Mersey Park Primary School

Allergy and Anaphylaxis Safety Policy (Benedict's Law)

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Persons responsible for this policy: V Inman

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Designated Allergy Lead	V Inman
Named Governor	
Approved on	
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Previous versions	

Policy adapted from a template policy drawn up by The Allergy Team template (created in conjunction with IBSA) and reviewed by Paediatric Allergy Consultant, Professor Adam Fox. It was last updated in June 2026, considering draft guidance 'Allergy Safety in Schools' and expected legislation to implement 'Benedict's Law'.

CONTENTS:

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1. AIMS AND OBJECTIVES

This policy outlines Mersey Park Primary's approach to allergy management, in line with the Department for Education's statutory guidance published in July 2026 'Allergy Safety in Schools'. It also anticipates the likelihood of Benedict's Law coming into force in 2027. Benedict's Law will introduce a consistent national framework for allergy safety in schools, requiring whole-school allergy policies, mandatory staff training, access to adrenaline devices, and the creation of Individual Healthcare Plans for pupils with allergies.

This policy sets out Mersey Park Primary's commitment to providing a safe and inclusive environment for pupils with allergies. From September 2026, allergy safety is a statutory expectation for schools in scope, supported by the Department for Education's dedicated allergy safety guidance. This policy applies to all staff, pupils, parents and visitors to the school and is intended to sit alongside, but remain separate from, the school's wider medical conditions policies.

1.1 Statutory Compliance

- Department for Education statutory guidance Allergy safety in schools (published July 2026, effective September 2026), introduced through Benedict's Law.
- Children and Families Act 2014 (Section 100): Duty to support pupils with medical conditions.
- Schools Allergy Code
- Supporting Pupils with Medical Conditions December 2015: Statutory guidance for governing bodies of maintained schools and proprietors of academies in England.
- Confirmed Benedict's Law requirements: a dedicated allergy safety policy published on the school website, allergy safety training for all staff, Individual Healthcare Plans for pupils who require them, improved recording and learning from serious incidents and near misses, and emergency arrangements for adrenaline auto-injectors.
- Human Medicines Regulations 2017: Governing the use of emergency spare AAIs.
- The policy will be reviewed at least annually and sooner following any serious allergic reaction, near miss, change in statutory guidance, or significant operational change affecting allergy safety.
- Food Information Regulations 2014: Statutory allergen labelling requirements.

1.2 Whole-School Approach

We adopt a whole-school approach to allergy management, ensuring that all members of the school community – pupils, parents, staff (teaching, support, catering, administrative), and visitors – understand their roles and responsibilities in reducing allergy risks and responding effectively to allergic reactions.

See RA 086 Allergies -Whole School v1

1.3 Aims

- To minimise the risk of exposure to allergens for pupils with diagnosed allergies.

- To ensure that all staff are confident in recognising and responding to allergic reactions, including anaphylaxis.
- To promote an inclusive environment where pupils with allergies can participate fully in all school activities without feeling stigmatised.
- To establish clear procedures for communication, record-keeping, and emergency response.

2. WHAT IS AN ALLERGY?

Allergy occurs when a person reacts to a substance that is usually considered harmless. It is an immune response and instead of ignoring the substance, the body produces histamine which triggers an allergic reaction.

Whilst most allergic reactions are mild, causing minor symptoms such as itching, sneezing or rashes, some can be very serious and cause anaphylaxis, which is a life-threatening medical emergency.

People can be allergic to anything, but serious allergic reactions are most commonly caused by a small group of potent allergens. Common UK Allergens include (but are not limited to): peanuts, tree nuts, sesame, milk, egg, fish, latex, insect venom, pollen and medication.

Most healthcare professionals consider an allergic reaction to be anaphylaxis when it involves difficulty breathing or affects the heart rhythm or blood pressure. Anaphylaxis symptoms are often referred to as the ABC symptoms (Airway, Breathing, Circulation).

An allergy is different to an intolerance. Whilst an intolerance may cause uncomfortable symptoms it does not involve the immune system.

This policy sets out how Mersey Park Primary School will support pupils with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in school life.

3. DEFINITIONS

ANAPHYLAXIS: Anaphylaxis is a severe allergic reaction that can be life-threatening and must be treated as a medical emergency.

ALLERGEN: A normally harmless substance that, for some, triggers an allergic reaction. You can be allergic to anything. The most common allergens are food, medication, animal dander (skin cells shed by animals with fur or feathers) and pollen. Latex and wasp and bee stings are less common allergens.

Most severe allergic reactions to food are caused by just 9 foods. These are eggs, milk, peanuts, tree nuts (which includes nuts such as hazelnut, cashew nut, pistachio, almond, walnut, pecan, Brazil nut, macadamia etc), sesame, fish, shellfish, soya and wheat.

There are 14 allergens required by UK law to be highlighted on pre-packed food. These allergens are celery, cereals containing gluten, crustaceans, egg, fish, lupin, milk, molluscs, mustard, peanuts, tree nuts, soya, sulphites (or sulphur dioxide), and sesame.

ADRENALINE AUTO-INJECTOR: Single-use device which carries a pre-measured dose of adrenaline. Adrenaline auto-injectors are used to treat anaphylaxis by injecting adrenaline directly into the upper, outer thigh muscle. Adrenaline auto-injectors are commonly referred to as AAIs, adrenaline pens or by the brand name EpiPen. There are two brands licensed for use in the UK: EpiPen and Jext Pen. For the purposes of this Policy we will refer to them as

Adrenaline Devices or ADs to include other adrenaline devices such as EURNeffy (see below).

ALLERGY ACTION PLAN: This is a document filled out by a healthcare professional, detailing a person's allergy and their treatment plan. We have two versions – one for those with a prescribed AAI and one for those who do not have a prescribed AAI.

ASTHMA: Asthma is a common, long-term condition which effects the lungs. People with asthma have airways that are more sensitive and can become inflamed and narrow on exposure to certain triggers. This can lead to difficulty in breathing.

ASTHMA ACTION PLAN: This is a document filled out by a healthcare professional, detailing a person's asthma, information about triggers, symptoms, medicines to be used if they have asthma symptoms, and when to seek emergency help when they have an asthma attack.

DESIGNATED ALLERGY LEAD: The member of staff (Mrs Victoria Inman) responsible for overseeing allergy management across the school and acting as the main point of contact for pupils, parents and staff. This is referred to as the named senior leader in the statutory guidance.

EMERGENCY RESPONSE PLAN: A document (also known as a Critical Incident Plan) that outlines a school's procedure for managing an emergency and should be fit for purpose to manage a serious allergic reaction (anaphylaxis).

EURNEFFY: EURNeffy (also known as Neffy) is a nasal spray which delivers adrenaline. It is a needle-free alternative to an adrenaline auto-injector.

INDIVIDUAL HEALTHCARE PLAN: A detailed document outlining an individual pupil's medical conditions, history, treatment, risks and action plan. This document should be created by schools in collaboration with parents/carers and, where appropriate, pupils. All pupils with an allergy that requires active management should have an Individual Healthcare Plan and it should be read in conjunction with their Allergy Action Plan.

RISK ASSESSMENT: A detailed document outlining an activity, the risks it poses and any actions taken to mitigate those risks. Allergy should be included in all risk assessments for events on and off the school site.

SPARE ADRENALINE DEVICES: Schools are able to purchase spare adrenaline devices (Currently only EpiPen and Jext pens are legally available for schools to hold as spares but legislation is likely to change soon, making EURNeffy (approved for use in the UK in 2025) available to purchase). These should be held as a back-up, in case pupils' prescribed adrenaline devices are not available. They can also be used to treat a person who experiences anaphylaxis but has not been prescribed their own adrenaline.

4. ROLES AND RESPONSIBILITIES

Mersey Park Primary takes a whole-school approach to allergy management.

4.1 Named Allergy Governor/Governing Body

The Named Allergy Governor is Ms Sarah Broadbent. They work in partnership with the Designated Allergy Lead and the Governing Body to ensure allergy safety is overseen at governing body level. They are responsible for:

- Ensuring allergy-related risks are included on the school's risk register and actively managed by the governing body;
- Providing strategic oversight of the school's Allergy and Anaphylaxis Safety Policy, ensuring it is reviewed at least annually and published on the school's website;
- Acting as the governing body's named point of contact for allergy-related matters;
- Satisfying themselves that the school's allergy management arrangements meet legal and statutory requirements and reflect best practice;
- Receiving regular updates from the Designated Allergy Lead and ensuring the governing body is appropriately sighted on allergy compliance;
- Reviewing records of allergic reaction incidents and near-misses and ensuring the school acts on any learnings to reduce the risk of future incidents.

4.2 Headteacher

The Headteacher is Mrs Margaret Thomas. They are responsible for:

- The day-to-day implementation of this policy.
- Ensuring all staff are aware of and adhere to the policy.
- Delegates responsibilities as appropriate, including appointing a named senior leader as Designated Allergy Lead. This role must not sit solely with the catering manager.
- Ensuring effective communication with parents, staff, and external agencies.

4.3 Designated Allergy Lead

The Designated Allergy Lead is Mrs Victoria Inman. They report into Mrs Margaret Thomas (Headteacher) and Ms Sarah Broadbent (Named Allergy Governor). They are responsible for:

- Leading the publication and implementation of a school-wide Allergy and Anaphylaxis Safety Policy;
- Ensuring the safety, inclusion and wellbeing of pupils, staff and visitors with an allergy;
- Taking decisions on allergy management across the school;
- Championing and practising allergy and asthma awareness across the school;
- Being the overarching point of contact for staff, pupils and parents with concerns or questions about allergy management;
- Ensuring allergy information is recorded, up-to-date and communicated to all staff. Although they have ultimate responsibility, the collation of information may be delegated to other members of staff such as Mrs L Keating and Mrs C Francis.

- Making sure all staff are appropriately trained, have good allergy awareness and realise their role in allergy management (including what activities need an allergy risk assessment);
- Ensuring staff, pupils and parents have a good awareness of the school's Allergy and Anaphylaxis Safety Policy, and other related procedures. We will obtain and record confirmation from staff that they have read and understood the policy;
- Reviewing the school's stock of spare adrenaline devices (checking the school has an appropriate number for the setting, that they hold the correct dose, that spare adrenaline devices are stored appropriately) and ensuring staff know where they are;
- No blame learning culture - keeping a record of any allergic reactions or near-misses, reporting these to the appropriate authority (e.g. under RIDDOR) where necessary, investigating the incidents and ensuring that the findings of investigations into incidents are used to update relevant policies and procedures;
- Regularly reviewing and updating the Allergy and Anaphylaxis Safety Policy;
- Ensuring there is an anaphylaxis drill at least [once a year] and that lessons learned are used to update the allergy safety policy and school procedures as appropriate.

The Designated Allergy Lead will monitor implementation of this policy, review procedures at regular intervals and report to the senior leadership team and Named Allergy Governor as appropriate.

4.4 Healthcare team / Medical Lead

Mrs Victoria Inman (SENDCo), Mrs C Hardy (Home School Liaison), Mrs L Keating (Admin Assistant) and Mrs C Francis (Admin Manager) are responsible for:

- Collecting and coordinating the paperwork (including Allergy Action Plans and writing Individual Healthcare Plans) and information from families to ensure that arrangements are in place before the pupil starts, or within 2 weeks for a mid-year transfer, liaising with the admissions team as needed;
- Working with HR to keep an updated list of staff with allergies (and creating an individual healthcare plan if necessary) and ensuring arrangements are in place to support them;
- Supporting the Designated Allergy Lead with disseminating this information to all school staff, including the catering team, occasional staff and those running clubs;
- Ensuring the information from families is up-to-date, and reviewed annually (at a minimum);
- Coordinating medication with families and ensuring medication is in date. (Whilst it's the responsibility of parents/carers to ensure medication is up to date, the healthcare team have systems in place to check this and notify the parents/carers when they see the expiry dates are approaching in respect of medicines held by the school);
- Keeping an adrenaline device register to include adrenaline devices prescribed to pupils and the school's stock of spare adrenaline devices, including brand, dose and expiry date. The spare adrenaline devices are kept in the school office on top of the

staff pigeon holes (each box is clearly labelled for the children we hold signed permission for);

- Regularly checking spare adrenaline devices are where they should be, are easily accessible in case of emergency and that they are in date;
- Replacing the spare adrenaline devices when necessary;
- Providing on-site adrenaline device training for staff and pupils and refresher training as required e.g. before school trips.

4.5 Admissions Team

The admissions team is likely to be the first to learn of a pupil or visitor's allergy. They should work with the Designated Allergy Lead and healthcare team/medical lead to ensure that:

- There is a clear method to capture allergy information or special dietary information at the earliest opportunity but definitely before a school visit or taster days when food is offered;
- There is a clear structure in place to communicate this information to the relevant parties (i.e. school nursing team, catering team);
- Parents and applicants are informed of catering arrangements during admission events;
- Plans are made for emergency medication if the child is to be left without parental supervision;
- There is liaison with the child's previous school, or future school to ensure a smooth transition between settings.

4.6 All staff

All school staff, including teaching staff, support staff and occasional staff (for example sports coaches, music teachers, cleaning staff and those running breakfast and afterschool clubs) are responsible for:

- Championing and practising allergy awareness across the school;
- Reading, understanding and putting into practice the Allergy and Anaphylaxis Safety Policy and related procedures and asking for support if needed;
- Being aware of pupils (and staff) with allergies and what they are allergic to;
- Considering the risk to pupils with allergies posed by any activities and assessing whether the use of any allergen in an activity is necessary and/or appropriate;
- Ensuring pupils always have access to their medication or staff are carrying it/have moved it on their behalf;
- Being able to recognise and respond to an allergic reaction, including anaphylaxis, after appropriate training;
- Taking part in training and anaphylaxis drills as required (at least once a year). Whilst it is the school's responsibility to ensure staff have received annual training, if the member of staff is aware they have not received any allergy training in the last 12 months they should alert a manager;

- Considering the safety, inclusion and wellbeing of pupils with allergies at all times;
- Preventing and responding to allergy-related bullying, in line with the school's anti-bullying policy;
- Forwarding any communication or information that comes directly to them from parents regarding allergens to the Designated Allergy Lead and recording it on CPOMs;
- Ensuring that pupils have their medication and their Allergy Action Plan or Individual Health Care Plan with them when leaving school site for a trip or other event.

4.7 All parents

All parents and carers (whether their child has an allergy or not) are responsible for:

- Being aware of and understanding the school's Allergy and Anaphylaxis Policy and considering the safety and wellbeing of pupils with allergies;
- Providing the school through, Mrs L Keating or Mrs Victoria Inman, with information about their child's medical needs, including dietary requirements and allergies, history of their allergy, any previous allergic reactions or anaphylaxis. They should also inform the school of any related conditions, for example asthma, hay fever, rhinitis or eczema;
- Considering and adhering to any food restrictions or guidance the school has in place when providing food, for example in packed lunches, as snacks or for fundraising events;
- Refraining from telling the school their child has an allergy or intolerance if this is a preference or dietary choice;
- Encouraging their child to be allergy aware.

4.8 Parents of children with allergies

In addition to point 4.6, the parents and carers of children with allergies should:

- Work with the school to fill out an Individual Healthcare Plan and provide an accompanying Allergy Action Plan;
- If applicable, provide the school or their child with two labelled adrenaline devices and any other medication, for example antihistamine (with a dispenser, ie. spoon or syringe), inhalers or creams;
- Ensure medication is in-date and replaced at the appropriate time;
- Ensure their child has access to their allergy medication, including two adrenaline devices if prescribed, on the journey to and from school;
- Update school with any changes to their child's condition and ensure the relevant paperwork is updated too;
- Provide the school with an up-to-date photograph of their child and sign the associated permission for it to be shared appropriately as part of their allergy management;

- Support their child to understand their allergy diagnosis, to advocate for themselves and to take reasonable steps to reduce the risk of an allergic reaction occurring e.g. not eating the food to which they are allergic.

4.9 All pupils

All pupils at the school should, at an age appropriate level:

- Be allergy aware;
- Understand the risks allergens might pose to their peers and respect measures to support them;
- Learn how they can support their peers and be alert to allergy-related bullying;
- Older pupils will learn how to recognise an allergic reaction and support their peers and staff in case of an emergency;
- Adhere to food restrictions and guidance about food being brought in when they are taking active control of their packed lunches.

4.10 Pupils with allergies

In addition to point 4.8, pupils with allergies are responsible for:

- Knowing what their allergies are and how to mitigate personal risk, at an age appropriate level;
- Avoiding their allergen as best as they can, Key Stage 2 children should be able to check this with kitchen staff themselves;
- Understanding the importance of following the school specific processes of lunch and snack services and how that mitigates risk;
- Understanding that they should notify a member of staff if they are not feeling well, or suspect they might be having an allergic reaction;
- Always carrying two adrenaline auto-injectors with them, if age (Year 5 and 6) and capability appropriate. Otherwise staff member should be carrying/moving the adrenaline auto-injectors for the pupil so they are always in the same room as the pupil;
- Understanding how and when to use their adrenaline auto-injector and only using them for their intended purpose;
- Talking to the Designated Allergy Lead or a member of staff if they are concerned by any school processes or systems related to their allergy;
- Raising concerns with a member of staff if they experience any inappropriate behaviour in relation to their allergies;
- In Years 5 and 6, ensuring they have their medication with them on the journey to and from school.

5. INFORMATION AND DOCUMENTATION

5.1 Register of pupils with an allergy

The school has a register of pupils and record of staff who have a diagnosed allergy. This includes children who have a history of anaphylaxis or have been prescribed adrenaline devices, as well as pupils and staff with an allergy where no adrenaline devices have been prescribed. All these children will have an Individual Health Care Plan, Allergy Action Plan and a Risk Assessment.

The register will include:

- Pupil's name and photograph (with parental consent).
- Specific allergens.
- Symptoms of reaction.
- Location of medication.
- Key emergency contacts.
- Details of their Individual Healthcare Plan (IHP).

Register of pupils with an intolerance

The school has a register of pupils who have an intolerance. If this needs to be actively managed by school these children will have an Individual Health Care Plan. However, the children in Key Stage 2 will be expected to be able to manage their own intolerances and avoid the foods they shouldn't have themselves. The risk of them eating the food to which they are intolerant becomes their responsibility. Therefore, they will not need any active management and will not need an Individual Health Care Plan, unless in exceptional circumstances.

Communication: Relevant allergy information will be shared with all staff who have a direct responsibility for the pupil, including supply staff and those supervising out-of-class activities (e.g., PE, clubs, trips). This may include displaying photos and allergy information in designated staff-only areas (e.g., staff room, kitchen).

Confidentiality: Allergy information will be handled with appropriate confidentiality, shared only with those who need to know to ensure the pupil's safety.

5.2 Individual Healthcare Plans

Each pupil with an allergy requiring active management by the school has an Individual Healthcare Plan. The information on this plan includes:

- Known allergens, risk factors for allergic reactions and any adaptations needed;
- A history of their allergic reactions;
- If the pupil has asthma and any other medical conditions and necessary detail;
- Detail of the medication the pupil has been prescribed including their dose, this should include adrenaline devices, antihistamine etc;

- A copy of parental consent to administer medication, including the use of spare adrenaline devices in case of suspected anaphylaxis, and asthma inhalers;
- An indication of how the child's condition may impact on their learning or wellbeing;
- A photograph of each pupil and emergency contact details;
- A copy of their Allergy and/or Asthma Action Plan. Templates available if needed but these need to be completed by the child's clinician.

When an Individual Healthcare Plan may not be required: Not all children with a medical condition will require an Individual Healthcare Plan. Some medical conditions will have little or no impact on the child or young person while they are at school, college or in an early years setting, or arrangements can be made under the medical conditions policy. The following examples are illustrative only: schools, colleges and settings will need to consider the specific context of any individual child or young person, such as the cumulative effect of co-occurring medical conditions.

- Hay fever (allergic rhinitis) may not require specific arrangements through an Individual Healthcare Plan provided the medical conditions policy permits the child or young person to receive or use non-prescription medication to manage the condition.
- Eczema may not require specific arrangements through an Individual Healthcare Plan provided the medical conditions policy permits the child or young person to receive or use medication to manage the condition. Schools, colleges and early years settings should note that activities such as sandpits and swimming can trigger eczema flares.
- Intolerance to specific foods which can be self-managed by avoiding them may not require specific arrangements through an Individual Healthcare Plan.
- Mild asthma might be managed through the child or young person's Asthma Action Plan and access to their asthma medication. However, children and young people with complex or severe asthma will require an Individual Healthcare Plan.

It is ultimately for the headteacher or principal of the school, college or early years setting to decide, in discussion with parents and any relevant healthcare professionals, whether the medical condition can be managed through adjustments made under the school's medical conditions policy or whether an Individual Healthcare Plan is required to specify arrangements that reflect the child or young person's condition and circumstances.

The IHP and Allergy Action Plans will be reviewed at least annually, or sooner if there are changes to the pupil's condition, medication or school circumstances.

6. ASSESSING RISK

Allergens can crop up in unexpected places. Staff (including visiting staff) will consider allergies in all activity planning and include it in risk assessments. Some examples include:

- Classroom activities, for example craft using food packaging, science experiments where allergens are present, food lessons or cooking;
- Bringing animals into the school, for example a dog or hatching chick eggs can pose a risk;

- Running activities or clubs where they might hand out snacks or food “treats”. Ensure safe food is provided or consider an alternative non-food treat for all pupils;
- Planning special events, such as cultural days and celebrations.

Inclusion of pupils with allergies must be considered alongside safety and they should not be excluded. If necessary, staff should adapt the activity. The school will ensure compliance with the Equality Act 2010.

7. FOOD, INCLUDING MEALTIMES & SNACKS

7.1 Catering in school

The school is committed to providing safe and inclusive meals and snacks for all students, staff and visitors, including those with food allergies.

- Due diligence is carried out with regard to allergen management when appointing catering providers;
- All catering staff and other staff preparing food will receive relevant and appropriate allergen awareness training;
- Paediatric first aid trained staff in all early years rooms oversee eating and drinking and monitor the lunch hall while the EYFS children are eating and check food is prepared suitably to prevent choking;
- Staff recognise that allergies can occur at any time. If a child is weaning, school ensures new allergens are introduced by parents first;
- Anyone preparing food for those with allergies will follow good hygiene practices, food safety and allergen management procedures;
- The catering team will endeavour to get to know the pupils with allergies and what their allergies are, supported by school staff;
- The catering team will endeavour to provide varied meal options to students and staff with allergies;
- The school has robust procedures in place to identify pupils with food allergies, these are:
    - Red bands given to the pupils with food allergies and intolerances rather than the usual green bands.
    - Consistent staff in the dinner hall with each year group and aware of the allergens of children they serve.
    - Photographs and the named allergens for each pupil being on display behind the serving hatches in the kitchen.
- Dishes and menus containing the main 14 allergens (see Allergens definition) will be clearly labelled using full words, not symbols or abbreviations. Other ingredient information will be available on request (Mrs C Perkins will be overseeing the signage). For pupils or staff with other known allergies they will have the allergies identified on an individual menu which will be provided in advance and on the day as needed;

- Information on allergens will be available for the pupil to check independently (in kitchen with Mrs C Perkins);
- Pre-packaged food will comply with PPDS legislation (Natasha's Law) requiring the allergen information to be displayed on the packaging;
- Where changes are made to the ingredients which involve the introduction of a known allergen this will be communicated to pupils with dietary needs by Mrs L Keating and recorded on new menus.
- Products with Precautionary Allergen Labelling or "May Contain' labelling will be identified on the signs in the canteen and on the menus kept by Mrs L Keating. It is vital that pupils, staff and visitors understand which products might contain their allergen and that this information is clearly available;
- Food provided at breakfast club and after school club will follow these procedures and will have signs in the room and labels for pupils to check themselves when they want to;
- As far as is possible we try to avoid foods containing nuts as an ingredient in our own canteen/kitchen.

7.2 Food brought into school

Food that is brought into school by pupils for lunches or taken on school trips should be healthy and follow an allergy aware approach. We ask parents and pupils who are making their own lunches to consider others and not to bring nut or nut products (e.g. chocolate spread, peanut butter) into school

Children should not be bringing in birthday cake or items to celebrate their birthdays. If staff or visitors are bringing in treats or having food for special celebrations they are made aware of allergies and alternative foods are bought so all are included.

7.3 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 these allergies can be airborne) as much as possible on the site and check all foods coming into the kitchen;
- Lunchboxes will be monitored by staff and we would like to ask that parents or pupils making their own lunches please check the label on all foods brought in for peanuts and tree nuts. Common foods that contain these goods as an ingredient include: packaged nuts, cereal bars, chocolate bars, nut butters, chocolate spread, sauces.

7.4 Food hygiene for pupils

- The school will encourage pupils to wash their hands with soap and warm water before and after eating;
- Parents/carers and pupils will be advised that water bottles and packed lunches should be clearly labelled;
- Food should not be shared or swapped;
- Throwing food is not allowed.

7.5 Third Party Providers on site

All third-party providers (including wraparound care, holiday clubs, and external curriculum coaches) must formally agree to adhere to the school's Allergy & Anaphylaxis Policy as a condition of their site-use agreement.

- The school will ensure that providers have access to the Individual Healthcare Plans (IHPs) for all pupils in their care.
- Providers must handle this medical data in accordance with GDPR but ensure it is immediately accessible to all "frontline" club staff during the session.
- External providers must provide evidence that their staff have received accredited anaphylaxis training within the last 12 months.
- Before a club commences, the provider's Lead First Aider must be briefed by the school's Allergy Lead on the location of the School's Spare AAI Kits and the specific Code Blue emergency protocol**.**
- Wraparound and holiday clubs must operate a Nut-Aware (or allergen-specific) environment. All snacks provided must be checked against the allergy profiles of the children attending that specific session.
- Providers must submit a specific risk assessment for any activity involving food (e.g., Food Tech Club or Decorating Biscuits) for approval by the school's Senior Leadership Team (SLT).

8. EDUCATIONAL VISITS AND SPORTS FIXTURES

- Staff leading the trip will have a register of pupils with allergies and details of their medication. Staff should notify the trip leader if they themselves have any allergies;
- Allergies will be considered on the risk assessment and catering provision put in place;
- Parents, and pupils where appropriate, may be consulted if considered necessary, or if the trip requires an overnight stay;
- Staff accompanying the trip will be trained to recognise and respond to an allergic reaction;
- Allergens will be clearly labelled on catered packed lunches. Labels and signs will be provided by the kitchen staff or PTA depending on the provider of the packed lunch (Mrs C Perkins or Mrs T Jones). The packed lunches for people with allergies will come in a different coloured bag and have the pupil's known allergens written on the bag;

- If attending another school where food is provided, details of their dietary requirements will be sent ahead to ensure they have a safe meal;
- See Adrenaline Devices section for School Trips and Sports Fixtures.

9. INSECT STINGS

Those with a known insect venom allergy should:

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

The school caretaker, Mr Lowe, will monitor the grounds for wasp or bee nests. Pupils (with or without allergies) should notify a member of staff if they find a wasp or bee nest in the school grounds and avoid them.

10. ANIMALS

It's normally the dander (flakes of skin), saliva or urine that causes a person with an animal allergy to react.

Precautions to limit the risk of an allergic reaction include:

- A pupil with a known animal allergy should avoid the animal to which they are allergic;
- If an animal comes on site a risk assessment will be done prior to the visit;
- Areas visited by animals will be cleaned thoroughly;
- Anyone in contact with an animal will wash their hands after contact;
- If an animal lives on site at any time pupils, parents and staff will be made aware and consideration and adaptations will be made;
- School trips that include visits to animals will be carefully risk assessed.

11. ALLERGIC RHINITIS/ HAY FEVER

For children with known rhinitis/hay fever due to either seasonal pollen allergy and hay fever or persistent nasal allergy due to house dust mites or other allergens the parents have signed to say the schools emergency Piriton can be given. Mrs L Keating keeps a record of these permissions.

If a child without a known allergy suddenly shows symptoms of rhinitis/hay fever during the school day a phone call to parents will occur and if permission is given the emergency Piriton can be used. Parents would then be asked to sign a form at the school office when they pick their child up.

The record of use of the emergency Piriton will be recorded on Medical Tracker. The emergency Piriton is also to be taken on trips with the pupils.

Policy adapted from a template policy drawn up by The Allergy Team template (created in conjunction with IBSA) and reviewed by Paediatric Allergy Consultant, Professor Adam Fox. It was last updated in June 2026, considering draft guidance 'Allergy Safety in Schools' and expected legislation to implement 'Benedict's Law'.

12. INCLUSION AND MENTAL HEALTH

Allergies can have a significant impact on mental health and wellbeing. Pupils may experience anxiety and depression and are more susceptible to bullying.

- Staff are alert to the possibility of allergy-related bullying and are proactive in safeguarding the wellbeing and inclusion of pupils with allergies;
- No child should be excluded from taking part in a school activity, whether on the school premises or a school trip because of their allergies;
- Pupils with allergies may require additional pastoral support including regular check-ins from a trusted member of staff;
- Affected pupils will be given consideration in advance of wider school discussions about allergy and school Allergy Awareness initiatives;
- Bullying related to allergy will be treated in line with the school's anti-bullying policy;
- Uniform policies take into account that children may need emergency medication near them at all times.

13. ADRENALINE DEVICES

See the government guidance on Adrenaline Devices in Schools.

13.1 Storage of prescribed adrenaline devices

- Pupils prescribed with adrenaline devices will have easy access to two, in-date pens at all times;
- From Foundation Stage to Year 5, the pupils adrenaline devices will be stored in their classrooms in a named box with the first aid and medical items. This is clearly marked in classrooms with a First Aid sticker. The boxes are clearly labelled and within them are two adrenaline devices stored in an insulated bag, with the pupil's Allergy Action Plan. This box will be taken with the pupil whenever they leave the classroom to work somewhere else e.g. to the dinner hall or out for PE.

  In Year 6 pupils will carry their adrenaline devices around school so they are always with the pupil. If on the playground the pupil would like to join in football or a similar activity the devices will be handed to a named member of staff.

  Pupils must also have access to two adrenaline pens as they travel to and from school. This is the responsibility of parents up to Year 5. Pupils from Year 5/6 with permission to walk home will be provided with a carrying case and parents will provide the additional EpiPens;
- Spot checks will be made to ensure adrenaline devices are where they should be and in date;
- Adrenaline devices must not be kept locked away or in rooms with restricted access;

- Adrenaline devices should be stored at moderate temperatures (see manufacturer's guidelines), not in direct sunlight or above a heat source (for example a radiator);
- Used or out of date devices will be disposed of as sharps.

13.2 Spare adrenaline devices and asthma inhalers

This school has 2 sets of spare adrenaline devices (1 junior and 1 adult) to be used in accordance with government guidance and a spare asthma inhaler.

The locations of spare adrenaline devices are clearly signposted. These are:

1 junior device in lower building first aid box in PPA room

1 junior device in the school office on top of the pigeon holes

2 adult devices in the school office on top of the pigeon holes

1 Salbutamol inhaler and spacer in the school office on top of the pigeon holes

The Designated Allergy Lead and Healthcare team are responsible for:

- Deciding how many spare devices are required;
- What dosage is required, based on the Resuscitation Council UK's age-based guidance (under age 6 should be using the junior device, age 6 and over should be using the adult device);
- Which brand(s) to buy. Schools are recommended to buy a single brand if possible to avoid confusion;
- The purchasing of spare adrenaline devices which can be obtained at low cost from a local pharmacy. See government guidance above;
- Distribution around the site and clear signage.

13.3 Adrenaline devices on off-site activities

- No child with a prescribed adrenaline device will be able to go on a school trip without two of their own devices. It is the trip leader's responsibility to check they have them;
- Adrenaline devices will be kept close to the pupils at all times e.g. not stored in the hold of the coach when travelling or left in changing rooms;
- Adrenaline devices will be protected from extreme temperatures;
- Staff accompanying the pupils will be aware of pupils with allergies and be trained to recognise and respond to an allergic reaction;
- Consideration will be given whether to take spare adrenaline devices to off-site activities. This should be recorded as part of the risk assessment process. If the off-site activity is in a remote place it would be recommended to take spare devices. If spare devices are taken they will be in insulated bags.

14. RESPONDING TO AN ALLERGIC REACTION / ANAPHYLAXIS

See the appendix to this policy for details of how to recognise and respond to an allergic reaction.

In all cases:

- A pupil with a known allergy should be treated in accordance with their Allergy Action Plan and/or Individual Healthcare Plan.

  If anaphylaxis is suspected adrenaline should be administered without delay, using the school's spare device if needed;

  - Treat the pupil where they are. Lie them down with their legs raised and bring medication to them;
  - Use pupil's own prescribed medication if immediately available;
  - Pupil can administer the adrenaline device themselves if able to or a member of staff can administer the device. Ideally the member of staff will be trained, but in an emergency, anyone can administer adrenaline;
  - If the pupil's own adrenaline device is not available or misfires, then use a spare adrenaline device;

- If anaphylaxis is suspected but the pupil does not have a prescribed adrenaline device or Allergy Action Plan, lie the pupil down with their legs raised, call 999 and explain anaphylaxis is suspected.

  Inform the operator that spare adrenaline devices are available and follow instructions from the operator.

  The MHRA says that in exceptional circumstances, a spare adrenaline device can be administered to anyone for the purposes of saving their life even without consent;

- If, after 5 minutes, there is no improvement, use a second adrenaline device and call the emergency services again and inform them that a second dose of adrenaline has been given;
- Do not move the pupil until a medical professional / paramedic has arrived, even if they are feeling better;
- Anyone who has had suspected anaphylaxis and received adrenaline must go to hospital, even if they appear to have recovered. A member of staff should accompany the pupil in an ambulance until a parent or guardian arrives.

Depending on the circumstances, it may be necessary to instigate the school's wider Emergency Response Plan.

15. TRAINING

The school is committed to ensuring that all staff receive regular (at least annual) allergy awareness training. This training covers all staff, including teaching staff, support staff, catering staff, site staff and others who may oversee children at breakfast or after-school clubs.

This training will cover:

- Understanding what an allergy is;
- How to reduce the risk of an allergic reaction occurring;
- How to recognise and treat an allergic reaction, including anaphylaxis;
- Practise using an adrenaline device with a training adrenaline auto-injector (both Jext and EpiPen training devices are in school);
- How to treat an asthma attack using a reliever inhaler;
- How the school manages allergy, for example understanding the school's Allergy Safety Policy, Emergency Response Plan, documentation, communication etc;
- How to check who has an allergy, and how to use an IHP and Allergy or Asthma Action Plan;
- Where adrenaline devices are kept (both prescribed devices and spare devices) and how to access them;
- The importance of inclusion of pupils with food allergies, the impact of allergy on mental health and wellbeing and the risk of allergy related bullying;
- Understanding food labelling;
- How to report an allergic reaction or near miss.

Refresher Training: Training will be refreshed annually, or more frequently where required, including when new staff join, a pupil's needs change, a serious incident or near miss occurs, or statutory guidance is updated. Emergency response drills will be used to test procedures and identify improvement actions.

Emergency Response Drills: In line with the Schools Allergy Code and Statutory Guidance (2026), the school will conduct regular anaphylaxis emergency drills to ensure all staff can fulfil their legal duty to respond to a medical emergency within five minutes. These exercises test the school's internal communication systems, the speed of retrieving both the pupil's prescribed AAI and the school's Spare emergency kit, and the accuracy of the emergency 999 protocol.

16. ASTHMA

The school understands that it is vital that pupils with allergies keep their asthma well controlled. Asthma can exacerbate allergic reactions and poorly managed asthma increases the severity of an allergic reaction.

Our Asthma Policy outlines our procedures for supporting pupils with asthma. The key parts are:

- Staff will be aware of common asthma triggers which may include airborne allergens such as pollen, house dust mite, mould spores or pet dander and food allergens.
- All pupils with asthma will have an Asthma Action Plan. Where relevant, an Asthma Action Plan will be in addition to an Allergy Action Plan.
- The Asthma Action Plan will be included in the pupil's Individual Healthcare Plan and will include medical and parental consent for staff to administer medicines, including an emergency reliever inhaler in the event of an asthma attack.

- Children and young people known to have asthma should have their own reliever inhaler at school at all times with a spacer where necessary and on the journey to and from school.
- Pupils inhalers are stored in a clearly labelled box, easily accessible in their classroom. If they are moving to another area of school, the playground or going off-site the inhalers will be taken with them.

  Parents are responsible for providing a new inhaler before the old one is out of date (school staff support this with a notification that it is coming up to its use by date).
- There is a spare emergency inhaler and spacer in the office. A spare inhaler can only be used by a pupil who has been diagnosed with asthma and prescribed an inhaler, or who has been prescribed an inhaler as reliever medication, and for whom written parental consent has been given (all our children with asthma inhalers in school).

  If it is used the spacer is sterilised after use and it is recorded on Medical Tracker as if the child had taken their own inhaler.

17. EMERGENCY PROCEDURES

Anaphylaxis is a medical emergency and can be fatal. Staff must act immediately, place the child, young person or individual flat with legs raised where possible, bring adrenaline devices to them, administer adrenaline as soon as possible and within five minutes, call 999 and request an ambulance, and monitor continuously until handed over to emergency services.

Recognition: All staff will be trained to recognise mild to moderate allergic reactions and the signs of anaphylaxis, including breathing difficulty, persistent cough, wheeze, throat tightness, swelling of the tongue or throat, hoarse voice, collapse, becoming pale or floppy, confusion, drowsiness, or a sudden deterioration after exposure to a known or suspected allergen.

Immediate Action: IF IN DOUBT, GIVE ADRENALINE

- Bring the child, young person or individual's prescribed adrenaline devices and the school-held spare adrenaline devices to them. They must not be taken to where the devices are stored.
- Administer adrenaline as soon as possible and within five minutes. Do not wait to contact emergency services before administering adrenaline.
- If the child, young person or individual has their own prescribed adrenaline devices, these should be used in the first instance.
- If they do not have prescribed adrenaline devices, or if their prescribed devices are not available or misfire, use the school-held spare adrenaline device without delay.
- Immediately call 999 and request an ambulance. State clearly: "anaphylaxis". Give the school name, exact location, access point, pupil's age, symptoms, allergen if

known, time adrenaline was given, and whether a second adrenaline device is available.

- Lay the pupil flat with legs raised where possible. If breathing is difficult, allow them to sit with legs outstretched. If unconscious, place them in the recovery position. Do not allow the pupil to stand or walk.
- Keep the pupil still, warm and under continuous observation. Do not move them unless required for immediate safety.
- Send another member of staff to meet the ambulance and guide emergency services to the pupil. Ensure the pupil's IHP, Allergy Action Plan, medication record and used AAI device are available for handover.
- If symptoms do not improve after 5 minutes, or symptoms return, administer a second AAI using another device. Continue to follow 999 instructions.
- Any pupil who receives adrenaline must be transferred to hospital by ambulance for further observation, even if symptoms appear to improve.
- Parents/carers should be contacted as soon as practicable, but this must not delay administering adrenaline, using a spare adrenaline device where needed or calling 999.
- Record the time symptoms started, the time each AAI was given, the device used, the staff involved, the 999 call time, ambulance arrival time and the handover information provided.

Emergency Handover: The member of staff leading the response will give emergency services the pupil's details, known allergens, symptoms, time of exposure if known, medication administered, time of each AAI dose, relevant medical history including asthma, and a copy of the IHP or Allergy Action Plan.

Record Keeping and Post-Incident Review: All allergic reactions, use of medication, AAI administration, serious incidents and near misses will be recorded in detail using the Anaphylaxis Recording Template (paper copies in office and hard copy on Staff drive). The Designated Allergy Lead will review each record promptly, identify lessons learnt, update risk controls where needed, check whether training or IHPs require revision and report themes to senior leaders and governors. Parents/carers will be informed of any reaction involving their child.

Restocking and Debrief: Following any emergency use of an AAI, the school will ensure replacement devices are obtained promptly, used devices are handed to ambulance staff or disposed of safely, staff involved are debriefed and any pupil or staff wellbeing support needs are considered.

18. REPORTING ALLERGIC REACTIONS

The school will log, on Medical Tracker, all allergic reaction incidents and near-misses as soon as is feasible after they occur. These will also be recorded on the Anaphylaxis Record Keeping Template (paper copies in the office and available on the Staff drive).

Each record should include:

- who was affected
- what happened
- when and where
- why the incident occurred (as far as is known)
- how staff and the pupil responded
- what was done to support the individual
- whether emergency services were called and how the incident concluded

All incident reports should be shared with:

- the pupil's parents or carers, who will be given the opportunity to discuss the incident and contribute their views to the review;
- the Named Allergy Governor and the governing body, so they can consider what lessons to learn and whether policy changes are required.

  Any learning from an incident should be shared appropriately with staff so they can act on it.

It may be necessary to share the report with other agencies, for example:

- schools that operate as food businesses must report any allergen-related food safety incidents to their local authority;
- incidents arising directly from a work activity that result in death or immediate hospitalisation must be reported to the Health and Safety Executive under RIDDOR.

Following any incident or near miss the school will meet with the child or young person and their parents/ carers to ensure they are confident the setting remains safe.

The school recognises the impact of an incident or near miss not just on the individual and their family, but also on staff who responded and children who witnessed it and will offer appropriate support.

19. Monitoring and Review

This policy will be reviewed at least annually by the Governing Body/Proprietor and the Designated Allergy Lead.

The effectiveness of the policy and procedures will be monitored through:

- Regular staff training evaluations.
- Review of incident reports and near miss events.
- Feedback from parents, pupils, and staff.
- Compliance with updated guidance from the Department for Education and other relevant bodies.

This standalone allergy safety policy will be made publicly available on the school's website and communicated to staff, parents, pupils and relevant third-party providers.

MANAGING ALLERGIC REACTIONS

ALLERGIC REACTIONS VARY

Allergic reactions are unpredictable and can be affected by factors such as illness or hormonal fluctuations.

You cannot assume someone will react the same way twice, even to the same allergen.

Reactions are not always linear. They don't always progress from mild to moderate to more serious; sometimes they are life-threatening within minutes.

MILD TO MODERATE ALLERGIC REACTIONS

Symptoms include:

- Swollen lips, face or eyes
- Itchy or tingling mouth
- Hives or itchy rash on skin
- Abdominal pain
- Vomiting
- Change in behaviour

Response:

- Stay with pupil
- Call for help
- Locate adrenaline pens
- Give antihistamine
- Make a note of the time
- Phone parent or guardian
- Continue to monitor the pupil

SERIOUS ALLERGIC REACTIONS / ANAPHYLAXIS

The most serious type of reaction is called **ANAPHYLAXIS**. Anaphylaxis is uncommon, and children experiencing it almost always fully recover.

In rare cases, anaphylaxis can be fatal. It should always be treated as a time-critical medical emergency.

Anaphylaxis usually occurs within 20 minutes of eating a food but can begin 2-3 hours later.

People who have never had an allergic reaction before, or who have only had mild to moderate allergic reactions previously, can experience anaphylaxis.

Policy adapted from a template policy drawn up by The Allergy Team template (created in conjunction with IBSA) and reviewed by Paediatric Allergy Consultant, Professor Adam Fox. It was last updated in June 2026, considering draft guidance 'Allergy Safety in Schools' and expected legislation to implement 'Benedict's Law'.

RESPONDING TO ANAPHYLAXIS

SYMPTOMS OF ANAPHYLAXIS

A – Airway

- Persistent cough
- Hoarse voice
- Difficulty swallowing
- Swollen Tongue

B – Breathing

- Difficult or noisy breathing
- Wheeze or cough

C - Circulation

- Persistent dizziness
- Pale or floppy
- Sleepy
- Collapse or unconscious

IF YOU SUSPECT ANAPHYLAXIS, GIVE ADRENALINE FIRST BEFORE YOU DO ANYTHING ELSE.

DELIVERING ADRENALINE

1. Treat the patient where they are. Take the medication to the patient, rather than moving them.
2. The patient should be lying down with legs raised. If they are having trouble breathing, they can sit with legs outstretched.
3. It is not necessary to remove clothing but make sure you're not injecting into thick seams, buttons, zips or even a mobile phone in a pocket.
4. Inject adrenaline into the upper outer thigh according to the manufacturer's instructions. Whilst all members of staff should be trained, in an emergency, anyone can administer adrenaline.
5. Make a note of the time you gave the first dose.
6. Call 999 for an ambulance (or get someone else to do this while you give adrenaline). Tell them you have given adrenaline for anaphylaxis.
7. Stay with the patient and do not let them get up or move, even if they are feeling better (this can cause cardiac arrest).
8. Call the pupil's emergency contact.
9. If their condition has not improved or symptoms have got worse, give a second dose of adrenaline after 5 minutes, using a second device. Call 999 again and tell them you have given a second dose and to check that help is on the way.
10. Start CPR if necessary.
11. Hand over used devices to paramedics and remember to get replacements.
12. Anyone who has had suspected anaphylaxis and received adrenaline must go to hospital, even if they appear to have recovered. A member of staff should accompany them in an ambulance until a parent or guardian arrives.

Policy adapted from a template policy drawn up by The Allergy Team template (created in conjunction with IBSA) and reviewed by Paediatric Allergy Consultant, Professor Adam Fox. It was last updated in June 2026, considering draft guidance 'Allergy Safety in Schools' and expected legislation to implement 'Benedict's Law'.

Running an Anaphylaxis Drill

To run an effective drill under the 2026 Benedict's Law standards, you need to treat it exactly like a fire drill: unannounced (or semi-announced), timed, and reviewed.

The goal is to move from knowing what to do to doing it under stress. Here is a step-by-step guide to running a professional Code Blue drill.

Phase 1: The Setup (Preparation)

Before you start, ensure you have the necessary dummy equipment, so you don't accidentally discharge a real AAI.

- Select a Patient: Use a staff member or a manikin. (Do not use a student for the first few drills).
- Equipment: Use Trainer Pens (EpiPen/Jext/Emerade trainers) that have no needle or medicine.
- Scenario Card: Create a card that says: *"Pupil is clutching throat, coughing, and has hives after eating a biscuit. They are becoming drowsy."*

Phase 2: The Drill (Action)

Pick a high-risk time, such as lunchtime or PE, when staff are spread out.

1. **The Trigger:** Hand the Scenario Card to a staff member (e.g., a Lunchtime Supervisor). Start your stopwatch
2. **The Alarm:** The staff member must shout the school's emergency code (e.g., CODE BLUE - HALL!) or use the internal radio/intercom.
3. **The Response:**
    - **Staff A** stays with the Patient and keeps them in the correct position (sitting on the floor with legs raised or lying flat if feeling faint).
    - **Staff B** runs to the medical point to retrieve the Pupil's AAI and the School's Spare AAI kit.
    - **Staff C** simulates the 999 call (calling a designated *operator* in the school office).
4. **The Administration:** Staff B returns. Staff A (or B) demonstrates using the trainer pen on the Patient's outer thigh, holding it for the correct count (usually 10 seconds for most devices).
5. **The Handover:** The drill ends when the Office Staff arrives with the Pupil's Individual Healthcare Plan (IHP) and a mock Emergency Log to record the time of the injection.

Phase 3: Drill Review (Recorded)

Under the new 2026 guidelines, you are looking for these specific benchmarks:

Benchmark	Success Criteria
Response Time	Was the AAI at the scene in **under 2 minutes**?
Positioning	Was the patient kept still? (Moving an anaphylactic patient can be fatal).
Communication	Did the office know exactly where to send the Ambulance?
The Second Pen	Did staff remember to bring the *second* backup pen in case the first failed?

Anaphylaxis Drill Recording Template (2026 Standard)

Drill Date:		
Scenario Location:	(*e.g., Playground/Canteen)*	
Key Performance Indicator (KPI)	Target	Actual Time / Result
Symptom Recognition	Immediate	
Code Blue / Alarm Raised	< 30 Seconds	
AAI Retrieval (Pupil or Spare)	< 2 Minutes	
Simulated Administration	Correct Technique	(Pass/Fail)
999 Call Simulation	Follows Protocol	(Pass/Fail)

Record Staff Involved:

Name	Role

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Observations & Bottlenecks: *(e.g., "The key to the medical cabinet was with a staff member on break," or "The spare AAI was located quickly but the IHP was hard to read.")*

Action Plan: *(e.g., "Duplicate key to be placed in the school office," or "IHPs to be printed in larger font and color-coded.")*