



Allergy Safety Policy

1. Document Control

Adopted / Adopted and Adapted / Schools own: **Adopted and Adapted**

Review period: **Annual**

Responsible committee: **FGB**

Statutory: **Statutory**

Required on website: **Yes**

Ratified by committee: **September 2026**

Review due: **September 2027**

2. Change History

1	2026 September	Created
---	----------------	---------

3. Website History

Version	Date on website
---------	-----------------

1	2026 September
---	----------------

Contents

1. Aims	3
2. Legislation and guidance	3
3. Roles and responsibilities	3
4. Identifying individuals at risk	5
5. Assessing risk	7
6. Minimising risk	7
7. Procedures for handling an allergic reaction	9
8. Adrenaline devices (ADs)	9
9. Serious incidents and 'near misses'	10
10. Allergy awareness	11
11. Wellbeing	12
12. Information sharing	13
13. Monitoring arrangements	13
14. Links to other policies	13

1. Aims

Calcot Schools recognises that allergies can affect pupils, staff and visitors and that some allergic reactions can be life-threatening.

This policy aims to:

- reduce the risk of exposure to known allergens;
- ensure that allergic reactions are recognised promptly and managed appropriately;
- ensure that pupils with allergies have appropriate Individual Healthcare Plans (IHPs), Allergy Action Plans and access to emergency medication where required;
- ensure staff have the knowledge and training necessary to respond effectively to an allergic reaction or anaphylaxis;
- support pupils with allergies to participate fully in school life, including lessons, play, mealtimes, educational visits, residential trips and extracurricular activities;
- promote an allergy-aware environment without unnecessarily restricting or excluding pupils with allergies; and
- provide a framework for recording, reporting and learning from allergy-related incidents and near misses.

Food intolerance and coeliac disease are not allergies and do not cause anaphylaxis. Their dietary and medical management is addressed through the Supporting Children at School with Medical Conditions Policy and the Whole School Food and Nutrition Policy. This Allergy Safety Policy applies where a pupil has, or is reasonably suspected of having, an allergy.

2. Legislation and guidance

This policy has been developed having regard to the Department for Education's statutory guidance, *Allergy safety in schools*, issued under section 100 of the Children and Families Act 2014, as amended by section 34 of the Children's Wellbeing and Schools Act 2026, together with the statutory guidance *Supporting pupils at school with medical conditions* and Department of Health and Social Care guidance on the use of emergency adrenaline auto-injectors in schools and the following legislation:

- [The Food Information Regulations 2014](#)
- [The Food Information \(Amendment\) \(England\) Regulations 2019](#)

This policy should be read alongside the school's Supporting Pupils with Medical Conditions Policy, Food & Nutrition Policy, Health & Safety Policy, Behaviour and Anti-Bullying Policy and Data Protection Policy.

3. Roles and responsibilities

3.1 The governing body

The governing body is responsible for:

- ensuring that the school has an effective Allergy Safety Policy;
- ensuring that allergy-related risks are appropriately identified, included within the school's risk register and are appropriately monitored and managed;
- monitoring the implementation and effectiveness of this policy;
- receiving appropriate assurance regarding allergy safety, staff training, incidents and near misses;
- ensuring that lessons arising from serious incidents and near misses are considered and acted upon; and

- ensuring that the policy is reviewed at least annually.

The Governing Body has nominated a Governor to have oversight of medical conditions and allergy safety. The Governing Body retains collective responsibility for ensuring that appropriate arrangements are in place.

The Governing Body will receive appropriate information about serious allergy-related incidents and significant near misses, together with any lessons learned and actions arising.

The Governing Body delegates the day-to-day implementation of this policy to the Headteacher.

3.2 Headteacher

The Headteacher has overall responsibility for the implementation of this policy and will:

- ensure that the school's allergy safety arrangements are implemented effectively;
- ensure that a senior leader is designated as the Allergy Safety Lead;
- ensure that allergy-related risks are identified and appropriately managed;
- ensure that systems are in place to identify pupils with allergies and keep relevant information up to date;
- ensure that pupils who require additional or different support because of their allergy have an appropriate Individual Healthcare Plan (IHP);
- ensure that current Allergy Action Plans and/or Asthma Action Plans issued by healthcare professionals are incorporated into or attached to the pupil's IHP where appropriate;
- ensure that prescribed and spare emergency medication is readily accessible and managed safely;
- ensure that all staff present while pupils are on site receive allergy awareness and emergency response training at least annually, in accordance with section 10 of this policy;
- ensure that serious incidents and near misses are appropriately recorded, reported and reviewed;
- ensure that lessons arising from incidents or near misses are acted upon; and
- ensure that pupils with allergies are not unnecessarily excluded from any aspect of school life because of their allergy.

The Headteacher will ensure that this policy is reviewed at least annually, updated when necessary and published on the school website.

3.3 Allergy Safety Lead

The Allergy Safety Lead is the Deputy Headteacher.

The Allergy Safety Lead is responsible for:

- Coordinating the implementation of this allergy safety policy
- Reviewing the allergy safety policy at least annually, updating it when needed, and making sure it is published
- Promoting and maintaining allergy awareness across our school community
- Maintaining oversight of the school's arrangements for pupils with allergies
- Developing and reviewing arrangements for the safe storage and disposal of adrenaline devices (AD)
- Working with the SENCo, pupils, parents/carers and relevant healthcare professionals to assess whether the pupil's allergy can be managed through the schools' usual arrangements or adjustments made under the school's medical conditions policy or whether an IHP is required. The Headteacher retains responsibility for the final decision.

- Ensuring:

- that the school maintains an accurate and up-to-date record of pupils with known allergies
- that relevant information about individual pupils is shared appropriately with staff who need it, including teaching, catering, lunchtime and wraparound staff;
- All pupils who require support with allergies have an up-to-date individual healthcare plan (IHP)
- All pupils with a known food or insect sting allergy have up-to-date allergy action plans issued by a medical professional. Where a plan is not yet available, the school will seek appropriate clinical information and put proportionate interim arrangements in place without unnecessary delay.
- All staff receive regular allergy awareness and emergency response 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
- Serious incidents and 'near misses' relating to allergy safety are recorded and reported to the Headteacher (and Governing Body, as appropriate) and to consider and share with staff:
 - What lessons there are to learn
 - Any potential changes to the medical conditions and/or allergy safety policies and/or to any pupil's IHP
- Allergy risks are considered when planning curriculum activities, school events, educational visits and residential visits.
- Monitoring allergy-related incidents and near misses and leading or contributing to any subsequent review
- Recommending changes to policies, procedures, IHPs or risk assessments where lessons are identified

3.4 Office staff

Designated office staff will support the administration of the school's allergy safety arrangements by:

- maintaining allergy and medical information on the school's management information system and/or other agreed records;
- ensuring that relevant information received from parents/carers is passed promptly to the Allergy Safety Lead and other relevant staff;
- maintaining records of prescribed emergency medication held in school;
- ensuring that at least two designated members of staff check spare adrenaline auto-injectors and other emergency medication held by the school at least monthly;
- monitoring expiry dates and arranging replacement of school-held emergency medication in good time; and
- supporting the maintenance of records relating to parental consent, medication and Allergy Action Plans.

At least two members of staff will be designated for medication checks so that these arrangements are completed even when one person is absent.

3.5 Teaching and support staff

All teaching and support staff are responsible for:

- maintaining awareness of this policy and the school's allergy procedures;
- attending required allergy awareness and emergency response training;
- knowing which pupils in their care have known allergies and where relevant individual information and emergency medication can be accessed;
- taking reasonable steps to minimise the risk of pupils coming into contact with known allergens;
- considering allergy risks when planning lessons, activities, celebrations and educational visits;
- recognising the signs and symptoms of an allergic reaction and anaphylaxis;
- responding immediately in accordance with the pupil's Allergy Action Plan and the school's emergency procedures;
- ensuring that medication is brought to the pupil in an emergency rather than sending the pupil to obtain it;
- promoting the wellbeing and inclusion of pupils with allergies; and
- reporting allergic reactions, incidents and near misses to the Allergy Safety Lead.

● 3.6 Parents/carers

Parents/carers are responsible for:

- providing the school with accurate and up-to-date information about their child's allergies, known allergens, previous reactions, prescribed treatment and dietary requirements;
- providing copies of current Allergy Action Plans, Asthma Action Plans or other relevant clinical advice where available;
- providing prescribed medication required by their child, including two in-date adrenaline devices of the type and dose prescribed for the pupil, where prescribed, and replacing medication before it expires;
- informing the school promptly of any diagnosis, change in allergy, medication or treatment;
- working with the school in developing and reviewing their child's IHP where required;
- providing consent relating to medication and use of school-held emergency medication where requested; and
- following school arrangements regarding packed lunches, food brought into school, celebrations and other food-related activities in accordance with the Whole School Food and Nutrition Policy.

3.7 Pupils with allergies

Pupils will be encouraged and supported to develop an age-appropriate understanding of their allergy and to take increasing responsibility for managing it where appropriate.

Depending on their age, maturity and individual circumstances, pupils may be encouraged to:

- understand which allergens they need to avoid;
- recognise and tell an adult about symptoms of an allergic reaction;
- understand the importance of not swapping or sharing food;
- know where their emergency medication is kept;
- understand how their medication is used; and
- take increasing responsibility for carrying or using their own medication where this has been agreed with parents/carers and recorded in their IHP.

Pupils will not be expected to manage an allergic emergency without adult support.

3.8 Pupils without allergies

All pupils will be supported, in an age-appropriate way, to understand that allergies can be serious and that they should:

- not swap or share food or drinks where this may place another pupil at risk;
- respect any arrangements put in place to protect pupils with allergies;
- avoid teasing, bullying or deliberately exposing another pupil to a known allergen; and
- tell an adult immediately if another pupil appears unwell or says that they may be having an allergic reaction.

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 (allergic rhinitis), 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 with allergies

As part of the admission process, parents/carers are asked to provide details of any known allergies or medical conditions. Parents/carers are also specifically asked to identify any allergy which may affect their child's interaction with the school dog.

Parents/carers are asked to provide information about:

- known or suspected allergies;
- known allergens;
- previous allergic reactions or anaphylaxis;
- prescribed medication, including adrenaline devices and inhalers;
- dietary requirements; and
- any current Allergy Action Plan, Asthma Action Plan or other healthcare advice.

Where a pupil is joining the school, arrangements will wherever possible be put in place before the beginning of the relevant term. Where a pupil develops a new allergy or joins the school during the academic year, every effort will be made to establish appropriate arrangements within two weeks.

Parents/carers are asked to inform the school promptly of any change to their child's allergy, treatment or medication.

Allergy information will be reviewed at least annually and whenever the school receives updated information.

We ask that parents/carers proactively inform us, via MCAS or an email to the school office, if their child's medical needs change during the school year.

4.2 Identifying staff and visitors with allergies

Staff are encouraged to inform the school of any allergy that may require adjustments or emergency support while at work and to provide relevant information about emergency medication where appropriate.

Where reasonably practicable, visitors participating in activities involving food, overnight stays or other circumstances where allergy information may be relevant will be invited to make the school aware of any significant allergy or dietary requirement in advance.

Information relating to staff and visitors will be shared only with those who need it for safety purposes.

4.3 Individual healthcare plans (IHP)

Individual Healthcare Plans for pupils with allergies will be developed and managed in accordance with the school's Supporting Children at School with Medical Conditions Policy.

A pupil should have an IHP where:

- their allergy has a functional impact on them in the school environment;
- they are at risk of harm as a result of their allergy; and
- they require arrangements additional to or different from those normally available to pupils.

A formal diagnosis is not required before reasonable support arrangements can be considered. Where an allergy is suspected but clinical advice is not yet available, the school will work with the pupil and their parents/carers to make a proportionate assessment of risk and put interim arrangements in place where necessary. The school will seek appropriate healthcare advice where it cannot safely determine the support required.

The school will use the DfE Individual Healthcare Plan for Allergy template, or an equivalent format containing the same relevant information, for pupils whose allergy requires an IHP.

The IHP will identify, as appropriate:

- known allergens and likely triggers;
- measures to minimise exposure;
- impact on learning, participation and wellbeing;
- arrangements for meals and snacks;
- prescribed and non-prescribed medication;
- where emergency medication is stored and how it can be accessed;
- the pupil's level of independence;
- arrangements for visits and activities;
- emergency response arrangements; and
- staff who need to be aware of or implement the plan.

IHPs will be reviewed at least annually and sooner where the pupil's needs, medication or clinical advice change.

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

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

Parents/carers of pupils with a known food or insect-sting allergy will be asked to provide an appropriate Allergy Action Plan issued by a healthcare professional, where available. Parents/carers of pupils with asthma will similarly be asked to provide a current Asthma Action Plan where one has been issued.

The absence of an Action Plan will not prevent the school from assessing the pupil's needs, establishing an IHP where the relevant criteria are met, or putting proportionate interim safety arrangements in place.

Action 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. Clinical instructions contained within an Action Plan will not be rewritten or altered by school staff.

Where an Action Plan has been issued by a healthcare professional it will be attached to the pupil's IHP and made accessible to staff who need it. When a new or amended Action Plan is received, the pupil's IHP and associated school arrangements will be reviewed.

4.5 Register of pupils with known allergies

The school will maintain an up-to-date register of pupils with known allergies.

The register will include, as appropriate:

- the pupil's name and photograph, where used to support identification
- known allergens and risk factors for anaphylaxis
- whether the pupil has an IHP and/or Allergy Action Plan
- prescribed medication and dose
- where medication is kept
- whether parental consent has been given to administer emergency medication

Information will be readily available to staff who require it for the safe care of the pupil, including relevant teaching, catering, lunchtime, wraparound and trip staff, while being handled in accordance with data protection requirements.

The Allergy Safety Lead will ensure that arrangements are in place for changes to allergy information to be communicated promptly to relevant staff.

- The register is kept in the School Office(s) with photographs and relevant information available in the School kitchen(s) which can be checked quickly by any member of staff as part of initiating an emergency response

5. Assessing risk

Allergy risk will be considered as part of normal planning for school activities. Staff planning activities must consider whether pupils could be exposed to known food, contact, airborne, animal or insect allergens.

Particular consideration will be given to:

- cooking and food-related activities;
- science activities;
- art and craft materials, including food packaging and products containing food ingredients;
- play materials such as play dough;
- gardening, Forest School and outdoor activities;
- animals and animal feed;
- celebrations, fundraising events and food brought into school;
- sporting events and extracurricular activities; and
- educational visits and residential visits.

Where a pupil is known to be at risk of anaphylaxis or where an activity creates a specific allergy risk, an individual risk assessment will be completed and appropriate control measures identified.

This includes consideration of exposure to the school dog where a pupil has a known or suspected animal allergy. Appropriate controls will be determined according to the nature and severity of the pupil's allergy and recorded within the relevant risk assessment and/or IHP where required.

Pupils will not be excluded from an activity simply because they have an allergy where reasonable steps can be taken to manage the risk safely.

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

6.1 Hygiene procedures

Pupils will be encouraged to wash their hands before and after eating and after activities where contact with an allergen may have occurred.

Food, drinks, eating utensils and food containers should not be shared where this could increase allergy risk.

Water bottles and packed-lunch containers should be clearly identifiable to the individual pupil.

Surfaces and utensils used for food preparation and eating will be cleaned appropriately to reduce the risk of allergen cross-contact.

Staff will take account of known allergies when selecting resources or materials for lessons and activities.

Where food is brought into school by parents/carers or others, arrangements in the Food & Nutrition Policy will be followed.

Calcot Schools operates an **allergy-aware and nut-aware approach**. Nuts and nut products must not be brought into school in accordance with the Food & Nutrition Policy; however, the school cannot guarantee an allergen-free environment and will maintain wider allergy-management and emergency-response arrangements.

6.2 Food provision

Detailed arrangements for food preparation, allergen information, school meals, packed lunches, snacks, wraparound provision, celebrations and food brought into school are set out in the Whole School Food & Nutrition Policy.

In relation to allergy safety, the school will ensure that:

- accurate allergen and ingredient information is maintained for food provided by the school;
- catering staff receive appropriate allergy awareness and food allergen training and are made aware of pupils with known food allergies;
- the kitchen uses information recorded on the school's Management Information System (MIS), together with a photographic allergy list, to identify pupils with known food allergies and dietary requirements;
- a member of staff checks that pupils with identified food allergies receive the correct meal;
- appropriate measures are taken to prevent allergen cross-contact during food preparation, handling and service;
- any changes or substitutions to ingredients or menu items are checked for allergen implications before food is served;
- relevant information is shared with catering and wraparound staff where necessary;
- pupils with food allergies are not unnecessarily segregated from their peers at mealtimes; and
- parents/carers can access relevant allergen information and discuss their child's requirements with the school.

The school's arrangements therefore use more than one method of identifying pupils with known food allergies at mealtimes.

6.3 Insect bites/stings

Where a pupil has a known allergy to insect stings, the specific precautions and emergency arrangements required will be recorded in their IHP and/or Allergy Action Plan.

Staff supervising outdoor activities will be made aware of pupils at risk and the location of their emergency medication.

Reasonable precautions will be taken to reduce exposure where a known increased risk has been identified, for example around nests or areas with significant insect activity.

Any suspected anaphylactic reaction following an insect sting will be treated as a medical emergency in accordance with section 7.

6.4 Animals

The school has a school dog, Poppy, who regularly attends the school. The school recognises that exposure to animals may trigger allergic reactions in some pupils, including through contact with animal fur/dander or saliva.

Parents/carers are informed about Poppy as part of the school admission process and are asked to identify whether their child has an allergy which may be relevant to contact with her. Parents/carers must inform the school if an allergy develops or changes after admission.

Pupils with a known or suspected animal allergy will not have direct contact with Poppy unless this has been assessed as safe and is consistent with any individual arrangements in place for the pupil. Where necessary, appropriate control measures will be identified through the pupil's risk assessment and/or IHP.

Contact with Poppy is voluntary and no pupil will be required to interact with her. Pupils will be reminded to wash their hands after direct contact with Poppy.

Poppy is managed in accordance with the school's separate School Dog Risk Assessment. Where a pupil has a significant animal allergy, the school will consider whether additional controls are required to minimise indirect exposure to animal allergens.

Staff planning activities involving other animals will consider known animal allergies before the activity takes place.

Where a pupil has a known animal allergy, reasonable adjustments will be made to minimise exposure while enabling the pupil to participate wherever this can be achieved safely.

Pupils will wash their hands after handling animals.

Individual risk assessments will be undertaken where the nature or severity of an allergy requires this.

All pupils will always wash hands after interacting with animals to avoid putting pupils with allergies at risk through later contact.

6.5 Visits and trips

Pupils with allergies will be supported to participate fully in educational visits, residential visits and off-site activities wherever this can be achieved safely.

Trip leaders will:

- identify pupils with known allergies during planning;
- review the pupil's IHP and Allergy Action Plan where applicable;
- undertake an individual allergy risk assessment for pupils at risk of anaphylaxis;
- consider food provision, travel, accommodation, activities and access to emergency medical care;
- ensure prescribed emergency medication accompanies the pupil and remains readily accessible;
- ensure staff on the visit know how to respond in an emergency; and
- ensure that appropriate allergy information is shared with external providers where necessary and lawful.
- Ensure Staff trained to administer adrenaline in an emergency will be present on the school trip
- Record relevant information on Evolve relating to children with allergies as part of their planning and risk assessment

A pupil will not be excluded from a visit solely because of their allergy where reasonable adjustments can make participation safe.

Appropriate measures will be taken in line with the school's AD protocols for off-site events and school trips (see section 8.5)

7. Procedures for handling an allergic reaction

All staff are trained to recognise the signs and symptoms of both mild and severe allergic reactions (known as anaphylaxis) and to respond appropriately

If the pupil has an Allergy Action Plan, this must be followed

A school spare AD may be used in an emergency where an individual is experiencing suspected anaphylaxis and their own prescribed device is not immediately available, is not suitable for use or has misfired, or where the individual has not previously been prescribed an AD, in accordance with current guidance.

If anaphylaxis is suspected:

1. Treat immediately with adrenaline. If in doubt, give adrenaline.
2. Call 999 and request an ambulance, stating that anaphylaxis is suspected.
3. Bring the pupil's prescribed adrenaline device, or a school spare device if appropriate, to the pupil. Do not ask the pupil to walk or move to obtain medication.
4. Keep the pupil lying down unless breathing difficulties mean that they need to sit up. They must not stand or walk.
5. If symptoms do not improve, a second dose of adrenaline should be given after five minutes where another suitable device is available.
6. A reliever inhaler may be used in accordance with the pupil's Action Plan where appropriate, but must not be used instead of adrenaline for suspected anaphylaxis.
7. Contact the pupil's parents/carers.
8. A member of staff will remain with the pupil and will hand over relevant information to ambulance staff.

Anyone may take reasonable action to save a life in an emergency.

Following any allergic reaction requiring emergency medication, or any significant near miss, the incident will be recorded and reviewed in accordance with section 9.

8. Adrenaline devices (AD)

8.1 Prescribed adrenaline devices

Pupils who have been prescribed ADs must have rapid access to them at all times while they are in school and or taking part in school-organised activities.

Parents/carers are responsible for providing the school with two in-date ADs of the type and dose prescribed for their child and for replacing them before they expire.

Due to the age of pupils attending Calcot Schools, pupils do not routinely carry their own ADs. Prescribed ADs are stored as follows:

- **Infant School:** in the designated medical cupboard in the staffroom;
- **Junior School:** in the designated cupboard in the school office;

These locations have been selected to enable prescribed ADs to be brought to a pupil experiencing anaphylaxis within five minutes.

ADs are readily accessible to staff and are not locked away. They are stored in accordance with the manufacturer's instructions and protected from extremes of temperature.

Prescribed ADs remain in school rather than being routinely sent home at the end of each day.

Parents/carers are responsible for ensuring that the pupil has access to their prescribed adrenaline devices when travelling to and from school i.e. ensuring that a separate prescribed pair is held at home/carried during the journey.

A current Allergy Action Plan will be kept with, or readily accessible alongside, the pupil's medication.

The location of prescribed ADs will be made known to relevant staff as part of allergy awareness and emergency response training.

Wraparound Care

Where a pupil prescribed an AD attends Wraparound Care in The Den, a designated member of staff will collect their prescribed emergency medication from its usual school storage location and take it to The Den. The medication will remain readily accessible for the duration of the pupil's attendance and will be returned to its normal school storage location by a designated member of staff afterwards.

Arrangements are in place to ensure that responsibility for transferring and returning medication is clear and that the pupil is not left without access to their emergency medication during the transition between school and Wraparound Care.

8.2 Spare Adrenaline Devices and inhalers

The school maintains spare adrenaline auto-injectors (AAIs) for emergency use in accordance with current Department of Health and Social Care guidance.

The Allergy Safety Lead is responsible for sourcing spare AAIs and an emergency asthma reliever inhaler and ensuring they are stored according to the guidance.

Spare AAIs will:

- be of appropriate doses for the age groups on the school site;
- be stored in pairs;
- be clearly identified as school spare devices;
- be stored separately from medication prescribed to individual pupils;
- be readily accessible and not locked away; and
- be located so that they can be brought to a person experiencing anaphylaxis within five minutes.

At least two designated members of staff will check school spare ADs at least monthly to ensure they are present, undamaged and in date. Replacement devices will be obtained before expiry or following use.

INFANTS

Two AAls: EpiPen 150mcg

Two AAls: EpiPen 300mcg

Stored in the Emergency Anaphylaxis Kit Cabinet in the Staff Room.

JUNIORS

Two AAls: EpiPen 300mcg

Stored in the Emergency Anaphylaxis Kit Cabinet in the Staff Room

THE DEN

Two AAls: EpiPen 150mcg

Two AAls: EpiPen 300mcg

Stored in the Emergency Anaphylaxis Kit Cabinet in the Office area.

8.3 Disposal

ADs can only be used once. Used or expired school ADs will be disposed of safely in accordance with the manufacturer's instructions and medicines/sharps disposal requirements. Used ADs may be handed to ambulance personnel following an emergency or disposed of using the school's approved sharps disposal arrangements. Expired or no-longer-required prescribed medication will normally be returned to parents/carers for safe disposal in accordance with the Supporting Children at School with Medical Conditions Policy.

8.4 Consent and use of spare ADs in an emergency situation

The Human Medicines (Amendment) Regulations 2017 do not require consent to have been obtained for spare adrenaline devices to be used in an emergency.

The school will seek advance parental consent for use of a school spare AD and record this within the pupil's IHP and/or medication records where appropriate.

However, lack of recorded prior consent must not delay reasonable life-saving action in an emergency. Where an individual is experiencing suspected anaphylaxis, anyone may take reasonable action to save life, including administering adrenaline where appropriate.

8.5 Use of ADs off site

Where a pupil who has been prescribed ADs takes part in an educational visit or other off-site activity, their prescribed ADs will accompany them and remain readily accessible throughout the visit.

The trip leader will ensure that responsibility for carrying the medication is clearly allocated and that relevant staff know where it is kept.

The pupil's Allergy Action Plan and/or relevant information from their IHP will be available to staff on the visit.

An individual allergy risk assessment will be completed for pupils at risk of anaphylaxis, taking account of the nature of the visit, food provision, activities, travel arrangements and access to emergency medical assistance.

Staff accompanying the pupil will be aware of how to recognise and respond to anaphylaxis and how to administer the pupil's prescribed AD.

9. Serious incidents and 'near misses'

A **serious allergy-related incident** is any event relating directly to allergy that results in or creates significant risk of serious harm, including situations an event requiring emergency medication, urgent clinical intervention or attendance by emergency services.

An **allergy -related near miss** is an event that did not result in harm but had the clear potential to do so – including an error, omission, or system failure that could reasonably have led to a serious allergy-related incident.

9.1 Incident recording

Serious allergy-related incidents and near misses will be recorded as soon as reasonably practicable on CREST.

Records should include:

- who was affected;
- date, time and location;
- what happened;
- the known or suspected allergen;
- actions taken;
- medication administered;
- whether emergency services attended;
- the outcome; and
- any immediate actions taken to prevent recurrence.

Incidents and near misses will be reviewed in a learning-focused manner to establish whether changes are required to procedures, training, risk assessments, food controls or an individual pupil's IHP.

9.2 Incident reporting

The parents/carers will be informed of a significant allergic reaction, serious incident or relevant near miss involving their child as soon as practicable.

The incident will be reported to the Allergy Safety Lead and Headteacher who will consider whether the allergy safety arrangements in place were appropriate or if changes are needed to this policy and/or the pupil's IHP. Any learning will be shared appropriately with staff so they can act on them and reduce the chance of an incident reoccurring.

Serious incidents and significant near misses will also be reported to the Governing Body, with appropriate regard to confidentiality.

Where appropriate, the school will discuss the incident with the pupil and parents/carers and take account of their views as part of the review. The school will then confirm lessons learned from the incident and outline any actions we are taking as a result.

In some cases, the impact of exposure to an allergen at school may be delayed and not recognised until the pupil is at home. This means that incident reporting is not limited to staff – the pupil, parents/carers or others (such as healthcare professionals) will need to report to the school if there has been an incident with a delayed reaction.

Where an incident relates to the implementation of an Allergy Action Plan, Asthma Action Plan or other clinical plan, the relevant healthcare professional will be informed where appropriate.

Any statutory reporting requirements, including RIDDOR or food-safety reporting, will be followed where applicable. Where an incident or near miss relates to food supplied by the school, it will also be reviewed as a food-safety incident. Advice will be sought from the local authority Health & Safety team and/or Environmental Health, where appropriate and any legal notification requirements will be followed.

10. Allergy awareness

10.1 Staff training

Allergy awareness and emergency response training will be provided to all staff present while pupils are on site at least annually. This is separate from general first aid training and first aid training alone will not be regarded as sufficient allergy training.

This includes permanent staff, temporary staff, supply teachers, peripatetic staff, agency workers and regular volunteers. It also includes catering staff and others who may oversee pupils at breakfast or after-school clubs. It does not include contractors carrying out work with no pupil-facing role such as builders, electricians or other ad hoc maintenance personnel.

New staff will receive allergy awareness as part of induction. Arrangements will also be made to ensure that supply, agency and cover staff receive sufficient allergy information before taking responsibility for pupils.

Allergy awareness training will ensure that all 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:
 - Calling emergency services and informing parents/carers
 - How to locate and administer emergency medication
 - How to use the medication/device in an emergency
- Understand the impact allergy can have on a pupil's wellbeing

- Understand the school's allergy safety policy
- Know how to check whether an individual is on the 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 coming into contact with their known allergens
- Understand how to report an allergic reaction or case of anaphylaxis (whether an incident or a 'near miss')

10.2 Awareness of allergy safety policy

This policy will be published on the school website and will be made available to parents/carers.

Allergy awareness will be promoted among pupils in an age-appropriate way through everyday teaching, assemblies, PSHE and/or specific discussion where appropriate.

Pupils will be taught that allergies can be serious, that food and drinks should not be shared where this may place others at risk, and that they should seek adult help immediately if another pupil becomes unwell.

Information about an individual pupil's allergy will only be shared with other pupils where there is a clear safety or inclusion benefit and after considering the pupil's privacy and the views of their parents/carers.

11. Wellbeing

The school recognises that living with an allergy can affect a pupil's emotional wellbeing as well as their physical health. Pupils may experience anxiety about accidental exposure, emergency treatment, eating away from home or being treated differently from their peers.

The school will:

- reassure pupils that appropriate safety arrangements are in place;
- involve pupils, in an age-appropriate way, in decisions about the support they receive;
- avoid unnecessary restriction, segregation or exclusion;
- provide pastoral support where anxiety relating to allergy affects wellbeing or participation;
- ensure that allergy-related absence or treatment needs do not unfairly disadvantage a pupil; and
- respond to allergy-related teasing, bullying or deliberate exposure to an allergen in accordance with the Behaviour and Anti-Bullying Policy.

Additional individual support will be identified through the pupil's IHP where required.

11.1 Support after an incident or 'near miss'

Following a serious allergy incident or significant near miss, the school will consider the wellbeing needs of the pupil, their family, staff involved in the response and any pupils who witnessed the event.

Appropriate pastoral or staff support will be provided where required.

See section 9 of the policy for more detail on incidents and 'near misses'.

12. Information sharing

Information concerning allergies and other health conditions is special-category personal data and will be handled in accordance with the school's Data Protection Policy and applicable data protection legislation.

Relevant information will be shared with staff who need it to protect the health, safety and wellbeing of the individual, including where appropriate teaching staff, support staff, lunchtime staff, catering staff, wraparound staff and staff leading educational visits.

The school will seek to balance the pupil's privacy and dignity with the need to ensure that relevant staff can identify an allergy and respond safely in an emergency.

Where information needs to be shared with an external visit, catering or activity provider, only information necessary for the safe participation of the pupil will be shared.

Pupils and parents/carers will be involved appropriately in decisions about sharing health information.

13. Monitoring arrangements

The Allergy Safety Lead will monitor implementation of this policy and report significant issues to the Headteacher.

The policy will be formally reviewed at least annually and sooner where:

- statutory guidance or legislation changes;
- a serious incident or significant near miss identifies an area for improvement;
- there is a significant change to school arrangements; or
- monitoring indicates that existing arrangements are not sufficiently effective.

Reviews will take account of allergy-related incidents, near misses, training, feedback and relevant changes to individual support arrangements.

The policy will be approved by the Governing Body.

14. Links to other policies

This policy should be read alongside:

- Supporting Children at School with Medical Conditions Policy
- Whole School Food & Nutrition Policy
- Health & Safety Policy
- First Aid Policy
- Educational Visits Policy/procedures
- Behaviour and Anti-Bullying Policy
- Safeguarding/Child Protection Policy
- Data Protection Policy
- Complaints Policy