



Ascension Catholic Academy Trust (ACAT)

Allergy Safety Policy

Current version approved by ACAT Board	September 2026
Review of policy	Annually, or sooner following a serious incident or near miss

1. Purpose and Aims

At Ascension Catholic Academy Trust (ACAT), we are committed to providing a safe, inclusive, and nurturing environment for all pupils, staff, and visitors.

This policy aims to:

- Set out ACAT's (and all schools within ACAT) approach to allergy safety, including reducing the risk of exposure and the procedures in place in case of allergic reaction.
- Make clear how ACAT and schools support pupils with allergies to ensure their wellbeing and inclusion.
- Promote and maintain allergy awareness among the ACAT community.

2. Roles and Responsibilities

2.1 ACAT Board

The ACAT Board is responsible for:

- Overall policy oversight, including monitoring compliance across all ACAT schools.
- Ensuring the risk of allergy exposure is included and actively managed on the Trust's risk register.

2.2 Local Governing Bodies (LGB)

The LGB for each school is responsible for:

- Monitoring local (school level) implementation of this policy.
- Ensuring risks relating to pupils with allergy are included on the school's risk register and actively managed.
- Reviewing school specific incident logs.

2.3 Headteachers / Principals

The headteacher or principal for each school is responsible for day-to-day enforcement of this policy and for appointing a named member of the senior leadership team (SLT) as the allergy safety lead (which can be themselves).

2.4 Allergy Safety Leads

The nominated allergy safety lead for each school (as set out in the Appendices) is responsible for:

- Implementing this policy at their school.
- Promoting and maintaining allergy awareness across the school community.
- Developing and reviewing arrangements for the safe storage and disposal of adrenaline devices (AD).
- Ensuring all allergy information is up to date and readily available to relevant members of staff.
- Ensuring all pupils who require support with allergies have an up-to-date Individual Healthcare Plan (IHP).
- Ensuring any Allergy Action Plan or Asthma Action Plan issued by a healthcare professional and provided to the school is attached to the relevant pupil's IHP, and auditing allergy records to identify any gaps in documentation.
- Ensuring all staff at the school receive regular allergy awareness training.
- Ensuring all staff are aware of the school's policy and procedures regarding allergies.
- Ensuring relevant staff are aware of what activities need an allergy risk assessment.
- Ensuring serious incidents and 'near misses' relating to allergy safety are recorded and reported as appropriate, and to consider and share with staff what lessons there are to learn and any potential changes to the school's medical conditions policy and/or this allergy safety policy and/or to any pupil's IHP.

2.5 ACAT Staff

All ACAT staff (including teaching and support staff) are responsible for:

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

Nominated school staff for each school (as set out in the Appendices) are responsible for:

- Checking spare AAI's are present and in date on a monthly basis.
- Making sure that spare AAI's are obtained when expiry dates approach.

2.6 Parents/Carers

Parents/carers are responsible for:

- Being aware of this policy and any school-specific allergy safety policies.
- Providing the school with up-to-date details of their child's medical needs, dietary requirements, and any history of allergies, reactions and anaphylaxis.
- Responding promptly to the school on any questions regarding the pupil's allergy, IHP and/or Allergy or Asthma Action Plan, including the annual review of such documents.
- If required, providing their child with ideally two (but if not possible, at least one) in-date adrenaline auto-injectors and any other medication, including inhalers, antihistamine etc., and making sure these are replaced in a timely manner.
- Following the school's guidance on food brought in to be shared.
- Updating the school on any changes to their child's condition.

3. Individuals at Risk

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

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

3.1 Identifying Individuals with Allergies

To identify pupils with known allergies, the school will send a form to all parents/carers of new starters before the pupil starts school to confirm any allergy the pupil has and whether they carry medication. Where a current pupil has a new diagnosis or where the pupil's medical needs change during their time at school, parents/carers must inform the school in writing immediately.

Schools will ask new staff to provide details of any known allergies in advance of their start date. Where a staff member has a new diagnosis or where their medical needs change during their time at ACAT, they must inform the school immediately.

Where possible, visitors will be asked in advance of their visit or as part of their sign in process whether they have any allergy the school should be aware of, particularly where they are likely to be

offered food (e.g., at parents' events, or work experience placements).

3.2 Register of Individuals with Allergies

Each school maintains a register of pupils and a record of staff who have a known allergy. This includes pupils and staff who have a history of anaphylaxis or have been prescribed adrenaline devices, as well as pupils and staff with an allergy where no adrenaline devices have been prescribed. The register includes whether they have an Individual Healthcare Plan, and an Allergy or Asthma Action Plan.

3.3 Individual Healthcare Plan (IHP)

Pupils should have an IHP (which may be referred to locally as the school's Care Plan) if they:

- Have an allergy which has a functional impact on them in the school environment
- Are at risk of harm as a result of their allergy; and
- Require arrangements which are additional to or different from those made generally.

The IHP will set out the additional and/or different arrangements that will be in place in the school for supporting the pupil. The IHP should include the following information (as relevant):

- The pupil's name, date of birth, class, a photograph and emergency contact details.
- Known allergens, risk factors for allergic reactions and any adaptations needed.
- The pupil's understanding of their allergy, if they are able to take responsibility for their condition including in an emergency and if they are likely to know they are having an allergic reaction.
- A history of their allergic reactions.
- If the pupil has asthma and any other medical conditions and necessary details.
- Details of the medication that the pupil has been prescribed, including their dose, this should include adrenaline devices, antihistamine, inhalers, etc.
- A copy of parental consent to administer medication, including the use of spare adrenaline devices in case of suspected anaphylaxis, and asthma inhalers.
- An indication of how the pupil's condition may impact on their health, learning or wellbeing.
- What support or adaptations the school has put in place, including how the risk of exposure to allergens will be managed, or arrangements needed to ensure participation in educational visits.

The IHPs will be developed in collaboration with the pupil (where appropriate) and their parents/carers, taking account of any advice received from healthcare professionals.

IHPs will be reviewed at least annually, and more frequently if the pupil's needs have changed, or following a serious incident / near miss, or where new information is received.

Not all pupils with an allergy will require an IHP. For example, an IHP will not usually be required for mild seasonal hay fever or other minor allergic conditions effectively controlled through routine over-the-counter medication, unless additional risk factors or clinical advice indicate otherwise.

3.4 Allergy and Asthma Action Plans

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

All pupils who have asthma should be issued with an Asthma Action Plan by their healthcare professional.

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

The Allergy Action Plan and/or Asthma Action Plan should be attached to the pupil's IHP. Whenever the Allergy Action Plan is updated, the pupil's IHP should be reviewed to incorporate it.

4. Assessing and Minimising Risk

The school and staff should consider allergies in activity planning and include it in risk assessments. Some examples include:

- Classroom activities (e.g., crafts using food packaging, science experiments where allergens are present, food lessons or cooking).
- Offsite events and school trips.
- Any other activities involving animals or food (e.g., animal handling experiences, or baking, or cultural celebrations involving food).

4.1 Catering and Food Provisions

ACAT and each school is committed to providing safe food options to meet the dietary needs of pupils, staff and visitors with allergies.

- Catering staff receive appropriate training and are able to identify pupils with allergies.
- Each school will engage with caterers to understand the controls in place to ensure that food service complies with relevant requirements.
- School menus are available for parents/carers and pupils to view with ingredients clearly labelled, and catering staff are available to discuss the provision of allergy safe meals with parents/carers.
- Where changes are made to school menus, the school's catering company must make sure these comply with legislation, continue to meet any special dietary needs of pupils, and inform parents/carers of the changes.
- Food allergen information relating to the 'top 14' allergens is displayed on the packaging of all food products, allowing pupils and staff to make safer choices. Allergen information labelling will follow all [legal requirements](#) that apply to naming the food and listing ingredients, as outlined by the Food Standards Agency (FSA).
- Where food is provided by the school, staff will understand how to read labels for food allergens.
- Catering staff follow hygiene and allergy procedures when preparing food to avoid cross-contamination.

Food provided at any breakfast club and/or after school club will follow these procedures.

4.2 Insect Bites / Stings

Those with a known insect venom allergy should:

- Avoid walking around in bare feet or sandals when outside and when possible keep arms and legs covered.
- Avoid wearing strong perfumes or cosmetics.
- Keep food and drink covered.

4.3 Animals

Precautions to limit the risk of an allergic reaction include:

- A pupil with a known animal allergy should avoid the animal to which they are allergic.
- If an animal comes on site or stays on site, a risk assessment will be done prior to the visit.
- Anyone in contact with an animal will wash their hands after contact.
- School trips that include visits to animals will be carefully risk assessed.

4.4 Events and School Trips

Pupils with allergies should be supported to participate in trips, visits, sporting activities, enrichment and residentials wherever reasonably possible. No pupil should be excluded from an activity because of allergy unless an evidence-based risk cannot be reasonably managed.

- Allergies will be considered on the risk assessment, and consideration will be given as to whether to take 'spare' adrenaline devices to off-site events and be recorded as part of the risk assessment process.
- Staff leading the trip will have a register of pupils with allergies and details of their medication. Staff should notify the trip leader if they themselves have any allergies.
- Allergens will be clearly labelled on any catered packed lunches. If catering is provided off-site, details of dietary requirements will be sent in advance to ensure pupils have a safe meal.
- No child with prescribed adrenaline devices will be able to go on a school trip without two adrenaline devices.
- Adrenaline devices will be kept close to the pupils at all times.
- Adrenaline devices will be protected from extreme temperatures.

5. Procedures for Allergic Reactions

All staff are trained to recognise the signs of both mild and severe allergic reactions (known as anaphylaxis) and respond appropriately. All staff are trained in the administration of adrenaline to minimise delays in an emergency.

5.1 Symptoms of Anaphylaxis

- Airway: swollen tongue, difficulty swallowing or speaking, throat tightness, change in voice.
- Breathing: difficult or noisy breathing, chest tightness, persistent cough or wheeze.
- Circulation: dizziness, faintness, collapse, loss of consciousness, or in babies / young children becoming suddenly pale and floppy.

5.2 Responding to Anaphylaxis or Other Allergic Reactions

Where anaphylaxis is suspected, it should always be treated as a time-critical medical emergency and adrenaline must be administered without delay.

- The patient should be treated where they are. Adrenaline should be brought to the patient as opposed to them being taken to where the adrenaline devices are.
- The patient should be placed lying flat with legs raised. If they are having trouble breathing, they can sit up with legs outstretched, but this should be for as short a time as possible.
- Adrenaline should be administered as soon as possible, and within 5 minutes. Do not wait to contact the emergency services before administering adrenaline. Always follow the manufacturer's instructions when administering adrenaline.
- Call 999 for an ambulance and state anaphylaxis (or get someone else to do this while adrenaline is being administered).
- Stay with the patient until the ambulance arrives. Do not move the patient or stand them up, even if they are feeling better.
- Call the patient's emergency contact as soon as possible.
- If after 5 minutes from administering the first dose of adrenaline, there is no improvement in the patient's condition or their symptoms have got worse, give a second dose of adrenaline.
- If necessary, start CPR.
- Hand over used adrenaline devices to the paramedics.
- Any person who has had a serious allergic reaction and / or been given adrenaline must be taken to hospital for further observation and treatment

If the patient has their own prescribed adrenaline devices, these should be used in the first instance. If the patient does not have prescribed adrenaline devices, 'spare' adrenaline devices can be used. If the patient's prescribed adrenaline devices are not available or misfire, 'spare' adrenaline devices can be used.

Where symptoms do not meet the threshold for suspected anaphylaxis, staff should follow the pupil's Allergy Action Plan and/or IHP, administer antihistamine where prescribed or authorised, inform the pupil's parents/carers, monitor the pupil for at least 60 minutes, and seek urgent medical advice if symptoms worsen. Pupils should not routinely be sent home immediately following a mild allergic reaction.

6. Adrenaline Devices (ADs)

See the government guidance on [Adrenaline Devices in Schools](#).

6.1 Prescribed Adrenaline Devices

Pupils who are prescribed ADs are encouraged to keep them near or on their person at all times including when travelling to or from the school and on school trips. It is recommended that two devices are carried at all times. Pupils with prescribed ADs should take them home with them at the end of each school day, and parents/carers are responsible for ensuring that they are in date.

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

- In an appropriate central location that is unlocked and accessible at all times.
- No more than 5 minutes away from where they may be needed.
- Kept at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature.

The location(s) of prescribed ADs held by each school (if any) are set out in the Appendixes.

A copy of the pupil's Allergy Action Plan and/or IHP is kept alongside their medication, as it includes instructions on how it should be used in an emergency.

6.2 'Spare' Adrenaline Devices

'Spare' ADs should be stored:

- In an appropriate central location that is unlocked and accessible to staff only at all times.
- No more than 5 minutes away from where they may be needed.
- Kept at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature.

'Spare' Adrenaline Auto-Injectors (AAIs) should be kept:

- In pairs, in case a second one is necessary.
- Separate from any pupils' prescribed ADs and clearly labelled to avoid confusion.

The location(s) of 'spare' ADs and AAIs for each school are set out in the Appendixes.

6.3 Disposal of Adrenaline Devices

ADs can only be used once. Once an AD has been used, it will be disposed of in line with the manufacturer's instructions

7. Staff Training

All staff will receive allergy awareness and emergency response training at induction and at least annually. New, temporary, agency, supply and casual staff should be briefed as soon as practicable so that they know how to recognise anaphylaxis, summon help and access emergency medication.

Training should include:

- Basic understanding of allergy, anaphylaxis and associated asthma risk.
- Common allergens and allergy triggers.

- How to recognise allergic reactions and anaphylaxis.
- Emergency response, including calling 999 and positioning the pupil safely.
- How and when to administer ADs, including practical use of trainer devices.
- Where prescribed and spare ADs are located.
- Allergen avoidance and proportionate risk reduction.
- The school's allergy / anaphylaxis register arrangements.
- IHPs, Allergy Action Plans and Asthma Plans.
- Incident and near-miss reporting.

8. Serious Incidents and Near Misses

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

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

8.1 Incident Recording

The school will record serious incidents and 'near misses' relating to allergy safety as soon as is feasible. The incident will be recorded in the accident book, including the following information:

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

8.2 Incident Reporting

The parents/carers of a pupil aged up to 16 should be notified of the incident or 'near miss' as soon as possible. In the case of a pupil aged 16 and over, the school will confirm that the pupil agrees that their parents/carers should be informed.

The school will share the report with the pupil's parents/carers, the pupil or the individual involved.

They will be given the opportunity to discuss what happened and to contribute their views to the consequent lessons learned review. The school will then confirm what 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.

Where the impact of exposure to an allergen at school is not recognised until the pupil is out of school, the pupil, parents/carers or others (such as healthcare professionals) will need to report the

incident to the school.

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

In certain circumstances, the school will also share the report with other agencies:

- Health and Safety Executive (HSE) via RIDDOR: for incidents arising directly out of the way the school carried out a work activity which results in death or immediate hospitalisation.
- Local Authority: for any allergen-related food safety incidents where schools operate as a food business.
- Healthcare Professional: for any incident or 'near miss' related to the delivery of a care plan or action plan issued by that healthcare professional.

9. Wellbeing

Pupils with allergies will have additional support through:

- Pastoral care
- Regular check-ins with their class teacher (primary school) or form tutors (secondary school).
- Reassurance that steps are being taken to minimise the risks of exposure to allergen and that robust measures are in place in the event of anaphylaxis.

Allergy bullying, including deliberate exposure to allergens, threats involving allergens, teasing, isolation or stigma, will be treated seriously and managed in line with each school's behaviour policy / anti-bullying policy and safeguarding procedures.

10. Unacceptable Practice

Examples of unacceptable practice include (but are not limited to) the following:

- Preventing pupils from easily accessing and administering their prescribed medication in line with their IHP (e.g., locking AAls in distant offices).
- Assuming all pupils with allergies require the same support, or assuming older pupils require no support in relation to their allergy.
- Ignoring medical evidence, healthcare professionals' opinion and advice, or the views and concerns of pupils and/or their parents/carers.
- Refusing support or IHPs because a child is awaiting a formal medical diagnosis.
- Discriminating against pupils by sending them home unnecessarily, excluding them from school trips/activities, or segregating them at meal times.
- Requiring parents/carers to attend school to administer allergy medication or support their child on trips.
- Penalising pupils for their attendance record if their absence is relation to their medication condition (e.g., medical appointments or allergy-related absences).

- Sending an unwell pupil experiencing a reaction / anaphylaxis to the medical room without suitable supervision. Help must always be brought to the pupil.

11. Information Sharing

Allergy information will be shared proportionately and securely with staff and adults who need it to keep pupils safe. Information about an individual's health is considered special category data under UK GDPR and will therefore be handled in line with our data protection policy.

12. Awareness of Allergy Safety Policy

This allergy safety policy is published on ACAT's website and on each school's website. A hard copy of this policy is also available on request. All staff should be aware of and understand the policy as part of the annual allergy awareness training.

13. Monitoring and Review

This policy will be reviewed at least annually, or more frequently following any serious incident or near miss, a significant operational change, or a change in statutory guidance.

Appendix 1 – School Specific Allergy Safety Operations - St Richard Reynolds Catholic College

1. School Information

- **Name of Academy:** St Richard Reynolds Catholic College
- **Phase:** Primary and Secondary with Sixth Form
- **Named SLT Allergy Safety Leads:** Dan Novak (Vice Principal) and Chris Rogers (Acting Head of Primary)
- **Named Governor for Health & Safety:** Laura Ball

2. Location of Adrenaline Devices

Type of Adrenaline Device	Location on Site	Quantity Stored	Staff Responsible for Checks
EpiPen	First Aid Room	2	J. McEvoy
EpiPen Junior	College Office	2	J. McEvoy

3. Staff Training

- **Provider of Allergy Awareness Training:** The National College
- **Date of Most Recent Whole Staff Training:** October 2026
- **Date of Next Scheduled Refresher Training:** October 2027
- **Location of Training Records:** J. McEvoy

4. School Specific Arrangements in Minimising Risk

- Primary pupils with known food allergies wear a lanyard in the canteen during meal times.
- In addition to the all staff training, staff are also offered a 5-Minute Practical AAI Training before any school trip and on request.
- High School students are expected to carry their own prescribed emergency medications, including any prescribed ADs. For off-site PE activities and off-site day trips, the staff in charge will check the student has their prescribed medication with them before they leave. Any student without their prescribed ADs should remain on site where there are 'spare' ADs. For High School sports day, 'spare' ADs will be brought off-site to the event.

5. Local Emergency Contacts and Escalation

- **Local NHS Integrated Care Board (ICB) / School Nursing Team:** Richmond School Nursing Service - clcht.richmond.sn.duty@nhs.net
- **Local Authority Environmental Health Team:** Food and Safety Regulatory Services Partnership - foodandsafety@merton.gov.uk and 020 8545 3025

Appendix 2 – School Specific Allergy Safety Operations - St Paul's Catholic College

1. School Information

- **Name of Academy:** St Paul's Catholic College
- **Phase:** Secondary with Sixth Form
- **Named SLT Allergy Safety Leads:** Tara Moran (School Business Manager) and Laura Barron (Associate Assistant Headteacher and SENDCO)
- **Named Governor for Health & Safety:** Nick Grimmet

2. Location of Adrenaline Devices

Type of Adrenaline Device	Location on Site	Quantity Stored	Staff Responsible for Checks
EpiPen	Reception	2	J. Malde and R. Montemarano
EpiPen	PE Office	2	J. Malde and R. Montemarano
EpiPen	Premises	2	J. Malde and R. Montemarano
EpiPen	Canteen	2	J. Malde and R. Montemarano
EpiPen	Staffroom	2	J. Malde and R. Montemarano
EpiPen	Science Prep Room	2	J. Malde and R. Montemarano

3. Staff Training

- **Provider of Allergy Awareness Training:** Educare
- **Date of Most Recent Whole Staff Training:** 3 September 2026 and 25 September 2026
- **Date of Next Scheduled Refresher Training:** Spring Term 2027
- **Location of Training Records:** Internal Shared Drive

4. School Specific Arrangements in Minimising Risk

- Recruiting a First Aid Lead.
- Anaphylaxis training and practical use of training EpiPens is part of new staff induction

5. Local Emergency Contacts and Escalation

- **Local NHS Integrated Care Board (ICB) / School Nursing Team:**
 - **NHS ICB:** NHS Surrey and Sussex Integrated Care Board
 - **School Nursing Team:** Surrey Child and Family Health School Nursing Service (5-19 Years), HCRG Care Group
 - **Contact:** 01883 340 922 | scfh.contact@hcr'gcaregroup.com
- **Local Authority Environmental Health Team:**
 - **Organisation:** Spelthorne Borough Council Environmental Health Team
 - **Address:** Spelthorne Borough Council, Knowle Green, Staines-upon-Thames, Surrey, TW18 1XB
 - **Contact:** 01784 446291 | eh.commercial@spelthorne.gov.uk

Appendix 3 – School Specific Allergy Safety Operations - St Michael Catholic Primary School

1. School Information

- **Name of Academy:** St Michael Catholic Primary School and Nursery
- **Phase:** Primary with Nursery
- **Named SLT Allergy Safety Lead:** John Lane (Headteacher)
- **Named Governor for Health & Safety:** Cecil Chaudry

2. Location of Adrenaline Devices

Type of Adrenaline Device	Location on Site	Quantity Stored	Staff Responsible for Checks
EpiPen (Spare Adrenaline Devices)	Medical Room (Playground/Field at break times)	2	A. O'Keeffe
EpiPen Junior (Spare Adrenaline Devices)	Medical Room (Playground/Field at break times)	2	A. O'Keeffe
Pupil's Prescribed Adrenaline Devices	Pupil's first prescribed AD is held in the Medical Room. If the pupil has a second prescribed AD, this is held in the pupil's specific Classroom		A. O'Keeffe

3. Staff Training

- **Provider of Allergy Awareness Training:** Anaphylaxis UK
- **Date of Most Recent Whole Staff Training:** September 2026
- **Date of Next Scheduled Refresher Training:** September 2027
- **Location of Training Records:** The National College

4. School Specific Arrangements in Minimising Risk

- Spare Adrenaline Devices are also carried by a member of staff outside during break times, based on the playground / field supervising children

5. Local Emergency Contacts and Escalation

- **Local NHS Integrated Care Board (ICB) / School Nursing Team:** telephone 0300 247 0025 and email scfh.contact@hcrhcaregroup.com
- **Local Authority Environmental Health Team:** South-East Health Protection Team, telephone 0344 225 3861, and email SE.AcuteResponse@ukhsa.gov.uk

Appendix 4 – School Specific Allergy Safety Operations - Our Lady of the Rosary Primary School

1. School Information

- **Name of Academy:** Our Lady of the Rosary Primary School and Nursery
- **Phase:** Primary with Nursery
- **Named SLT Allergy Safety Lead:** Sarah Morris (Interim Deputy Headteacher)
- **Named Governor for Health & Safety:** Tony Burrell

2. Location of School's Adrenaline Devices

Type of Adrenaline Device	Location on Site	Quantity Stored	Staff Responsible for Checks
EpiPen	School Office	2 x 300 mcg for children over 6	S. Morris
EpiPen Junior	School Office	2 x 150 mcg for children under 6	S. Morris

3. Staff Training

- **Provider of Allergy Awareness Training:** Evolve (online training)
- **Date of Most Recent Whole Staff Training:** December 2025
- **Date of Next Scheduled Refresher Training:** December 2026
- **Location of Training Records:** Online Medical Tracker

4. School Specific Arrangements in Minimising Risk

- The school's catering provider (Impact Food) has a full allergy policy in place and staff are trained appropriately.

5. Local Emergency Contacts and Escalation

- **Local NHS Integrated Care Board (ICB) / School Nursing Team:** Surrey Nursing Service
- **Local Authority Environmental Health Team:** Surrey Nursing Service

Appendix 5 – School Specific Allergy Safety Operations - St Ignatius Catholic Primary School

1. School Information

- **Name of Academy:** St Ignatius Catholic Primary School
- **Phase:** Primary
- **Named SLT Allergy Safety Lead:** Emer O'Neill (Deputy Headteacher)
- **Named Governor for Health & Safety:** Luke Richards

2. Location of Adrenaline Devices

Type of Adrenaline Device	Location on Site	Quantity Stored	Staff Responsible for Checks
Jext 300mg	Medical Room	2	N. Wright
Jext 150mg	Medical Room	2	N. Wright
Pupil's Prescribed Adrenaline Devices	Pupil's first prescribed AD is held in their specific Classroom, and the pupil's second prescribed AD (if provided) is held in the Medical Room		N. Wright

3. Staff Training

- **Provider of Allergy Awareness Training:** The National College
- **Date of Most Recent Whole Staff Training:** 9 June 2026
- **Date of Next Scheduled Refresher Training:** June 2027
- **Location of Training Records:** Google Drive

4. School Specific Arrangements in Minimising Risk

- Allergy lanyards for pupils
- Medical Tracker
- SchoolGrid (school caterers)

5. Local Emergency Contacts and Escalation

- **Local NHS Integrated Care Board (ICB) / School Nursing Team:**
 - **Surrey and Sussex Integrated Care Board** - syheartlandsicb.complaints@nhs.net | 0300 561 2500
 - **School nursing team** - scfh.contact@hrcrgcaregroup.com | 0300 247 0025
- **Local Authority Environmental Health Team:**
 - **Spelthorne Borough Council** - eh.commercial@spelthorne.gov.uk | 01784 446291