



Date ratified by Governors	Review Date
July 2026	July 2027

Aims

Schools are required under the Equality Act 2010 to have an accessibility plan. The purpose of the plan is to:

- Increase the extent to which disabled pupils can participate in the curriculum.
- Improve the physical environment of the school to enable disabled pupils to take better advantage of education, benefits, facilities and services provided.
- Improve the availability of accessible information to disabled pupils.

Our school aims to treat all its pupils fairly and with respect. This involves providing access and opportunities for all pupils without discrimination of any kind.

Our school is committed to creating a safe, respectful environment where every student is valued, promoting the belief of being *exceptional without exception* so that all individuals feel equally important. We support equality by ensuring all learners have access to the same opportunities and the help they need to succeed, recognising that fairness means meeting different needs. Inclusion is central to our values, encouraging acceptance, celebrating diversity, and making sure everyone feels they belong and are included in every aspect of school life.

Our school is committed to promoting equality, diversity, and inclusion in line with the **Equality Act 2010** and the expectations set out in the **Ofsted Education Inspection Framework**.

We uphold the following principles:

- **Compliance with the Equality Act 2010:** We actively work to eliminate discrimination, harassment, and victimisation, and we make reasonable adjustments to ensure that pupils with disabilities are not placed at a disadvantage. We recognise and support all protected characteristics, including race, disability, gender, religion or belief, sexual orientation, and others.
- **Public Sector Equality Duty (PSED):** We have due regard to the need to:
 - Eliminate unlawful discrimination and other prohibited conduct.
 - Advance equality of opportunity between people who share a protected characteristic and those who do not.
 - Foster good relations between different groups within the school community.
- **Inclusive curriculum and environment:** In line with Ofsted's expectations, we provide a broad, balanced, and inclusive curriculum that reflects the diversity of our pupils and prepares them for life in modern Britain. We ensure that all pupils, including those with SEND, have access to high-quality teaching and learning.
- **Policies and training:** Our policies on behaviour, safeguarding, admissions, and recruitment reflect our commitment to equality. Staff receive regular training to ensure they understand their responsibilities and can support all pupils effectively.
- **Monitoring and accountability:** We regularly review our practices and outcomes to ensure that no group is disadvantaged. We publish equality objectives and monitor progress towards them, as required under the Equality Act.

The plan will be made available online on the school website, and paper copies are available upon request.

Our school is also committed to ensuring staff are trained in equality issues with reference to the Equality Act 2010, including understanding disability issues.

The school supports any available partnerships to develop and implement the plan.

Our school's complaints procedure covers the accessibility plan. If you have any concerns relating to accessibility in school, the complaints procedure sets out the process for raising these concerns.

Legislation and Guidance

This document meets the requirements of schedule 10 of the Equality Act 2010 and the Department for Education (DfE) guidance for schools on the Equality Act 2010.

The Equality Act 2010 defines an individual as disabled if they have a physical or mental impairment that has a 'substantial' and 'long-term' adverse effect on their ability to undertake normal day to day activities.

Under the Special Educational Needs and Disability (SEND) Code of Practice, 'long-term' is defined as 'a year or more' and 'substantial' is defined as 'more than minor or trivial'. The definition includes sensory impairments such as those affecting sight or hearing, and long-term health conditions such as asthma, diabetes, epilepsy and cancer.

Schools are required to make 'reasonable adjustments' for pupils with disabilities under the Equality Act 2010, to alleviate any substantial disadvantage that a disabled pupil faces in comparison with non-disabled pupils. This can include, for example, the provision of an auxiliary aid or adjustments to premises.

Monitoring Arrangements

This document will be reviewed every **3** years but may be reviewed and updated more frequently if necessary. It will be reviewed by the SENDCo and Headteacher

It will be approved by Governing Board.

Links with Other Policies

This accessibility plan is linked to the following policies and documents:

- Health and safety policy
- Equality information and objectives (public sector equality duty) statement for publication
- Special educational needs (SEN) information report
- Supporting pupils with medical conditions policy
- Risk assessment policy

Schools must make reasonable adjustments in anticipation of disabled pupils' needs, not just in response to individual cases.

This includes the provision of auxiliary aids and services, such as adapted keyboards or hearing loops, where necessary.

This plan also supports the school's compliance with the Public Sector Equality Duty (PSED).

In carrying out their functions, public bodies are required to have due regard to the need to:

- Eliminate discrimination and other conduct that is prohibited by the Act,
- Advance equality of opportunity between people who share a protected characteristic and people who do not share it,
- Foster good relations across all characteristics - between people who share a protected characteristic and people who do not share

ACCESSIBILITY AUDIT CHECKLIST

1	Curriculum	YES	NO	N/A	NOTES
1.1	Do you ensure that teachers and teaching assistants have the necessary training to teach and support disabled pupils?	☒	☐	☐	
1.2	Are classrooms arranged in a way that enables full and independent access for disabled pupils, including appropriate space, layout, and resources to support their needs?	☒	☐	☐	
1.3	Do lessons provide opportunities for all pupils to achieve?	☒	☐	☐	
1.4	Are lessons responsive to pupil diversity?	☒	☐	☐	
1.5	Do lessons involve work to be done by individuals, pairs, groups and the whole class?	☒	☐	☐	
1.6	Are all pupils encouraged to take part in music, drama and physical activities?	☒	☐	☐	
1.7	Do staff recognise and allow for the mental effort expended by some disabled pupils, for example using lip reading?	☒	☐	☐	
1.8	Do staff recognise and allow for the additional time required by some disabled pupils to use equipment in practical work?	☒	☐	☐	
1.9	Do staff provide alternative ways of giving access to experience or understanding for disabled pupils who cannot engage in particular activities, for example some forms of exercise in physical education?	☒	☐	☐	
1.10	Do you provide access to computer technology appropriate for students with disabilities?	☒	☐	☐	
1.11	Are school visits, including overseas visits, made accessible to all pupils irrespective of attainment or impairment?	☒	☐	☐	
1.12	Are there high expectations of all pupils?	☒	☐	☐	
1.13	Do staff seek to remove all barriers to learning and participation?	☒	☐	☐	

2	Approach from public transport to school entrance gates	YES	NO	N/A	NOTES
2.1	Is the route to the school entrance from the nearest point of public transport, well signed, well lit, free of broken slabs, etc.?	☐	☒	☐	
2.2	Are there separate entrances for cars and pedestrians?	☒	☐	☐	
2.3	Is the route wide enough, and free of kerbs?	☐	☒	☐	1.1m – 1.5m width of path

2.4	Is there an option for a quiet route for pupils that might struggle in busy and noisy environments?	☒	☐	☐	This is useful for pupils with autism and/or mental health issues that are perhaps having a low mood day.
2.5	Is the route free of such hazards as bollards and litter bins, and if these are in position, are they easily visible to someone with a visual impairment?	☒	☐	☐	

3	Car Parking	YES	NO	N/A	NOTES
3.1	Is there car parking for disabled people or people with reduced mobility?	☒	☐	☐	Accessible parking should be within a 50-metre distance of entrance.
3.2	Is there an appropriate number of accessible parking spaces?	☒	☐	☐	General guidance is 5-6% of total parking.
3.3	Are accessible car parking bays signposted from the car park entrance?	☒	☐	☐	
3.4	Are accessible parking bays marked out and easily identified?	☒	☐	☐	As a minimum there should be side chevrons, but ideally chevrons on three sides as you enter the parking space so people removing wheelchairs or walkers from the boot can do so safely.
3.5	Are these bays wide enough and long enough to allow transfer onto a wheelchair?	☒	☐	☐	
3.6	Are the bays smooth, (free from loose stones), well lit, and signposted as being identified for disabled people only?	☒	☐	☐	

4	External Ramps and Steps	YES	NO	N/A	NOTES
4.1	Is the ramp properly graded, wide enough, slip resistant, with suitable handrails both sides?	☐	☐	☒	Gradient should ideally be no steeper than 1:20.
4.2	If no permanent ramp is provided, can a portable ramp be made available?	☐	☐	☒	
4.3	If steps are part of the route to the building, do they have contrasting nosing on the steps and a handrail?	☐	☐	☒	There should be a light or dark colour contrast on the front part of the step so that people with visual impairments can see it.
4.4	Do steps have lighting available?	☐	☐	☒	

5	Main Entrance, Lobby and Reception Areas	YES	NO	N/A	NOTES
5.1	Is the main entrance clearly signposted, well lit, and distinguishable from facade?	☐	☒	☐	
5.2	Can people on each side of the door, either seated or standing, see each other?	☒	☐	☐	
5.3	If fitted, are door control systems fitted at heights suitable for all users?	☒	☐	☐	
5.4	Is the door handle easy to use, of the correct type, at the right height, and tonally contrasted from the door?	☒	☐	☐	
5.5	Does the door pressure allow ease of access for all users?	☒	☐	☐	
5.6	Are thresholds flush and level, and mat wells firmly fixed?	☒	☐	☐	
5.7	Is the door wide enough for all users (800mm clear), with adequate space for wheelchair user to open door?	☒	☐	☐	External door requirements: new build 1000mm, existing/older build 775mm. If they are manual wide double doors, consider not having both open as this can hinder the entrance of wheelchair users and people pushing buggies
5.8	If fitted, does the lobby allow wheelchair users to move clear of the outer door before opening the inner door?	☒	☐	☐	
5.9	Is appropriate information signage provided at the reception, for people with visual impairments or others with lower sight levels (wheelchair users)?	☐	☒	☐	
5.10	Have front line staff (reception) had access awareness/ equality training?	☒	☐	☐	

6	Corridors, horizontal movement and activity spaces	YES	NO	N/A	NOTES
6.1	Are corridors a minimum width of 1500mm? (Better to be 1800mm for wheelchairs to pass each other)	☒	☐	☐	1.5 meters is the recommended minimum width, although some historic and older buildings may be narrower than this.
6.2	Does natural and artificial lighting avoid glare and silhouetting for people with visual impairments?	☒	☐	☐	
6.3	Do "communication/activity spaces" have good acoustics, and the provision of an induction loop?	☒	☐	☐	No induction loop

6.4	Are suitable signs provided, from both standing and seated positions, where necessary?	☒	☐	☐	
6.5	Are fire extinguishers positioned to ensure they do not create hazards for visually impaired people?	☒	☐	☐	

7	Doors	YES	NO	N/A	NOTES
7.1	Can fire doors be held open on magnetic devices?	☒	☐	☐	
7.2	Are doors well contrasted from their surroundings?	☒	☐	☐	
7.3	Are door handles easy to use, of the correct type, at the right height, and tonally contrasted from the door?	☒	☐	☐	Lever handles are better than round handles and should be at a height that is easy to access.
7.4	Can people on each side of the door, either seated or standing, see each other?	☒	☐	☐	
7.5	Are doors wide enough for all users (800mm clear)	☒	☐	☐	Internal door requirements: new build 800-825mm, existing 750-775mm
7.6	On the opening side of the door, is there at least 300 mm of clear space to allow a user to grasp the handle and swing the door past a wheelchair footplate or walker?	☒	☐	☐	Required under Approved Document M Volume 2 – Buildings other than dwellings
7.7	If double doors, does one leaf allow 800mm clear opening width?	☒	☐	☐	Internal door requirements: new build 800-825mm, existing 750-775mm

8	Vertical movement, internal level change	YES	NO	N/A	NOTES
8.1	Is the ramp properly graded, wide enough, with suitable handrails both sides?	☐	☐	☒	
8.2	Are surfaces slip resistant, with kerbs at the edges?	☐	☐	☒	
8.3	If no permanent ramp is provided, can a portable ramp be made available?	☐	☐	☒	
8.4	Are there steps as an alternative to the ramp, with suitable treads and rises, with easily identifiable step nosing?	☐	☐	☒	
8.5	Are the steps maintained, well lit, with suitable handrails both sides, and tactile warnings at the top and bottom?	☐	☐	☒	

9	Vertical movement, Stairs	YES	NO	N/A	NOTES
9.1	Are the risers and treads of step/stairs consistent, and are step nosings clearly identifiable through colour change?	☒	☐	☐	Additionally, consider checking the type and depth of step to ensure evac chairs can be used where relevant
9.2	Do any steps/stairs/ramps have a handrail to one/both side(s), and do they extend 300mm beyond the top and bottom of any flight?	☒	☐	☐	
9.3	If there are landings are they large enough to permit passing and turning manoeuvres, and are they provided in any long flight?	☒	☐	☐	Consider a range of users and potentially supporting people/dogs, plus people needing to evacuate using an evac chair.
9.4	Is suitable visual and tactile information fitted at each floor level?	☐	☒	☐	
9.5	Is any short rise within a single storey ramped; if so, is the ramped surface indicated, and is it slip-resistant?	☐	☐	☒	Range length 3m max = 1 in 12 gradient. Ramps should look at having the least gradient possible, aim for 1 in 20 and work backwards from this gradient.
9.6	Is there suitable lighting?	☒	☐	☐	

10	Vertical movement, Passenger Lifts, platform lifts and platform stairlifts	YES	NO	N/A	NOTES
10.1	Is a passenger lift provided within the school?	☒	☐	☐	
10.2	Is there unobstructed space (1500mm x 1500mm) in front of the doors, and do the doors have a clear opening width of 800mm?	☒	☐	☐	
10.3	Are the internal dimensions of the lift cabin 1100 x 1400mm (preferred 1100 x 2000mm) min, and is the lift fitted with suitable support rails on three sides??	☒	☐	☐	
10.4	Are the controls on the landing and in the lift cabin, including emergency phone, within easy reach and clearly visible for all users (within zone of 900mm and 1200mm from floor)?	☒	☐	☐	
10.5	Are these controls clearly visible in contrasting colours and with raise (tactile) characters/numbers?	☒	☐	☐	
10.6	Does the lift have audible announcements and visual displays?	☒	☐	☐	
10.7	Is a platform lift or platform stairlift provided within the school? Note - platform stairlifts are not advisable.	☒	☐	☐	
10.8	Are the controls at both levels and within the lift identifiable, and reachable from sitting and standing levels, and have a handrail for	☒	☐	☐	Controls to call the lift should be around 900mm from the ground, same as internal controls which should also have tactile markings so blind people know what button

	people with limited balance? Is audio/visual information available for blind people?				they are pressing. Is there audible and visual information regarding the floor people are on? Is there a handrail for people with limited balance?
10.9	Does the stairlift platform when not in use automatically revert to folded position?	☐	☐	☒	

11	WC Provision Generally	YES	NO	N/A	NOTES
11.1	Is there WC provision for ambulant people with disabilities? (eg. Grab rail fitted to one WC cubicle)	☒	☐	☐	
11.2	Is the lobby large enough to allow easy access, and is the WC door easy to operate?	☒	☐	☐	
11.3	Are the floors slip resistant?	☒	☐	☐	Consider people with limited sight, those using walking aids and wheelchair users.
11.4	Are washing and drying facilities at a height and have the access for a wheelchair user to use?	☒	☐	☐	
11.5	Are fittings easily distinguished from their background?	☒	☐	☐	
11.6	Are compartment doors controls easily gripped and operated?	☒	☐	☐	
11.7	Can ambulant disabled people manoeuvre and rise and lower themselves in a standard cubicle?	☐	☒	☐	
11.8	Are toilet paper holders, soap dispensers of a type and location that is easily used by people with limited dexterity or movement	☒	☐	☐	

12	Accessible WC Provision	YES	NO	N/A	NOTES
12.1	Is the accessible toilet large enough to permit manoeuvre for frontal lateral/angled/backward transfer, with or without assistance?	☒	☐	☐	Accessible toilet should be 2200mm x 1500mm minimum to allow manoeuvring. Consider if toilets are all left or right transfer and if there is a mix. In smaller toilets people might turn their chair at an angle and transfer from the front; if this is the case a folding handrail is needed. Larger toilets might allow both left and right transfer and hoist access.
12.2	Is the manoeuvring area free of obstruction, e.g. boxed-in pipework/radiators/cleaner's equipment/disposal bins/ occasional	☒	☐	☐	

	storage, etc., and is any difficulty caused by the activity of service contractors?				
12.3	Is the flush on the same side as a person would transfer to make it easier to reach?	☒	☐	☐	
12.4	Is the toilet seat height between 480 mm and 500 mm from the finished floor level?	☒	☐	☐	
12.5	Is the toilet seat firm and stable, not soft or cushioned?	☒	☐	☐	
12.6	Does the toilet seat contrast visually with the toilet pan and surrounding surfaces?	☒	☐	☐	
12.7	Is a backrest provided?	☒	☐	☐	
12.8	Is the toilet seat in the accessible toilet provided <i>without a lid</i> , ensuring unobstructed access for users with mobility challenges?	☒	☐	☐	Lids can pose difficulties for those needing assistance or using mobility aids when accessing the toilet. By keeping the toilet bowl open, it allows for easier manoeuvrability and transfers.
12.9	Is the entry door to the accessible toilet of a type that is easily used by a range of people with limited mobility?	☒	☐	☐	
12.10	Can ambulant disabled people manoeuvre, raise and lower themselves in standard cubicles?	☐	☒	☐	
12.11	Is there a shelf available near the toilet for people to use?	☒	☐	☐	This is used for people that might have to change a medical appliance or need specific equipment; consider location.
12.12	Is the soap dispenser and toilet roll holder of a type that is easily used by a range of people and appropriately positioned for ease of use?	☒	☐	☐	
12.13	Are the door fittings/locks and light switches easily reached and operated?	☒	☐	☐	
12.14	Is there an emergency call system and is someone designated to respond?	☒	☐	☐	Consider where the alarm call goes to. Does it just ring outside the toilet or go to a designated office so assistance can be alerted quicker?
12.15	Can the emergency call system be operated from floor level?	☒	☐	☐	Often these are tied up or put up high to avoid being accidentally pulled, but they are full length for a reason.

12.16	Are suitable grab rails fitted in all the appropriate positions to facilitate use of the toilet?	☒	☐	☐	This can be a complex area – consider looking at recommended guidance but usually consists of grab rails on both sides of the toilet, with the one on the transfer side being drop-down to allow flexibility.
12.17	Are handwashing and drying facilities within reach of someone seated on the toilet?	☒	☐	☐	
12.18	Are the taps appropriate for use by someone with limited dexterity, grip or strength?	☒	☐	☐	Lever or automatic taps are the best design for all.

13	Changing/Shower Facilities	YES	NO	N/A	NOTES
13.1	Are there changing facilities?	☒	☐	☐	
13.2	Do you offer discrete changing facilities for people that need them?	☒	☐	☐	
13.3	Within the main changing area or accessible toilet, are there accessible showering facilities?	☐	☒	☐	
13.4	Is the height of the shower head variable?	☐	☒	☐	
13.5	Have a tip-up seat and suitable handrails been provided?	☐	☒	☐	
13.6	Is there a dressing cubicle and does it comply with required size and layout?	☐	☒	☐	
13.7	Are lockers easily reached and operated?	☐	☐	☒	
13.8	Are all fittings readily distinguishable from their background?	☐	☒	☐	
13.9	Does the floor have a slip resistant finish?	☐	☐	☒	

14	Bathrooms	YES	NO	N/A	NOTES
14.1	Is there a bathroom?	☐	☐	☒	
14.2	Is the bathroom provided with fittings suitable for use by people with disabilities including assisted use?	☐	☐	☒	
14.3	Are all fittings easily reached and operated?	☐	☐	☒	
14.4	Are all fittings readily distinguishable from their background?	☐	☐	☒	
14.5	Does the floor have a slip resistant finish?	☐	☐	☒	
14.6	Is a hoist provided?	☐	☐	☒	

15	Horizontal Movement Fixtures and Fittings	YES	NO	N/A	NOTES
15.1	Is each corridor/passageway/aisle wide enough for a wheelchair user to manoeuvre and for other people to pass?	☒	☐	☐	1.5 meters is the recommended minimum width, although some historic and older buildings may be narrower than this.
15.2	Is each corridor free from obstruction to wheelchair users and from hazards to people with impaired vision?	☒	☐	☐	This could be furniture or apparatus such as fire extinguishers sticking out but not obvious, due to colour contrast or other objects obscuring them. This could also be 'dog legs' in the corridor or where rooms go out onto corridors that pose a risk of people walking into others; viewing mirrors on the ceiling can help with this.
15.3	Are there good colour contrasts between walls, doors and flooring to enable people with a visual impairment to navigate and detect hazards?	☒	☐	☐	There should be at least a 30-point LRV difference in colour. (LRV value is on all colour cards found in paint shops – 1 is white, 100 is black)
15.4	Are arrangements in place for alternative arrangements for people who may struggle with noisy or echoey spaces, including corridors?	☒	☐	☐	This can have a negative impact on some people that are hard of hearing, some people with Neuro-diversity and people with visual impairments and can be partially avoided by having some furniture that sound bounces off, or soft art on the walls/ceilings that absorbs noise.
15.5	Do lobbies allow all users to clear one door before approaching the next with minimal manoeuvre?	☒	☐	☐	Lobbies can be any area where there is an entrance door and exit door to the destination area, usually quite small. Example: some toilets have a small lobby between the corridor and toilet or corridor to a lift.
15.6	Is turning space in lobbies adequate?	☒	☐	☐	Normally marked as a 1.5 metre area, but some powered chairs might need a larger area.
15.7	Are doors within corridors and entering rooms accessible?	☒	☐	☐	
15.8	Does natural and artificial lighting avoid glare and silhouetting for people with visual impairments?	☒	☐	☐	This could be the way the sun casts shadows in a corridor or room that makes it difficult for people with a visual impairment to see the route or layout of a room clearly. This could also be objects put on windows that cast shadows.
15.9	Are there visual clues for people to navigate?	☒	☐	☐	These are usually floor numbers, names of rooms, specific colours or directional markings that helps

					people understand where they are and indicate where people need to go to reach a specific area.
15.10	Do floor surfaces allow ease of movement for wheelchair users?	☒	☐	☐	Consider things like different flooring e.g. lots of changes from carpet to hard floor to rubber and if there are raised lips between. How thick the pile is in the carpet? This can make wheeling difficult.
15.11	Do floor surfaces avoid light reflection and sound reverberation?	☒	☐	☐	Lots of different flooring e.g. shiny floors with glare to matt flooring and back can make navigation difficult for some people. Empty corridors with hard surfaces can make sound reverberate and make it difficult to understand conversations or announcements. Well-positioned furniture or soft art on the walls can make a lot of difference.
15.12	Are direction and/or information signs visible from both sitting and standing eye levels? Are they in sentence case, and large enough type to be read by those with impaired vision?	☒	☐	☐	As with external signage consideration should be given to location, contrast, fonts and imagery used.
15.13	Is lighting designed to meet a wide range of needs?	☒	☐	☐	The type of lighting can make a difference for people with visual impairments and some people with neurodiverse conditions; the general rule is corridors and general areas should be around 300 lux and reception/where ICT is being used around 500 lux.
15.14	Are rooms maintained to reduce hazards for people with visual disabilities?	☐	☒	☐	Classrooms can be restrictive
15.15	Are there quiet spaces for people to go when needed?	☒	☐	☐	Some people may have low moods or sensory overload; having a quiet area will help them manage this.
15.16	Can you adjust lighting and noise to be softer to reduce stress and sensory overload in specific areas?	☒	☐	☐	Bright lighting can have a negative impact on some people that struggle with sensory overload or have some forms of visual impairment, being able to dim the lights within an area/room can help people self-manage
15.17	Are seating arrangements/spaces suitable for use by people with visual impairments?	☒	☐	☐	Consider the layout of the room, and the colour contrast of chairs/tables to background colours. Good contrast can help people navigate and be independent.

15.18	Are seating arrangements/spaces suitable for wheelchair users/people with limited balance?	☐	☒	☐	Consider how wheelchair users access seating areas and tables: can they be part of their group/class or do they have to sit separately from their classmates? Do chairs have solid or locking wheels to stop them from moving if a person is transferring, and do some chairs have arm rests to help people stand? A mixed environment is best. Can wheelchair users access and get their legs under tables?
15.19	Are furniture, whiteboards, books, resources etc. at a height and location that allows them to be accessed by all?	☒	☐	☐	Consider height so that all can reach and interact, and consider location regarding obstacles preventing people to access.
15.20	Are serveries/counters accessible to all users, including those with hearing impairments?	☒	☐	☐	Food serveries in shops and restaurants can enable people to be independent if at the right height (approx. 700mm) and designed correctly. Where this isn't possible, is there someone available to assist? Is there a hearing loop at the till serving area? Are menus and other information easy to read or is there assistance available for people that may need it?
15.21	If the building has fixed seating are there also associated spaces for wheelchair users and at regular intervals on long routes?	☐	☐	☒	This might be in assembly, in the dining area or in a sports hall where fixed seating or benches are used.
15.22	Is it possible for wheelchair users and people with other disabilities to approach and use all vending machines/drinking water dispensers etc.?	☒	☐	☐	Consider height of coin slot, information displayed and how items are dispensed.
15.23	Are all fittings readily distinguishable from their background?	☐	☒	☐	This could be switches, power door pads, coat hooks or other fixtures. Good contrast between walls and fixtures will help independence. This doesn't mean redecorating; having a contrasting colour plate behind the fixture will help.
15.24	Where there are display stands, bookstalls etc., are they visible/reachable/accessible by people with disabilities?	☐	☐	☒	
15.25	Is any staff accommodation suitable for use by people with disabilities including wheelchair users, with slip-resistant floor, reduced-level kitchen units and sink and lever action taps?	☐	☒	☐	

15.26	Is the main reception area equipped with induction loops for people with hearing aids?	☐	☒	☐	
15.27	Are all areas for assemblies/meetings equipped with an induction loop system?	☐	☒	☐	Some areas may not be suitable and there are different solutions depending on building, location and need – consider getting advice.
15.28	If induction loops are not fitted in all areas, do you have portable induction loops available for deaf and hard of hearing people?	☐	☒	☐	As above
15.29	Are relevant induction loops within teaching areas linked to A/V equipment?	☐	☒	☐	This will enable some people to better hear video and audio content or be part of a video/audio call.
15.30	Is the functioning and operation of induction loops checked regularly?	☐	☒	☐	Should be checked at least monthly, ideally more.
15.31	Are telephones fitted with inductive loop couplers?	☐	☒	☐	This will be in the specification of the telephones; it better enables people with hearing aids to use a telephone.

16	Kitchens	YES	NO	N/A	NOTES
16.1	If provided, does the kitchen have fittings suitable for use by disabled people?	☐	☒	☐	
16.2	Is the kitchen of adequate size and layout for disabled people?	☐	☒	☐	
16.3	Are all fittings readily distinguishable from the background?	☐	☒	☐	
16.4	Is lighting adequate?	☒	☐	☐	
16.5	Does the floor have a slip resistant finish?	☒	☐	☐	

17	Means of Escape	YES	NO	N/A	NOTES
17.1	Is there an audible alarm system?	☒	☐	☐	
17.2	Is the audible fire alarm supplemented by a flashing light system?	☐	☒	☐	
17.3	Are fire exit routes accessible to all, including wheelchair users?	☒	☐	☐	Consider signage, length of route and potential obstacles. Are there two routes for people to evacuate?
17.4	Are Fire Evacuation Plans in position to ensure disabled people are evacuated safely?	☒	☐	☐	

17.5	If people with disabilities cannot completely evacuate the building, can they reach places of safety or refuge, which are clearly signed and of the right size?	☒	☐	☐	
17.6	Are there Personal Emergency Evacuation Plans in place for everyone who may require assistance?	☒	☐	☐	A Personal Emergency Evacuation Procedure is an individual evacuation plan for a pupil or staff member.
17.7	Are external fire points and routes accessible and monitored?	☒	☐	☐	Consider the route and how accessible it is to any assembly points, e.g. gradients, surfaces such as gravel or grass, potential obstacles such as within car parks.

18	Building Management	YES	NO	N/A	NOTES
18.1	Are the external routes (including steps and ramps) kept clear, unobstructed and free from surface water, ice and snow?	☒	☐	☐	
18.2	Are accessible car parking spaces only used by disabled drivers and are kept clear of obstructions?	☐	☒	☐	
18.3	Is door ironmongery regularly maintained?	☒	☐	☐	
18.4	Are lifts, platforms and stairlifts regularly serviced?	☒	☐	☐	
18.5	Are accessible WCs kept clear and not used for storage?	☐	☒	☐	
18.6	Are appropriate cleaning materials used to ensure that the cleaning and polishing of slip resistant floors does not make them shiny / slippery?	☒	☐	☐	
18.7	Do you consider tonal and colour contrast before a redecoration scheme?	☒	☐	☐	
18.8	Do new signs integrate effectively with current signage?	☒	☐	☐	
18.9	Are windows, blinds and lamps checked to ensure they are kept clean and in working order?	☒	☐	☐	
18.10	Are induction loops and infra-red systems clearly signed and checked regularly?	☐	☐	☒	
18.11	Are fire alarm systems regularly maintained, and are fire exit routes regularly checked for obstacles?	☒	☐	☐	
18.12	Is there a fire escape strategy for visitors who may require assistance?	☒	☐	☐	

18.13	Is there a personal egress plan prepared for any member of staff who may require assistance?	☒	☐	☐	
18.14	When temporary facilities/displays are installed are disabled pupils/visitors considered?	☐	☐	☒	

19	Equality Adjustments	YES	NO	N/A	NOTES
19.1	Do you have a prayer room or a designated quiet room?	☐	☒	☐	Consider location of this e.g. separate from a room where disciplinary action like detention is carried out.
19.2	If you have a prayer room, do you have designated washing facilities?	☐	☐	☒	This is to enable people depending on their religion to wash hands and feet.
19.3	Do you have a designated quiet room?	☒	☐	☐	Used for people that might want to have a quiet place to go to reduce anxiety or maybe when over stimulated.
19.4	Do you have access to spoken language interpreters and are staff confident about how to utilise this?	☒	☐	☐	This could be language, BSL or deaf/blind interpreters.
19.5	Do you have books, leaflets and posters that promote yourself as being supportive of diversity?	☒	☐	☐	
19.6	Do you have/advertise baby changing and baby feeding facilities for parents, staff and where relevant pupils?	☐	☒	☐	
19.7	Do you have a system in place to raise awareness and support pupils and staff who have been victims of bullying and hate incidents?	☒	☐	☐	

20	Materials in other Formats	YES	NO	N/A	NOTES
20.1	Do you provide information in simple language, symbols, large print, on audiotape or in Braille for pupils and prospective pupils who may have difficulty with standard forms of printed information?	☐	☒	☐	
20.2	Do you ensure that information is presented to groups in a way which is user friendly for people with disabilities e.g. by reading aloud overhead projections and describing diagrams?	☒	☐	☐	
20.3	Do you have the facilities such as ICT to produce written information in different formats?	☒	☐	☐	
20.4	Do you ensure that staff are familiar with technology and practices developed to assist people with disabilities?	☒	☐	☐	

20.5	Is there a tactile plan or diagram of the building?	☒	☐	☐	
20.6	Are there large-print versions of information about the building/services/activities available?	☐	☒	☐	
20.7	Is there Braille information about the building/services/activities available for people with visual impairments?	☐	☒	☐	
20.8	Is there Easy Read information about the building/services/activities available?	☐	☒	☐	
20.9	Are there alternative format reading books available in the library?	☐	☒	☐	
20.10	Are relevant staff trained in supporting communication with people with physical, learning and sensory impairment?	☒	☐	☐	

ACTION PLAN 1 – CURRICULUM

					For follow up monitoring		
Section	Item	Strategies/Action	Priority	Cost	Action to be taken (how/who/when)	Status (Completed or Outstanding)	Date Completed
1	Curriculum	N/A					

ACTION PLAN 2 – BUILDING AND FACILITIES

					For follow up monitoring		
Section	Item	Strategies/Action	Priority	Cost	Action to be taken (how/who/when)	Status (Completed or Outstanding)	Date Completed
2	Approach to School	Although the lack of a pedestrian pathway between the drive and car	Low				

For follow up monitoring							
Section	Item	Strategies/Action	Priority	Cost	Action to be taken (how/who/when)	Status (Completed or Outstanding)	Date Completed
		park is outside the school's control, the school will provide reasonable assistance and alternative access arrangements for visitors who may experience difficulties accessing the site.					
3	Car Parking	N/A	Medium				
4	External Ramp and Steps	N/A					
5	Entrance / Reception	Reception to be clearly signposted.	Medium		CMC		
6	Corridors	N/A					
7	Doors	N/A					
8	Vertical Movement	N/A					
9	Stairs	The school will explore the feasibility of installing clear visual and tactile floor-level indicators at each staircase landing to support wayfinding for all users.	Low				
10	Lifts	N/A					
11	WC Provision General	N/A					
12	Accessible WC Provision	N/A					
13	Changing and Shower facilities	N/A - As shower facilities are not used within the school. The school					

For follow up monitoring							
Section	Item	Strategies/Action	Priority	Cost	Action to be taken (how/who/when)	Status (Completed or Outstanding)	Date Completed
		will review this provision should the use of shower facilities be introduced in the future.					
14	Bathrooms	N/A					
15	Horizontal Movement Fixtures and Fittings	The school will provide staff with guidance and training on maintaining clear, uncluttered classrooms and work areas to minimise hazards for people with visual impairments. Regular reminders and monitoring will help ensure fixtures, fittings and furniture do not obstruct safe movement around the school.	Low				
16	Kitchens						
17	Means of Escape	N/A					
18	Building Management	The school will review the location of disabled parking bays and, where feasible, relocate them to reduce the risk of obstruction by delivery vehicles. Clear signage and communication with delivery drivers will be implemented to help ensure these bays remain accessible for those who need them.	Medium				

For follow up monitoring							
Section	Item	Strategies/Action	Priority	Cost	Action to be taken (how/who/when)	Status (Completed or Outstanding)	Date Completed
19	Equality Adjustments	The school will make arrangements for a suitable prayer room and baby changing facilities if and when a need is identified. Provision will be reviewed on a case-by-case basis to ensure reasonable adjustments are made to meet the needs of pupils, staff and visitors.	Low				

ACTION PLAN 3 – ALTERNATIVE FORMATS

For follow up monitoring							
Section	Item	Strategies/Action	Priority	Cost	Action to be taken (how/who/when)	Status (Completed or Outstanding)	Date Completed
20	Alternative Formats	The school will develop a process for requesting and providing information in alternative formats, such as large print, electronic versions or other accessible formats, when required. Staff will be made aware of this process to	Low				

For follow up monitoring							
Section	Item	Strategies/Action	Priority	Cost	Action to be taken (how/who/when)	Status (Completed or Outstandin g)	Date Comple ted
		ensure requests are responded to promptly and effectively.					

General Statement

We are an allergy-aware school. We recognise that allergic reactions can be life-threatening and commit to a whole-school approach that reduces risk, ensures rapid, effective emergency response, and supports inclusion and wellbeing.

This Policy applies to all pupils, staff, visitors and volunteers and should be read alongside our policies on Supporting Pupils with Medical Conditions, Safeguarding, Equality/DEI, Mental Health, Asthma and Educational Visits.

We cannot guarantee an allergen-free environment; instead, we minimise risk, promote self-management where age-appropriate, and plan for emergencies.

The school recognises that serious allergic reactions, including anaphylaxis, may occur in individuals with no previously known allergy. Emergency arrangements therefore apply to all pupils, staff, visitors and volunteers.

Equality

Some allergies may amount to a disability under the Equality Act. We will make reasonable adjustments to enable safe participation in all aspects of school life.

General Aims

The school recognises that effective allergy management requires leadership, training, clear accountability and inclusion of pupils with allergies across all aspects of school life.

The intent of this policy is to minimise the risk of any child suffering allergy-induced anaphylaxis whilst at school.

While peanut and tree nut allergies are common, the school recognises that all allergens can cause severe reactions. Control measures are based on individual risk assessments rather than allergen type.

The management of allergy safety is not limited to IgE-mediated allergies. Some pupils or staff may have medically recognised sensitivities or conditions, such as mast cell disorders or systemic hypersensitivity conditions, which may not meet the clinical definition of allergy but may nonetheless result in serious or potentially life-threatening reactions. Any known trigger with the potential to cause harm will be identified and managed appropriately.

The underlying principles of this policy include;

- Keep pupils and staff with allergies safe, included and supported.
- Ensure clear roles and responsibilities, reliable documentation, and effective communication.
- Provide staff training, annual anaphylaxis drills, and robust emergency procedures.
- Embed proportionate controls around food, curriculum activities and visits.

This policy applies to all members of the school community:

- School Staff
- Parents/care givers
- Volunteers
- Supply staff
- Children/Students

Definitions

Allergen: A normally harmless substance that can trigger an allergic reaction (e.g., foods,

medications, insect venom, latex, animal dander, pollens). There are 14 allergens that must be highlighted in UK food law: celery; cereals containing gluten; crustaceans; egg; fish; lupin; milk; molluscs; mustard; peanuts; tree nuts; soya; sulphites/sulphur dioxide; sesame. The identification of these 14 allergens is a legal requirement for food information purposes only and does not limit the range of substances that may cause an allergic reaction. The school recognises that any food, substance or environmental exposure may be an allergen for an individual and will manage risks based on individual need and risk assessment rather than allergen type.

Anaphylaxis: A severe, potentially life-threatening allergic reaction and a time-critical medical emergency.

Adrenaline Auto-Injector (AAI): A single-use device delivering a pre-measured intramuscular dose of adrenaline into the upper, outer thigh muscle (e.g., EpiPen, Jext). Where clinically appropriate and prescribed, nasal adrenaline may be used in line with current guidance.

IgE-mediated allergy: A type of allergic reaction that occurs when the immune system produces immunoglobulin E (IgE) antibodies in response to a specific allergen (for example food, insect venom, medication, latex or airborne allergens).

On re-exposure to the allergen, IgE antibodies trigger the rapid release of chemicals (including histamine) from immune cells. This can result in fast-onset symptoms, ranging from mild allergic reactions (such as itching, hives or swelling) to severe, life-threatening anaphylaxis.

Individual Healthcare Plan (IHP): School document outlining a pupil's condition, triggers, medication, risk-reduction measures and emergency actions; used alongside their Allergy Action Plan (clinical template).

Neffy: Neffy, officially known as EURNeffy in the United Kingdom, is a nasal spray designed to administer adrenaline. It provides an approved, needle-free alternative to traditional adrenaline auto-injectors. Where nasal adrenaline is prescribed, its use will follow current Medicines and Healthcare products Regulatory Agency (MHRA) approval and Department for Education guidance. Current legislation relating to schools holding emergency "spare" adrenaline devices applies to adrenaline auto-injectors and does not currently extend to nasal adrenaline devices.

Risk Assessment: This comprehensive document identifies a specific activity, evaluates associated risks, and outlines measures implemented to mitigate those risks. Allergies must be addressed in all risk assessments for both on-site and off-site school events.

Spare Adrenaline Pens: Educational institutions are permitted to acquire additional adrenaline pens to serve as contingency supplies should a student's prescribed device be unavailable. These pens may also be administered to individuals experiencing anaphylaxis who do not have their own prescription.

Roles and Responsibilities for Allergy Management

Designated Allergy Lead (DAL)

The Designated Allergy Lead is Mrs A McDougal
They report into Mr C Stokes

Key responsibilities include:

- **Ensuring the safety, inclusion and wellbeing of pupils and staff with allergies**, so that no individual is disadvantaged or placed at unnecessary risk due to their allergy.
- **Providing strategic oversight and leadership for allergy management across the school**, including decision-making in relation to reasonable adjustments, control measures and responses to identified risks.
- **Promoting, championing and modelling good allergy awareness and safe practice** throughout the school community.
- **Acting as the overarching point of contact** for staff, pupils, parents and carers in relation to allergy-related concerns, queries or incidents.
- **Ensuring that allergy information is accurately recorded, kept up to date and effectively communicated to all relevant staff.** While responsibility for collation or administration of this information may be delegated (for example, to a school nurse, SEND lead or administrator), overall responsibility remains with the school.
- **Ensuring all staff receive appropriate information, instruction and training** to develop good allergy awareness and to understand:
 - their individual roles and responsibilities;
 - how to recognise signs of an allergic reaction or anaphylaxis;
 - what actions to take in an emergency; and
 - when an activity requires an allergy-specific risk assessment (e.g. curriculum activities, trips, food handling, special events).
- **Ensuring staff, pupils and parents/carers are aware of the school's Allergy and Anaphylaxis Policy and related procedures.** (The school should consider obtaining and retaining confirmation that staff have read and understood the policy.)
- **Overseeing the provision and management of spare adrenaline auto-injectors**, including ensuring that:
 - an appropriate number is available for the setting;
 - the correct doses are held;
 - devices are stored securely but accessibly; and
 - staff are aware of their locations and use.
- **Ensuring that all allergic reactions, incidents and near-misses are recorded and reviewed.** Where required, incidents will be reported to the appropriate authority (e.g. under RIDDOR). The circumstances will be investigated and lessons learned shared to prevent recurrence.
- **Regularly reviewing and updating the Allergy and Anaphylaxis Policy**, or sooner where there are changes in legislation, guidance, pupil needs or following a significant incident.
- **Ensuring that an anaphylaxis emergency drill is carried out at least once per year**, with outcomes reviewed and any required improvements implemented.

Named Governor

The Named Governor is 'Nominated Safeguarding Governor'

Provides oversight and assurance that systems, training, records and reviews are effective.

Medical Lead

Mrs A McDougal, Operations Manager: HR & Admin is responsible for:

- **Collecting, collating and coordinating allergy-related documentation and information from families**, including Allergy Action Plans and Individual Healthcare Plans (IHPs). This may include liaison with the admissions team to ensure appropriate information is obtained for new pupils prior to or on entry to the school.
- **Supporting the Designated Allergy Lead in disseminating relevant allergy**

information to all appropriate staff, including teaching staff, support staff, catering teams, supply or occasional staff, and those running before- and after-school clubs or activities.

- **Ensuring allergy information provided by families is kept accurate and up to date**, with a formal review taking place at least annually, and sooner where there is a change in medical advice, diagnosis or pupil needs.
- **Coordinating prescribed medication with parents/carers**, ensuring that medication required to be held in school is received, appropriately labelled and stored.
- **Supporting systems to monitor medication expiry dates**. While parents/carers retain responsibility for ensuring medication remains in date, the nursing team or medical lead should have arrangements in place to:
 - check expiry dates of medicines held by the school; and
 - notify parents/carers in advance where expiry dates are approaching.
- **Maintaining an up-to-date adrenaline auto-injector register**, which records:
 - adrenaline auto-injectors prescribed to individual pupils; and
 - the school's stock of spare adrenaline auto-injectors, including the brand, dose, expiry date and storage location of each device.
- **Regularly checking that spare adrenaline auto-injectors are stored in their designated locations**, are accessible in an emergency and remain within their expiry dates.
- **Arranging for the replacement of spare adrenaline auto-injectors** where these have been used, are nearing expiry or are otherwise no longer suitable for use.
- **Supporting the provision of on-site adrenaline auto-injector training**, including:
 - initial training for staff and, where appropriate, pupils; and
 - refresher training as required, for example in advance of educational visits or activities with increased risk.
- **Undertaking any additional allergy-related responsibilities delegated by the Designated Allergy Lead**, within the scope of the role and with appropriate training and support.

Admissions / Admin Team

The admissions team is often the first point of contact where information about a pupil's or visitor's allergy or special dietary requirement is identified. The admissions team will work in partnership with the Designated Allergy Lead and the School Nursing Team or Medical Lead to ensure that appropriate arrangements are in place at the earliest opportunity.

Key responsibilities include:

- **Ensuring there is a clear and effective process for capturing allergy and special dietary information** as early as possible during the admissions process. This should be in place prior to:
 - school visits;
 - open days;
 - taster days; or
 - any other admissions-related events where food is provided or likely to be consumed.
- **Ensuring there is a clear structure for communicating allergy-related information** to all relevant parties, as appropriate, including:
 - the Designated Allergy Lead;
 - the School Nursing Team or Medical Lead; and
 - the catering provider or catering manager.
- **Providing parents/carers and applicants with clear information about catering arrangements** during admissions events, including how food is managed and what steps

are taken to support individuals with allergies.

- **Supporting early planning for emergency arrangements**, including ensuring that appropriate medication and control measures are in place where a child or young person with an allergy is attending an event without parental or carer supervision.

All staff (including agency, volunteers and club leads)

Staff responsibilities include:

- **Championing and practising good allergy awareness** at all times, helping to promote a culture of safety, inclusion and shared responsibility across the school.
- **Reading, understanding and complying with the school's Allergy and Anaphylaxis Policy and associated procedures**, and seeking advice or support from the Designated Allergy Lead where clarification or additional guidance is required.
- **Being aware of pupils (and, where relevant, colleagues) with allergies**, including knowledge of the allergens involved and the control measures in place to reduce risk.
- **Considering the potential risks to pupils with allergies when planning or supervising activities** and assessing whether the use of any allergen is necessary, appropriate or can be avoided. Where required, staff must ensure that an allergy-specific risk assessment is completed.
- **Ensuring pupils have timely access to their prescribed medication**, or carrying medication on their behalf where appropriate, in line with:
 - the age and maturity of the pupil; and
 - the school's arrangements for managing adrenaline auto-injectors.
- **Being able to recognise the signs and symptoms of an allergic reaction, including anaphylaxis**, and responding appropriately in accordance with training and school procedures.
- **Participating in allergy and anaphylaxis training and emergency drills as required**, which will take place at least annually. While the school is responsible for ensuring staff receive appropriate training, any member of staff who is aware they have not received allergy training within the previous 12 months must inform their line manager.
- **Consistently considering the safety, inclusion and wellbeing of pupils with allergies**, ensuring that they are not excluded from activities unnecessarily and that reasonable adjustments are implemented.
- **Preventing and responding to allergy-related bullying or harassment**, in line with the school's Anti-Bullying Policy and behaviour procedures.
- **Passing on any allergy-related communication received directly from parents/carers** to the School Nurse or Healthcare Team, to ensure information is recorded and managed appropriately.
- **Ensuring that pupils have their medication and relevant documentation** (Allergy Action Plan and/or Individual Healthcare Plan) when leaving the school site for educational visits, sporting fixtures or other off-site activities.

Parents/carers (all)

Parents and carers play a vital role in supporting the safe and effective management of allergies and anaphylaxis within the school.

Their responsibilities include:

- **Being aware of and understanding the school's Allergy and Anaphylaxis Policy and related procedures**, and supporting the school in promoting the safety, inclusion and wellbeing of pupils with allergies.

- **Providing the school with accurate, timely and comprehensive information about their child's medical needs**, by liaising with the designated school contact (e.g. the School Nurse, Healthcare Team or Designated Allergy Lead). This information should include, as applicable:
 - confirmed allergies and dietary requirements;
 - the nature and history of the allergy;
 - details of any previous allergic reactions or anaphylaxis; and
 - any related medical conditions, such as asthma, hay fever, rhinitis or eczema.
- **Informing the school promptly of any changes** to their child's medical condition, allergy status, prescribed medication or medical advice.
- **Adhering to any food restrictions, controls or guidance implemented by the school** when providing food for their child, including packed lunches, snacks, birthday treats or food supplied for fundraising or social events.
- **Ensuring that information provided to the school about allergies or intolerances is medically accurate**, and not reporting preferences, lifestyle choices or non-medical dietary requirements as allergies or intolerances.
- **Encouraging their child to be allergy aware**, in line with their age and understanding, including recognising symptoms, avoiding known allergens where appropriate, and informing an adult if they feel unwell or at risk.

Parents/carers of pupils with allergies

In addition to the points above, the parents and carers of children with allergies should:

- **Work with the school to complete an Individual Healthcare Plan (IHP)** and provide an accompanying **Allergy Action Plan**, completed and signed by an appropriate healthcare professional where required.
- **Provide the school, or their child (where age-appropriate), with prescribed medication**, including:
 - two clearly labelled adrenaline auto-injectors where these have been prescribed; and
 - any other required medication, such as antihistamines (with a suitable measuring device), inhalers or topical treatments.
- **Ensure that all medication supplied is in date, correctly labelled and replaced promptly** when used or approaching expiry.
- **Ensure their child has access to their allergy medication on the journey to and from school**, including two adrenaline auto-injectors where prescribed.
- **Inform the school immediately of any changes to their child's allergy status, medical condition or prescribed treatment**, and ensuring that relevant documentation (including the IHP and Allergy Action Plan) is updated accordingly.
- **Provide the school with a current photograph of their child** and giving written consent for this to be shared appropriately with relevant staff as part of the child's allergy management arrangements.
- **Support their child to understand their allergy diagnosis**, in line with their age and level of understanding, and encouraging them to:
 - advocate for themselves where appropriate; and
 - take reasonable steps to reduce the risk of an allergic reaction, for example by avoiding foods or substances to which they are allergic and alerting an adult if they feel unwell or at risk.

All Pupils

Pupils are expected to contribute to a safe, supportive and inclusive school environment for

everyone, including those with allergies. In line with their age and understanding, pupils are expected to:

- **Be allergy aware** and understand that allergies can be serious and, in some cases, life-threatening.
- **Recognise and respect the risks that allergens may pose to others**, and follow any measures, rules or guidance put in place by the school to support pupils with allergies.
- **Show consideration and support towards peers with allergies**, including understanding how their actions may affect others and being alert to, and reporting, any allergy-related bullying or unkind behaviour.
- **Learn how they can help keep others safe**, for example by not sharing food, drinks or utensils where this could pose a risk.
- **Older pupils, where appropriate, will be supported to learn how to recognise the signs of an allergic reaction**, and how to alert staff and assist appropriately in an emergency, in line with school training and guidance.
- **Where pupils are permitted to bring food from home or purchase food independently**, and are of an appropriate age and maturity, they are expected to:
 - check ingredient information where required; and
 - follow any school guidance or restrictions relating to food brought onto the school site.

Pupils with Allergies

In addition to the general responsibilities set out above, pupils with allergies are expected, in line with their age, maturity and capability, to take an active role in managing their condition and keeping themselves safe.

These responsibilities include:

- **Knowing and understanding their own allergies**, and how they can take reasonable steps to reduce personal risk. Expectations will be proportionate to the pupil's age, understanding and ability.
- **Avoiding their allergen(s) as far as reasonably practicable**, and following advice provided by parents/carers, healthcare professionals and the school.
- **Understanding and following the school's procedures for lunches, snacks and food provision**, and recognising how these arrangements help to reduce the risk of an allergic reaction.
- **Informing a member of staff immediately if they feel unwell**, or if they believe they may be experiencing an allergic reaction.
- **Carrying two adrenaline auto-injectors at all times where prescribed**, if this is appropriate for the pupil's age and capability and using them only for their intended purpose.
- **Understanding how and when to use their adrenaline auto-injector**, in line with their Allergy Action Plan and any training provided.
- **Speaking to the Designated Allergy Lead or another trusted member of staff** if they have concerns about school processes, arrangements or systems relating to their allergy.
- **Raising concerns with a member of staff if they experience, or witness, inappropriate behaviour** related to their allergy, including bullying or teasing.
- **Where pupils are permitted to leave the school site during the school day or are boarding**, understanding what to do if they experience an allergic reaction off school premises.

This should include:

- how to treat themselves;
- how to raise the alarm and seek help; and
- who to contact in an emergency.
- **Ensuring they have their prescribed medication with them on the journey to and from school**, where this is appropriate for their age and capability.

Information, Documentation and Communication

Allergy Register

The school will maintain an **up-to-date register of pupils with diagnosed allergies**.

The register will include:

- pupils with a **history of anaphylaxis**;
- pupils who have been **prescribed adrenaline auto-injectors**; and
- pupils with a **clinically diagnosed allergy where adrenaline auto-injectors have not been prescribed**.

The allergy register will be used to support effective allergy management, risk assessment and communication with relevant staff, and will be reviewed and updated regularly to reflect changes in pupil medical information.

Individual Healthcare Plans (IHPs)

Each pupil with a diagnosed allergy will have an **Individual Healthcare Plan (IHP)** in place. The IHP will be developed in partnership with parents/carers and relevant healthcare professionals and will be reviewed regularly and updated as required.

The IHP will include, as a minimum:

- **Details of the pupil's known allergens** and any identified risk factors that may increase the likelihood or severity of an allergic reaction.
- **A summary of the pupil's allergy history**, including details of any previous allergic reactions or episodes of anaphylaxis, where known.
- **Clear information about prescribed medication**, including:
 - the type of medication (e.g. adrenaline auto-injectors, antihistamines, inhalers);
 - prescribed dose(s); and
 - any specific instructions for use.
- **Written parental/carer consent for the administration of medication**, including consent for the use of the school's spare adrenaline auto-injectors in the event of suspected anaphylaxis, where applicable.
- **A recent photograph of the pupil**, to support identification and safe management arrangements.
- **A copy of the pupil's Allergy Action Plan**, setting out clear instructions on recognising symptoms and responding to an allergic reaction or anaphylaxis.

Risk Management in Daily Practice

Allergy Considerations in Activity Planning and Risk Assessment

Allergens can be present in a wide range of activities and environments, including in ways that may not be immediately obvious.

The school recognises the importance of proactively identifying and managing these risks.

- **All staff, including visiting staff, volunteers and external providers, must consider allergies when planning and delivering activities** and ensure that relevant risks are

identified and addressed through appropriate risk assessments.

- Allergy considerations must be incorporated into risk assessments for all activities, including, but not limited to:
 - **Classroom activities**, such as:
 - arts and crafts involving food packaging or food products;
 - science experiments where allergens may be present; and
 - food technology, cooking or tasting activities.
 - **Animals brought into school**, including visiting animals (e.g. dogs) or activities such as hatching eggs, which may pose an allergen or respiratory risk.
 - **Extra-curricular activities and clubs**, where snacks, food or “treats” may be provided.
 - **Special events and celebrations**, such as cultural days, fundraising events or themed activities where food may be shared or displayed.
- Where food is provided as part of an activity, staff must:
 - ensure that **safe alternatives are available** for pupils with allergies; or
 - consider using **non-food alternatives** that allow all pupils to participate safely.
- **The inclusion of pupils with allergies must be considered alongside safety at all times.** Pupils should not be excluded from activities because of their allergy. Where necessary, activities should be **adapted or reasonable adjustments made** to enable safe participation.
- The school will ensure that arrangements for pupils with allergies are made in accordance with its duties under the **Equality Act 2010**, and that pupils with allergies are supported to participate fully in school life wherever it is reasonably practicable to do so.

Food, Catering and Labelling

Catering and Food Allergen Management

The school is committed to providing **safe, inclusive and appropriate food** for pupils, staff and visitors, including those with food allergies.

To support this commitment, the school will ensure that:

- **Appropriate due diligence is undertaken when appointing catering providers or catering staff**, including consideration of their arrangements for allergen management, food safety and staff training.
- **All catering staff and any other staff involved in the preparation or handling of food** receive relevant and appropriate **allergen awareness training**, proportionate to their role.
- **Early Years settings will comply with the statutory Early Years Foundation Stage (EYFS) framework**, including the *Safer Eating* requirements. The school will ensure that EYFS-specific procedures for managing food allergies are clearly documented and implemented.
- **Anyone preparing or handling food for individuals with allergies will follow robust food hygiene, food safety and allergen management procedures**, including controls to prevent cross-contamination.
- **The catering team will be supported to become familiar with pupils who have food allergies**, and the nature of those allergies, with appropriate information shared by the school.
- **Where reasonably practicable, the catering team will provide a range of suitable meal options** for pupils and staff with food allergies, to support inclusion and choice.
- **Robust procedures will be in place to identify pupils with food allergies at the point of food service.** These procedures will include at least two methods of identification, for example:
 - a visual check by a member of staff familiar with the pupils with allergies; and

- access to photographs of pupils with food allergies. Clear contingency arrangements will be documented to ensure continuity where usual staff are absent. These arrangements are particularly important in early years and primary settings, where pupils may be less able to manage risk independently.
- **Food containing any of the 14 specified allergens will be clearly identified**, and additional ingredient information will be made available on request. Where pupils or staff have allergies to foods outside the main 14 allergens, **additional control measures and communication processes** will be implemented and documented as required.
- **Pre-packed food for direct sale (PPDS)** will comply with current legislation (Natasha's Law), with full ingredient lists and allergen information displayed on the packaging.
- **Any changes to ingredients or recipes that may affect allergen content** will be communicated promptly to pupils with dietary needs and relevant staff. Responsibility for this communication will rest with the catering provider in liaison with the Designated Allergy Lead (or nominated school contact).
- **The school's approach to foods with precautionary allergen labelling** (e.g. "may contain") will be clearly defined and communicated to pupils, parents/carers and staff.
- **Food provided through breakfast clubs, after-school clubs or similar provision** will follow the same allergen management procedures, or equivalent controls where arrangements differ.
- **Any additional catering controls** (for example, avoiding the use of nuts as an ingredient or restricting certain foods) will be clearly documented and communicated.
- **Where food is sold on site**, such as through a tuck shop or vending provision, the school will ensure that:
 - allergen information is available;
 - reasonable measures are in place to support pupils in avoiding their allergens; and
 - any agreed food restrictions are applied consistently.

Food Brought into School and Off-Site Activities

The school recognises that food brought into school or consumed during school-related activities can present a risk to pupils with food allergies.

Clear arrangements are therefore in place to manage these risks while supporting inclusion and participation.

- **The school will set out and communicate clear expectations regarding food brought onto the school site or taken on school-organised activities**, including educational visits, sporting fixtures and residential trips.
- **Food brought in by pupils, parents/carers or visitors**, including for:
 - birthdays and celebrations;
 - tuck shops;
 - fundraising events;
 - parent/carer events; and
 - food brought into boarding houses (where applicable), must comply with the school's allergen management arrangements and any specific guidance or restrictions in place.
- **The school may restrict or prohibit certain foods** where this is necessary to reduce the risk to pupils with allergies. Any such restrictions will be proportionate, clearly communicated and kept under regular review.
- **Where food is provided for whole-school or class-based events**, staff will:
 - consider the needs of pupils with allergies in advance;

- ensure suitable alternatives are available; or
 - use non-food alternatives where this provides a safer and more inclusive option.
- **Parents/carers are expected to follow school guidance when providing food** for any school-related purpose and to avoid bringing in food that could pose a foreseeable risk to pupils with known allergies.
- **For school trips, sporting fixtures and residential activities**, allergy risks associated with food will be:
 - identified as part of the risk assessment process;
 - managed through appropriate planning and communication; and
 - supported by clear arrangements for access to medication and emergency response.
- **In boarding settings**, additional controls will be in place to manage food brought into boarding houses, including clear expectations for pupils, supervision arrangements and procedures for responding to allergy-related concerns.
- **All arrangements relating to food brought into school will balance safety with inclusion**, ensuring that pupils with allergies are not excluded from activities unnecessarily and that reasonable adjustments are made in line with the school's duties under the Equality Act 2010.

Food bans or restrictions

This school is an Allergen Aware school. We have students with a wide range of allergies to different foods, so we encourage a considered approach to bringing in food;

- We try to restrict peanuts and tree nuts as much as possible on the site and check all foods coming into the kitchen; and
- All food coming onto school premises or taken on a school trip or to a match should be checked to ensure peanuts and tree nuts are not an ingredient in another product.
- Please check the label on all foods brought in. Common foods that contain these goods as an ingredient include: packaged nuts, cereal bars, chocolate bars, nut butters, chocolate spread, sauces.

Food Hygiene Expectations for Pupils

Good food hygiene practices play an important role in reducing the risk of allergen exposure and supporting the health and safety of all pupils, particularly those with food allergies.

The school expects that:

- **Pupils will wash their hands thoroughly before and after eating**, including before snacks and meals, to reduce the risk of cross-contamination.
- **Sharing, swapping or throwing food is not permitted** at any time, as this can present a significant risk to pupils with food allergies.
- **Water bottles, lunch boxes and packed lunches should be clearly labelled**, to support identification and reduce the risk of accidental allergen exposure.
- **Where pupils have access to kitchens or food preparation areas** (for example, in boarding accommodation, food technology rooms or pupil-used kitchen facilities), the school will have clear procedures in place to:
 - minimise the risk of cross-contamination;
 - ensure appropriate cleaning and hygiene standards;
 - manage the safe storage of food, including separation of allergenic foods where necessary; and
 - provide appropriate supervision, in line with pupils' age and capability.

These expectations support a safe, inclusive and respectful environment and apply across the school day, including during clubs, activities and residential or boarding provision where relevant.

Educational Visits and Sports Fixtures

The school will ensure that appropriate arrangements are in place to manage allergies and anaphylaxis safely during educational visits, sporting fixtures and off-site activities.

To support this, the school will ensure that:

- **The member of staff leading the visit or activity holds an up-to-date list of pupils with allergies**, together with details of their prescribed medication and emergency arrangements. All staff accompanying the visit must be made aware of pupils with allergies and the control measures in place.
- **Allergy risks are identified and addressed within the visit risk assessment**, including consideration of:
 - activities undertaken;
 - food provision; and
 - the environment or venue being visited.
- **Catering arrangements for visits are planned in advance**, with appropriate controls in place to ensure pupils with allergies are provided with safe meals or alternatives.
- **Parents/carers, and pupils where appropriate, may be consulted during the planning process**, particularly where:
 - the visit involves food provision;
 - the pupil's allergy presents a higher level of risk; or
 - the visit includes an overnight stay or residential element.
- **Staff accompanying the visit will be trained to recognise and respond to allergic reactions and anaphylaxis**, in line with school procedures. Where appropriate and proportionate, older pupils may also be supported to understand how to raise the alarm and seek help in an emergency.
- **Where packed lunches or catered meals are provided**, allergen information will be clearly labelled. The school will have clear arrangements in place to ensure that pupils and staff with allergies outside of the "main 14" allergens are also provided with safe food. These arrangements will be documented and communicated to relevant staff.
- **Where pupils attend sporting fixtures or events hosted by another school or organisation** (for example, match teas), details of dietary requirements and allergies will be shared in advance to support the provision of a safe meal.
- **Arrangements for access to medication and emergency response** will be clearly planned and communicated, including ensuring that prescribed medication is readily accessible at all times.

Insect Stings

Insect Sting Allergy Management

The school recognises that insect stings (for example from bees or wasps) can pose a serious risk to individuals with a known insect venom allergy. Appropriate preventative and response measures will therefore be in place to reduce the likelihood of stings and to manage risks effectively.

Preventative Measures

Where pupils or staff have a known insect venom allergy, reasonable steps will be taken to reduce exposure. This may include encouraging individuals, where age-appropriate, to:

- **Avoid walking barefoot or wearing open footwear outdoors**, and to keep arms and legs covered where reasonably practicable;
- **Avoid wearing strong perfumes, scented cosmetics or hair products**, which may attract insects; and

- **Keep food and drinks covered when outdoors**, particularly during warmer months.

These measures will be communicated sensitively and proportionately, taking account of age, setting and individual needs.

School Environment and Grounds

- The school will ensure that **the school grounds are monitored for wasp or bee nests**, with responsibility assigned to a named role (e.g. Site Manager, Caretaker or Facilities Manager).
- **Any identified nests will be risk assessed and managed appropriately**, including arranging professional removal where necessary.
- **Pupils and staff are expected to report sightings of wasp or bee nests** to a member of staff immediately and to avoid the area.

Specific Arrangements

- Where a pupil or member of staff has a known insect venom allergy, this will be recorded within their **Individual Healthcare Plan (where applicable)** and appropriate control measures put in place, including access to emergency medication.
- **If the school keeps bees, or undertakes activities involving bees**, and a pupil or staff member has a bee sting allergy, **specialist advice will be sought** to ensure risks are managed appropriately and safely.

Inclusion and Safety

All arrangements relating to insect sting allergies will be managed in a way that **balances safety with inclusion**, ensuring that pupils with allergies are supported to participate fully in school life wherever it is reasonably practicable, in line with the school's duties under the Equality Act 2010.

Animals

Animal Allergy Management

The school recognises that **animal allergies are most commonly triggered by dander (flakes of skin), saliva or urine**, rather than animal fur alone. Appropriate controls will therefore be implemented to reduce the risk of allergic reactions while supporting safe and inclusive participation.

General Precautions

To limit the risk of an allergic reaction, the school will ensure that:

- **Pupils with a known animal allergy are supported to avoid contact with the animal(s) to which they are allergic**, in line with their Individual Healthcare Plan and age-appropriate expectations.
- **Any visit involving animals is subject to a risk assessment prior to the visit**, which will:
 - identify pupils or staff with known animal allergies;
 - assess the level of risk; and
 - set out appropriate control measures.
- **Areas accessed by animals are cleaned thoroughly after contact**, to reduce residual allergens in the environment.
- **All pupils, staff and visitors who come into contact with animals wash their hands thoroughly after contact**, and before eating or handling food.

Animals on Site

- **Where animals live on site**, for example in boarding accommodation, school residences

or as part of educational provision:

- pupils, parents/carers and staff will be informed in advance;
- known allergies will be considered; and
- reasonable adaptations or control measures will be implemented to reduce risk and support inclusion.

Educational Visits and Activities

- **School trips, curriculum activities or enrichment experiences that involve contact with animals** will be carefully risk assessed as part of the visit planning process.
- Where necessary, **alternative arrangements or reasonable adjustments will be made** to enable pupils with animal allergies to participate safely.

Inclusion and Safety

All arrangements relating to animal allergies will balance **safety with inclusion**, ensuring that pupils with allergies are not excluded from activities unnecessarily and that reasonable adjustments are made in line with the school's duties under the **Equality Act 2010**.

Allergic Rhinitis/Hay Fever

The school recognises that seasonal pollen allergies (hay fever) and persistent nasal allergies caused by indoor allergens, such as house dust mites, can affect pupils' health, wellbeing and ability to participate fully in school life. Appropriate measures will be implemented to manage these conditions effectively.

General Arrangements

To support pupils with pollen-related or indoor allergen allergies, the school will:

- **Encourage parents/carers to inform the school of any diagnosed seasonal or persistent allergies**, and to provide relevant medical information where symptoms may impact learning or wellbeing.
- **Record relevant information within the pupil's Individual Healthcare Plan (where required)**, including any prescribed medication and agreed control measures.
- **Support pupils to access prescribed medication**, such as antihistamines or nasal sprays, in line with school procedures and parental consent.

Managing Seasonal Pollen (Hay Fever)

During periods of high pollen levels, the school will take reasonable steps to reduce exposure, which may include:

- Encouraging pupils to **wash their hands and face after outdoor activities**, particularly during peak pollen seasons.
- **Keeping windows closed where practicable** during high pollen periods, while ensuring adequate ventilation is maintained.
- Utilising **air cleaners/HEPA filters** to help decrease the amount of pollen present in the air.
- Allowing reasonable adjustments, such as **reducing outdoor exposure** where symptoms are severe and this is supported by medical advice.
- Supporting pupils who experience symptoms such as **itchy eyes, sneezing, headaches or fatigue**, which may affect concentration and learning.
- Regular checking of the pollen forecast [Pollen forecast - Met Office](#), [Pollen forecast - GOV.UK](#)

Managing Indoor Allergens

To reduce exposure to indoor allergens, such as house dust mites, the school will:

- Maintain **appropriate cleaning regimes**, including regular vacuuming and dusting of classrooms and shared areas.
- Ensure **soft furnishings, carpets and bedding (where applicable, such as in boarding accommodation)** are cleaned and maintained appropriately.
- Take reasonable steps to ensure classrooms and learning spaces are **well ventilated and dry**, to discourage allergen build-up.
- Utilise **air cleaners/HEPA filters** to help decrease the amount of pollen present in the air.
- Avoid the use of **fragranced products** such as air fresheners, reed diffusers, essential oils, plug-in air fresheners etc.

Inclusion and Wellbeing

- Pupils with hay fever or persistent nasal allergies will be **supported to participate fully in school activities**, and symptoms will be managed sensitively and proportionately.
- Where symptoms have a significant impact on attendance, learning or wellbeing, **reasonable adjustments will be considered**, in line with the school's duties under the Equality Act 2010

Adrenaline Pens (AAs) – Storage, Access and Spares

Storage and Access to Adrenaline Auto-Injectors

The school will ensure that adrenaline auto-injectors (AAs) are stored and managed safely, while remaining readily accessible in an emergency.

The following arrangements apply:

- **Pupils who have been prescribed adrenaline auto-injectors will have access to two in-date devices at all times**, in line with medical guidance and their Allergy Action Plan.
- **The school will clearly define its approach to the storage and carrying of adrenaline auto-injectors**, taking account of pupils' age, maturity and capability. This may include:
 - pupils carrying their own adrenaline auto-injectors; and/or
 - centrally stored adrenaline auto-injectors held by the school.

As a general principle, pupils may transition from school-managed storage to carrying their own medication at an appropriate age (often around Year 4 or Year 5), subject to individual assessment and agreement with parents/carers.

- **Where adrenaline auto-injectors are stored centrally**, the school will ensure that:
 - the storage location(s) are clearly identified and known to staff;
 - devices are clearly labelled;
 - the pupil's Allergy Action Plan is stored with or readily accessible alongside the medication; and
 - access is available at all times during the school day.
- **Arrangements will also ensure that pupils have access to two adrenaline auto-injectors when travelling to and from school**, in accordance with agreed procedures and parental responsibilities.
- **Routine spot checks will be undertaken** to confirm that adrenaline auto-injectors are:
 - present in the correct locations; and
 - within their expiry dates.
- **Adrenaline auto-injectors must not be kept locked away**, as this could delay emergency treatment.
- **Adrenaline auto-injectors will be stored in accordance with manufacturer's guidance**, including:
 - being kept at moderate temperatures;

- avoiding exposure to direct sunlight; and
 - not being stored near heat sources (e.g. radiators).
- **Used or expired adrenaline auto-injectors will be disposed of safely as sharps**, in line with local arrangements and waste disposal guidance.

Spare Adrenaline Auto-Injectors

In line with government guidance, the school holds **spare adrenaline auto-injectors (AAIs)** for use in an emergency where a pupil is experiencing suspected anaphylaxis and their own prescribed medication is not immediately available or is not suitable.

- The school currently holds **4 spare adrenaline auto-injectors**.
- **The locations of spare adrenaline auto-injectors are clearly identified and signposted**, and details of their location and dose are recorded. Spare AAIs are stored at the following locations:
4 x 300mcg auto-injectors in school reception

Management and Oversight

The **Designated Allergy Lead**, supported by the **Administration Team**, is responsible for the management of spare adrenaline auto-injectors, including:

- **Determining the appropriate number of spare AAIs required**, taking account of:
 - the size and layout of the school site;
 - the number and age range of pupils; and
 - off-site activities. This may include holding spare AAIs in **clearly identified grab bags** for educational visits, sporting fixtures or other off-site activities.
- **Determining the appropriate dosage(s) to be held**, in accordance with **Resuscitation Council UK age-based guidance**.
- **Selecting the brand(s) of spare AAIs to be purchased**. Where reasonably practicable, the school will aim to purchase **a single brand** to reduce the risk of confusion during an emergency.
- **Arranging the purchase of spare AAIs**, which may be obtained at low cost from a local pharmacy, in line with current government guidance.
- **Ensuring appropriate distribution of spare AAIs around the school site**, with:
 - clear signage;
 - secure but accessible storage; and
 - staff awareness of locations.

Access and Use

- Spare adrenaline auto-injectors will be **readily accessible at all times during the school day** and must not be locked away.
- Spare AAIs will be **stored and managed in accordance with manufacturer's guidance**, including temperature and storage conditions.
- **Records will be maintained** to support monitoring of:
 - brand and dose;
 - expiry dates; and
 - location.

Adrenaline Auto-Injectors on Off-Site Activities

The school will ensure that appropriate arrangements are in place to manage allergies and anaphylaxis safely during educational visits, sporting fixtures and other off-site activities.

The following arrangements apply:

- **No pupil who has been prescribed adrenaline auto-injectors will attend an off-site**

activity without access to two of their own devices. The visit or trip leader is responsible for checking that this requirement has been met prior to departure.

- **Adrenaline auto-injectors will be kept readily accessible at all times during off-site activities**, including during travel. Devices must not be:
 - stored in the hold of a coach or vehicle; or
 - left unattended in changing rooms, bags or other inaccessible locations.
- **Adrenaline auto-injectors will be protected from extreme temperatures**, in line with manufacturer's guidance, and will not be exposed to excessive heat, cold or direct sunlight.
- **All staff accompanying pupils on off-site activities will be made aware of pupils with allergies**, and will be appropriately trained to:
 - recognise the signs and symptoms of an allergic reaction, including anaphylaxis; and
 - respond in accordance with the pupil's Allergy Action Plan and school procedures.
- **As part of the visit risk assessment, consideration will be given to taking spare adrenaline auto-injectors** (where held by the school) on off-site activities. This decision, including arrangements for storage and access, will be documented within the risk assessment.

Responding to an Allergic Reaction/Anaphylaxis

The school will respond promptly and effectively to any allergic reaction, with particular urgency where **anaphylaxis is suspected**, as this is a medical emergency.

If a pupil experiences an allergic reaction, staff must take the following actions:

- **Act immediately and follow the pupil's Allergy Action Plan**, where one is in place.
- **Activate the school's Emergency Response Plan** without delay.
- **If anaphylaxis is suspected, administer adrenaline immediately.** Adrenaline should not be delayed while awaiting further symptoms or confirmation.
- **Treat the pupil where they are**, unless they are in immediate danger. The pupil should be:
 - laid flat with their legs raised to improve blood flow; and
 - medication should be brought to them. ***Do not make the pupil stand or walk.***
- **Use the pupil's own prescribed adrenaline auto-injector if it is immediately available.**
- **The pupil may self-administer their adrenaline auto-injector**, if they are able to do so. Alternatively, a member of staff may administer the device. While trained staff should administer adrenaline wherever possible, **in an emergency, any person is permitted to administer adrenaline to save life.**
- **If the pupil's own adrenaline auto-injector is unavailable, misfires or cannot be used, a spare adrenaline auto-injector must be used**, in accordance with school procedures.
- **If anaphylaxis is suspected in a pupil who does not have a known allergy, prescribed adrenaline or an Allergy Action Plan:**
 - lay the pupil flat with their legs raised;
 - call **999 immediately** and state that *anaphylaxis is suspected*;
 - inform the emergency call handler that the school holds **spare adrenaline auto-injectors**; and
 - follow the instructions given by the call handler. In exceptional circumstances, **a spare adrenaline auto-injector may be administered to any person for the purpose of saving life**, in line with MHRA advice.
- **If there is no improvement after 5 minutes**, administer a **second adrenaline auto-injector**, if available, and **call the emergency services again**, informing them that a second dose has been given.

- **Do not move the pupil** once adrenaline has been administered, even if symptoms appear to improve, **until assessed by a medical professional or paramedic.**
- **Any pupil who has received adrenaline for suspected anaphylaxis must be transferred to hospital,** even if they appear to have fully recovered. A member of school staff will accompany the pupil in the ambulance and remain with them until a parent or carer arrives.

Inclusion, Wellbeing and Anti-Bullying

The school recognises that allergies can have a **significant impact on a pupil's mental health and emotional wellbeing.** Pupils with allergies may experience anxiety, stress or low mood related to managing risk, and may be more vulnerable to bullying or social exclusion.

To support pupils effectively, the school will ensure that:

- **No pupil with allergies is excluded from participating in school activities,** whether on the school premises or during educational visits, trips or residential activities. Where necessary, activities will be adapted and reasonable adjustments made to enable safe and inclusive participation.
- **Pupils with allergies are offered appropriate pastoral support,** which may include regular check-ins from a Tutor, Head of Year, House Parent or other pastoral staff, particularly where anxiety or wellbeing concerns are identified.
- **The views and experiences of pupils with allergies are considered in advance** of wider school discussions, communications or initiatives relating to allergies or allergy awareness, to ensure messaging is sensitive, proportionate and supportive.
- **Bullying or harassment related to allergies is not tolerated** and will be addressed promptly in line with the school's Anti-Bullying Policy and behaviour procedures.
- **Staff remain alert to the emotional and social impact of living with an allergy,** and will raise concerns through appropriate safeguarding, pastoral or wellbeing channels where additional support may be required.

Training and Drills

The school is committed to ensuring that **all staff receive regular and appropriate training** to support the safe and effective management of allergies and anaphylaxis.

Allergy and Anaphylaxis Training

- **All staff will receive allergy and anaphylaxis training at least annually,** to ensure they have a clear understanding of allergies and their role in keeping pupils safe.
- Training will include, as a minimum:
 - **An understanding of what an allergy is,** including common allergens and the potential seriousness of allergic reactions;
 - **Measures to reduce the risk of an allergic reaction occurring,** including everyday control measures and good practice;
 - **How to recognise the signs and symptoms of an allergic reaction,** including anaphylaxis, and **how to respond appropriately;** Staff will be given the opportunity to practise using a **training adrenaline auto-injector;**
 - **How the school manages allergies,** including:
 - the Emergency Response Plan;
 - key documentation (e.g. Individual Healthcare Plans and Allergy Action Plans); and
 - communication arrangements;
 - **Where adrenaline auto-injectors are stored,** including both:
 - pupils' prescribed medication; and

- the school's spare adrenaline auto-injectors, and how these can be accessed quickly in an emergency;
- **The importance of inclusion for pupils with allergies**, including:
 - the impact of allergies on mental health and wellbeing; and
 - awareness of, and prevention of, allergy-related bullying;
- **An overview of food labelling requirements**, to support safe food handling and supervision; and
- **Participation in an anaphylaxis emergency drill**.

Anaphylaxis Drills

- The school will **carry out an anaphylaxis drill at least once per year**.
- The drill will include:
 - a **simulated scenario** involving a pupil or member of staff experiencing an allergic reaction; and
 - testing the **whole-school response**, including communication, access to medication and emergency procedures.
- The results of the drill are recorded and used to inform the ongoing review of the allergy safety policy.
- The outcomes of the drill will be **reviewed**, and any lessons learned will be used to improve procedures, training or arrangements as required.

Asthma

It is vital that pupils with allergies keep their asthma well controlled, because asthma can exacerbate allergic reactions.

Incident Reporting and Learning

We log all allergic reactions and near-misses, investigate causes, share learning, and update risk controls, training and plans as needed. Where applicable, incidents are reported to external bodies in line with statutory requirements.

Managing Allergic Reactions

Allergic Reactions Can Vary

The school recognises that **allergic reactions are unpredictable** and may vary in severity from one episode to another. Reactions can be influenced by factors such as illness, stress or hormonal changes.

- A person may **not react in the same way each time**, even to the same allergen.
- Allergic reactions are **not always progressive**. They do not necessarily develop from mild to moderate to severe; in some cases, reactions can be **life-threatening within minutes**.
- Staff must therefore treat all suspected allergic reactions seriously and follow school procedures.

Mild to Moderate Allergic Reactions

Possible Symptoms

Symptoms of a mild to moderate allergic reaction may include:

- Swollen lips, face or eyes;
- Itchy or tingling mouth;
- Hives or an itchy skin rash;
- Abdominal pain;
- Vomiting; and/or

- Changes in behaviour (particularly in younger children).

Response to Mild or Moderate Reactions

If a pupil displays symptoms of a mild to moderate allergic reaction, staff should:

- **Stay with the pupil** and provide reassurance;
- **Call for assistance** in line with school procedures;
- **Locate the pupil's medication**, including adrenaline auto-injectors;
- **Administer antihistamine**, if prescribed and authorised;
- **Record the time** symptoms began and medication was given;
- **Inform parents/carers** as soon as practicable; and
- **Continue to closely monitor the pupil**, as symptoms may escalate.

Serious Allergic Reactions (Anaphylaxis)

The most serious type of allergic reaction is **anaphylaxis**. Although anaphylaxis is uncommon, it is **always a medical emergency** and must be treated as time-critical.

- Anaphylaxis usually occurs within **20 minutes of exposure** to an allergen but may begin **up to 2–3 hours later**.
- A person who has never previously had an allergic reaction, or who has only experienced mild reactions in the past, **can still experience anaphylaxis**.
- While most people recover fully with prompt treatment, **anaphylaxis can be fatal in rare cases**.

Recognising Anaphylaxis

Staff should use the **A–B–C approach** to recognise the signs of anaphylaxis:

A – Airway

- Persistent cough;
- Hoarse voice;
- Difficulty swallowing; or
- Swollen tongue.

B – Breathing

- Difficult or noisy breathing;
- Wheezing; or
- Persistent cough.

C – Circulation

- Persistent dizziness;
- Pale, clammy or floppy appearance;
- Drowsiness or confusion;
- Collapse or loss of consciousness.

If anaphylaxis is suspected, adrenaline must be given immediately. Do not delay treatment.

Responding to Suspected Anaphylaxis

Administering Adrenaline

If anaphylaxis is suspected, staff must take the following actions:

1. **Bring the medication to the pupil**; do not move them unless they are in immediate danger.

2. **Position the pupil appropriately:**
 - Lay them flat with legs raised; or
 - If breathing is difficult, allow them to sit upright with legs outstretched.
3. **Do not remove clothing**, but avoid injecting through thick seams, zips, buttons or objects in pockets.
4. **Administer adrenaline into the upper outer thigh**, in accordance with the manufacturer's instructions.
5. **Record the time** the adrenaline was given and **call 999 immediately** (or ask another person to do so while adrenaline is administered). State clearly that *anaphylaxis is suspected and adrenaline has been given*.
6. **Stay with the pupil** and do not allow them to stand or move, even if they begin to feel better.
7. **Contact the pupil's emergency contact** as soon as practicable.
8. **If there is no improvement or symptoms worsen after 5 minutes**, administer a **second adrenaline auto-injector** using a different device. Call 999 again and inform them that a second dose has been given.
9. **Commence CPR if required**, in line with training.
10. **Hand used adrenaline auto-injectors to the paramedics** on arrival and ensure arrangements are made for replacement devices.

Aftercare

- **Any person who has received adrenaline for suspected anaphylaxis must be taken to hospital**, even if symptoms appear to have resolved.
- **A member of school staff must accompany the pupil in the ambulance** and remain with them until a parent or carer arrives.

Further guidance is available in the **Government's Guidance on the Use of Adrenaline Auto-Injectors in Schools**, which the school follows.

Unacceptable Practice

The following examples set out unacceptable practice in relation to children and young people with allergies and related medical conditions. This list is not exhaustive.

Unacceptable practice includes:

- Preventing children and young people from **easily accessing their prescribed emergency medication**, including adrenaline auto-injectors (AAIs) and asthma reliever inhalers, in accordance with their Individual Healthcare Plan (IHP), or restricting access to medication when and where it may be required.
- Expecting or assuming that **all children with the same allergy require identical support**, controls or adjustments, rather than assessing needs on an individual basis and following the child's agreed healthcare plan.
- Assuming that **older children and young people do not require support** for their allergies because they are able to take on some self-management, without appropriate oversight, review and safety arrangements.
- **Ignoring or disregarding the views** of the child or young person, or their parents or carers, in relation to allergy management, risk controls or healthcare planning.

- **Disregarding medical evidence** or the advice of healthcare professionals, including specialist allergy advice where provided.
- Assuming that a child or young person **does not have an allergy** or related medical condition because a formal diagnosis has not yet been confirmed, for example where medical investigation is ongoing.
- **Unreasonably requesting additional medical evidence** or specialist confirmation as a condition of providing support, where reasonable information has already been supplied.
- Discriminating against children or young people with allergies by **sending them home unnecessarily**, excluding them from normal school activities, or restricting participation in lunchtimes, extracurricular activities or school events due to their allergy.
- **Sending a child who is unwell or experiencing an allergic reaction** to an office or medical room without appropriate supervision. In cases of suspected allergy-related emergencies (including anaphylaxis), assistance must come to the child immediately and emergency procedures followed.
- Penalising children or young people for attendance where absences are **linked to their medical condition**, such as allergy-related illness, hospital appointments or medical management. This includes excluding pupils from attendance rewards where non-attendance arises from a medical need and should be reflected within attendance policies.
- Setting **lower attendance expectations** for pupils with allergies, for example through sustained part-time timetables that are not clinically justified or regularly reviewed.
- Preventing children and young people from **eating, drinking or taking toilet or rest breaks** when required to safely manage their allergy or associated medical condition.
- Requiring parents or carers, or creating the expectation that they must attend school, to **administer medication or manage allergic reactions**, except where this forms part of an agreed and reasonable arrangement. Parents and carers should not be adversely impacted because the school has failed to put appropriate support in place.
- Preventing children and young people from participating in, or placing **unnecessary barriers on participation** in trips, visits, residential or wider school life because of their allergy, including requiring parents to accompany them as a condition of attendance.

Policy Review and Monitoring

This policy is publicly available and communicated to staff, parents/carers and pupils. It will be **reviewed at least annually** by the Designated Allergy Lead, with oversight by the Named Governor. Additional reviews will be undertaken whenever incidents or near misses indicate potential areas for improvement. Each review will evaluate all reported events and seek continual learning from them to strengthen safety measures. This process is crucial when any incident suggests that current policies or procedures may inadequately protect individuals with allergies.