Southern Education Trust

Winton Primary School

ALLERGY SAFETY POLICY

As a trust, our ethos is encompassed in our vision statement

'Making Lives Better'

and we commit to doing this through:



Reviewed by:	**Trust Board**
Adopted:	**November 2026**
Review due:	**Summer 2027**
Review cycle:	**Annual**

Intent

Southern Education Trust (SET) and our school strive to ensure the safety and wellbeing of all members of our community. This policy outlines how our school will minimise the risk of anaphylaxis occurring in school and how it will be managed if it occurs.

The school will work with parents to identify allergens, assess risk and implement control measures. Our aim is to ensure all pupils can attend safely and participate fully in school life.

We cannot guarantee a completely allergen-free environment. However, the school can take reasonable steps to minimise exposure, promote awareness and ensure robust emergency procedures are in place.

Our school has a named member of the senior leadership team responsible for allergy safety.

At Winton Primary School the Senior Leader responsible for allergy safety is Laura Marshall

All staff that are present, whilst pupils are on site, will be trained in allergy awareness and emergency response annually. This includes permanent, temporary and supply staff. It includes peripatetic staff, agency workers, wraparound care workers and regular volunteers.

In addition to annual training, new staff will receive training on induction. Supply or peripatetic staff may be asked to provide evidence of suitable training undertaken elsewhere, rather than training in each institution they work in. If a member of staff has not received such training, the school will provide it to them.

If gaps are identified in staff training, the school will undertake a risk assessment and take actions to address. This may include training additional staff, or in the short term the school may have to ensure appropriately trained staff are available to support pupils with allergies, until training is completed.

Training will ensure staff:

- Have an awareness of allergy, the risks it poses, how allergic reactions can occur and how to manage it;
- Understand that allergy includes multiple conditions (food allergy, asthma, eczema, hay fever, others), which can co-exist;
- Understand the difference between food allergy, coeliac disease and food intolerance;
- Know where to find information on allergy triggers;
- Can identify the range of symptoms of allergic reactions;
- Understand and can recognise anaphylaxis;
- Know how to respond in an emergency, including:

- o calling emergency services and informing parents;

- o how to locate and administer emergency medication (adrenaline for anaphylaxis, asthma reliever inhaler for an asthma attack).

- o training on how to use the medication/device in an emergency (whether prescribed to a given person or a school's "spare" adrenaline devices);

- Understand the impact allergy can have on a child or young person's wellbeing;

- Understand the school, college or setting's allergy safety policy;

- Know how to check whether an individual is on the school record of those with known allergy and how to use an Allergy or Asthma Action Plan;

- Understand their responsibilities in reducing the risk of individuals with known allergy encountering their known allergens;

- Understand how to use to report an allergic reaction or case of anaphylaxis (whether an incident or a "near miss").

The training will be to provide awareness and emergency response training only, it will not be specific to an individual or replace specific medical training.

Wellbeing

The school recognises that allergies can have a significant impact on a pupil's emotional wellbeing, confidence and sense of safety. Some pupils with allergies may experience anxiety because of the risk of exposure to allergens and the possibility of anaphylaxis. This may be further affected by related conditions such as asthma or eczema.

The school will take active steps to support the wellbeing of pupils with allergies by providing reassurance that reasonable measures are being taken to reduce the risk of allergen exposure and that robust emergency arrangements are in place.

The school will promote a culture of awareness, inclusion and respect in relation to allergies. This will include regular communication with pupils, parents and staff so that the school community understands the risks associated with allergies and the importance of following control measures.

The school will take appropriate steps to prevent bullying, teasing or social exclusion related to allergies, dietary needs, medication or medical conditions. Any concerns of this nature will be addressed promptly in line with the school's Behaviour Policy and Anti-Bullying Policy.

To support pupils with allergies, the school will:

- Provide proactive support for new pupils with known allergies as they join the school

- Explain to pupils and parents the arrangements the school will put in place to support safety and inclusion.

- Offer opportunities, where appropriate, for pupils with allergies and their families to become familiar with the dining environment and key staff.

- Identify appropriate staff members who can act as a point of contact for pupils with allergies and their parents.
- Encourage pupils with allergies, where appropriate, to share concerns and contribute to discussions about how they can be supported safely in school.

The school will, where appropriate, involve pupils with allergies and their parents in the development and review of support arrangements. The school will also consider feedback from staff and, where relevant, from other members of the school community to improve practice.

Minimising Risk

The school will take reasonable steps to manage the risk of individuals with known allergies coming in to contact with allergens while on the school site or during school activities.

This includes considering potential exposure to allergens through food, environmental factors, classroom activities, animals and external visits. Measures will focus on awareness, risk assessment and appropriate control measures, while ensuring that pupils with allergies are able to participate fully in school life.

Pupils will not be prevented from participating in activities alongside their peers simply because of a risk of exposure to allergens. Where necessary, reasonable adjustments will be made to ensure activities can be carried out safely and inclusively.

Food allergies

The school will ensure that catering staff have effective systems in place to identify pupils with dietary requirements at mealtimes. At least two methods of identification will be used where appropriate. These may include staff awareness, allergy registers, photographs in food preparation areas or visible identifiers such as coloured lanyards.

The school and its catering provider will take reasonable steps to minimise the risk of allergen exposure in food provided on site.

This includes:

- Ensuring allergen information is available for food served in accordance with food allergen legislation.
- Ensuring catering staff are aware of pupils with dietary requirements and understand the controls in place to provide allergen-safe meals.
- Checking ingredients and product information when menus or suppliers change.
- Implementing procedures to minimise the risk of cross-contamination during the preparation, handling and serving of food.
- Working with parents and pupils to provide suitable meal options for those with allergies, intolerances or coeliac disease wherever possible.

Pupils with food allergies will not be segregated from their peers at mealtimes.

Food brought into the school environment by pupils, parents or staff may present a risk to individuals with allergies. To reduce this risk the school will:

- Encourage clear labelling of lunch boxes, drinks bottles and food containers belonging to pupils with allergies.
- Set expectations that pupils do not share or trade food, food utensils or containers.
- Seek parental engagement where food is brought in for celebrations or special events to ensure inclusion and safety for pupils with allergies.
- Ensure staff are aware that unlabelled foods may present a greater risk of allergen exposure than packaged foods with allergen information.

The school may discourage certain allergens from being brought onto site where appropriate. The school, however, recognises that it cannot guarantee an allergen-free environment and will adopt an allergy-aware approach supported by strong emergency procedures.

Environmental and contact allergens

Where pupils have known allergies to airborne or contact allergens, e.g. pollen, dust mites, animals or insect stings, the school will take reasonable steps to reduce the risk of exposure where possible.

This may include:

- Monitoring environmental conditions where appropriate.
- Ensuring staff are aware of pupils with known allergies.
- Implementing appropriate control measures as identified in the pupil's Individual Healthcare Plan (IHP).

Classroom activities and curriculum activities

Staff planning activities will consider the potential risk of exposure to allergens.

This includes activities such as:

- Craft activities.
- Science experiments.
- Cooking activities.
- Cultural or celebration events.
- Activities involving animals.

Where materials used in activities may contain allergens, staff will consider whether suitable alternatives should be used.

Where necessary, alternative materials or approaches will be used so that pupils with allergies are not excluded from activities.

Animal allergies

Pupils with known allergies to specific animals will have restricted access to those that may trigger a response.

In the event of an animal on the school site, staff members will be made aware of any pupils to whom this may pose a risk and will be responsible for ensuring that the pupil does not encounter the specified allergen.

The school will ensure that any pupil or staff member who encounters the animal washes their hands thoroughly to minimise the risk of the allergen spreading.

Where medication is required for a pupil with an animal allergy, this will be managed in accordance with the pupil's IHP and the school's medication procedures. The school will not rely on general stock medication unless this is permitted under the relevant policy and consent arrangements.

Food allergen labelling

The school will adhere to allergen labelling rules for pre-packed food goods, in line with the Food Information (Amendment) (England) Regulations 2019, also known as Natasha's Law.

The school will ensure that all food is labelled accurately, that food is never labelled as being 'free from' an ingredient unless staff are certain that there are no traces of that ingredient in the product, and that all labelling is checked before being offered for consumption.

The relevant staff, e.g. kitchen staff, will be trained prior to storing, handling, preparing, cooking and/or serving food to ensure they are aware of their legal obligations. Training will be reviewed on an annual basis, or as soon as there are any revisions to related guidance or legislation.

Food labelling

Food goods classed as 'pre-packed for direct sale' (PPDS) will clearly display the following information on the packaging:

- The name of the food
- The full ingredients list, with ingredients that are allergens emphasised, e.g. in bold, italics, or a different colour

The school will ensure that allergen traceability information is readily available. Allergens will be tracked using the following method:

- Allergen information will be obtained from the supplier and recorded, upon delivery, in a food allergen log stored in the kitchen
- Allergen tracking will continue throughout the school's handling of allergen-containing food goods, including during storage, preparation, handling, cooking and serving
- The food allergen log will be monitored for completeness on a weekly basis by the kitchen manager
- Incidents of incorrect practices and incorrect and/or incomplete packaging will be recorded in an incident log and managed by the kitchen manager

Declared allergens

The following allergens will be declared and listed on all PPDS foods in a clearly legible format:

- Cereals containing gluten and wheat, e.g. spelt, rye and barley
- Crustaceans, e.g. crabs, prawns, lobsters

- Nuts, including almonds, hazelnuts, walnuts, cashews, pecan nuts, brazil nuts and pistachio nuts
- Celery
- Eggs
- Fish
- Peanuts
- Soybeans
- Milk
- Mustard
- Sesame seeds
- Sulphur dioxide and sulphites at concentrations of more than 10mg/kg or 10mg/L in terms of total sulphur dioxide
- Lupin
- Molluscs, e.g. mussels, oysters, squid, snails

The above list will apply to foods prepared on site, e.g. sandwiches, salad pots and cakes, that have been pre-packed prior to them being offered for consumption.

Kitchen staff will be vigilant when ensuring that all PPDS foods have the correct labelling in a clearly legible format, and that this is either printed on the packaging itself or on an attached label. Food goods with incorrect or incomplete labelling will be removed from the product line, disposed of safely and no longer offered for consumption.

Any abnormalities in labelling will be reported to the kitchen manager immediately, who will then contact the relevant supplier where necessary.

The kitchen manager will be responsible for monitoring food ingredients, packaging and labelling on a weekly basis and will contact the supplier immediately in the event of any anomalies.

Changes to ingredients and food packaging

The school will ensure that communication with suppliers is robust and any changes to ingredients and/or food packaging are clearly communicated to kitchen staff and other relevant members of staff.

Following any changes to ingredients and/or food packaging, all associated documentation will be reviewed and updated as soon as possible.

Identifying individuals with allergies

The school will keep a record of all individuals with allergies, including whether they have an IHP or an allergy action plan.

The school will capture key information about pupils with allergies, which will be recorded in their IHP. This will include the following:

- Emergency contact details for the pupil's parents or family

- An up-to-date photograph of the pupil
- What the pupil's known allergens are and whether the allergen is ingested, inhaled or absorbed
- Whether the pupil has an allergy action plan attached to their IHP
- Whether the pupil has been prescribed adrenaline devices and, if so, what make and dosage it is
- Whether there is prior medical and parental consent for a spare adrenaline device or emergency asthma reliever inhaler to be used – notwithstanding that in an emergency situation that could not be foreseen, a spare adrenaline device can be used without prior parental consent
- Whether the pupil also has asthma, and if so, an asthma plan will be attached to the IHP which includes whether there is parental consent to use an emergency asthma reliever inhaler in an emergency

The school will use its best endeavours to gather information about known allergies, e.g. by asking a pupil's previous setting for relevant information and by asking the pupil and their parents to provide information. The data collection sheet and plan format in the Appendix will be used to capture and record information and the pupil's plan.

Where pupils with allergies are starting at the school, arrangements will be put in place for the start of the relevant school term. In other cases, e.g. pupils moving to the school mid-term, every effort will be made to ensure that arrangements are put in place within two weeks.

For staff members with allergies, arrangements will be put in place when they commence work. For

visitors with allergies, information will be sought in advance of their visit wherever possible.

The school will keep a list of individuals with known allergies in places where food may be served or handles. Such lists will be kept in areas accessible to staff only.

Individual Healthcare Plans

Pupils in school will have an Individual Healthcare Plan (IHP) if:

• they have an allergy which has a functional impact on them in their school;

• they are at risk of harm because of their allergy **and**

• they require arrangements which are additional to or different from those made generally.

The IHP will set out the additional and/or different arrangements that will be in place in school for supporting the pupil with their medical condition or allergy, including in emergency situations.

An IHP will outline the specific support arrangements the pupil requires and how these will be implemented in school. This includes pupils whose allergies require flexibility and "reasonable adjustments", as well as those who require medication (either proactively or in an emergency).

For any pupil who has an Allergy Action Plan and/or Asthma Action Plan issued by a healthcare professional, the IHP will refer to it and have the plan attached to it. Whenever an updated Action Plan becomes available, the child or young person's Individual Healthcare Plan will be reviewed to incorporate it.

Prescribed adrenaline

Pupils who suffer from severe allergic reactions may be prescribed an Adrenaline Auto-Injector (AAI) for use in the event of an emergency.

Under The Human Medicines (Amendment) Regulations 2017 the school is able to purchase AAI devices without a prescription, for emergency use on pupils who are at risk of anaphylaxis but whose device is not available or is not working.

Any spare AAIs held by the school in this way will be considered spare devices and not a replacement for the pupil's own device. Pupils at risk of anaphylaxis will have their prescribed AAIs with them at school for use in an emergency and will always have access to both of their two prescribed devices.

Depending on their level of understanding and competence, pupils will carry their AAIs on their person at all times, or they should be quickly and easily accessible at all times.

If AAIs are not carried by the pupil, they will be kept in a central place in a box marked clearly with the pupil's name but not locked in a cupboard or an office where access is restricted.

When storing AAIs, they will be:

- Readily accessible and not locked away.
- The IHP will detail where and how the devices are stored and how the pupil will be able to access them quickly and easily regardless of where they are on the school site. This will include provision for lunch, breaks, assemblies and sports activities as well as trips and visits. The plan will also detail how the child will be able to access on the journey to and from school and any arrangement the school must make to facilitate this.
- Stored in pairs, so that if a second one is necessary it is on hand rather than needing to be obtained from elsewhere on site.

The school will maintain a register of pupils who have been provided with a prescribed adrenaline injector and who have an Allergy Action Plan. This will be accessible to those that need access to it, including teachers, teaching assistants and those providing first aid treatment.

"Spare" Adrenaline Devices

The school is aware that no pupil should be no more than five minutes from an adrenaline device. We ensure that adrenaline devices are stocked and stored in pairs. Under The Human Medicines (Amendment) Regulations 2017 the school can purchase AAI devices without a prescription, for emergency use on pupils who are at risk of anaphylaxis but whose device is not available or is not working.

The school understands that anaphylaxis reactions can occur in pupils without a pre-existing diagnosis of a food allergy. The school will therefore stock spare AAIs for use in emergency situations.

Spare AAIs will be used for pupils:

- Who have been prescribed AAIs but their own device is not available.

- With food allergies who have been assessed as being at lower risk of anaphylaxis and therefore not prescribed their own AAIs.

In addition, spare AAIs will be used with anyone experiencing anaphylaxis in an emergency, for the purpose of saving their life. This is in accordance with the legal exemption under Regulation 238 of the Human Medicines (Amendment) Regulations 2017.

The school will submit a request, signed by the headteacher, to the pharmaceutical supplier when purchasing AAIs, which outlines:

- The name of the school.
- The purposes for which the product is required.
- The total quantity required.

The headteacher, in conjunction with the senior leader responsible for medicines, will decide which brands of AAI to purchase.

Where possible, the school will hold one brand of AAI to avoid confusion with administration and training; however, subject to the brands pupils are prescribed, the school may decide to purchase multiple brands.

The school will purchase AAIs in accordance with age-based criteria, relevant to the age of pupils at risk of anaphylaxis, to ensure the correct dosage requirements are adhered to.

If AAIs are not carried by the pupil, they will be kept in a central place in a box marked clearly with the pupil's name but not locked in a cupboard or an office where access is restricted.

When storing AAIs, they will be:

- Readily accessible and not locked away.
- Located less than five minutes away from where they may be needed.
- Stored in pairs, so that if a second one is necessary it is on hand rather than needing to be obtained from elsewhere on site.
- The school will stock two pairs of AAI devices (1 pair x 0.15mg and 1 pair x 0.3mg) as it has assessed the size of the site requires this to ensure all pupils can access an AAI in less than 5 minutes
- Clearly labelled, e.g. "emergency anaphylaxis kit" to avoid any confusion with AAIs prescribed to a named person. The kit may also contain inhalers, spacers and instructions.

The emergency anaphylaxis kit(s) can be found at the following locations:

- School Office

In line with manufacturer's guidelines, all AAI devices are stored at room temperature and protected from direct sunlight and extreme temperature.

The following staff members are responsible for maintaining the emergency anaphylaxis kit(s):

- Laura Marshall
- Sam Fuller
- Kate James

The above staff members will conduct ad-hoc and **termly** checks of the emergency anaphylaxis kit(s) to ensure that:

- Spare AAI devices and salbutamol inhalers are present and have not expired.
- Spare AAI devices are replaced when they are used.

The following staff member is responsible for overseeing the protocol for the use of spare AAIs, its monitoring and implementation, and for maintaining the Register of AAIs: Laura Marshall.

Any used or expired AAIs will be disposed of in accordance with manufacturer's instructions.

Used AAIs may also be given to paramedics upon arrival, in the event of a severe allergic reaction, in accordance with this policy.

A sharps bin is utilised where used or expired AAIs are disposed of on the school premises.

Where any AAIs are used, the following information will be recorded on the AAI Record:

- Where and when the reaction took place
- What medication was given
- Who administered it
- Whether a second dose was required

Access to spare AAIs

A spare AAI can be administered as a substitute for a pupil's own prescribed AAI, if this cannot be administered correctly, without delay.

Spare AAIs are only accessible to pupils for whom medical authorisation and written parental consent has been provided – this includes pupils at risk of anaphylaxis who have been provided with a medical plan confirming their risk, but who have not been prescribed an AAI.

Consent will be obtained as part of the introduction or development of a pupil's IHP.

If consent has been given to administer a spare AAI to a pupil, this will be recorded in their IHP.

The school uses a register of pupils (Register of AAIs) to whom spare AAIs can be administered – this includes the following:

- Name of pupil
- Class
- Known allergens
- Risk factors for anaphylaxis
- Whether medical authorisation has been received
- Whether written parental consent has been received
- Dosage requirements

Parents are required to provide consent on an annual basis to ensure the register remains up to date.

Parents can withdraw their consent at any time. To do so, they must write to the headteacher.

FAQ: Do we need medical or parental consent to use a spare pen?

You do not have to have parental consent to use spare adrenaline devices in an emergency (Human Medicines (Amendment) Regulations 2017).

It is good practice for schools to obtain and record parental consent, but you should not delay in administering treatment in order to check if consent has been obtained.

If you have any concerns about whether to administer a spare device, you should call 999 and inform the call handler you suspect anaphylaxis. Explain that you have spare adrenaline pens available and follow their direction.

Laura Marshall checks the register is up to date on an **annual** basis.

Laura Marshall will also update the register relevant to any changes in consent or a pupil's requirements.

Copies of the register are held in the General Teams Drive, saved in the HCP, which is accessible to all staff members.

External visits and trips

The school recognises the importance of pupils with an allergy being able to participate in all school activities including trips and visits. When planning school trips, excursions, residential visits or sporting events, staff will consider the risk of allergen exposure and ensure appropriate risk assessments are carried out.

Planning will include consideration of:

- Catering arrangements and allergen risks.

- Access to emergency medication and AAIs.
- Staff awareness of pupils' allergies and emergency procedures.

The school will conduct a risk assessment for any pupil at risk of anaphylaxis taking part in a trip off the premises. All activities on the school trip will be risk assessed to see if they pose a threat to any pupils with allergies and alternative activities will be planned where necessary to ensure the pupils are included.

Pupils at risk of anaphylaxis will have their own AAI device with them, and there will be staff available who are trained to administer adrenaline in an emergency.

The school will speak to the parents of pupils with allergies where appropriate to ensure their cooperation with any special arrangements required for the trip.

Where necessary, a designated adult will be available to always support the pupil during a school trip.

The school will consider whether it is appropriate to take spare AAI devices in case of emergency use on the trip.

Where the venue or site being visited cannot assure appropriate food can be provided to cater for pupils' allergies, the pupil will take their own food or the school will provide a suitable packed lunch.

Reasonable adjustments will be made where necessary to enable pupils with allergies to participate safely in trips and activities.

Serious incidents and "near misses"

The school accident reporting procedure will be used to report any incidents or "near misses". Parents will be made aware of the importance of reporting any issue that arises once the pupil is at home. This is important as the impact of allergen exposure may not present until the pupil is at home.

Information sharing

The school recognises the sensitivity of the data it must hold in order to keep pupils safe. The Trust Data Protection Policy will be adhered to. Information will be shared with those staff that need to know, in order to ensure the safety of the pupil. However, it will be done in a way that is controlled and respectful and limits the information to those that need to be aware of it.

Policy Awareness

This policy will be published on the school website and shared with parents who have a child with an allergy. Staff will receive annual training that includes awareness and understanding of this policy and its implementation. Where wider awareness of the policy is considered necessary e.g. among a specific pupil's friends, this will be discussed and planned with the pupil and their family and will not replace emergency procedures that the school has implemented.

Appendix – Model IHP documentation

<table>
<tr><th colspan="2">NAME – Individual Healthcare Plan for allergy</th></tr>
<tr><td>Date of birth:</td><td rowspan="4">Current photo</td></tr>
<tr><td>Year / class:</td></tr>
<tr><td>Emergency contacts:</td></tr>
<tr><td>Staff who need to be aware:</td></tr>
<tr><td colspan="2">Allergy:

Note what allergy the child or young person has.

Note any known allergens.

Note whether the child or young person is likely to be aware that they are having an allergic reaction and whether they can alert others.</td></tr>
<tr><td colspan="2">How the allergy is managed:

Note any care or action plans or prescribed medication issued by healthcare professionals.

If the allergy can be partly or wholly managed by practical adjustments (for example avoidance of known allergens), note them here.

Note the extent to which the child or young person is able to take responsibility for managing their allergy.</td></tr>
</table>

Impact on education: *Indicate the potential harm which might come to the child or young person if their allergy is not managed properly.* *Indicate how the allergy may impact on the child or young person's learning.* *Indicate how the allergy may impact on the child or young person's emotional wellbeing.* *If relevant, note any interaction between allergy and SEN.*
Arrangements for support: *Give details of the specific support or adaptations which the school, college or early years setting will put in place, within its educational remit.* *Outline measures to reduce the risk of contact with known allergens.* *Give details of the specific support or adaptations to manage food allergy at meal and snack times.* *Note arrangements for maintaining educational progress where absence or missed learning occurs due to allergy.*
Visits and trips: • *Give details of any arrangements or procedures which may be required for school trips or other activities outside of the normal timetable that will ensure the child can participate.* • *Note any requirement for a risk assessment and prompts for specific issues which should be considered.*
Emergency response: *Where an Action Plan issued by a healthcare professional covers emergency response, refer to it and ensure it is attached.* *Otherwise summarise the signs or symptoms which would indicate an emergency.* *Set out what to do in an emergency, including whom to contact.* *If relevant, note where "spare" adrenaline devices are located.*

Last discussed with parents:	**Date**
Issued by:	**Date**:

Next planned review:	**Date**:

NAME – Individual Healthcare Plan for allergy **Annex: Medication needed while in school / college / setting**	
Non-prescription medication: *Record any <u>non</u>-prescription medication (e.g. oral antihistamines) which the child or young person may require to manage their allergy in the education setting* • *Note whether it is emergency medication; where the medication is stored; and how and when the child or young person may need access* *Note whether parental consent has been given for the allergy medication to be administered, and the date of consent.*	
Parental consent:	**Date**:
Prescription medication: *Record any prescription medication for allergy prescribed by a healthcare professional (e.g. adrenaline).* *Note whether it is emergency medication; where the medication is stored; and how and when the child or young person may need access.* *Note whether parental consent has been given for the allergy medication to be administered, and the date of consent.*	
Prescribed by:	**Date**:
Parental consent:	**Date**:

Use of "spare" adrenaline devices: *Note whether parental consent has been given to administer adrenaline (e.g. using "spare" adrenaline devices) in an emergency.*	
Parental consent:	**Date**:
Use of "spare" salbutamol inhaler:	
If relevant (i.e. the child or young person is prescribed an asthma reliever inhaler), note whether consent has been given to use a "spare" salbutamol reliever inhaler.	
Parental consent:	**Date**:

NAME – Individual Healthcare Plan for allergy **Annex: Care or Action Plans issued by healthcare professionals**	
Allergy / Asthma Action Plan: *Attach any Action Plan to the IHP for use in an emergency.* *Note which healthcare professional issued the plan, their role and the date issued.*	
Issued by:	**Date**:
Care Plan: *Note where any relevant care plan can be found.* *Note what staff are responsible for delivering / supporting delivery of the care plan.* *Note which healthcare professional issued the plan, their role and the date issued.*	
Date:	**Date**: