising the serious and potentially life-threatening risk posed by anaphylaxis, this dedicated policy establishes robust risk-mitigation measures and emergency response protocols. This policy is compliant with the DfE Allergy safety in schools guidance (July 2026) and is to be used in conjunction with the trust level Supporting pupils with Medical needs policy.

2. Scope

This policy applies to The John Hampden School Wendover and covers: pupils in EYFS to Year 2, early years (Preschool), OOSC including teacher-led clubs, off-site educational activities, including trips and sporting events.

3. Legislative and guidance framework

- DfE: Allergy safety in schools (July 2026)
- DfE: Children and Families, S.100 (2014)
- DfE: Children's Wellbeing and Schools Act S.34 (2026)
- Government Legislation: Equality Act (2010)
- Government Legislation: UK General Data Protection Regulation and Data Protection Act (2018)
- KET: Supporting pupils with medical needs (2026)

4. Definitions

Allergy: An allergy is a reaction where your body's immune system mistakes a harmless thing (like pollen, dust, or certain foods) for a dangerous invader.

Anaphylaxis: Anaphylaxis (pronounced ana-fil-ax-is) is a serious whole-body allergic reaction. It can occur when someone is exposed to something they are allergic to (known as an allergen).

Individual Healthcare Plan (IHP): A co-produced plan that sets out a pupil's medical condition, daily management, emergency arrangements, roles and responsibilities, training, and consent for medicines and use of emergency kits where relevant.

Emergency salbutamol inhaler kit: A school-held kit containing a salbutamol metered dose inhaler and compatible spacers for emergency use in pupils diagnosed with asthma or prescribed a reliever inhaler and for whom parental consent is held.

Spare AD: A school-held spare adrenaline device for emergency treatment of anaphylaxis where a pupil's own prescribed device is unavailable or not working.

Allergy Register: A full register of all children that attend the school with a known allergy.

5. Roles and responsibilities

5.1 Governing Body

The governing body should oversee arrangements to ensure full compliance with Benedict's Law as detailed in this policy. This includes:

- Ensuring that pupils with a known allergy have an allergy-specific individual healthcare plan (IHP) in place which is reviewed on an annual basis, or following a change in arrangements or following the occurrence of an incident
- Ensuring all staff have had specific allergy training and that emergency arrangements cover the full school day, trips, wraparound care and lettings

- Ensuring sufficient spare adrenaline auto-injectors (AAIs) and inhalers are held within school

5.2 Headteacher
Implement this policy; ensure sufficiently trained staff are available and competent; aware of emergency arrangements and that these arrangements cover the full school day, trips, wraparound and lettings. Commission or coordinate condition-specific training with the school nursing service and/or paediatric outreach if required; ensure co-produced allergy specific IHPs are developed, reviewed annually; or following a change in arrangements; or following the occurrence of an incident shared appropriately. Maintain allergy registers; ensure emergency kits (salbutamol and spare ADs) are held, checked monthly and recorded; ensure trip risk assessments reflect medical needs and that individual risk assessments are in place where required; ensure insurance/indemnity covers named tasks.

5.3 Appointed Person (Head Teacher)
Oversee day-to-day implementation of this policy. Ensure all staff have completed assigned allergy training and feel confident in carrying out the required arrangements to support children with allergies, as well as acting appropriately in the event of an emergency, also ensure staff are aware of where children's medication is kept as well as emergency medication. Include allergy training as part of the induction process for new starters. Maintain all records relating to children and staff allergies, ensuring accuracy of data. Collate IHPs and support parents / carers completing them, provide class teachers and other relevant staff with copies of IHPs and emergency / allergy action plans to be kept with ADs within the classroom. Support children with allergies that are attending a school trip, ensure that a risk assessment has been completed in advance of the trip. Carry out annual reviews of IHPs and investigation into serious incidents and near misses. Record details of prescribed ADs belonging to children and spare ADs on Smartlog with expiry date reminders. Coordinate regular medicine audits. Brief supply staff of relevant arrangements.

5.4 Staff
Any staff member may be asked to support pupils with allergies and may be required to treat someone suffering from an allergic reaction. It is important that staff feel confident in recognising the signs and symptoms of an allergic reaction and acting appropriately and swiftly in an emergency. Staff must follow IHPs and school procedures and report any concerns promptly.

5.5 Pupils
Where appropriate, pupils are supported to self-manage their condition and medicines in line with their IHP. Self-management does not remove the school's duty of care and agreed supervision/recording will be in place. In the interests of risk minimisation, pupils will be told if there is a child in their class with an allergy and educated on the importance of not sharing food and recognising the symptoms of an allergic reaction.

5.6 Parents/Carers
Provide up-to-date information about allergies via the IHP, including a recent photograph to be attached to the IHP, as well as an allergy plan or emergency action plan if available; supply medicines and equipment as specified in the IHP; replace out-of-date medicines; give written consent for administration of medications; remain contactable during the school day.

6. Staff training and competence

All school staff will complete specific 'Allergies and Anaphylaxis for School Staff' online training. Practice adrenaline devices (ADs) will be readily available for staff to use. Training is refreshed at least annually, or sooner if devices or guidance change or in the instance of an emergency event requiring a change to processes. Training certificates will be added to Smartlog with a renewal date reminder set. Induction includes policy awareness and the location/use of emergency kits.

7. What is an allergy?

Allergy is a spectrum of different allergic diseases. Reactions occur when a susceptible person is exposed to something (an "allergen") they are allergic to. Asthma, food allergy, eczema and seasonal rhinitis (hay fever) are all forms of allergy.

Anaphylactic reactions usually begin within minutes of being in contact with the allergen i.e. eating a trigger food, though can occur several hours later (i.e. allergy to Mammalian meat). Anaphylaxis involves difficulty in breathing and affects the heart rhythm. In extreme cases there could be a dramatic fall in blood pressure leading to collapse.

Once started, anaphylaxis reactions progress quickly. Investigations into fatal anaphylaxis show that there is only a 20-30 minute window of opportunity during which steps can be taken to prevent death – therefore giving emergency adrenaline immediately and calling Emergency Services (999) is crucial. Anaphylaxis always requires an emergency response

Anaphylaxis can occur without any other signs (such as a skin rash) being present. Always consider anaphylaxis in someone with a known food allergy who has sudden difficulty in breathing. Giving adrenaline in this context is very safe and may be lifesaving.

The most common causes of "whole body" allergic reactions – including anaphylaxis – are:

- foods (e.g. peanuts, tree nuts, cow's milk/dairy foods, egg, wheat, fish/shellfish and sesame);
- insect stings (e.g. bee, wasp);
- medication (e.g. antibiotics, pain medicines such as ibuprofen);
- latex (e.g. rubber gloves, balloons, swimming caps).

Even for food allergy, the vast majority of anaphylaxis reactions require the person to have eaten the food, although less serious allergic reactions can happen through skin or other contact. Anaphylaxis reactions due to skin contact are very rare. Pupils who have a skin reaction need monitoring for at least an hour.

The John Hampden School Wendover has a whole school awareness approach, because it ensures all staff and pupils are aware of what allergies are, the importance of avoiding the individuals' allergens, the signs & symptoms, how to deal with allergic reactions and to ensure procedures are in place to minimise risk of exposure.

Coeliac disease and food intolerance can present symptoms which are similar to those of food allergy; it is important that Coeliac disease and food intolerance is be managed through dietary avoidance, but these conditions do not pose a risk of anaphylaxis and so they are not within this allergy safety policy.

Eczema, asthma and allergies sometimes occur together – known as the atopic triad. It is important that these are managed well in order to keep the individual healthy. Asthma training is needed by all staff and an individual's asthma care plan needs to be included with their individual healthcare plan. These conditions are not included in this allergy safety policy.

The John Hampden School Wendover understands that severe allergies are included in the Equality Act, 2010. The act considers a person disabled if they have a physical or mental impairment that has a substantial and long-term negative effect on their ability to carry out normal daily activities. Seasonal rhinitis (such as hay fever) is explicitly excluded from the definition of disability, unless it aggravates the effect of another health condition.

8. Emergency preparedness

Children with prescribed adrenaline must have a minimum of two devices which are kept in school, they must have access to them at all times. ADs will be kept in the classroom and are to go with the child at breaktimes, lunchtime, during PE lessons, outside learning and to OOSC or teacher-led clubs, this can be managed by school staff. Staff will be aware of where spare ADs are located, there will be at least two locations for spare ADs across the school grounds to ensure crucial time is not lost in the event of an emergency.

The John Hampden School Wendover will hold, at least annually, a practice response to anaphylaxis, review how the practice went and update policy and procedures if necessary. Throughout the year staff will be reminded of key aspects of the policy such as:

- how to find out who has an allergy
- the storage of spare adrenaline devices
- practice with adrenaline trainer devices

The John Hampden School Wendover will ensure that staff are aware of the procedures for children with an allergy during school trips through a separate risk assessment, to be completed before the trip. They will also ensure that children's medication is taken on the trip, along with two spare AD's.

During fire drills and lockdown practices, The John Hampden will ensure that a pupil's adrenaline device is with them. Should a real evacuation happen, the pupil may have to go home without adrenaline if this has not been taken out during a fire evacuation.

Allergy management for external clubs that run after school are the responsibility of the club, arrangements for managing children with allergies will be agreed between the club and the parent or carer, however The John Hampden School Wendover will ask external providers to show evidence of specific allergy training which complies with Benedicts Law and first aid training to prove their competence in acting sufficiently in an emergency. Failure to provide this will result in the club being refused access to the school grounds.

9. Emergency response and treatment

Within minutes of exposure to an allergen, symptoms usually come on quickly, these are the signs to look out for:

Mild to moderate allergic reaction symptoms may include:

- a red raised rash (known as hives or urticaria) anywhere on the body

- a tingling or itchy feeling in the mouth
- swelling of lips, face or eyes
- stomach pain or vomiting
- mild throat tightness
- sudden change in behaviour

These symptoms are treated with antihistamines.

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

- **AIRWAY** - swelling in the throat, tongue or upper airways (tightening of the throat, hoarse voice, difficulty swallowing).
- **BREATHING** - sudden onset wheezing, breathing difficulty, noisy breathing, persistent cough.
- **CIRCULATION** - dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness.

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

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

- Keep the individual where they are, call for help and do not leave them unattended.
- **LIE** individual **FLAT WITH LEGS RAISED** – they can be propped up if struggling to breathe but this should be for as short a time as possible.
- **USE ADRENALINE DEVICE WITHOUT DELAY** and note the time given. ADs should be given into the muscle in the outer thigh or nasal into the nostril. Specific instructions vary by brand – always follow the instructions on the device.
- **CALL 999** and state **ANAPHYLAXIS** (ana-fil-axis).
- If no improvement after 5 minutes, administer second adrenaline device
- If no signs of life commence **CPR**.
- Call parent/carer as soon as possible.

Whilst you are waiting for the ambulance, keep the individual where they are. Do not stand them up, or sit them in a chair, even if they are feeling better. This could lower their blood pressure drastically, causing their heart to stop.

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

Refer to appendix 1 of this policy to view a quick guide poster to identify the signs of anaphylaxis and actions to be taken. This poster will be displayed around the school to ensure staff, visitors and children are familiar with early signs of anaphylaxis and first response procedures.

10. Minimising risk and exposure to allergens

Minimising risk and the exposure to allergens is central to ensuring that individuals with allergies are safe from harm. Even a small amount of allergen can cause a reaction. Any food can cause a reaction with serious consequences for the individual and The John Hampden School Wendover will only eliminate a food following a risk assessment supported by medical advice when necessary. Where a food is restricted, this will be to the smallest area for the time necessary; for example, the cooking room for the duration of the lesson when the pupil with allergy is cooking. Blanket bans, especially to nuts, create a false sense of security. Whilst there are 14 key food allergens that cause over 90% of reactions, any food can cause a reaction.

The John Hampden School Wendover is allergy aware ensuring that the staff and pupils are actively aware of the risk posed by allergens, take steps to minimise the risk of exposure and have robust emergency response plans in place.

The John Hampden School Wendover completes a school wide allergy risk assessment that seeks to minimise the risks of exposure to known allergens. The risk assessment will include:

- Identifying the food used within the curriculum and making adaptions to remove allergens that pose a risk for the whole group not just the pupil who has the allergy.
- Conducting specific risk assessments to manage the risks of exposure to allergens in individuals when planning external visits or trips
- Identify measures to manage risks of exposure to a food allergen through food brought in by others (for example, parents, pupils, staff).
- Identify measures to manage the risks of exposure to a food allergen through food provided by the school, college or setting
- Putting in reasonable measures to manage the risk of individuals being exposed to allergens where they have a known allergy to airborne or contact allergens
- Identifying non-food allergens within the environment and making adaptions to remove/reduce allergens that pose a risk; for example, therapy or school dogs would require enhanced cleaning and limiting to specific areas, hygiene measures after pupils have worked with the therapy dog

The John Hampden School Wendover will ensure that allergy is included in all school risk assessments to identify risks and plan control measures to minimise the risk of exposure.

The John Hampden School Wendover will ensure that the risk of exposure is minimised by:

- All school staff completing allergy training every year
- Educating pupils through awareness assemblies and within PSHE
- Working closely with parents/carers and health professionals to understand the pupil's allergy
- Educating The Friends of John Hampden about school expectations for allergy management
- Communicating with all visitors, temporary staff and cover staff that they will be teaching a pupil with an allergy and ensuring that the member of staff has been trained in allergy and anaphylaxis emergency response, and informed where prescribed adrenaline and spare ADs are located

- Monitoring this policy to ensure that the agreed practices are implemented
- Establishing and maintaining high hygiene standards amongst staff, pupils and visitors

11. Allergies and Asthma

Many food-allergic children also have asthma. “Wheeze” is a common symptom of asthma and also happens during food-induced anaphylaxis. The Allergy Action Plan may include instructions to give a reliever medicine (e.g. using a salbutamol inhaler) after giving a dose of adrenaline if the person is still wheezing. A child with asthma will have a separate IHP with details the plan if they are suffering from the symptoms of an asthma attack. Never give the reliever inhaler instead of adrenaline to treat anaphylaxis.

12. Wellbeing and support

At The John Hampden School Wendover allergy safety is a priority and actions to ensure that pupils are included and safe are embedded into the school’s culture. Pupils with allergy become anxious as a result of the risk of exposure to allergens and the potential for anaphylaxis, which may be compounded by living with difficult-to-control asthma or eczema.

The John Hampden School Wendover is committed to:

- regularly communicate to pupils, parents and staff about allergies, ensuring ongoing awareness and appreciation of the severity of the potential risks through newsletters, assemblies and staff training
- plan school celebrations, rewards, trips and events inclusively from the outset to eliminate social isolation
- involves pupils and staff with allergies in developing and reviewing their own procedures for allergy management
- understands that allergy bullying is extremely serious and actively monitors, prevents, and addresses any stigmatisation or bullying directed at individuals due to their allergies or dietary constraints
- invites new joiners with allergies to have a tour of the kitchen and canteen so they can meet staff and get used to the mealtime environment which may help to reduce anxiety and enable staff to identify pupils with allergies in the dining hall
- has proactive engagement with new joiners with known allergies, setting out the school, college or setting’s policies and the support available

13. Safeguarding

The John Hampden School Wendover recognises that a safeguarding referral may be needed if an incident highlighted concern that the child or young person might be at an increased risk of being neglected, abused or exploited by persons inside or outside of their family unit because of their medical condition. This might occur where relevant information about a child or young person’s medical condition is not provided to a school, college or setting, or where they are repeatedly sent without essential medication, thereby putting the individual at risk.

14. Identification and the school Allergy Register

Admissions Data Collection: The John Hampden School Wendover collects detailed medical information from parents/carers regarding known allergies, dietary restrictions, and treatment histories prior to admission through admissions forms.

Information Sharing: UK GDPR does not prevent the sharing of a pupil's health information (special category data). Relevant information is securely compiled and shared as necessary in a controlled way with teaching staff, support staff, supply cover, and catering teams while maintaining appropriate data privacy. This is done through formal records on SIMS. An allergy register which is shared with catering staff and class registers held securely in each classroom.

Transition: Allergy information and existing care plans are shared as part of a pupil's transition. The John Hampden School Wendover will request allergy information from the previous school or setting and will consider whether any of the arrangements are suitable to implement. The John Hampden School Wendover will work with parents/carers and the pupil if appropriate to write a new IHP. Staff will provide information about pupils for transition visits ahead of a formal move.

A form is issued to new staff members requesting disclosure of medical conditions, including allergies, related medications and specific healthcare arrangements. If an allergy is declared, there will be a discussion and action plan created to ensure that the member of staff has a safe working environment. Staff with allergies will be recorded on the allergy register.

Visitors and regular volunteers: will be asked if they have an allergy upon signing in via the school sign in system, Inventry. If an allergy is declared, the Head Teacher will be notified, and this information will be communicated as necessary to ensure that the visitor or regular volunteer has a safe working environment. Staff working closely with the visitor and volunteer will be informed, if the visitor or volunteer is included on the school SCR, they will be added to the allergy register.

15. Allergy specific Individual Healthcare Plans (IHPs) and Allergy Action Plans

Individual healthcare plans are an essential communication tool that provide clarity about the arrangements which need to be in place to ensure that a pupil is fully included in the life of the school. It will identify exact risk-mitigation measures that need to be followed.
Individual Healthcare Plans are school owned documents that are co-created by school, parents/carers and pupils.

They should include any advice received from health professionals. If there is no advice from health professionals, information and support can be requested of the Buckinghamshire Council school nurses service if this is needed.

Where a child has an allergy action plan and or an asthma plan, this must be included with the IHP.

It is good practice to review IHPs annually or when staff change however they must be reviewed if an incident or near miss occurs. They need to be brought to the attention of supply or cover staff and be passed on during transition to a new school.

The John Hampden School Wendover will ensure that:

- pupils with an allergy action plan and/or an asthma plan have an individual healthcare plan

- pupils without an allergy action plan or asthma plan but have an allergy that needs active management over and above what other pupils need will have an individual healthcare plan
- individual healthcare plans are created whilst pupils are waiting for a diagnosis

Allergy action plans are clinical documents created by a GP or allergy nurse or clinic, they detail the pupil's allergy, medication and how to act in an emergency:

- These contain parent/carer contact details and must be signed by the parent/carer as this is the parental authority to administer mediation including the administration of spare adrenaline devices.
- These will only be updated by the medical professional following a review of the pupil's allergy management, this could be annually or 5 yearly. Parents/carers need to update the photo of the pupil annually so that the pupil is recognisable.

Allergy action plans are issued for pupils who have an IgE food allergy and often a venom allergy that could lead to anaphylaxis. They are not issued for all allergies. Pupils with non-IgE allergies don't experience anaphylaxis and so an allergy action plan is not issued.

16. Prescribed medication and adrenaline devices (ADs)

People at risk of anaphylaxis are prescribed two adrenaline devices which they should carry with them at all times. This includes the journey to and from;

- school,
- the classroom
- lunch area
- playground
- sports field
- when on visits or trips

Serious anaphylaxis is a time critical situation; delays in administering adrenaline have been associated with fatal reactions. An adrenaline device needs to be administered within 5 minutes so if the adrenaline device cannot be with them in the classroom, the adrenaline device should be stored in an appropriate central location that is unlocked and accessible at all times (including during wrap around care and teacher-led clubs).

Adrenaline devices must be stored at room temperature (in line with manufacturer's guidelines) and not be exposed to extremes of heat. They should not be refrigerated or left in direct sunlight.

17. Spare adrenaline devices

The Human Medicines (Amendment) Regulations 2017 permit "spare" adrenaline devices to be used for the purpose of saving a life. This might be, for example, a child presenting for the first time with anaphylaxis due to an undiagnosed allergy.

The John Hampden School Wendover holds spare adrenaline devices for use in emergency situations. These are not a replacement for a pupil's own adrenaline device. Pupils prescribed adrenaline are expected to have their own adrenaline devices with them at school for use in an emergency.

The John Hampden School Wendover holds:
EpiPen Adrenaline Auto Injector x 2 devices

These are located in:
First Aid Room

They are stored in containers and labelled 'Emergency Anaphylaxis Kit'

The Headteacher is responsible for checking that adrenaline devices are in date and remain clear (not cloudy) on a monthly basis, these checks will be recorded within Smartlog. They will secure replacements one month before the current adrenaline device expires.

Adrenaline devices that have been used need to be disposed of safely, used ADs can be returned to The Headteacher to be passed onto a pharmacy for proper disposal. Adrenaline devices that are out of date or where the adrenaline has degraded can also be returned to the Business Operations Manager.

In the event of anaphylactic reaction:

- Adrenaline should be administered as soon as possible, within five minutes. **Do not wait** to contact the emergency services before administering adrenaline.
- The child, young person or individual should not be moved. Adrenaline devices should be brought to them (whether their own prescribed ADs or "spare" ADs).
- If the child, young person or individual **has their own prescribed adrenaline devices**, these should be used in the first instance.
- If the child, young person or individual **does not have prescribed adrenaline devices**, "spare" adrenaline devices can be used.
- If the child, young person or individual's **prescribed adrenaline devices are not available or misfire**, "spare" adrenaline devices can be used.
- If the individual has serious allergy and asthma and there is any doubt if they are presenting with anaphylaxis or having an asthma attack always administer the adrenaline first.

The Human Medicines (Amendment) Regulations 2017 do not require consent to have been obtained for "spare" adrenaline devices to be used. In the interests of good practice, The John Hampden School Wendover will obtain advance consent from parents /carers or the young person 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.

18. Pupil self management
Depending on their level of understanding and competence, pupils will be encouraged to take responsibility for and to always carry their own two adrenaline devices on them in their individual, named plastic containers. These will be taken with them to the lunch hall, playground, wraparound care and teacher-led clubs.

Older pupils, whenever possible, assume responsibility for their emergency kit under the guidance of their parents. However, symptoms of anaphylaxis can come on very suddenly, so school staff need to be prepared to administer medication if the young person cannot.

19. Food provision and catering

The John Hampden School Wendover will oversee the management of the risk of food allergy during school mealtimes, our caterer, Chartwells, have provided us with the following assurances in their procedures to ensure the highest level of safety to our children and compliance with Benedicts Law.

- Ensure compliance with the Food Standards Authority allergen management regulations.
- Information on food allergens is available for parents to view on Parentpay before ordering.
- Pupil's allergen information is synced from Sims. Sims is our master register for children with allergies.
- Parents cannot order a meal through Parentpay if the meal contains the allergen that their child has an allergy to.
- Chartwells are committed and willing to hold open discussions with parents / carers regarding any queries or concerns they may have regarding allergens and allergy management.
- All allergen meals provided for children with allergies are boxed and labelled individually. These are prepped and kept separate from main meals.
- Children with allergies have a purple plate to make them easily identifiable to staff
- Collaborate with The John Hampden School Wendover to teach pupils not to food share, trade food or share utensils or food containers with the reasons why
- All Chartwells staff will have specific allergy and anaphylaxis training

When staff provide food for the pupils, they receive additional training to ensure they understand how to read labels for food allergens and how to prevent cross-contamination during the handling, preparation and serving of food.

Food that is not directly provided by the school (for example brought in as treats or to celebrate birthdays) is not permitted.

If unsafe food is supplied by the catering company, resulting in a serious incident or near miss, the incident must be reported to the local authority environmental health team.

20. Wraparound care, teacher-led clubs and external clubs

Wraparound care and teacher-led clubs are run by The John Hampden School Wendover staff, this ensures familiarity with school procedures and also knowledge of children with allergies. The allergy register will be made available to school staff running wraparound care, children's medication will be brought to the hall or club room by the class teacher or child themselves in their individual, named plastic container, these are to be returned to the child's classroom at the end of the session.

Allergy management for after school provision run by an external club is the responsibility of the club, arrangements for managing children with allergies will be agreed between the club and the parent or carer. The John Hampden School Wendover will obtain registers from each club to ensure the provider is aware of any children with medical conditions including allergies

and to confirm that the club has had a discussion with the parent / carer regarding the appropriate arrangements. Medications / adrenaline devices are to be collected from the school office by club staff before the start of the club. Staff from the external club will have specific allergy and anaphylaxis training which will be verified by The John Hampden School Wendover.

21. Visits and trips

The John Hampden School Wendover ensures that pupils with allergies are fully included in every trip, sporting event, or extracurricular activities. A risk assessment addressing allergen exposure in each activity, emergency medication, transport, and proximity to local emergency care will be undertaken with control measures identified. In order to ensure that the pupil is safe and included, alternative activities will be planned. This will include the safe storage of adrenaline for the duration of the school trip.

Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils have their medication including adrenaline devices with them before departure.

In conjunction with The Headteacher, the trip leader will review the risk assessment to determine whether the school's spare adrenaline devices should be taken on the trip. The John Hampden School Wendover will provide additional spare adrenaline devices should the risk assessment for the trip deem necessary to take them ensuring that pupils remaining in school still have access to spare adrenaline devices should the need arise.

The John Hampden School Wendover will notify the host school when attending a sport festival or event at another school, that a pupil or member of the team has an allergy. When food is provided, the pupils' school will ensure the pupils' allergies are communicated so appropriate food is provided.

The arrangements for a child with an allergy attending a residential trip will not differ from the standard arrangements for a school trip. A risk assessment will be carried out in advance of the residential, taking into account the activities the child will be participating in, and ensuring that the nearest emergency care centre or hospital is recorded. Medicines and spare ADs will be taken on the trip and all staff attending and the residential provider will be notified.

22. Serious incidents and 'near misses'

The John Hampden School Wendover approaches serious incidents and "near misses" in a "no blame" spirit, seeking to learn lessons and address any issues which the incident identified, so that pupils are better protected in the future.

The John Hampden School Wendover is aware, when an incident occurs that materials such as residues of food consumed or handled or samples of fluids may constitute evidence, which may need to be seized and retained.

The John Hampden School Wendover uses CPOMS to record allergic reactions (incidents) and near misses (e.g., accidental exposure without reaction, or labelling errors) immediately. All

medical incidents and near misses are reviewed by the senior leadership team on a daily basis. In the event of a serious incident, a report would be logged on Assessnet.

The John Hampden School Wendover will share the report with the pupil's parents/carers, the pupil and any other individuals involved. They should be given the opportunity to discuss what happened and to contribute their views to the consequent lessons learned review. The John Hampden School Wendover will confirm what it has learned from the incident and outline any actions it is taking as a result. The pupil's IHP will be updated if necessary.

23. Information sharing

The John Hampden School Wendover are understanding of the sensitive nature of information relating to medical conditions, including allergies, however in instances where the school has a duty of care to provide support and potentially, an emergency response, it is essential for us to share information with related parties. The school will always act in line with its data protection policy which complies with UK general data protection regulation and the data protection act (2018) and follow the 'need to know' rule where information is only shared if absolutely necessary and beneficial to a pupil's health and wellbeing.

Appendix 1.

Recognising the signs of anaphylaxis



This ticklist covers all the actions referenced in the policy to ensure full implementation and compliance with Benedict's Law and DfE guidance.

Staff Training and Competence

- ☐ All school staff complete 'Allergies and Anaphylaxis for School Staff' online training
- ☐ Training certificates added to Smartlog with renewal date reminders set
- ☐ Practice adrenaline devices (ADs) made readily available for staff to use during training
- ☐ Allergy training included in induction process for new starters
- ☐ Annual practice response to anaphylaxis scheduled and completed
- ☐ Review conducted after practice response and policy/procedures updated if necessary
- ☐ Staff reminded throughout the year of key aspects: who has allergies, storage of spare ADs, practice with trainer devices

Emergency Preparedness - Spare Adrenaline Devices

- ☐ Purchase spare adrenaline devices
- ☐ Store spare ADs in First Aid Room in containers labelled 'Emergency Anaphylaxis Kit'
- ☐ Identify at least two locations for spare ADs across school grounds
- ☐ Set up monthly checks of spare ADs in Smartlog (check in date and clarity of liquid)
- ☐ Establish process to secure replacements one month before expiry
- ☐ Establish safe disposal process for used/expired ADs via pharmacy

Identification and Allergy Register

- ☐ Collect detailed medical information from parents/carers regarding allergies via admissions forms
- ☐ Create and maintain school-wide allergy register on SIMS
- ☐ Share allergy register with catering staff (Chartwells)
- ☐ Create class registers with allergy information for each classroom (held securely)
- ☐ Issue medical disclosure forms to all new staff members

- ☐ Add staff with allergies to allergy register
- ☐ Set up Inventry sign-in system to ask visitors about allergies
- ☐ Process in place to notify Head Teacher if visitor/volunteer declares allergy

Individual Healthcare Plans (IHPs)

- ☐ Identify all pupils with known allergies who need IHPs
- ☐ Co-create IHPs with parents/carers and pupils (include health professional advice where available)
- ☐ Ensure allergy action plans and/or asthma plans are included with IHPs where applicable
- ☐ Attach recent photographs to all IHPs
- ☐ Provide class teachers and relevant staff with copies of IHPs and emergency/allergy action plans
- ☐ Store IHPs with ADs in classrooms
- ☐ Schedule annual reviews of all IHPs
- ☐ Establish process to review IHPs following incidents or changes in arrangements

Prescribed Medication and Adrenaline Devices

- ☐ Confirm all pupils with prescribed adrenaline have minimum of two devices in school
- ☐ Ensure ADs are stored in classrooms in individual, named plastic containers
- ☐ Establish system for ADs to go with children at breaktimes, lunchtime, PE, outside learning, OOSC, teacher-led clubs
- ☐ Ensure storage at room temperature (not refrigerated, not in direct sunlight)
- ☐ Communicate to all staff where children's medication is kept and where spare ADs are located

Risk Assessments

- ☐ Complete school-wide allergy risk assessment covering:
  - Food used within curriculum
  - External visits/trips
  - Food brought in by others (parents, pupils, staff)
  - Food provided by school
  - Airborne or contact allergens
  - Non-food allergens (e.g., therapy dogs)
- ☐ Ensure allergy is included in all school risk assessments
- ☐ Individual risk assessments in place where required

Food Provision and Catering

- ☐ Confirm Chartwells compliance with Food Standards Authority allergen management regulations
- ☐ Verify allergen information is available on Parentpay before ordering
- ☐ Confirm pupil allergen information syncs from Sims
- ☐ Verify Parentpay blocks orders containing pupil's allergens
- ☐ Confirm allergen meals are boxed and labelled individually
- ☐ **Implement orange wristband system for children with allergies during mealtimes** (update policy wording if already implemented)
- ☐ Ensure all Chartwells staff have specific allergy and anaphylaxis training
- ☐ Communicate to school community that food brought in as treats/birthday celebrations is not permitted
- ☐ Establish process to report unsafe food incidents to local authority environmental health team

Wraparound Care and Clubs

- ☐ Make allergy register available to school staff running wraparound care
- ☐ Establish process for medications to be brought to hall/club room and returned to classroom
- ☐ Obtain registers from external clubs to verify they're aware of children with allergies
- ☐ Verify external clubs have specific allergy and anaphylaxis training and first aid training
- ☐ Establish process for external club staff to collect medications from school office before club starts

Visits and Trips

- ☐ Create trip risk assessment template addressing allergen exposure, emergency medication, transport, proximity to emergency care
- ☐ Establish process for trip leaders to check all pupils have medication before departure
- ☐ Determine process for deciding whether spare ADs should be taken on trips
- ☐ Ensure additional spare ADs available for trips if risk assessment requires

- ☐ Establish process to notify host schools/venues about pupils with allergies
- ☐ Create residential trip arrangements including risk assessment and notification to providers

Communication and Awareness

- ☐ Display anaphylaxis recognition poster (Appendix 1) around school
- ☐ Plan awareness assemblies for pupils
- ☐ Include allergy education in PSHE curriculum
- ☐ Educate The Friends of John Hampden about allergy management expectations
- ☐ Communicate allergy information via newsletters
- ☐ Brief supply staff and cover staff of relevant arrangements (including location of ADs)
- ☐ Ensure temporary staff and visitors teaching pupils with allergies are informed and trained

Fire Drills and Emergency Procedures

- ☐ Ensure procedures in place for pupils' ADs to be with them during fire drills and lockdown practices
- ☐ Communicate that in real evacuation, pupils may go home without adrenaline if not taken out

Incident Recording and Review

- ☐ Set up CPOMS to record allergic reactions (incidents) and near misses
- ☐ Ensure senior leadership team reviews all medical incidents daily
- ☐ Establish process to log serious incidents on Assessnet
- ☐ Create process to share incident reports with parents/carers and conduct lessons learned reviews
- ☐ Update IHPs following incidents as necessary

Consent and Information Sharing

- ☐ Obtain advance consent from parents/carers for spare ADs to be used
- ☐ Ensure data protection policy complies with UK GDPR and Data Protection Act (2018)
- ☐ Establish 'need to know' information sharing protocols

Transition

- ☐ Request allergy information from previous schools/settings for new pupils

- ☐ Work with parents/carers to write new IHPs for new pupils
- ☐ Provide allergy information to receiving schools during pupil transitions
- ☐ Arrange transition visits with allergy information shared in advance

Governance

- ☐ Present policy to governing body for approval
- ☐ Ensure governing body oversight of compliance with Benedict's Law
- ☐ Schedule annual policy review (September 2026)

The John Hampden School Wendover
School-Wide Allergy Risk Assessment

Date of Assessment: _____
Completed by: _____
Review Date: _____

Section 1: Pupils and Staff with Known Allergies

Name	Role (Pupil/Staff)	Year Group/Position	Known Allergen(s)	Severity	Prescribed Medication	IHP in Place?
						Yes / No
						Yes / No
						Yes / No
						Yes / No
						Yes / No

Section 2: Food Used Within the Curriculum

2.1 Cooking/Food Technology Activities

Activity/Lesson	Year Group	Food/Ingredients Used	Allergens Present	Pupils at Risk	Control Measures	Risk Level (High/Medium/Low)

Control Measures to Consider:

- Alternative ingredients used
- Activity adapted to remove allergen
- Pupil with allergy completes alternative activity
- Enhanced supervision
- Separate preparation area
- Thorough cleaning before/after activity
- Other: _____

2.2 Food-Related Learning Activities (e.g., science experiments, art projects)

Activity/Subject	Year Group	Materials Used	Allergens Present	Pupils at Risk	Control Measures	Risk Level

Section 3: Food Provided by the School

3.1 School Meals (Chartwells)

Risk Area	Current Control Measures	Additional Actions Needed	Responsible Person	Completion Date
Allergen information availability				
Meal ordering system (Parentpay blocking)				

Risk Area	Current Control Measures	Additional Actions Needed	Responsible Person	Completion Date
Meal preparation and labelling				
Serving procedures				
Staff training				
Identification of pupils with allergies				
Communication with catering staff				

3.2 Snacks and Refreshments

When/Where Provided	What is Provided	Allergens Present	Control Measures	Risk Level
Morning snack (EYFS/KS1)				
After-school club snacks				
Preschool snacks				
Staff room refreshments				
Special events/celebrations				

Section 4: Food Brought in by Others

4.1 Food Brought from Home

Source	Current Policy	Control Measures	Risk Level	Actions Needed
Packed lunches				
Birthday treats	Not permitted		Low	
Celebration food	Not permitted		Low	

4.2 Food Brought by Parents/Visitors

Occasion	Current Policy	Control Measures	Risk Level	Actions Needed
School fairs/events				
Parent volunteers				
Fundraising events				
Class parties				

Section 5: Airborne and Contact Allergens

5.1 Environmental Allergens

Allergen Type	Location/Activity	Pupils/Staff at Risk	Control Measures	Risk Level	Actions Needed
Latex (gloves, balloons)					
Animal dander (therapy dogs, pets)					
Pollen (outdoor activities)					
Dust mites					
Other: _____					

5.2 Cleaning Products and Materials

Product/Material	Location Used	Allergens/Irritants	Control Measures	Risk Level

Section 6: Insect Stings (Bees, Wasps)

Risk Area	Pupils/Staff at Risk	Control Measures	Risk Level	Actions Needed
Outdoor play areas				
Outdoor learning				
School trips				

Control Measures:

- ☐ Staff aware of pupils at risk
- ☐ ADs accessible during outdoor activities
- ☐ Regular checks for nests
- ☐ Pupils educated not to disturb insects
- ☐ Other: _____

Section 7: Medication Storage and Accessibility

Location	Type of Medication Stored	Accessibility	Temperature Control	Monthly Checks	Issues Identified
Classrooms	Individual pupil ADs				
First Aid Room	Spare ADs				
Other: _____					

Are spare ADs located in at least two locations across school grounds? Yes / No
If No, action needed: _____

Section 8: External Visits and Trips

8.1 Trip Risk Assessment Requirements

For each trip, the following must be assessed:

- ☐ Activities planned and allergen exposure risks
- ☐ Food provision arrangements
- ☐ Proximity to emergency care/hospital
- ☐ Transport arrangements for medication
- ☐ Staff competence and training
- ☐ Communication with venue/host about allergies
- ☐ Whether spare ADs should be taken
- ☐ Residential trip specific arrangements

Template for individual trip risk assessments available? Yes / No

Section 9: Wraparound Care and Clubs

9.1 School-Run Provision

Provision	Times	Staff Access to Allergy Register	Medication Arrangements	Risk Level	Actions Needed
Breakfast club (OOSC)					
After-school care (OOSC)					
Teacher-led clubs					
Teaching Assistant Led Clubs					

9.2 External Clubs

Club Name	Provider	Days/Times	Pupils with Allergies Attending	Training Verified	Medication Collection Process	Risk Level
				Yes / No		
				Yes / No		

Action if training not verified: Club refused access to school grounds

Section 10: Communication and Training

Area	Current Arrangements	Gaps Identified	Actions Needed	Responsible Person	Completion Date
All staff training					
New staff induction					
Supply/cover staff briefing					
Visitor awareness					
Pupil education (assemblies/PSHE)					
Parent communication					
Catering staff training					

Section 11: Hygiene and Cleaning

Area	Current Procedures	Frequency	Responsible Person	Adequacy (Yes/No)	Actions Needed
Dining hall tables					
Classroom tables (after food activities)					
Kitchen surfaces					
Hand washing facilities					
Equipment used in food activities					

Section 12: Emergency Response

Requirement	In Place? (Yes/No)	Details	Actions Needed
All staff know how to recognise anaphylaxis			
All staff know location of spare ADs			
All staff know emergency response procedure			
Anaphylaxis recognition posters displayed			
Annual practice response scheduled			
CPOMS set up for incident recording			
Process for serious incident review			

Section 13: Specific Individual Risk Assessments

Some pupils may require individual risk assessments beyond their IHP. List pupils requiring individual risk assessments:

Pupil Name	Year Group	Reason for Individual Risk Assessment	Completed? (Yes/No)	Review Date

Section 14: Overall Risk Summary

High Risk Areas Identified:

1. _____
2. _____
3. _____

Priority Actions Required:

Action	Responsible Person	Deadline	Completed (✓)

Section 15: Review and Monitoring

This risk assessment will be reviewed:

- Annually (minimum)
- Following any incident or near miss
- Following changes to pupil/staff allergies
- Following changes to school procedures or activities

Next review date: _____

Monitoring arrangements:

- Monthly checks of spare ADs
- Termly review of IHPs
- Daily review of incidents on CPOMS
- Annual practice anaphylaxis response

Sign-off

Completed by:

Name: _____ Position: _____

Signature: _____ Date: _____

Reviewed by Head Teacher:

Name: _____ Signature: _____ Date: _____

Reviewed by Governing Body:

Name: _____ Position: _____

Signature: _____ Date: _____