Allergy Safety Policy

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1. Aims

An 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 affecting the Airway/Breathing/Circulation ("ABC"). Many individuals with allergies to food or insect stings are at risk of anaphylaxis.

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, a potentially life-threatening condition.

Intolerance to foods or an ingredient that the body is unable to digest is different to allergy and does not cause a serious allergic reaction. It can cause long term health problems if not avoided.

Allergic reactions vary in severity, from mild local reactions (e.g. mild hay fever) to "whole body" reactions (common with food allergy) to more serious reactions like anaphylaxis.

In general, most allergic reactions are not severe and can be treated with a non-drowsy oral antihistamine or local treatments such as nose sprays or eye drops. However, some children and young people are at risk of anaphylaxis and require emergency medication (e.g. self-administered adrenaline).

This policy aims to:

- Set out our school's approach to allergy management, including reducing the risk of exposure and the procedures in place in case of allergic reaction
- Make clear how our school supports pupils with allergies to ensure their wellbeing and inclusion
- Promote and maintain allergy awareness among the school community

2. Legislation and guidance

This policy is based on:

- The Department for Education's statutory guidance on allergy safety in schools.
- The Department for Education's guidance Supporting pupils at school with medical conditions.
- The Department of Health and Social Care's guidance on the use of emergency adrenaline auto-injectors (AAIs) in schools.
- The Food Information Regulations 2014.
- The Food Information (Amendment) (England) Regulations 2019.
- Section 34 of the Children's Wellbeing and Schools Act 2026, which requires maintained schools, academies and pupil referral units to have an allergy safety policy.

The school will review this policy annually and following any significant allergy-related incident or near miss to ensure effective allergy management arrangements remain in place.

3. Roles and responsibilities

We take a whole-school approach to allergy awareness.

3.1 Allergy lead
The nominated allergy lead is Russell Jones-Davies, SENDCO/Rachel Grimes, mat leave.

The Allergy Lead will:

- Lead the implementation of this policy across the school.
- Promote and maintain allergy awareness across the school community
- Co-ordinate relevant medical paperwork and information from families, including any medication
- Record and collate allergy and special dietary information for all relevant pupils. *Although the allergy lead has ultimate responsibility, the information collection itself may be delegated to other staff in school e.g. administrative staff*
- Ensure:
    - All pupils who require support with allergies have an up-do-date individual healthcare plan (IHP)
    - All allergy information is up to date and readily available to relevant members of staff
    - All pupils with allergies have an allergy action plan completed by a medical professional
    - All staff receive an appropriate level of allergy training
    - All staff are aware of the school's policy and procedures regarding allergies
    - Relevant staff are aware of what activities need an allergy risk assessment
- Monitor allergy-related incidents and near misses.
- Ensure lessons learned from incidents are implemented.
- Ensure allergy information is communicated appropriately to staff.
- Ensure parents are aware of the policy and the school's procedures around allergy safety.
- Ensure this policy is published on the school's website and made available on request.
- Keep stock of the school's adrenaline auto-injectors (AAIs) and check they are in date. This will include:
    - Checking spare AAIs are present and in date on a monthly basis
    - Making sure that replacement AAIs are obtained when expiry dates approach

3.2 Headteachers
The Headteacher is responsible for:

- Deciding (in discussion with parents/carers and any relevant healthcare professionals) whether a pupil's allergy can be managed through the adjustments made under the school's medical conditions policy or whether an IHP is required to specify arrangements that reflect the pupil's circumstances.

3.3 Teaching and support staff
All teaching and support staff are responsible for:

- Promoting and maintaining allergy awareness among pupils
- Maintaining awareness of our allergy policy and procedures
- Being able to recognise the signs of severe allergic reactions and anaphylaxis
- Attending appropriate allergy training as required
- Being aware of specific pupils with allergies in their care
- Reducing the risk to pupils with known allergies coming into contact with known allergens

- Ensuring the wellbeing and inclusion of pupils with allergies
- Reporting any allergic reaction or case of anaphylaxis to the allergy safety lead

3.4 Parents/carers
Parents/carers are responsible for:

- Being aware of our school's allergy policy
- Providing the school with up-to-date details of their child's medical needs, dietary requirements, and any history of allergies, reactions and anaphylaxis
- If required, providing their child with 2 in-date adrenaline auto-injectors and any other medication, including inhalers, antihistamine etc, and making sure these are replaced in a timely manner.
- Carefully considering the food they provide to their child as packed lunches and snacks, and trying to limit the number of allergens included
- Following the school's guidance on food brought in to be shared
- Updating the school on any changes to their child's condition

3.5 Pupils with allergies
These pupils are responsible for:

- Being aware of their allergens and the risks they pose
- If appropriate to do so, understand how and when to use their adrenaline auto-injector

3.6 Pupils without allergies
These pupils are responsible for:

- If appropriate to do so, being aware of allergens and the risk they pose to their peers

3.7 Governors
The governing board is responsible for ensuring:

- Risks relating to pupils with allergy are included in the risk register and actively managed
- The school has an allergy safety policy which sets out:
    - Arrangements to reduce the risk of individuals coming into contact with their known allergens
    - Emergency response plans for cases of anaphylaxis

The governing board delegates the day-to-day implementation of this policy to the allergy safety lead.

4. Identifying individuals at risk

Allergy is a spectrum of different allergic diseases. Reactions occur when a susceptible person is exposed to something (an "allergen") they are allergic to. Common allergic conditions include:

- Hay fever, triggered by allergens carried in the air, such as pollen, house dust mite, animal fur/feathers, or mould
- Skin allergies (e.g. eczema, contact dermatitis, contact urticaria/hives) caused by contact with allergens including house dust mite, pollen and substances like nickel, latex and some chemicals
- Food allergy, which can cause symptoms ranging from mild itching in the mouth to "whole body" reactions including anaphylaxis

- Asthma which may be triggered by airborne allergens
- Allergy to insect stings and medicines

4.1 Identifying pupils at risk
We will:

- For new starters, send a form to all parent/carers of pupils after their place at the school has been confirmed, but before their first school year starts, to confirm any allergy the pupil has and whether they carry medication.
- Where a pupil has a new diagnosis and/or has moved to the school mid-term, we will send a form and put arrangements in place within 2 weeks
    - Gain information from previous educational setting (if possible) and seek advice from healthcare professionals
- Send a reminder to parents/carers at the start of each year asking them to update their child's medical information as necessary

We ask that parents/carers proactively inform us by either phone call to the school or an email, if their child's medical needs change during the school year.

The school will maintain an allergy register recording:

- Known allergens and triggers
- Prescribed medication
- Allergy Action Plans
- Asthma Action Plans (where applicable)
- Individual Healthcare Plans (IHPs)
- Emergency contact details
- Consent for use of emergency medication

This information will be reviewed regularly and updated whenever new information becomes available.

4.2 Identifying staff and visitors at risk
Set out your school's arrangements for identifying staff and visitors with known allergies, such as:

- Asking new staff to provide details of their allergies in advance of their start date
- Asking visitors to provide details of their allergies in advance of their visit
- Asking visitors to inform the admin team they have an allergy when they sign into school
    - A sign will be displayed on the front desk reminding visitors to do this at the point of signing in

4.3 Individual healthcare plans (IHP)
Pupils should have an IHP if they:

- Have an allergy which has a functional impact on them in the school environment
- They are at risk of harm as a result of their allergy; and
- Require arrangements which are additional to or different from those made generally

It is not necessary for a pupil to have a formal diagnosis of allergy for them to have an IHP. Healthcare professionals may decide that it is more appropriate to accept that the child shows symptoms, rather than proceeding to a formal diagnosis.

The IHP will set out the additional and/or different arrangements that will be in place for supporting the pupil. The school will make every effort to make sure that arrangements are put in place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.

Not all children with an allergy will require an IHP. Some allergies will have little or no impact on the pupil while they are at school or pose no risk to the pupil. Some allergies will not require arrangements which are additional to or different from those made generally.

The headteacher is responsible for deciding (in discussion with the parents/carers and any relevant healthcare professionals) whether a pupil's allergy can be managed through the adjustments made under the school's medical conditions policy or whether an IHP is required to specify arrangements that reflect the pupil's circumstances.

The school will consider the following principles:

- If the arrangements or support which a pupil requires would be available to any pupil as part of normal policies, an IHP may not be required
- If the pupil only needs non-prescription medication and the school's medical conditions policy would permit them to carry and administer it, an IHP may not be required

IHPs will be reviewed at least annually and more frequently if the pupil's needs have changed. Where a pupil moves on to a new school or college, their IHP will be shared as part of the transition.

4.4 Allergy and asthma action plans
All pupils who have a known allergy to a food or insect stings should be issued with an appropriate allergy action plan by their healthcare professional.

All pupils who have asthma should be issued with an asthma action plan by their healthcare professional. The plans include medical and parental consent for staff to administer emergency medicines, including adrenaline for anaphylaxis or reliever inhaler in the event of an asthma attack.

The allergy action plan and/or asthma action plan should be attached to the pupil's IHP. Whenever the allergy action plan is updated, the pupil's IHP should be reviewed to incorporate it.

4.5 Register of pupils with known allergies
This will link to your 'supporting pupils with medical conditions' policy.

The school maintains a register of pupils who have a known allergy. The register includes:

- Known allergens and risk factors for anaphylaxis
- Whether a pupil has been prescribed ADs (and if so, what type and dose)
- Where a pupil has been prescribed an AD, whether parental consent has been given to administer emergency medication
- A photograph of each pupil to allow a visual check to be made

The register is kept in a number of places so it can be accessed quickly in case of an emergency.
The register will be displayed in the following locations easily accessible to staff and in areas where food is served or handled and can be checked quickly by any member of staff as part of initiating an emergency response:

- Dining room
- Staff room
- Posters of individual children will be in the child's classroom
- Main school office

5. Assessing risk

The school will conduct a risk assessment for any pupil at risk of anaphylaxis taking part in:

- Lessons such as food technology
- Science experiments involving foods
- Crafts using food packaging
- Off-site events and school trips
- Any other activities involving animals or food, such as animal handling experiences or baking
- A risk assessment for any pupil at risk of an allergic reaction will also be carried out where a visitor requires a guide dog.

6. Minimising risk

When planning activities, staff will consider potential allergens in all curriculum areas, including:

- Food technology
- Cooking activities
- Art and craft activities
- Science lessons
- Music activities
- Animal handling
- Educational visits and residential trips

Reasonable adjustments will be implemented wherever necessary to enable pupils with allergies to participate safely and fully in school life. No pupil will be excluded from any aspect of school life solely on the basis of their allergy or any medical condition.

6.1 Hygiene procedures

- Pupils are reminded to wash their hands before and after eating
- Sharing of food, food containers and food utensils is not allowed
- Pupils have their own named water bottles and lunch boxes provided to pupils with food allergies will be clearly labelled with the name of the child for whom they are intended
- Where food is not directly provided by the school, parental engagement and permission will be sought in advance
- Regular communication with parents to remind them that we are a nut free school

6.2 Catering

The school is committed to providing safe food options to meet the dietary needs of pupils with allergies.

- Catering staff receive appropriate training and are able to identify pupils with allergies
- The school will engage with caterers to understand the controls in place to ensure that food service complies with relevant requirements

- School menus are available for parents/carers to view with ingredients clearly labelled
- Where changes are made to school menus, catering staff will make sure these continue to meet any special dietary needs of pupils
- Food allergen information relating to the 'top 14' allergens is displayed on the packaging of all food products, allowing pupils and staff to make safer choices. Allergen information labelling will follow all legal requirements that apply to naming the food and listing ingredients, as outlined by the Food Standards Agency (FSA)
- Where food is provided by the school, staff will understand how to read labels for food allergens
- Catering staff follow hygiene and allergy procedures when preparing food to avoid cross-contamination and provide and manage special diet menus, where appropriate, for pupils with a diagnosed/evidenced intolerance or allergy

6.3 Food restrictions

We acknowledge that it is impractical to enforce an allergen-free school. However, we would like to encourage pupils and staff to avoid certain high-risk foods to reduce the chances of someone experiencing a reaction. These foods include:

- Packaged nuts
- Cereal, granola or chocolate bars containing nuts
- Peanut butter or chocolate spreads containing nuts
- Peanut-based sauces, such as satay
- Sesame seeds and foods containing sesame seeds
- Homemade food where the ingredients are not fully known
- Birthday cakes/sweets/chocolates etc for the class - this could lead to the exclusion of pupils with allergies

If a pupil brings these foods into school, they may be asked to eat them away from others to minimise the risk, or the food may be confiscated.

The school will provide clear allergen information regarding food provided on site and will take reasonable steps to minimise the risk of exposure to known allergens through food prepared, served or distributed by the school.

Parents, carers, staff and visitors will be expected to support the school's allergy safety arrangements when bringing food onto school premises.

6.4 Insect bites/stings
When outdoors:

- Shoes should always be worn
- Food and drink should be covered

We follow the NHS guidance for insect bites and stings. The following information was taken from the NHS website on 24th August 2026:

Insect bites and stings
Insect bites or stings are not usually serious and get better in a few days. But sometimes they can become infected or cause a serious allergic reaction.

Bites from some insects can also cause illnesses, such as Lyme disease from ticks, scabies from mites, and malaria from mosquitoes in certain parts of the world.

Symptoms of an insect bite or sting

The main symptoms of an insect bite or sting are:

- pain where you were bitten or stun
- a small, swollen lump on the skin

The lump may look red. It may be more difficult to see on black or brown skin, but you should be able to feel it.

How to treat an insect bite or sting

You can often treat an insect bite or sting without seeing a GP.

Removing stingers, ticks or caterpillars

If anything is left on or in your skin, the first thing you need to do is remove it carefully.

How to remove a bee, wasp or hornet stinger

1. Brush or scrape the stinger sideways with your fingernail or the edge of a bank card.
2. Do not use tweezers to pull out a stinger as you could squeeze poison out of it.
3. Wash the area with soap and water.

How to remove a tick

1. Using fine-tipped tweezers or a tick-removal tool (if you have one), grasp the tick as close to the skin as possible.
2. Slowly pull upwards, taking care not to squeeze the tick or leave any of its mouth in your skin. Dispose of it when you've removed it.
3. Clean the bite with antiseptic or soap and water.

How to remove caterpillar hairs

1. Gently remove the caterpillar using tweezers or a pen. Try not to disturb it as it'll release more hairs.
2. Rinse your skin with running water and allow it to air dry.
3. Use sticky tape on the skin to pick up any remaining hairs.
4. Take off any jewellery in case your skin becomes swollen.
5. Take off your clothes and wash them at a high temperature.

Easing your symptoms

If there's nothing in your skin, or you've removed it, wash your skin with soap and water to help lower the chance of infection.

The bite or sting should get better in a few days. There are some things you can do to ease your symptoms.

Do

- put an ice pack wrapped in a cloth, or a clean cloth soaked in cold water, on the bite or sting for at least 20 minutes, if it's swollen
- keep the area raised if you can
- take painkillers such as paracetamol or ibuprofen if the sting is painful
- use antihistamines to relieve any itching (but do not use antihistamine cream if you had caterpillar hairs on your skin)
- use a hydrocortisone cream to reduce itching and swelling

Don't

- do not scratch the bite or sting, as it could get infected
- do not use home remedies such as bicarbonate of soda to treat the bite or sting

See a pharmacist if:

You or your child aged 1 year or older has an insect bite or sting and:

- skin around it feels hot when you touch it or looks red – redness can be harder to see on brown and black skin
- it's painful
- the area looks swollen
- there's pus or fluid coming out of the bite or sting

A pharmacist can recommend treatments, such as antihistamines and steroid creams, and give the same antibiotics as a GP if the bite or sting is infected. They can also give advice or direct you to other medical help if you need it.

See a GP if:

- a child under 1 year old has an insect bite or sting
- you think you or your child have been bitten by a tick and have flu-like symptoms, or a round or oval rash that may look like a bullseye

Ask for an urgent GP appointment or get help from NHS 111 if:

You or your child has been bitten or stung by an insect and:

- your symptoms get worse or are not getting any better
- you were stung in your mouth or throat, or near your eyes
- you have tummy pain and are being sick
- you feel dizzy or lightheaded
- you have a high temperature and swollen glands
- you were stung more than once
- you've had a serious allergic reaction to an insect bite or sting before

Call 999 if:

- your lips, mouth, throat or tongue suddenly become swollen
- you're breathing very fast or struggling to breathe (you may become very wheezy or feel like you're choking or gasping for air)
- your throat feels tight or you're struggling to swallow
- your skin, tongue or lips turn blue, grey or pale (if you have black or brown skin, this may be easier to see on the palms of your hands or soles of your feet)
- you suddenly become very confused, drowsy or dizzy
- someone faints and cannot be woken up
- a child is limp, floppy or not responding like they normally do (their head may fall to the side, backwards or forwards, or they may find it difficult to lift their head or focus on your face)

You or the person who's unwell may also have a rash that's swollen, raised or itchy.
These can be signs of a serious allergic reaction and may need immediate treatment in hospital.

6.5 Animals

Insert hygiene procedures for managing allergies to animals such as dogs, if relevant for your school context. For example:

- All pupils will always wash hands after interacting with animals to avoid putting pupils with allergies at risk through later contact
- Pupils with animal allergies will not interact with animals
- Should planned animal visits take place, additional risk assessments will be processed

6.6 Events and school trips

- For events, including ones that take place outside of the school, and school trips, no pupils with allergies will be excluded from taking part
- The school will plan accordingly for all events and school trips, and arrange for the staff members involved to be aware of pupils' allergies and to have received adequate training
- The school will conduct a risk assessment for any pupil at risk of anaphylaxis taking part in a school trip this will be added to the trip risk assessment paperwork
- Pupils at risk of anaphylaxis should have their own ADs with them
- Staff trained to administer adrenaline in an emergency will be present on the school trip
- Appropriate measures will be taken in line with the schools AAI protocols for off-site events and school trips (see section 7.5).

7. Procedures for handling an allergic reaction

7.1 Allergic reaction procedures

- As part of the whole-school awareness approach to allergies, all staff are trained in the school's allergic reaction procedure, and to recognise the signs of anaphylaxis and respond appropriately
- Staff are trained in the administration of AAIs to minimise delays in pupil's receiving adrenaline in an emergency
- If a pupil has an allergic reaction, the staff member will initiate the school's emergency response plan, following the pupil's allergy action plan
    - If an AAI needs to be administered, a member of staff will use the pupil's own AAI, or if it is not available, a school one.
    - If an AAI needs to be administered, we will call 999 to inform them of suspected anaphylaxis.
- If the pupil has no allergy action plan, or in a previously undiagnosed "first event", staff will follow the school's procedures on responding to allergy and, if needed, the school's normal emergency procedures

We follow the Anaphylaxis UK advice for emergency response to Anaphylaxis. The following information was taken from the Anaphylaxis UK website on 24th August 2026:

Symptoms of anaphylaxis
If someone is experiencing any of the following symptoms, it should be treated as a medical emergency:

- **AIRWAY**– swelling in the throat, tongue or upper airways, hoarse voice, difficulty swallowing
- **BREATHING**– sudden onset wheezing, breathing difficulty, noisy breathing, persistent cough
- **CIRCULATION**– dizziness, feeling faint, sudden sleepiness, confusion, pale clammy skin, loss of consciousness or collapse

Get emergency help: steps to follow

In the event of a serious allergic reaction, it's crucial to act quickly and follow these steps:

Get in position
If the person is conscious, **lie them flat with their legs raised** to assist in blood flow to the heart and vital organs.
If they're having **difficulty breathing**, they can be propped up with legs stretched out straight.

Give adrenaline immediately
If you or the person affected has been prescribed adrenaline (such as EpiPen®, Jext® or EURneffy®), **use it straight away** – adrenaline is the first-line treatment for anaphylaxis.
Make a note of the time you give the first dose of adrenaline. If symptoms don't improve after **five minutes**, or symptoms get worse, give a second dose.

Call 999
Call emergency services immediately after using your first dose of adrenaline and tell the operator it is **"anaphylaxis"** (ana-fil-ax-is).
Give your **exact location** (What3Words can help if you are outside).

Do not move
Stay in this position until help arrives. **Do not** stand up, walk or run, even if you start to feel better.
Movement can make symptoms worse and cause a sudden drop in blood pressure.
Stay with them until emergency services arrive.

- A school AAI device will be used instead of the pupil's own AAI device if:
    - Medical authorisation and written parental consent have been provided, or
    - The pupil's own prescribed AAI(s) are not immediately available (for example, because they are broken, out-of-date, have misfired or been wrongly administered)
    - In exceptional emergencies where a child or adult has a severe allergic reaction without a prior diagnosis or known allergy, with advice from emergency medical services.
- If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent/carer arrives, or accompany the pupil to hospital by ambulance
- If the allergic reaction is mild (e.g. skin rash, itching or sneezing), the pupil will be monitored and the parents/carers informed

8. Adrenaline auto-injectors (AAIs)

8.1 Purchasing of spare AAIs
The allergy lead is responsible for buying AAIs and ensuring they are stored accordingly.

Our general procedure for purchasing AAIs is as follows:

- Our AAIs are sourced through a single provider.
- The brands we use are EpiPen/Jext. We try to avoid purchasing a range of brands to avoid confusion.
- The school will always keep two spare pens for children under 6 and two spare pens for children over the age of 6. Children requiring AAIs will also be required to bring in their own pair of AAIs.
- An adrenaline dose of 150 microgram/0.15 milligram would be administered to children under the age of 6. An adrenaline dose of 300 microgram/0.30 milligram would be administered to children over the age of 6.

8.2 Storage (of both spare and prescribed AAIs)
The school will ensure that pupils requiring emergency adrenaline can access it within five minutes wherever they are on the school site. Larger sites may require multiple emergency adrenaline locations to achieve this.

Spare AAIs will be stored in pairs to ensure a second dose is immediately available if needed.

Where the school operates across multiple sites, suitable emergency medication will be available on each site as required.

The allergy lead will make sure all AAIs are:

- Stored at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature
- Kept in a safe and suitably central location to which all staff have access at all times, but is out of the reach and sight of children
- **Not** locked away, but accessible and available for use at all times
- **Not** located more than 5 minutes away from where they may be needed. Larger schools will require more than one AAI kit, ideally located near the dining area and playground.

Spare AAIs will be kept separate from any pupil's own prescribed AAI and clearly labelled to avoid confusion.

A copy of the pupil's allergy action plan is kept alongside their medication, as it includes instructions on how it should be used in an emergency.

8.3 Maintenance (of spare AAIs)
Pamela Booker, TA and Kerry Godbehere, Admin are responsible for checking monthly that:

- The AAIs are present and in date
- Replacement AAIs are obtained when the expiry date is near

The same maintenance process should be followed for salbutamol inhalers.

8.4 Disposal
AAIs can only be used once. Once an AAI has been used, it will be disposed of in line with the manufacturer's instructions.

8.5 Off site visits and trips
Pupils at risk of anaphylaxis will be able to participate fully in educational visits and trips.

Risk assessments will be completed for pupils at risk of anaphylaxis before visits and trips.

The school will ensure:

- Pupils have immediate access to prescribed medication;
- Appropriate staff are trained to administer AAIs;
- Relevant information and action plans are available during the visit;
- Emergency procedures are clearly understood by supervising staff.

8.6 Emergency anaphylaxis kit
The school holds an emergency anaphylaxis kit. This includes:

- Spare AAIs
- Instructions for the use of AAIs
- Instructions on storage
- Manufacturer's information
- A checklist of injectors, identified by batch number and expiry date with monthly checks recorded

- A note of arrangements for replacing injectors
- A list of pupils to whom the AAI can be administered
- A record of when AAIs have been administered

9. Serious incidents and 'near misses'

A serious incident is any event relating directly to a medical condition (including allergy) in which a pupil, member of staff or visitor with a medical condition or allergy is harmed or is placed at an immediate and significant risk of harm, including situations requiring emergency medication, urgent clinical intervention or attendance by emergency services.

A 'near miss' is an event relating directly to a medical condition (including allergy) that did not result in harm but had the clear potential to do so – for example, where an error, omission, or system failure could reasonably have led to a serious incident had circumstances been only slightly different.

9.1 Recording and Reporting Incidents and Near Misses

The school will record all significant allergic reactions, anaphylaxis incidents and allergy-related near misses.

Records will include:

- The nature of the incident
- Any treatment administered
- Lessons identified
- Actions taken to reduce future risk.

Parents/carers will be informed of incidents involving their child.

Where necessary, risk assessments, Individual Healthcare Plans and school procedures will be reviewed following an incident or near miss.

10. Training

The school is committed to ensuring that all relevant staff receive allergy awareness and emergency response training at least annually.

This includes:

- Permanent staff
- Temporary staff
- Supply teachers
- Agency staff
- Peripatetic staff
- Regular volunteers
- Catering staff
- Before and after-school club staff.

Where appropriate to do so, we may ask that other external providers' employees complete relevant training and provide appropriate support for those, where this is not practical to do so.

Training will cover:

- Understanding allergies and allergic reactions
- The relationship between allergy, asthma and eczema
- Food allergies, intolerance and coeliac disease
- Recognition of allergic reactions and anaphylaxis
- Emergency response procedures
- Calling emergency services
- Use of prescribed and spare AAIs
- Use of asthma medication where relevant
- Understanding Individual Healthcare Plans and Allergy Action Plans
- Accessing the allergy register
- Reducing the risk of allergen exposure
- Reporting incidents and near misses
- Supporting the wellbeing and inclusion of pupils with allergies
- Understanding this policy and individual staff responsibilities.

New staff will receive allergy awareness information as part of their induction process. The school will also ensure appropriate arrangements are in place for supply and cover staff.

11. Wellbeing

The school recognises that living with allergies can affect emotional wellbeing and may result in anxiety, social isolation or concerns about participation in school activities.

The school will:

- Promote inclusion and participation
- Provide pastoral support where required
- Address and prevent bullying linked to medical conditions and allergies
- Encourage a supportive and understanding school culture
- Regular check-ins with their class teacher

12. Information Sharing and Data Protection

The school will share allergy information on a need-to-know basis to protect pupils while respecting confidentiality.

Information concerning medical conditions and allergies will be managed in accordance with UK GDPR and data protection legislation.

Relevant staff will be given access to the information they need to:

- Support pupils safely
- Implement Individual Healthcare Plans
- Respond effectively in emergencies.

13. Awareness of this Policy

The school will raise awareness of allergy safety by:

- Publishing this policy on its website
- Making the policy available on request
- Including allergy awareness within annual staff training
- Promoting age-appropriate allergy awareness among pupils
- Encouraging a culture of support, inclusion and understanding