Thriveology Wellness CIC

Allergy Safety and Management Policy.

September 2026

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September 2026
To be reviewed by September 2027

Company Number: 15491285

Updated against the Children's Wellbeing and School Act 2026, the DfE's July 2026 Allergy Safety Guidance, the DfE's non-school AP standards and Benedicts Law 2026 Act.

Board approval date: 1st September 2026

Policy Statement

Thriveology is committed to providing a safe, inclusive and supportive educational environment for every child and young person attending our alternative provision. We recognise that allergies can be life-threatening and that children and young people at risk of anaphylaxis require effective planning, appropriately trained staff, accessible emergency medication and a coordinated response.

Thriveology therefore operates a proactive allergy safety system designed to:

- identify children and young people with allergies before or at the start of placement;
- obtain and maintain accurate medical and allergy information;
- develop individual allergy management arrangements where required;
- reduce the risk of accidental exposure to known allergens;
- ensure staff understand their responsibilities;
- ensure emergency medication is available and accessible where required;
- ensure staff can recognise and respond to suspected anaphylaxis;
- enable children with allergies to participate safely in education, activities, trips and vocational opportunities;
- record, investigate and learn from allergy incidents and near misses;
- work collaboratively with parents/carers, referring schools, local authorities and health professionals; and
- continually improve our allergy safety arrangements.

This policy has been developed with regard to the Children's Wellbeing and Schools Act 2026, commonly referred to in relation to its allergy provisions as "Benedict's Law", the Department for Education's Allergy Safety in Schools statutory guidance, the Department for Education's Alternative Provision statutory guidance, the DfE Non-school Alternative Provision: Voluntary National Standards, the Equality Act 2010 and other relevant legislation and guidance.

Where school-specific statutory duties do not directly apply to Thriveology because of its status as an independent AP provider, Thriveology will nevertheless use the relevant DfE allergy safety expectations as its minimum operational benchmark, unless a higher requirement is imposed by law, commissioning arrangements, the local authority or another competent authority.

Purpose

The purpose of this policy is to establish clear and consistent arrangements for the prevention, management and emergency response to allergies within Thriveology.

The policy aims to ensure that:

1. allergy information is obtained before a child begins their placement wherever reasonably practicable;
2. significant allergies are appropriately risk assessed;

3. individual healthcare/allergy plans are established where required;
4. staff have appropriate knowledge and training;
5. emergency medication is available and accessible;
6. activities are planned with allergy risks in mind;
7. children are not unnecessarily excluded because of an allergy;
8. parents/carers and commissioning bodies understand their respective responsibilities;
9. serious incidents and near misses are recorded and reviewed; and
10. Thriveology can demonstrate effective allergy management to commissioners, local authorities, parents/carers and relevant inspection or oversight bodies.

Scope

This policy applies to:

- all Thriveology employees;
- agency and temporary staff;
- volunteers;
- contractors;
- visitors where relevant;
- students and work-placement personnel;
- children and young people attending Thriveology;
- activities undertaken on Thriveology premises;
- educational visits and off-site activities;
- transport arranged or provided by Thriveology;
- food preparation and consumption;
- vocational and practical activities; and
- any activity where Thriveology has responsibility for the safety and welfare of a child or young person.

The policy covers all known or suspected allergies, including but not limited to:

- food allergies;
- medication allergies;
- insect-sting allergies;
- animal allergies;
- latex allergies;
- environmental allergies;
- pollen-related allergies;
- contact allergies;
- allergies associated with asthma;
- allergies associated with eczema; and
- allergies that may result in anaphylaxis.

Legal and Regulatory Framework

Thriveology will have regard to, and where applicable comply with, relevant requirements arising from:

Primary legislation

- Children's Wellbeing and Schools Act 2026;
- Children and Families Act 2014;
- Equality Act 2010;
- Health and Safety at Work etc. Act 1974;
- Food Safety Act 1990;
- Food Information Regulations 2014;
- Medicines Act 1968, where applicable;
- Human Medicines Regulations 2012;
- Data Protection Act 2018; and
- UK GDPR.

Department for Education guidance

- Allergy Safety in Schools – Statutory Guidance, July 2026;
- Alternative Provision – Statutory Guidance;
- Non-school Alternative Provision: Voluntary National Standards, August 2025;
- relevant guidance concerning supporting pupils with medical conditions;
- Keeping Children Safe in Education, where applicable to Thriveology's status and commissioning arrangements; and
- relevant SEND guidance and equality guidance.

Thriveology will monitor changes to legislation, statutory guidance and regulatory standards and will update this policy where necessary.

Thriveology's AP Status and Responsibilities

Thriveology is an independent, council-approved alternative provision provider. The referring school and/or local authority retains responsibility for its statutory duties concerning the child's education and placement arrangements as applicable. However, while a child is attending Thriveology, Thriveology has a clear responsibility to take reasonable and proportionate steps to protect the child's health, safety and welfare within the provision it controls.

Accordingly, Thriveology will:

- obtain relevant medical and allergy information;
- establish appropriate individual arrangements;
- communicate with the referring school and/or local authority;
- implement agreed risk controls;
- ensure staff understand relevant allergy information;

- maintain appropriate emergency arrangements;
- provide suitable staff training;
- respond appropriately to emergencies;
- record incidents and near misses; and
- review arrangements when circumstances change.

Thriveology will not assume that the referring school or local authority is responsible for managing an allergy while a child is physically attending Thriveology. Likewise, Thriveology will not assume responsibility for medical information that has not been provided to it. Effective allergy management therefore depends upon clear information sharing and shared responsibility.

Responsibilities of Referring Schools and Commissioners

Before a placement begins, the referring school and/or commissioning authority should provide Thriveology with all relevant information reasonably required to keep the child safe.

This should include, where applicable:

- diagnosed allergies;
- known allergens;
- history of allergic reactions;
- history of anaphylaxis;
- prescribed medication;
- adrenaline auto-injectors;
- allergy action plans;
- Individual Healthcare Plans;
- known triggers;
- emergency procedures;
- relevant healthcare advice;
- reasonable adjustments;
- restrictions or precautions;
- relevant parental/carer information; and
- any recent changes in medical circumstances.

Where information is incomplete, Thriveology will request clarification.
Where Thriveology considers that insufficient information has been provided to safely manage a known or suspected serious allergy, the placement may be subject to additional risk controls or, where necessary, temporarily delayed pending appropriate information.

Information from Parents and Carers

Parents/carers will be asked to provide accurate and current information about their child's allergy.

Parents/carers should notify Thriveology immediately of:

- a new allergy diagnosis;
- a change in allergy severity;
- a new allergen;
- an allergic reaction;
- a hospital admission relating to allergy;
- changes to prescribed medication;
- changes to an allergy action plan;
- expired or replaced adrenaline auto-injectors; or
- any other relevant medical change.

Where appropriate, Thriveology will seek confirmation from the referring school or healthcare professional.

Allergy Register

Thriveology will maintain a secure allergy register. The register will contain only information necessary to support safe care and educational provision.
As appropriate, the register will identify:

- child/young person's name;
- known allergen(s);
- nature/severity of allergy;
- whether there is a history of anaphylaxis;
- prescribed emergency medication;
- location of medication;
- whether an individual healthcare/allergy plan is in place;
- relevant emergency arrangements;
- review date; and
- staff who require access to the information.

Relevant staff will be able to access essential allergy information quickly when required. Confidentiality will not prevent staff from sharing information where this is necessary to protect a child's health or safety.

Individual Healthcare and Allergy Plans

Where a child has a significant allergy, particularly where there is a risk of anaphylaxis, Thriveology will ensure that an appropriate Individual Healthcare Plan (IHP), Allergy Action Plan or equivalent individual management plan is in place.

The plan should be developed with appropriate involvement from:

- the child or young person;
- parent/carer;

- Thriveology;
- referring school;
- commissioning local authority where relevant; and
- healthcare professionals where appropriate.

The plan should include, where applicable:

- diagnosed allergy/allergies;
- known triggers;
- signs and symptoms;
- previous reaction history;
- prescribed medication;
- adrenaline auto-injector arrangements;
- location of medication;
- emergency response;
- emergency contacts;
- reasonable adjustments;
- activity-specific precautions;
- arrangements for trips and transport; and
- review arrangements.

Plans will be reviewed:

- at least annually;
- following an allergic reaction;
- following an anaphylactic episode;
- following a change in diagnosis;
- following a change in medication;
- following advice from a healthcare professional; or
- whenever Thriveology considers a review necessary.

Allergy Risk Assessment

Thriveology will consider allergy risks within its wider risk-management arrangements. An individual risk assessment will be undertaken where the child's allergy, activity or environment presents a particular risk.

Risk assessments will consider:

- likelihood of exposure;
- severity of potential reaction;
- routes of exposure;
- food and drink;
- cross-contact;
- practical activities;
- vocational activities;
- animals;

- gardening;
- outdoor activities;
- cleaning products;
- craft materials;
- transport;
- educational visits;
- emergency response arrangements;
- staff availability and competence; and
- accessibility of emergency medication.

Controls will be proportionate to the identified risk.

Prevention and Reduction of Allergen Exposure

Thriveology recognises that it is not generally possible to guarantee an entirely allergen-free environment.

Our approach is therefore to:

1. identify known allergens;
2. assess the risk of exposure;
3. put proportionate control measures in place;
4. prevent avoidable exposure;
5. maintain appropriate emergency arrangements; and
6. ensure staff are able to respond rapidly if exposure occurs.

Controls may include:

- avoiding unnecessary use of a known allergen;
- separating food preparation where appropriate;
- checking ingredient labels;
- appropriate cleaning;
- preventing cross-contact;
- safe storage of food;
- appropriate hand hygiene;
- controlling access to materials;
- using alternative materials where reasonably practicable; and
- additional supervision where necessary.

Food Allergies and Food Management

Where Thriveology provides, prepares or facilitates food, appropriate allergen controls will be implemented.

Staff must:

- obtain accurate allergen information;
- check food labels and ingredients;
- never guess whether a food contains an allergen;
- follow the child's individual allergy plan;
- prevent avoidable cross-contact;
- clean appropriate surfaces and equipment;
- ensure substitutions are checked before serving;
- keep relevant allergen information accessible; and
- report any suspected allergen exposure immediately.

Children will never be required or pressured to eat food where a legitimate allergy concern has been raised. Where food is brought from home, Thriveology will take reasonable steps to manage identified risks. A blanket claim that Thriveology is completely "nut-free" or "allergen-free" will not be made unless the organisation can genuinely guarantee and maintain that environment.

Practical and Vocational Activities

As an alternative provision provider, Thriveology recognises that practical and vocational activities can create additional allergy risks. Before activities involving potentially hazardous substances or allergens, staff will consider:

- ingredients;
- chemicals;
- adhesives;
- paints;
- latex;
- wood products;
- animals;
- animal feed;
- plants;
- soil;
- cleaning materials;
- food;
- dust;
- fumes; and
- other potential triggers.

Where reasonably practicable, alternative materials or methods will be used where an identified allergen presents a significant risk. Children with allergies will be included in practical and vocational learning wherever this can be achieved safely through reasonable adjustments and appropriate controls.

Animals, Gardening and Outdoor Activities

Where activities involve animals, plants, insects or outdoor environments, staff will consider relevant allergy risks.

This may include:

- animal dander;
- fur;
- feathers;
- insect stings;
- pollen;
- plants;
- soil;
- mould;
- bites;
- environmental exposure; and
- associated food or animal products.

Relevant individual plans and risk assessments will inform the activity.

Educational Visits and Off-Site Activities

Allergy safety must be considered during educational visits and off-site activities. Before a visit, staff will consider:

- the child's individual allergy plan;
- emergency medication;
- availability and accessibility of adrenaline;
- trained staff;
- access to emergency medical assistance;
- food arrangements;
- transport;
- accommodation where relevant;
- activities and venues;
- environmental exposure;
- animal/insect exposure;
- emergency contacts; and
- contingency arrangements.

Children with allergies should be enabled to participate in educational visits wherever reasonably practicable. Allergy must not be used as a reason for exclusion where appropriate controls and reasonable adjustments can safely manage the risk.

Transport

Where Thriveology provides or arranges transport, relevant allergy arrangements will be considered.

Where required:

- emergency medication will accompany the child;
- medication will remain readily accessible;
- responsible staff will know the emergency procedure;
- relevant allergy information will be available;
- food consumption during transport will be risk assessed; and
- emergency arrangements will form part of the transport risk assessment.

Emergency Medication

Where a child has a prescribed adrenaline auto-injector (AAI), Thriveology will ensure that:

- the device is readily accessible;
- staff responsible for the child know its location;
- it is not unnecessarily locked away;
- it accompanies the child during relevant off-site activities;
- expiry dates are monitored;
- replacement arrangements are followed where medication is expired or used; and
- staff follow the child's individual emergency plan.

Where appropriate and legally permitted, Thriveology will maintain suitable spare emergency adrenaline auto-injectors in accordance with current Department for Education guidance and applicable medicines requirements. Spare emergency AAIs do not replace a child's prescribed medication.

Allergy and Anaphylaxis Training

All staff working directly with children will receive appropriate allergy awareness information. Staff whose duties require them to support a child with a significant allergy will receive appropriate training covering:

- allergy awareness;
- common allergens;
- signs and symptoms of an allergic reaction;
- recognition of anaphylaxis;
- emergency response;
- adrenaline auto-injector use;

- individual healthcare/allergy plans;
- prevention of allergen exposure;
- cross-contact;
- food safety;
- practical activity risks;
- educational visits;
- incident reporting; and
- Thriveology's specific procedures.

Training will be recorded. New staff will receive appropriate allergy information before assuming responsibility for children with known serious allergies. Refresher training will be provided in accordance with current guidance, individual risk and Thriveology's training programme.

Recognition of Anaphylaxis

Anaphylaxis is a severe allergic reaction and can be life-threatening.
Potential signs include:

- difficulty breathing;
- wheezing;
- persistent coughing;
- noisy breathing;
- swelling of the tongue or throat;
- difficulty swallowing;
- difficulty speaking;
- sudden dizziness;
- collapse;
- unconsciousness;
- pale, clammy or floppy appearance;
- severe gastrointestinal symptoms; or
- rapid deterioration following exposure to a known allergen.

A rash or visible swelling does not have to be present.
Staff must not wait for every symptom to appear before taking emergency action.

Emergency Anaphylaxis Procedure

If a child is suspected of experiencing anaphylaxis:

STEP 1 – STAY WITH THE CHILD
Do not leave the child alone.

STEP 2 – ADMINISTER ADRENALINE
Use the child's prescribed adrenaline auto-injector immediately, following their individual plan and staff training.

Where appropriate and permitted, use a suitable spare emergency AAI in accordance with current guidance.

STEP 3 – CALL 999
State clearly:
“A child is experiencing anaphylaxis / a severe allergic reaction.”
Give the exact location.

STEP 4 – FOLLOW EMERGENCY INSTRUCTIONS
Follow the instructions of the emergency services.

STEP 5 – SECOND DOSE
Where symptoms do not improve or return and current guidance/action plans indicate that a second adrenaline device should be administered, administer it if available.

STEP 6 – MONITOR
Continue to monitor the child’s breathing, consciousness and condition.
If the child becomes unconscious and is not breathing normally, commence CPR and follow emergency-service instructions.

STEP 7 – PARENT/CARER NOTIFICATION
Parents/carers must be informed as soon as reasonably practicable.

STEP 8 – REFERRING SCHOOL/COMMISSIONER
The referring school and/or commissioning authority will be informed where appropriate.

STEP 9 – RECORD AND REVIEW
The incident will be formally recorded and investigated.

The Principle of Immediate Action

Thriveology staff must not delay emergency treatment while attempting to establish whether a reaction is definitely anaphylaxis. Where there is reasonable concern that a child is experiencing a life-threatening allergic reaction, staff must act promptly in accordance with training, the child’s emergency plan and current clinical/emergency guidance. When in doubt, staff should seek emergency medical assistance.

Inclusion and Equality

Thriveology is committed to ensuring that children with allergies have equitable access to education. Allergy-related adjustments will be considered in accordance with the Equality Act 2010.

Reasonable adjustments may include:

- adapting practical activities;
- changing materials;
- modifying food arrangements;
- additional supervision;
- adapting trips;
- changing seating or activity arrangements;
- providing additional information to staff;
- allowing medication to remain readily accessible; and
- modifying activities where necessary.

A child will not be routinely isolated or excluded because they have an allergy. Any restriction must be:

- necessary;
- proportionate;
- risk-based;
- documented where appropriate; and
- reviewed.

Children's Participation

Thriveology will involve children and young people in allergy management where appropriate to their age, understanding and individual circumstances. Children should be encouraged to:

- understand their allergy where appropriate;
- recognise their own symptoms where developmentally appropriate;
- understand how to seek help;
- know who to approach in an emergency;
- participate in creating their individual plan where appropriate; and
- develop safe self-management skills where appropriate.

Children will never be expected to manage a potentially life-threatening allergy independently unless this is appropriate to their age, competence, healthcare advice and individual plan.

Incident and Near-Miss Reporting

Thriveology will record and review:

- allergic reactions;
- suspected anaphylaxis;
- administration of adrenaline;
- accidental allergen exposure;

- medication errors;
- inaccessible emergency medication;
- expired medication;
- incorrect food being provided;
- cross-contact incidents;
- failure to communicate allergy information; and
- significant near misses.

The purpose of reporting is to protect children and improve systems, not simply to allocate blame.

Serious Incident Review

Following a serious allergic reaction or significant near miss, Thriveology will consider:

- what happened;
- the child's condition;
- the allergen involved;
- whether the allergen exposure was avoidable;
- whether relevant information was available;
- whether staff understood the individual plan;
- whether staff training was adequate;
- whether emergency medication was accessible;
- whether the emergency procedure was followed;
- whether communication was effective;
- whether risk assessments were adequate;
- whether the referring school/commissioner had provided relevant information; and
- what preventative action is required.

Lessons learned will be documented and incorporated into relevant policies, training or risk assessments.

Medication Checks

Where AAIs or other emergency medication are held by Thriveology, appropriate checks will be undertaken.

Checks should consider:

- correct child;
- correct medication;
- expiry date;
- physical condition;
- accessibility;

- storage arrangements;
- availability during off-site activities; and
- whether replacement medication is required.

A medication/AAI register will be maintained where appropriate.

Confidentiality and Information Sharing

Allergy information is sensitive personal information.
Thriveology will handle such information in accordance with:

- UK GDPR;
- Data Protection Act 2018;
- Thriveology's privacy and data protection policies; and
- relevant safeguarding and information-sharing requirements.

Information will be shared with staff who need it to protect and support the child. The requirement for confidentiality must never prevent appropriate emergency action.

Staff Responsibilities

All staff must:

- take allergy information seriously;
- know the relevant allergies of children in their care;
- know where emergency medication is kept;
- understand relevant individual plans;
- recognise potential anaphylaxis;
- know how to summon emergency assistance;
- follow emergency procedures;
- report incidents and near misses;
- consider allergies when planning activities; and
- immediately raise concerns where arrangements appear unsafe.

No member of staff should assume that allergy management is solely the responsibility of the Allergy Safety Lead.

Allergy Safety Lead

The Allergy Safety Lead will be responsible for coordinating Thriveology's allergy arrangements.

The Allergy Safety Lead will:

- maintain the allergy register;
- monitor individual allergy plans;
- coordinate relevant staff training;
- monitor medication arrangements;
- support risk assessments;
- liaise with parents/carers;
- liaise with referring schools and commissioners;
- review incidents and near misses;
- coordinate annual policy review;
- monitor relevant legal and DfE developments; and
- report significant concerns to senior leadership.

Named Allergy Safety Lead: Mrs Aimee Northcote

Senior Leadership Responsibilities

Thriveology's senior leadership will ensure that:

- this policy is implemented;
- sufficient resources are available;
- staff receive appropriate training;
- emergency arrangements are effective;
- relevant risk assessments are completed;
- serious incidents are reviewed;
- commissioning arrangements support effective information sharing;
- the policy is reviewed at least annually; and
- relevant legislative and guidance changes are acted upon.

Quality Assurance and Evidence

Thriveology will maintain evidence demonstrating implementation of this policy. This may include:

- current allergy register;
- individual healthcare/allergy plans;
- risk assessments;
- staff training records;
- AAI/medication checks;
- incident and near-miss records;
- educational visit risk assessments;
- food/allergen procedures;
- staff briefings;
- parent/carer communications;
- commissioner/referring-school communications;
- policy review records; and

- records of actions arising from incidents.

This evidence will be available for appropriate review by Thriveology's management, commissioners and relevant oversight or inspection bodies, subject to confidentiality and data protection requirements.

Audit Questions

As part of quality assurance, Thriveology should be able to answer "yes" to the following:

Identification

- Do we know which children have significant allergies?
- Have we obtained information before placement wherever reasonably practicable?
- Is the allergy register current?

Planning

- Does every child with a significant allergy have an appropriate individual plan?
- Are risks assessed?
- Are reasonable adjustments documented?

Medication

- Is prescribed emergency medication available?
- Is it accessible?
- Are expiry dates checked?
- Does it accompany the child on relevant activities?

Staff

- Have relevant staff received allergy training?
- Can staff recognise anaphylaxis?
- Can relevant staff use an adrenaline auto-injector?

Activities

- Are allergy risks considered in practical activities?
- Are food risks managed?
- Are trips and transport risk assessed?

Emergency response

- Does staff know what to do?
- Can staff summon emergency assistance immediately?
- Is the emergency procedure clearly understood?

Learning

- Are incidents and near misses recorded?
- Are they reviewed?

- Are lessons learned implemented?

Communication

- Are parents/carers informed?
- Is the referring school/commissioner appropriately informed?
- Is relevant information shared with staff?

Review of Policy

This policy will be reviewed at least annually. An earlier review will take place following:

- a serious allergic reaction;
- anaphylaxis;
- a significant near miss;
- a change in legislation;
- new DfE guidance;
- new regulatory requirements;
- significant changes to Thriveology's provision;
- a change in medication arrangements; or
- a recommendation from a commissioner, local authority or relevant inspection/oversight body.

The next scheduled review is:
September 2027

Policy Approval

Approved by Company Directors: 1st September 2026

APPENDIX A

Thriveology Allergy Admission/Referral Checklist

Before or at the start of a child's placement, Thriveology should establish:

Child: _____
Date of birth: _____
Referring school: _____
Commissioning authority: _____

Allergy information

Does the child have a diagnosed allergy?
☐ Yes ☐ No ☐ Unknown
Allergen(s):

Previous severe reaction/anaphylaxis?

☐ Yes ☐ No ☐ Unknown
Symptoms/reaction history:

Emergency medication:

Adrenaline auto-injector:

☐ Yes ☐ No
Number of devices: _____
Medication expiry date(s): _____
Location of medication: _____

Plans

Individual Healthcare Plan received:
☐ Yes ☐ No ☐ Not applicable

Allergy Action Plan received:
☐ Yes ☐ No ☐ Not applicable

Parent/carer information received:
☐ Yes ☐ No

Healthcare information received where appropriate:
☐ Yes ☐ No ☐ Not applicable

Risk

Risk assessment completed:
☐ Yes ☐ No

Practical/vocational activities considered:
☐ Yes ☐ No

Food arrangements considered:
☐ Yes ☐ No

Transport considered:
☐ Yes ☐ No

Off-site activities considered:
☐ Yes ☐ No

Staff
Relevant staff briefed:
☐ Yes ☐ No

Relevant staff trained:
☐ Yes ☐ No

Emergency procedure understood:
☐ Yes ☐ No

Completed by: _____

Date: _____

APPENDIX B

Individual Allergy Management Record

Child/young person: _____
Date of birth: _____
Allergy/allergies:

Known triggers:

Previous reactions:

Signs and symptoms:

Emergency medication:

Medication location:

Emergency procedure:

Emergency contacts:

Reasonable adjustments:

Activities requiring additional controls:

Trip/transport arrangements:

Plan prepared/reviewed with:

Date: _____

Next review: _____

APPENDIX C

AAI / Emergency Medication Check

Child: _____

Medication: _____

Device 1 expiry: _____

Device 2 expiry: _____

Condition checked: ☐ Yes ☐ No

Accessible: ☐ Yes ☐ No

Location recorded: ☐ Yes ☐ No

Off-site arrangements confirmed: ☐ Yes ☐ No

Replacement required: ☐ Yes ☐ No

Checked by: _____

Date: _____

APPENDIX D

Allergy Incident / Near-Miss Record

Date/time: _____

Child: _____

Location: _____

Incident / near miss:

Known allergen: _____

Suspected exposure:

Symptoms:

Adrenaline administered:
☐ Yes ☐ No

999 called:
☐ Yes ☐ No

Hospital attendance:
☐ Yes ☐ No ☐ Unknown

Parent/carer informed:
☐ Yes ☐ No

Referring school/commissioner informed:
☐ Yes ☐ No ☐ Not applicable

Immediate actions taken

Investigation

Was the exposure avoidable?
☐ Yes ☐ No ☐ Unclear

Was relevant information available?
☐ Yes ☐ No

Was the individual plan followed?
☐ Yes ☐ No ☐ Partially

Were staff appropriately trained?
☐ Yes ☐ No

Was medication accessible?
☐ Yes ☐ No ☐ Not applicable

Lessons learned

Actions required

Responsible person: _____
Completion date: _____
Reviewed by Allergy Safety Lead: _____
Date: _____

APPENDIX E

Staff Allergy Emergency Quick Guide

IF YOU SUSPECT ANAPHYLAXIS:

1. DO NOT LEAVE THE CHILD ALONE.

2. GIVE ADRENALINE WITHOUT DELAY

   Use the child's prescribed adrenaline auto-injector in accordance with their plan and training.

3. CALL 999
   Say: "A child is having an anaphylactic reaction."
   Give the exact location.

4. FOLLOW THE EMERGENCY OPERATOR'S INSTRUCTIONS.

5. USE A SECOND AAI IF INDICATED AND AVAILABLE.

6. MONITOR THE CHILD.

7. IF THEY STOP BREATHING NORMALLY, START CPR.

8. INFORM PARENT/CARER AND RELEVANT COMMISSIONER/REFERRING SCHOOL.

9. RECORD AND REPORT THE INCIDENT.

10. REVIEW WHAT HAPPENED AND LEARN FROM IT.

APPENDIX F

Related Thriveology Policies

This policy should be read alongside:

- Safeguarding and Child Protection Policy;
- First Aid Policy;
- Supporting Children with Medical Conditions Policy;
- Medication Policy;
- Health and Safety Policy;
- Risk Assessment Policy/Procedure;
- Food Safety Policy;
- Equality, Diversity and Inclusion Policy;
- Behaviour Policy;
- Data Protection and Privacy Policy; and
- Complaints Policy.