WeST Policy for Allergy Safety at Sherford Vale School and Nursery

Person(s) responsible for updating the template policy:	Director of Safeguarding
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Person(s) responsible for adapting template policy to local school needs:	Laurie Archer (Headteacher)
Named senior leader responsible for this policy:	Lisa Booth (Deputy Headteacher)
Named deputy / operational lead for allergy safety:	Karin Rhodes (SENCO)
Named WeST Community Council member / committee responsible for allergy safety assurance:	
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1. Introduction and purpose

Allergy is a medical condition in which the body's immune system has an abnormal reaction to normally harmless substances such as food, insect stings, contact allergens and airborne allergens. Anaphylaxis is a potentially fatal reaction that typically affects the Airway, Breathing and / or Circulation (ABC).

This policy sets out how the school will identify, reduce and respond to allergy-related risks so that pupils with allergies are supported safely, included fully in school life and protected from avoidable harm.

The school recognises that allergy safety cannot be limited only to pupils already known to have allergies. A pupil, member of staff or visitor may experience a first allergic reaction while on the school site or during a school activity. All staff must therefore be able to recognise anaphylaxis, take emergency action and know how to access adrenaline auto-injectors (AAIs).

The school will take a whole-school approach involving leaders, teaching staff, support staff, catering staff, wraparound staff, trip leaders, pupils, parents / carers, visitors and relevant contractors. Parents / carers should be confident that the school has clear arrangements, trained staff, accessible medication and an effective emergency response.

The school will promote inclusion and will avoid unnecessary isolation or stigmatisation of pupils with allergies. Pupils will not be separated at mealtimes or excluded from activities unless this is specified in their Individual Healthcare Plan (IHP), Allergy Action Plan, Asthma Plan or a specific risk assessment.

2. Legal and statutory framework

This policy has regard to section 100 of the Children and Families Act 2014, as amended by section 34 of the Children's Wellbeing and Schools Act 2026, and the Department for Education (DfE) statutory guidance Allergy safety in schools, published in July 2026.

Section 34 places a requirement on local-authority-maintained schools, academies and pupil referral units to have allergy safety policies, publish them and keep them under review. Governing bodies, proprietors and management committees must have regard to the statutory guidance when carrying out that duty.

This policy should be read alongside the DfE statutory guidance Supporting pupils with medical conditions at school and the school's wider legal duties, including safeguarding, health and safety, equality, special educational needs and disability, food safety, and the common law duty of care.

This policy does not establish a framework for delegating healthcare activities from regulated healthcare professionals to education staff. Where a pupil requires healthcare activity that falls under NHS responsibility, appropriate clinical advice, governance, training, competency and accountability arrangements must be followed.

3. Links to other policies and practices

This Allergy Safety Policy must be read and implemented alongside the school's:

- Supporting Pupils with Medical Conditions Policy
- First Aid Policy
- Health and Safety Policy
- Safeguarding and Child Protection Policy
- Educational Visits and Offsite Activities Policy
- Behaviour Policy and Anti-bullying Policy
- Special Educational Needs and Disability (SEND) Policy
- Equality Information and Objectives
- Food safety / catering procedures
- Attendance procedures, where allergy-related illness or medical appointments affect attendance.

4. Definitions and scope

For the purposes of this policy:

- Allergy is a medical condition in which the immune system reacts to normally harmless substances, including food, insect stings, contact allergens and airborne allergens.
- Anaphylaxis is a potentially fatal allergic reaction affecting Airway, Breathing and / or Circulation (ABC).

- Asthma is a lung disease caused by inflammation and tightening of the airways. It is frequently associated with allergy and anaphylaxis because exposure to allergens can provoke an asthma attack.
- Food intolerance is different from allergy and does not cause a serious allergic reaction, although it may cause other health problems if not avoided. These are managed under the Supporting Pupils with Medical Conditions Policy.
- Coeliac disease is intolerance to gluten, found in rye, barley and wheat. This is managed under the Supporting Pupils with Medical Conditions Policy.
- A nasal adrenaline device is a prescribed emergency device used to administer adrenaline via the nasal route. Schools may hold spare adrenaline auto-injectors but cannot hold spare nasal adrenaline devices.

This policy applies to allergy risks arising during the school day, before- and after-school provision, enrichment, curriculum activities, trips, residential visits, transport arrangements managed by the school, school events, visitors and contractors where relevant.

5. Roles and responsibilities

5.1 WeST Trust Board and WeST Community Council

The WeST Trust Board delegates local policy approval and assurance through WeST Community Councils in line with the Scheme of Delegated Authority (SoDA). The WeST Community Council will approve the localised policy and seek assurance that the school has effective arrangements for allergy safety.

Governance assurance should include, as appropriate:

- confirmation that the policy is published and reviewed at least annually;
- evidence that a named senior leader and deputy / operational lead are in place;
- overview of allergy / anaphylaxis register arrangements;
- assurance that IHPs, Allergy Action Plans and Asthma Plans are in place and reviewed where required;
- staff training completion and refresher arrangements;
- prescribed and spare AAI arrangements, including checks and accessibility;
- catering, food safety and wider allergen exposure controls;
- learning from serious incidents and near misses.

5.2 Headteacher

The Headteacher is responsible for ensuring that this policy is implemented effectively in practice. Operational tasks may be delegated, but the Headteacher retains overall responsibility for safe implementation, appropriate resourcing, staff awareness, emergency preparedness and reporting to governance.

5.3 Allergy Safety Lead[1]

Allergy Safety Lead: Lisa Booth (Deputy Headteacher)

Deputy / operational lead: Karin Rhodes (SENCO)

The Allergy Safety Lead will:

- maintain the allergy / anaphylaxis register;
- oversee IHP, Allergy Action Plan and Asthma Plan arrangements for pupils with allergies;
- oversee prescribed and spare AAI arrangements, including storage, access, expiry checks and records;
- arrange and record staff allergy awareness and emergency response training;
- ensure effective communication with catering staff, lunchtime staff, wraparound staff, supply staff and trip leaders;
- support reasonable and proportionate steps to reduce exposure to known allergens;
- ensure serious incidents and near misses are recorded, reported, reviewed and used to improve practice.

The Allergy Safety Lead should not be the catering manager because the role requires independent oversight and assurance of allergy safety arrangements.

5.4 Staff

All staff are expected to act in the best interests of pupils, particularly in emergencies. Staff should know how to recognise an allergic reaction and anaphylaxis, how to summon help, where relevant medication is stored, and how to follow the pupil's IHP, Allergy Action Plan or Asthma Plan.

All employees will receive allergy awareness and emergency response training at induction and at least annually. Staff with specific responsibilities, including first aiders, catering staff, wraparound staff, trip leaders and staff supporting pupils with IHPs, may require additional role-specific training.

5.5 Parents and carers

Parents and carers are responsible for:

- informing the school promptly about their child's allergy, treatment, medication and any changes in need;
- providing prescribed medication, including AAIs where required, in the correct dose, labelled and within expiry date;
- providing written consent for medication administration where required;
- participating in the development and review of the IHP, Allergy Action Plan and / or Asthma Plan;
- supporting the school to help the pupil manage their allergy safely and confidently.

[1] This may or may not be the same person as the Medical Lead named in the Supporting Pupils with Medical Conditions Policy. Either way the Headteacher is responsible for ensuring there is clarity of roles and responsibilities.

5.6 Pupils

Pupils will be involved in planning and self-management where this is appropriate to their age, maturity, understanding and clinical advice. Pupils should be supported to understand their allergy, avoid known triggers, tell an adult if they feel unwell and know where their medication is kept.

5.7 Healthcare professionals

Healthcare professionals, including school nurses and specialist nurses, may advise on diagnosis, treatment, IHP content, Allergy Action Plans, Asthma Plans, training and staff competence where relevant.

5.8 Staff and visitors with allergies

Staff and visitors with allergies are encouraged to make relevant needs known so that proportionate arrangements can be considered. The school will consider emergency response, access to personal medication and any reasonable adjustments that may be required.

6. Identifying pupils with allergy

The school will maintain an allergy / anaphylaxis register and ensure that relevant staff can access appropriate information quickly and securely. Information will be handled in line with data protection expectations and shared only with staff and relevant adults who need it to keep the pupil safe.

For pupils known prior to admission, arrangements should be in place before the start of term. For pupils admitted during the academic year, arrangements should normally be implemented within two school weeks of admission.

Person responsible for the allergy / anaphylaxis register: Lisa Booth (Deputy Headteacher)

Location / system used for the allergy / anaphylaxis register: Medical First Aid Room

The school will seek allergy information through admission processes, transition information, parental updates, medical information forms, IHP meetings, catering records and ongoing communication with parents / carers. Arrangements must be updated promptly when new information is received.

7. Individual Healthcare Plans, Allergy Action Plans and Asthma Plans

Any pupil whose allergy requires supportive arrangements in school will have these arrangements captured through an Individual Healthcare Plan (IHP)[2]. The IHP will set out what needs to be done to support the pupil, how, when and by whom, including emergency arrangements.

Where appropriate, the IHP will incorporate or be supported by an Allergy Action Plan and / or Asthma Plan. Allergy Action Plans are medical documents and should be completed by the pupil's healthcare professional in partnership with parents / carers, the pupil where appropriate and school staff.

An IHP should be considered, in particular, where a pupil:

- has a known allergy requiring active management in school;

[2] The DfE has provided a template, available at: https://www.gov.uk/government/publications/allergy-safety-in-schools

- is at risk of anaphylaxis;
- has prescribed AAIs or other allergy medication that may need to be accessed in school;
- requires adaptations to food provision, supervision, curriculum activities, trips or wider school arrangements;
- has asthma associated with allergy or anaphylaxis risk;
- has allergy-related needs that may amount to a disability or require reasonable adjustments.

IHPs will be developed with the pupil where appropriate, parents / carers and relevant healthcare professionals, taking account of any available clinical advice. Where clinical advice is not immediately available, the school will agree proportionate interim arrangements with parents / carers and review these when advice becomes available.

IHPs should include, as relevant:

- the pupil's allergy, triggers, symptoms and level of risk;
- known allergens and likely routes of exposure;
- medication, dose, device type, storage arrangements and expiry checks;
- emergency response steps, including when to give adrenaline and when to call 999;
- staff who need to know and any specific training required;
- reasonable adjustments and arrangements for inclusion;
- food provision, catering information and mealtime arrangements;
- arrangements for curriculum activities, food technology, science, art, rewards, celebrations and events;
- breakfast clubs, after-school clubs and wraparound provision;
- school trips, residential visits, transport and off-site activities;
- communication with parents / carers and healthcare professionals;
- review date and review triggers.

IHPs, Allergy Action Plans and Asthma Plans will be reviewed at least annually, when needs change, after transition, following a serious incident or near miss, when medication changes, or where new information is received.

An IHP will not usually be required for mild seasonal hay fever or other minor allergic conditions effectively controlled through routine over-the-counter medication, unless additional risk factors or clinical advice indicate otherwise.

8. Emergency management of anaphylaxis

All staff must be able to recognise signs of an allergic reaction and anaphylaxis and know how to respond. Emergency response should not be delayed while seeking further confirmation where anaphylaxis is suspected.

8.1 Symptoms of anaphylaxis (ABC)

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

8.2 Immediate action

- Lie the person flat with legs raised, unless breathing is difficult, in which case they may need to sit upright.
- Give adrenaline without delay if an AAI is available and anaphylaxis is suspected.
- Bring the AAI to the person; do not move the person to the AAI.
- Call 999 and state clearly that anaphylaxis is suspected.
- Stay with the person until emergency help arrives.
- If symptoms do not improve within five minutes of the first dose, give a second dose using another AAI if available.
- Any person who has had a serious allergic reaction and / or been given adrenaline must be taken to hospital for further observation and treatment.

Location of emergency allergy safety kits / response flowchart / laminated guidance: «DETAILS»

8.3 – Mild Allergic Reactions

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

9. Prescribed and spare adrenaline auto-injectors (AAIs)

9.1 'Spare' AAIs

Pupils at risk of anaphylaxis should have access to their prescribed AAIs in school. Pupils who are able and have appropriate agreement should be supported to carry their own AAIs. Where pupils are unable to carry them, AAIs must be stored safely, be clearly identifiable, be readily accessible in an emergency and must not be locked away.

The school will also hold spare AAIs for emergency use in line with DfE statutory guidance and any associated regulations. Spare AAIs are additional to pupils' own prescribed devices.

Spare AAIs must be:

- stored safely but accessibly and not locked away;
- clearly marked as emergency spare AAIs;
- available within a reasonable time during the school day and school activities;

- checked regularly for dose, condition and expiry date;
- recorded in the school's medication / medical tracking system;
- replaced promptly following use, expiry or damage;
- included in staff training and emergency drills.

A spare AAI may be used in a life-threatening emergency to save life. Where a pupil has an IHP or Allergy Action Plan, staff should follow that plan. Where anaphylaxis is suspected in a person without a known allergy, staff should follow emergency procedures, call 999 and administer adrenaline without delay where appropriate.

Spare AAIs should normally be stocked in pairs. Schools should ensure appropriate dosages are available and consider holding additional pairs in separate locations on larger sites to support rapid emergency access. AAIs must not be stored in refrigerators or exposed to direct sunlight or excessive heat. Where a pupil is prescribed a nasal adrenaline device and it is unavailable in an emergency, staff should follow emergency procedures and use an available spare AAI where appropriate.

Location of prescribed pupil AAIs: In the child's classroom in Medical Grab Bag. AAIs move around the school with the child.

Location of spare emergency AAIs:

Person responsible for AAI checks and records: Lisa Booth (Deputy Headteacher) and Anna Bailey (Teaching Assistant/First Aider)

Frequency and method of AAI checks: Termly check on location and expiry date of AAIs. Document that shows when AAIs expire so that parents can be informed about when AAIs need replacing before the expiry date.

9.2 Emergency Asthma Inhalers

The school may hold emergency salbutamol inhalers in accordance with relevant regulations. Emergency inhalers operate under a different legal framework from spare AAIs and require written parental consent before use. Arrangements for storage, access, staff training, monitoring and replacement should be documented. Further details are available in the Supporting Pupils with Medical Conditions Policy.

10. Staff allergy awareness and emergency response training

10.1 Staff Training

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

Training should include:

- a basic understanding of allergy, anaphylaxis and associated asthma risk;
- common allergens and allergy triggers;
- how to recognise allergic reactions and anaphylaxis;

- emergency response, including calling 999 and positioning the pupil safely;
- how and when to administer AAIs, including practical use of trainer devices;
- where prescribed and spare AAIs are located;
- allergen avoidance and proportionate risk reduction;
- the school's allergy / anaphylaxis register arrangements;
- IHPs, Allergy Action Plans and Asthma Plans;
- incident and near-miss reporting;
- roles and responsibilities, including catering, lunchtime, trip and wraparound arrangements.

10.2 Anaphylaxis Drills and Allergy Champions

The school will periodically undertake allergy emergency drills to test the effectiveness of emergency arrangements and identify learning. Schools may also appoint staff and/or pupil Allergy Champions to promote awareness and inclusive practice.

11. Minimising exposure to known allergens

The school will take reasonable and proportionate steps to reduce the risk of exposure to known allergens, while recognising that it cannot guarantee an allergen-free environment. Risk reduction will be based on individual need, available clinical advice, consultation with parents / carers and practical arrangements within the school context.

Allergy risks should be considered in:

- classrooms and shared learning spaces;
- dining areas and food service points;
- breakfast clubs, after-school clubs and wraparound provision;
- food technology, science, art and outdoor learning;
- food rewards, celebrations, fundraising events and community events;
- curriculum cooking, tasting activities and cultural events involving food;
- school trips, residential visits, transport and external venues;
- visitors, contractors and lettings where food or relevant allergens may be present;
- air quality, where airborne allergens or asthma-related risks are relevant.

11.1 "Nut free" and allergen-free claims

The school will avoid giving an unrealistic guarantee that the site is "nut free" or allergen-free unless this is genuinely achievable and enforceable. Where the school asks families, staff or visitors to avoid bringing particular allergens onto site, this will be framed as a risk-reduction measure and supported by communication, supervision and proportionate review. Schools should be careful with language, e.g. "allergy aware" is more helpful than "nut free".

12. Catering, food provision and mealtime arrangements

The school must be able to provide safe food options to meet dietary needs, including food allergy, where pupils access school food. All food businesses, including school caterers, must follow food information and allergen labelling requirements.

Catering and relevant school staff will:

- keep accurate allergen information for food provided by the school;
- check ingredient and supplier changes;
- manage menu substitutions safely;
- consider pre-packed for direct sale (PPDS) foods where relevant;
- ensure that allergen information remains identifiable;
- know how they will identify pupils with allergies safely and discreetly;
- share relevant information with the Allergy Safety Lead;
- record and escalate any concern, error, near miss or suspected allergen exposure.

Local arrangements for identifying pupils with allergies in catering / dining systems: «DETAILS»

Local arrangements for menus, allergen information and parental access to information: «DETAILS»

Arrangements for special events, curriculum food activities and food brought from home: «DETAILS»

13. School trips, residential visits and external activities

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

Visit leaders must consider allergy needs within risk assessments and planning. This should include:

- reviewing the pupil's IHP, Allergy Action Plan and / or Asthma Plan;
- ensuring immediate access to prescribed and, where appropriate, spare AAIs;
- briefing supervising adults on signs, symptoms, emergency action and medication access;
- checking food provision with venues, caterers and transport providers where relevant;
- planning emergency access routes and communication arrangements;
- considering sleeping, dining and activity arrangements on residential visits;
- recording any additional controls in the trip risk assessment.

Local arrangements for off-site visits and residentials: «DETAILS»

14. Wellbeing, inclusion and allergy bullying

The school will promote the wellbeing and inclusion of pupils with allergies. Pupils should be supported to participate fully in school life, remain healthy, attend well and achieve their academic potential.

Allergy bullying, including deliberate exposure to allergens, threats involving allergens, teasing, isolation or stigma, will be treated seriously and managed in line with the school's Behaviour Policy, Anti-bullying Policy and safeguarding procedures.

Where allergy-related needs may amount to a disability, the school will consider reasonable adjustments under the Equality Act 2010. The school will also consider emotional wellbeing following an allergy diagnosis, an incident, near miss or change in health needs.

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15. Unacceptable practice

The following are examples of unacceptable practice and should be avoided:

- preventing a pupil from accessing education, trips or enrichment because of allergy where reasonable adjustments or risk controls could be made;
- unnecessarily separating or identifying a pupil in a way that causes stigma;
- delaying emergency treatment where anaphylaxis is suspected;
- requiring a pupil experiencing anaphylaxis to walk to their medication;
- locking away emergency medication or storing it where staff cannot access it quickly;
- failing to share essential allergy information with staff who need it to keep the pupil safe;
- failing to review an IHP, Allergy Action Plan or Asthma Plan after a significant change, serious incident or near miss;
- making broad allergen-free claims that cannot be reliably delivered
- penalising a pupil for allergy-related absence, including through attendance rewards;
- requiring parents/carers to attend school to administer routine allergy medication;
- requiring parents/carers to accompany educational visits purely because of allergy;
- failing to make reasonable adjustments where these are required.

16. Storage, records and expiry dates

Medication must be stored in accordance with the pupil's IHP, Allergy Action Plan, Asthma Plan and product requirements. Emergency medication must be accessible and should not be locked away where this would delay emergency response.

The Allergy Safety Lead, or another named member of staff, will oversee and record checks of prescribed and spare AAIs at least termly, or more frequently where local risk assessment requires. Checks should include location, dose, condition, expiry date and replacement arrangements.

AAIs and other emergency medication should be stored in accordance with manufacturer recommendations, protected from direct sunlight, extreme temperatures and refrigeration. Storage conditions should be checked routinely.

Expired or used AAIs must be disposed of safely, including use of a sharps disposal route where required. Parents / carers remain responsible for replacing prescribed medication, but the school will notify them promptly where medication is missing, expired, damaged, used or nearing expiry.

17. Serious incidents and near misses

Any serious allergy-related incident or near miss will be recorded, reported, reviewed and used to improve future practice. This includes suspected or confirmed allergen exposure, emergency medication

administration, delayed access to medication, catering error, failure to follow an IHP / Allergy Action Plan, or any event where the outcome could have been more serious.

The school will:

- take immediate action to keep the pupil or person safe;
- inform parents / carers as soon as practicable;
- record the incident or near miss in the school's agreed recording system;
- notify the Headteacher and Allergy Safety Lead;
- report to WeST Community Council through agreed assurance routes;
- complete any statutory reporting required, including health and safety, food safety, safeguarding or child death review processes where relevant;
- review the IHP, Allergy Action Plan, Asthma Plan, training, supervision, catering, communication and emergency response arrangements;
- identify lessons learned, assign actions and monitor completion;
- consider wellbeing support for the pupil, peers, family and staff affected.

The school will consider whether incidents meet thresholds for statutory reporting, including Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) notification or food safety notifications. Not all incidents require external reporting; however, decisions and rationale should be recorded.

18. Information sharing and awareness of this policy

The school will ensure that relevant staff understand this policy and know how to access pupil-specific allergy information where required. Allergy information will be shared proportionately and securely with staff and adults who need it to keep pupils safe.

The school will make parents / carers aware of this policy by publishing it on the school website. Hard copies are available on request. The school will also consider how pupils, staff, visitors, caterers, contractors, volunteers and wraparound providers are made aware of relevant allergy safety arrangements.

19. Complaints

Concerns about allergy safety should be raised with the Allergy Safety Lead or Headteacher in the first instance. Where concerns are not resolved, parents / carers should follow the Complaints Policy.

20. Monitoring and review

This policy will be reviewed at least annually and following any serious incident, near miss, significant change in need, significant operational change or change in statutory guidance. The review will consider implementation, training, IHP quality, AAI arrangements, catering controls, incident learning and governance assurance.

The WeST Director of Safeguarding may monitor implementation through safeguarding reviews, policy assurance, medical / first aid assurance activity and other Trust quality assurance processes.

21. Glossary

Term	Meaning
Adrenaline auto-injector (AAI)	A device used to administer adrenaline in an emergency where anaphylaxis is suspected.
Allergy Action Plan	A medical plan that facilitates first aid treatment of anaphylaxis and should usually be completed by a healthcare professional in partnership with parents / carers and the school.
Anaphylaxis	A potentially fatal allergic reaction affecting Airway, Breathing and / or Circulation.
Asthma Plan	A plan setting out asthma triggers, medication, emergency action and support arrangements, where asthma is relevant to the pupil's allergy risk.
Individual Healthcare Plan (IHP)	A plan which sets out what needs to be done to support a pupil with a medical condition or allergy, how, when and by whom, including emergency arrangements.
Nasal Adrenaline Device	A prescribed device delivering adrenaline via the nasal route during anaphylaxis. Schools cannot hold spare nasal adrenaline devices.
Near miss	An event that did not result in harm but could have done, or which shows that allergy safety arrangements need to be reviewed.
Pre-packed for direct sale (PPDS) food	Food packaged on the same premises from which it is sold before it is ordered or selected by the consumer.
Serious incident	An allergy-related event requiring emergency response, medical intervention, statutory reporting, significant review or governance notification.

22. Version history

Version	Date	Notes
1.0	June 2026	New WeST template policy based on Allergy UK model for local school adaptation and WeST Community Council ratification.
2.0	July 2026	Updated following publication of DfE statutory guidance Allergy safety in schools, including strengthened legal

		context, IHP expectations, spare AAI arrangements, staff / visitor allergy arrangements, minimising exposure to known allergens, trips, serious incidents, near misses and governance assurance.
3.0	July 2026	Updated following practitioner review. Added guidance on emergency asthma inhalers, nasal adrenaline devices, AAI storage and dosage arrangements, mild allergic reactions, implementation timescales, allergy drills, allergy champions, attendance protections, statutory reporting considerations and hard-copy availability.
3.1	July 2026	Removed 'named WCC Member for Allergy Safety' as this was good practice rather than statutory and ELT/Trustees felt responsibility could sit collectively with the WCC.