The COUNTY HIGH SCHOOL Leftwich

Achieving Excellence

Document Control Sheet

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THE COUNTY HIGH SCHOOL LEFTWICH ALLERGY SAFETY POLICY

1. Introduction

1.1 The County High School Leftwich (CHSL) is committed to providing a safe, inclusive and supportive environment for all students, including those with allergies and medical conditions.

1.2 This policy is designed to meet the statutory requirements of the Children's Wellbeing and Schools Act 2026 (Benedict's Law) and the latest DfE guidance *Supporting children and young people with medical conditions and allergy* (effective September 2026). (If applicable) It also incorporates the updated Early Years Foundation Stage (EYFS) requirements regarding safer eating and supervision.

1.3 This policy complies with our Funding Agreement and Articles of Association.

2. Legal Framework

2.1. This policy sets out CHSL's commitment to providing a safe and inclusive environment for students with allergies. Under Benedict's Law (2026), allergy management is a statutory duty.

2.2. **Statutory Compliance:**

- Benedict's Law (effective September 2026): mandating spare adrenaline auto-injectors, staff training and published allergy policies.
- Supporting children and young people with medical conditions and allergy (effective September 2026).
- Children and Families Act 2014 (Section 100): duty to support students with medical conditions.
- EYFS Statutory Framework (updated 2026): enhanced requirements for safer eating, weaning and mandatory AAI training within Paediatric First Aid (PFA).
- Human Medicines Regulations 2017: governing the use of emergency spare adrenaline auto-injectors (AAIs).
- Food Information Regulations 2014: Statutory allergen labelling requirements.

2.3. **Whole-Academy Approach:**

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

Our whole- Academy approach includes our risk management of allergies.

Appendix A: The Sir John Brunner Foundation Risk Assessment-Allergies-Whole Academy v1.

2.4. **Aims**

- To minimise the risk of exposure to allergens for students and staff with diagnosed allergies.
- To ensure that all staff are confident in recognising and responding to allergic reactions, including anaphylaxis.
- To promote an inclusive environment where students with allergies can participate fully in all Academy activities without feeling stigmatised.
- To establish clear procedures for communication, record-keeping, and emergency response.

3. Roles and Responsibilities

3.1. **Local Governing Body:**

- Has overall responsibility for ensuring the Academy meets its legal obligations regarding students with medical conditions, including allergies.
- Approves and regularly reviews this policy.
- Ensures adequate resources and training are provided for allergy management.

3.2. **Headteacher/Principal:**

- Responsible for day-to-day implementation of this policy.
- Ensures all staff are aware of and adhere to the policy.
- Delegates responsibilities as appropriate, including appointing a Designated Allergy Lead.
- Ensures effective communication with parents, staff and external agencies.

3.3. **Designated Allergy Lead: Laura Measures, Assistant Headteacher**

- Oversees allergy management across the Academy.
- Acts as the primary point of contact for staff, students and parents regarding allergies.
- Ensures allergy information is accurately recorded, kept up-to-date, and communicated to relevant staff.
- Co-ordinates and monitors allergy-related training for all staff.
- Manages the stock of Academy-held adrenaline auto-injectors (AAIs), including checking expiry dates.
- Reviews records of allergic reactions and near misses, completes lessons learned reviews, and implements any required actions.

3.4. **All Staff (Teaching, Support, Catering, Administrative, Trip Leaders, wraparound staff etc.):**

- Must be aware of the Academy's allergy policy and their role in its implementation.
- Know which students in their care have allergies and the location of their medical/Individual Health Care Plans (IHPs).
- Are able to recognise the signs and symptoms of allergic reactions and anaphylaxis.
- Know how to access and administer AAIs without delay, if trained and required.
- Participate in allergy and anaphylaxis training and refresher drills.
- Report any concerns regarding allergy management or potential risks.
- Supervise children closely, especially during mealtimes (EYFS: sitting facing children to monitor for choking and allergic reactions).
- Reinforce good hand hygiene to prevent cross-contamination.

3.5. **Parents/Carers:**

- Provide the School with detailed and up-to-date information about their child's allergies, including triggers, symptoms, previous reactions and prescribed medication (e.g. AAIs, antihistamines).
- Provide two in-date, clearly labelled AAIs and any other necessary medication with clear instructions.
- Inform the School immediately of any changes to their child's medical condition or medication.
- Work in partnership with the School to develop and review their child's Individual Healthcare Plan and Allergy Action Plan.
- Ensure their child understands their allergy to the best of their ability and encourages self-management appropriate to their age and development.
- Inform CHSL if their child will be attending an activity or trip, ensuring medication and information is provided.

3.6. **Students**

- Understand their allergy and the importance of avoiding triggers.
- Know where their medication is kept (if old enough to carry it).
- Know who to tell if they feel unwell or believe they have had a reaction—any member of staff.
- Understand the importance of not sharing food.

4. Identification and Information Sharing

4.1. **Admissions Process:**

The admissions team will gather initial information about any allergies or special dietary requirements during enrolment.

4.2. **Initial Assessment and Information Gathering**

Before a student starts at CHSL, parents/carers **must** be asked about their child's special dietary requirements, preferences, food allergies and intolerances. This **must** be shared with all relevant staff.

4.3. Allergy Register

CHSL will maintain a comprehensive and easily accessible allergy register for all students with diagnosed allergies, including:

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

4.4. Communication

Relevant allergy information will be shared with all staff, including supply staff and those supervising activities (e.g. clubs, trips and visits). This may include displaying photo and allergy information in designated staff-only areas (e.g. staff room, canteen).

5. Individual Healthcare Plans (IHPs) and Action Plans

5.1. Requirement

All students whose allergy or medical condition requires support, risk reduction measures, medication, emergency planning or reasonable adjustments (or where specified by a healthcare professional) will have an Individual Healthcare Plan (IHP). For all settings, IHPs must be in place for children with known allergies and intolerances and kept up to date.

5.2. Development

Individual Healthcare Plans will be developed in partnership between the School (Designated Allergy Lead, relevant staff), parents/carers, and, where appropriate, the student and their healthcare professional (e.g. school nurse, GP, allergy specialist).

5.3. Content

The Individual Healthcare Plan will detail:

- The specific allergy/allergens.
- Recognised symptoms of a reaction (mild, moderate, severe).
- Steps to minimise exposure.
- Specific instructions for administering medication (e.g. AAI dosage, location and when to administer).
- Emergency contacts and procedures (who to call, when to call 999).

- Any other relevant information (e.g. asthma management, which can impact allergy severity).

5.4. Allergy Action Plans

Where a student has an AAI prescribed, a clear written Allergy Action Plan (e.g. the BSACI plan, if provided by parents from their allergy practitioner/doctor) will be attached to or incorporated into the Individual Healthcare Plan. This will include a photograph of the student and clear instructions for emergency management.

5.5. Review of Individual Healthcare Plans

Individual Healthcare Plans and Allergy Action Plans will be reviewed at least annually, or sooner if there are any changes to the student's condition, medication or circumstances (such as starting a new key stage), or following a near miss or incident.

6. Medication Management

6.1. Provision

Parents and carers are responsible for providing CHSL with two in-date, clearly labelled AAIs and any other prescribed allergy medication (e.g. antihistamines).

6.2. Storage

- All medication will be stored in an easily accessible, unlocked, and clearly designated location known to staff.
- Medication will be kept out of sight and reach of children.
- For older students capable of self-carrying, AAIs may be kept with them, with appropriate oversight and agreement outlined in their Individual Healthcare Plan.

6.3. Expiry

The Designated Allergy Lead will maintain a register of all AAIs, including brand, dose and expiry dates, and will notify parents/carers well in advance when replacement medication is needed.

6.4. Academy-held Spare Adrenaline Auto-Injectors (AAIs)

CHSL will hold a supply of 'spare' AAIs for emergency use.

- These can be administered without a prescription to a student known to be at risk of anaphylaxis whose own prescribed AAI is not immediately available.
- Written parental consent for the use of an Academy-held spare AAI must be obtained for students with diagnosed allergies.
- The spare AAIs will be stored securely, be accessible, and be routinely checked for expiry.

7. Risk Reduction Strategies

7.1. **Catering and Food Management**

- All School food providers (in-house and external caterers) will comply with the Supporting children and young people with medical conditions and allergy guidance and the Food Information Regulations 2014, providing clear allergen information for all food served.
- Detailed allergen matrices will be available and regularly updated.
- Catering staff will receive specific training on allergen awareness, cross-contamination prevention and emergency procedures.
- Individual dietary requirements for students with allergies will be communicated to catering staff well in advance.
- Specific measures to prevent cross-contamination will be in place (e.g. dedicated preparation areas, colour-coded equipment and separate serving procedures).
- EYFS-specific: the Academy will consider using different coloured plates and serving methods for children with allergies.

7.2. **Classroom and Curriculum Activities**

- Staff will consider food allergies when planning activities involving food (e.g. cooking lessons, science experiments, art projects, rewards). Non-food alternatives will be offered. Biscuit project in art, chocolates at Christmas etc.
- Parents will be informed in advance of any planned food-related activities to discuss safe participation.
- The sharing of food in the Academy is strongly discouraged.
- Birthdays and celebrations will be managed sensitively with a preference for non-food treats or Academy-provided alternatives, agreed with parents/carers.

7.3. **Academy Trips, visits and activities**

- The Evolve assessment for all trips, activities and after school clubs is to be used and will explicitly address allergy management, including medication, trained staff and emergency procedures.
- All relevant allergy information and medication will accompany students on trips.
- Staff leading trips will be fully briefed on students' allergies and emergency protocols.

7.4. **Environment**

- Regular cleaning routines will be in place to minimise allergen residues on surfaces.
- Encourage students to wash hands before and after eating.
- While we cannot guarantee an allergen-free environment, we aim to minimise risk through robust management.

8. Training

8.1. All CHSL staff will receive basic allergy awareness training including:

- Understanding common allergens and allergic reactions.
- Recognising the signs and symptoms of anaphylaxis.
- Knowledge of the Academy's allergy policy and emergency procedures.
- Understanding the importance of administering AAI's without delay.

8.2. Refresher Training

Training will be refreshed annually, or more frequently as needed (e.g. when new starters join or following any significant change). Anaphylaxis emergency drills will be conducted periodically.

8.3. Emergency Response Drills

In line with statutory guidance, the Academy will conduct periodic anaphylaxis drills to ensure all staff can fulfil their legal duty to respond to a medical emergency within five minutes. These exercises test the Academy's internal communication systems, the speed of retrieving AAIs and the accuracy of the 999-emergency protocol.

9. Emergency Procedures

9.1. Recognition

All staff will be trained to recognise the signs and symptoms of an allergic reaction (mild, moderate, severe/anaphylaxis).

9.2. Immediate Action (IF IN DOUBT, GIVE ADRENALINE)

- If a student is suspected of having anaphylaxis, administer their prescribed AAI (or Academy spare) without delay, following the instructions on their Allergy Action Plan and the device.
- Immediately call 999 for an ambulance, stating anaphylaxis, pronounced: ANA-PH-LAX-IS.
- Position the student appropriately (lying flat with legs raised or sitting up if breathing is difficult).
- Do **NOT** stand the student up or allow them to walk if they are having an anaphylactic reaction.
- Stay with the student until medical help arrives.
- If symptoms do not improve within 5 minutes of the first dose, administer a second dose using another AAI.
- Even if symptoms improve, all students who receive an AAI **MUST** be taken to hospital for further observation.

9.3. Record Keeping

All allergic reactions, including near misses, will be recorded in detail on Smartlog and on PRIME. These will be reviewed by the Designated Allergy Lead to identify any patterns or areas for improvement. Parents/carers will be informed of any reaction.

9.4. **Lessons Learned**

After each incident or near miss, a lessons learned review will be completed, and any findings and identified improvements will be actioned.

This will include a review of The Sir John Brunner Foundation Risk Assessment for Allergy and this policy.

10. Partnership with Parents/Carers and External Agencies

10.1. **Open communication**

We are committed to open and ongoing communication with parents regarding their child's allergy management.

10.2. **Healthcare Professionals**

We will work collaboratively with healthcare professionals (GPs, doctors, school nurse, allergy specialists) to ensure Individual Healthcare Plans are accurate and appropriate.

10.3. **Information Sharing**

With parental consent, relevant medical information will be shared with other professionals involved in the child's care.

11. Monitoring and Review

This policy will be reviewed at least annually by the Local Governing Body and the Designated Allergy Lead, or following any incident, near miss or significant change.

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

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

This policy will be made publicly available on the Schools website and communicated to all staff, parents and students.

12. Links with other policies

12.1. This Allergy Safety Policy is linked to the following Sir John Brunner Foundation policies and The County High School Leftwich documents:

- Health and Safety Policy
- Health and Safety Policy Statement of Intent
- Student Illness, Accidents and First Aid Policy
- Supporting children and young people with medical conditions and allergy
- Students who cannot attend school with medical conditions/Children with health needs who cannot attend school
- Admissions Policy Statement
- Equality, Diversity and Inclusion Policy
- Equality information and objectives (public sector equality duty) statement for publication
- Educational Visits Policy
- Safeguarding Policy Statement incorporating Child Protection and Prevent
- Staff Sickness Absence Policy

Appendix A-The Sir John Brunner Foundation-Allergies-Whole Academy v1.

Appendix B-Running an Anaphylaxis Drill.

Appendix C-Examples of reflections for completing lessons learned.

Appendix A- The Sir John Brunner Foundation Risk Assessment – Allergies - Whole Academy v1

Site:						
Assessed by:	**Name**		**Position**		**Date**	
	Signed					
Description of Work:	**Allergen Management in School/College**					
Area work taking place:	Throughout Academy					

Background Information

Under new statutory guidance for Children's Wellbeing and Schools Act 2026- Benedict's Law (September 2026), a general Risk Assessment for Allergies is now a requirement. This is a whole-Academy assessment at how the site is managed generally, to prevent anyone having a reaction.

The DfE 2026 guidance on Supporting children and young people with medical conditions and allergy and the Schools Allergy Code state that a general risk assessment must identify potential allergy hotspots across the day, such as:

Catering and mealtimes: Cross-contamination risks in the kitchen, swapping of food, and how students with allergies are identified.

Curriculum Activities: Use of allergens in Food Tech, Science and Art

External providers: Ensuring breakfast and after-school clubs follow the same risk protocols as during the school/college day

Events: Bake sales, reward treats and days where food may be brought in by students.

Under the new guidance this risk assessment must be:

- Accessible to all staff and parents
- Reviewed as a minimum on an annual basis or following any significant change which includes a near miss incident
- Linked to your training records

Hazard	Persons at risk	Risk Rating L/M/H	Controls / Precautions to Reduce Risk		Residual Risk Rating L/M/H
Catering / Cross-Contamination - Accidental ingestion of allergens leading to anaphylaxis.	Students, staff, allergic reaction.	**M**	• Natasha's Law Compliance: Full labelling of all Pre-Packed for Direct Sale (PPDS). • Live Allergen Matrix for all menu items. • Two-step ID check between server and student.	Monthly kitchen audit by Catering Manager	**L**
Supplier substitution / recipe change - ingredients change without the allergen matrix being updated, leading to incorrect advice/serving.	Students, staff – allergic reaction from minor to major requiring use of AAI.	**M**	• Change control: any substitution triggers allergen re-check and matrix update before service. • Catering staff briefed on "assume changed until checked" approach for alternative brands/products. • Retain packaging/ingredient information for audit trail where required.	Catering manager to evidence matrix updates following substitutions (spot checks).	**L**
Emergency Response Failure- Delay in AAI administration.	Students, staff – allergic reaction from minor to major requiring use of AAI		• Annual staff Training: all staff trained in AAI use & symptom recognition.		

			• Spare AAI held in central unlocked location. All staff are aware. • Periodic emergency drills.		
Choking -silent anaphylaxis not spotted.	Students, staff – allergic reaction from minor to major requiring use of AAI	**M**	• Staff monitor mealtimes.		**L**
Cleaning - Allergen residue on shared surfaces/equipment.	Students, staff – allergic reaction from minor to major requiring use of AAI		• *Wash-in, wash-out* hand hygiene before/after eating. • Detergent-based cleaning of all tables/high-touch areas post-service.		
Classroom Hazards (Science/Art/Sensory Play/Events)	Students, staff – allergic reaction from minor to major requiring use of AAI		• No sweets/food used as behaviour incentives. • Audit of Art/Science supplies (e.g., birdseed, egg cartons, nut-based oils) • Academy risk assessment for bake sales/fairs.		
Multi-use environments e.g. classrooms used as lunchrooms	Students, staff – allergic reaction from minor to major requiring use of AAI		• Each area has a dedicated cleaning station. • Use of detergent and a cloth to remove allergens NOT hand sanitizer • Lidded bins emptied after lunch • Eating restricted to specific desks only • Hand washing after eating and before use of classroom equipment. • Age- appropriate signage employed on classroom door at lunch e.g. Allergy Aware Zone • Individual Healthcare Plans (IHPs) and " adrenaline auto-injectors (AAIs) easily accessible		
Difficulty accessing medical help; lost/expired AAIs.	Students, staff – allergic reaction from minor to major requiring use of AAI		• AAIs stored in unlocked, central locations (e.g., • Two pens required for every student, plus school spares. • Monthly expiry date & presence check (signed log).		

			• Dedicated School Trip Kit for all off-site visits.		
AAI access / storage / device mismatch - AAIs not quickly accessible (locked/relocated), damaged by heat/cold, or wrong student/dose/device used in error.	Students, staff – delayed or ineffective treatment; increased severity of reaction.		• AAIs stored in agreed, unlocked locations with clear signage; not moved without update/briefing. • Storage away from temperature extremes; checks include condition/temperature suitability as well as expiry. • Training includes device-specific practice, two-AAI protocol and avoiding pupil/device mix-ups (photo/label checks).		
Peer-to-Peer Risks (Bullying/Sharing)	Students, staff – allergic reaction form minor to major requiring use of AAI		• Enforced "No Food Sharing" rule across all year groups. • Age-appropriate assemblies on the severity of allergies. • Anti-bullying policy specifically mentions allergy-related incidents.	Review of School Anti-bullying Policy to include allergy-related incidents. Pastoral lead to monitor behaviour logs for trends.	
Undisclosed Allergy - First-time reaction with no IHP in place.	Students, staff – allergic reaction form minor to major requiring use of AAI		• Admission forms now mandate "Allergy Status" declaration. • Annual request for data from parents/carers. • Allergy-Aware culture encourages disclosure without stigma.	Termly data review by Designated Allergy Lead (DAL)	

Unregulated Food Deliveries - Staff or senior student Fast Food deliveries bypassing checks**.**	Students, staff, third parties – allergic reaction form minor to major requiring use of AAI		• Strict policy prohibiting external food deliveries to pupils. • Staff deliveries restricted to designated areas with immediate disposal of packaging.		
Food from home (packed lunches/treats) - unknown ingredients, may contain warnings and home-prepared food causing accidental exposure.	Students (including undiagnosed), staff – allergic reaction from minor to major requiring use of AAI.		• Clear written policy for packed lunches, class treats and food brought for events (including guidance on high-risk allergens and "may contain"). • No food sharing rule reinforced for all phases (EYFS/Primary/Secondary). • Supervision/segregation arrangements where required (e.g., designated eating areas / allergy-aware zones).		
Breakfast club / after-school provision (incl. holiday clubs) - inconsistent allergen controls, labelling and supervision outside core school hours.	Students, staff, external providers – allergic reaction from minor to major requiring use of AAI.		• Breakfast/after-school provision operates the same allergen policy as the main school (no exceptions). • Provider contract/SLAs include allergen management requirements, training expectations and incident reporting. • Handover process for allergy register, IHPs and AAI locations for each session (including late collections and mixed-age groups).	Sessional spot-checks / termly audit of provider practice.	
Communication / handover failure - allergy information not shared with supply staff, volunteers, peripatetic staff, lunchtime supervisors or transport escorts	Students, staff – increased likelihood of accidental exposure or delayed response		• Single, controlled allergy register (including photos where appropriate) accessible to relevant staff. • Cover staff/visitor briefing checklist includes allergy hotspots, no-food-sharing and emergency response/AAI locations. • Clear process for new diagnosis / medication changes mid-term (parent notification, plan update, staff brief).		

Contact / airborne allergen exposure - reactions triggered by flour dust, cooking vapours, powdered ingredients, or allergen residue on shared equipment (ICT, sports kit, toys).	Students, staff, visitors – allergic reaction (including asthma exacerbation in some cases).		• Avoid aerosol- based allergen activities where possible • Ensure good ventilation during cooking/baking. • Cleaning regime covers shared equipment and high-touch items after food use. • Students wash hands after eating and before using shared resources (computers, sports equipment, instruments).		
Off-site catering / venues (trips, fixtures, residentials) - allergen information misunderstood; buffet service and shared utensils causing cross-contact; delayed emergency response.	Students, staff – allergic reaction from minor to major requiring use of AAI.		• Pre-visit checks with venue/caterer on allergens, preparation controls and serving arrangements. • Avoid buffets where possible for pupils with allergies; if unavoidable, agree a served/controlled option. • Trip lead carries AAIs and emergency plan; confirm access/response route (signal, nearest emergency care).		
Inadequate cleaning method - allergens spread by shared cloths/sponges or reliance on hand gel/wipes that do not remove allergens effectively.	Students, staff – allergen residue remains on surfaces leading to contact/ingestion exposure.		• Detergent and disposable cloth/paper towel method for food surfaces; separate cleaning kit for eating areas. • Cleaning handover between school day and clubs/lettings (who cleans, what, when recorded). • Staff awareness: hand sanitiser reduces germs but does not reliably remove allergens.		
Animals / environmental allergens / latex - exposure from classroom pets, visiting animals,	Students, staff, visitors – allergic reaction (including contact reactions).		• Risk assess any animal visits/pets; confirm feed/handling arrangements and cleaning controls. • Handwashing after animal contact; restrict animal access to food areas.		

animal feed, latex-containing equipment (where used).			• Identify and remove/replace latex items where present (use latex-free alternatives).		

Appendix B. Running an Anaphylaxis Drill

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

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

Phase 1: Preparation

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

- Select a patient: Use a staff member or manikin (do not use a student).
- Equipment: User Trainer Pens (EpiPen/Jext/Emerade trainers) that have no needle or medicine.
- Scenario card: create a card that says: "*The student is clutching their throat, coughing and has hives after eating a biscuit. They are becoming drowsy.*"

Phase 2: The Drill

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

1. The trigger: Hand the scenario card to a staff member. Start your stopwatch.

2. The alarm: The staff member must shout the Academy's emergency message via the radio/tannoy or however suits your setting.

3. The response

- **Staff A** stays with the patient and keeps them in the correct position (sitting on the floor with legs raised or lying flat if feeling faint).
- **Staff B** runs to the point to retrieve the students AAI and the Academy spare AAI
- **Staff C** simulates the 999 call (this could be the school office).

4. The administration

Staff B returns, and **Staff A** or **Staff B** demonstrates using the trainer pen on the patient's outer thigh, holding it for the correct count (usually 10 seconds for most devices).

5. The handover

The drill ends when staff arrive with the student's Individual Healthcare Plan and a mock emergency log to record the time of the injection.

Appendix C. Example of reflections you may wish to include to include in your Academy Lessons Learned following an anaphylaxis drill

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

Key Performance Indicator	Target	Actual Time/Result
Symptom Recognition	Immediate	
Alarm Raised	< 30 Seconds	
AAI Retrieval (Student or spare)	< 2 Minutes	
Simulated administration	Correct technique	Pass/fail
999 Call simulation	Follows protocol	Pass/fail

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

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