St. John the Baptist R.C.

Primary School

ALLERGY SAFETY POLICY

OUR MISSION STATEMENT

"Love One Another"

St. John the Baptist RC Primary School is a place of learning where each individual is encouraged to fulfil their own unique potential. We consistently remember that everyone is special and should be treated with respect. Our Catholic faith touches every aspect of our school life, and we strive to be a community that places Jesus at the heart of all we do.

Approved by:	
Headteacher	Mrs Kathleen McKeating
Allergy Safety Lead	Mrs Lisa Baird
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1. Aims

This policy aims to:

- Set out our school's approach to allergy safety, including reducing the risk of exposure and the procedures in place in case of an 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 (DfE)'s statutory guidance on allergy safety in schools and supporting pupils with medical conditions at school, the Department of Health and Social Care's guidance on using emergency adrenaline auto-injectors in schools, and the following legislation:

- The Children and Families Act 2014 (section 100), as amended by section 34 of the Children's Wellbeing and Schools Act 2026 ("Benedict's Law")
- The Food Information Regulations 2014

- The Food Information (Amendment) (England) Regulations 2019
- The Human Medicines (Amendment) Regulations 2017

3. Roles and responsibilities

3.1 The governing board

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.

3.2 Allergy safety lead

The nominated allergy safety lead is Mrs Lisa Baird, Deputy Headteacher.

They're responsible for:

- Implementing 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
- Developing and reviewing arrangements for the safe storage and disposal of adrenaline devices (ADs)
- Ensuring:
    - All allergy information is up to date and readily available to relevant members of 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
    - All staff receive regular allergy awareness 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 as appropriate, and considers and shares 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

3.3 Headteacher

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

3.4 Senior Leadership Team

SLT are responsible for:

- Checking spare AAIs are present and in date on a monthly basis
- Making sure that replacement AAIs are obtained when expiry dates approach

3.5 Teaching and support staff – including kitchen staff

All teaching and support staff are responsible for:

- Promoting and maintaining allergy awareness among pupils
- Maintaining awareness of our allergy safety policy and procedures
- Being able to recognise the signs of severe allergic reactions and anaphylaxis
- Being aware of specific pupils with allergies in their care
- Reducing the risk of 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

3.6 Parents/carers

Parents/carers are responsible for:

- Being aware of our school's allergy safety 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
- Providing the school with a copy of any action plans given by healthcare professionals
- If required, providing their child with 2 in-date adrenaline auto-injectors and any other medication, including inhalers and antihistamines, and making sure these are replaced in a timely manner
- Following the school's guidance on food brought in to be shared
- Updating the school on any changes to their child's condition

3.7 Pupils with allergies

If age-appropriate, these pupils are responsible for:

- Being aware of their allergens and the risks they pose
- Carrying their AD on their person and only using it for its intended purpose
- Understanding how and when to use their AD

3.8 Pupils without allergies

These pupils are responsible for:

- Being aware of allergens and the risk they pose to their peers

Older pupils might also be expected to support their peers and staff in the case of an emergency.

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 at risk

St. John the Baptist R.C. Primary School has the following arrangements in place to identify pupils with known allergies:

New starters: A form is sent to all parents/carers after their child's place at the school has been confirmed, but before their first school year starts, to confirm any allergies the pupil has and whether they carry medication.

New diagnoses or mid-term admissions: Where a pupil receives a new diagnosis and/or joins the school mid-term, a form is sent and appropriate arrangements are put in place within 2 weeks.

Nursery and Reception entry: The medical information form is sent out on entry to Nursery and again on entry to Reception, to ensure information is current at these key transition

points. Pupils in Nursery are also covered by the separate statutory framework for the Early Years Foundation Stage (EYFS), which this policy operates alongside.

Record keeping: Completed forms are kept securely and updated when necessary.

Annual reminders: A reminder is sent to parents/carers at the start of each school year, asking them to update their child's medical information as necessary.

Ongoing updates: Parents/carers are asked to proactively inform the school if their child's medical needs change during the school year, either by phone on 01282 771146 or by email to office@st-john.lancs.sch.uk.

Transfers from other settings: Where a pupil joins St. John the Baptist from another school or setting, known allergy and medical information is requested as part of the standard transfer-in process, alongside the information provided by parents/carers.

4.2 Identifying staff and visitors at risk

St. John the Baptist R.C. Primary School has the following arrangements in place to identify staff and visitors with known allergies:

New staff: As part of the pre-employment process, new members of staff are asked to declare any known allergies, including details of the allergen, the type of reaction it causes, and any medication or emergency treatment required, in advance of their start date. This information is recorded confidentially by the school office and shared with relevant staff (e.g. line manager, first aiders, catering staff where relevant) on a need-to-know basis.

Existing staff: Staff are encouraged to inform the school office of any new or changed allergies as soon as they become aware of them, so that records and any necessary arrangements can be kept up to date.

Supply and temporary staff: Supply staff, peripatetic staff and other temporary or agency staff are asked to declare any known allergies on the information sheet provided to them before or on arrival, particularly where they may be served food on site.

Visitors: Visitors attending the school for pre-arranged visits (e.g. school trips, meetings, training, or events) are asked to provide details of any known allergies in advance of their visit, where practicable. This is requested via the visit confirmation/booking process.

Unplanned or short-notice visitors: Where advance notice is not possible, visitors are asked to inform the office of any allergies the school should be aware of at the point of signing in, especially if they are being served food.

Record keeping: A confidential record of staff and regular visitors with declared allergies is kept by the school office, for reference by relevant staff in an emergency.

Confidentiality: All allergy information collected is stored securely in line with the school's data protection policy and is only shared with staff who need to know in order to keep the individual safe.

Emergency information: Where a visitor or staff member discloses a severe allergy (e.g. anaphylaxis risk), reception and relevant staff are informed of the location of emergency medication (e.g. an adrenaline auto-injector) they may be carrying, and of the appropriate emergency response.

4.3 Individual Healthcare Plans (IHPs)

Pupils should have an IHP if they:

- Have an allergy which has a functional impact on them in the school environment
- 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.

Where a plan is required, the IHP will record:

- Key information: the pupil's name, date of birth, class, a current photo, and who the IHP needs to be shared with
- The allergy: known allergens and whether the pupil is likely to recognise and be able to alert others to a reaction
- How the allergy is managed: any care or action plans, prescribed medication, and how far the pupil can take responsibility for managing their own allergy
- Impact on education: the potential impact on the pupil's health, learning and wellbeing
- Arrangements for support: how the risk of exposure to known allergens will be managed, including at meal and snack times
- Visits and trips: arrangements and risk assessment considerations for participation outside the classroom
- Emergency response: signs and symptoms to look for, what to do, who to contact, and where spare adrenaline devices are located
- Review dates, and annexes recording any prescribed medication, Allergy/Asthma Action Plans and care plans

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 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 a 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

- Detailed registers are kept for serious medical conditions, asthma, medicines in school and allergies (e.g. asthma, food allergies); these are completed and updated by the Deputy Headteacher
- Registers for medical conditions are regularly updated and available for staff
- Medical conditions are recorded on CPOMS (Child Protection Online Management System)
- Updates to medical conditions are shared at the weekly welfare meeting attended by teachers and first aiders

The registers include:

- 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 high-risk pupils to allow a visual check to be made

The register is kept confidentially in the staffroom and can be checked quickly by any member of staff as part of initiating an emergency response.

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
- Musical activities involving instruments or materials that may contain allergens (e.g. latex, nuts)
- 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

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

6.2 Airborne and contact allergens

Where a pupil has a known allergy to an airborne or contact allergen (e.g. pollen, house dust mite, animal fur, latex), the school will put reasonable measures in place to manage their risk of exposure. This may include:

- Seating and classroom arrangements that reduce contact with a known allergen (e.g. away from animal-related resources or specific art materials)
- Avoiding the use of latex-containing materials in craft and PE equipment where a pupil has a latex allergy

- Keeping windows/doors closed at high-pollen times of year for pupils with severe hay fever, where appropriate
- Recording specific measures required for an individual pupil in their Individual Healthcare Plan

6.3 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 and pupils to view with ingredients clearly labelled, and catering staff are available to discuss the provision of allergy-safe meals with parents/carers
- Where changes are made to school menus, we will make sure these comply with legislation, and 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

6.4 Insect bites/stings

To reduce the risk of insect bites and stings, staff will ensure the following precautions are taken when pupils are outdoors:

- Shoes are worn at all times
- Food and drink are kept covered when not being consumed
- Sweet or sugary foods and drinks are cleared away promptly after use
- Bins are kept covered and emptied regularly to avoid attracting insects

If a pupil is bitten or stung, staff will remain calm and follow the school's first aid procedures. This includes checking for a known allergy to insect bites/stings, removing any visible sting with a scraping motion (avoiding tweezers, which can squeeze more venom into the skin), applying a cold compress to reduce swelling, and monitoring the pupil closely for any signs of an allergic reaction. Where a pupil has a known severe allergy to insect bites/stings, their Individual Healthcare Plan will be followed, and emergency medication administered if required. Parents/carers will be informed of any bite or sting, and

emergency services will be contacted immediately if signs of a severe allergic reaction (such as difficulty breathing, swelling of the face/throat, or dizziness) are observed.

6.5 Animals

- All pupils will always wash their 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

6.6 Visits and trips

- No pupils with allergies will be excluded from taking part
- The school will plan accordingly for all visits and trips, and arrange for the staff members involved to be aware of pupils' allergies and to have received appropriate training
- The school will conduct a risk assessment for any pupil at risk of anaphylaxis taking part in a school trip
- 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 school's AD protocols for off-site events and school trips (see section 8.5)
- Pupils with allergies will not be excluded from a visit or trip, and parents/carers will not be asked or made to feel obliged to attend in order for their child to take part

7. Procedures for handling an allergic reaction

- All staff are trained to recognise the signs of both mild and severe allergic reactions (known as anaphylaxis) and respond appropriately
- Staff are trained in the administration of adrenaline to minimise delays in an emergency
- If the pupil has an Allergy Action Plan, this must be followed
- A spare school AD device will only be used if:
    - The pupil does not have a prescribed AD (including where a pupil has no known diagnosis but is showing signs of anaphylaxis); or
    - The pupil's prescribed AD is not available or misfires

8. Adrenaline devices (ADs)

8.1 Prescribed adrenaline devices (ADs)

Pupils who are prescribed ADs are encouraged to keep them near or on their person at all times, including when travelling to or from school and on school trips. It is recommended that two devices are carried at all times. Where a pupil's personally-carried AD travels home

with them at the end of each day, parents/carers are responsible for ensuring it remains in date and is returned to school the following day.

All pupils prescribed an adrenaline device are asked to provide the school with one that can remain on site at all times. Parents/carers are responsible for ensuring this remains in date, though the school will also send reminders when a pen is due to expire.

Any pupil with an adrenaline pen will be added to the school's serious medical conditions register, the medicines in school register, and the specific register linked to their allergy. This information will be recorded on both CPOMS and SIMS to ensure it is accessible to relevant staff. An Individual Healthcare Plan (IHP) will be completed for every pupil prescribed an adrenaline auto-injector, setting out their specific needs and the arrangements in place to keep them safe.

Prescribed AD devices will be stored:

- In an appropriate central location that is unlocked and accessible at all times
- No more than 5 minutes away from wherever the pupil may be at any time
- At room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature

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.

8.2 Spare ADs and inhalers

In line with current regulations, St John's has purchased spare adrenaline auto-injectors (AAIs) for use in an emergency. Non-injectable adrenaline devices, such as nasal sprays, may be prescribed to individual pupils but cannot be held as spare devices. Where a pupil prescribed nasal adrenaline suffers anaphylaxis, the school's spare AAIs may be used in an emergency.

The school also holds two emergency asthma reliever inhalers, which will only be used where a pupil's own prescribed inhaler is not available and written parental consent has been obtained.

The Headteacher or Allergy Safety Lead is responsible for sourcing spare ADs and ensuring they are stored according to the guidance.

- As different AAI brands are available in different doses, the school will decide which brand(s) to purchase and will aim to hold an appropriate quantity of a single brand to avoid confusion in administration and training
- Where all pupils are prescribed the same device, the school will purchase the same brand as its spare; where two or more brands are prescribed, the school may choose to purchase the brand most commonly used by its pupils
- The number and brand of devices held will be based on the school's individual circumstances and reviewed at the school's discretion. As a primary school with an EYFS (Nursery) setting, we will hold one pair of 150 microgram AAIs (for pupils under

6) and one pair of 300 microgram AAIs (for pupils aged 6–12), in line with DfE guidance. Adrenaline devices are always stocked and stored in pairs, so that a second dose is immediately on hand if needed. These are clearly labelled so all staff know which AAI should be used in the event of an emergency

AAI doses are determined by pupil age, in line with Resuscitation Council (UK) guidance:

- Under 6 years: a dose of 150 micrograms (0.15mg) is used (e.g. Epipen Junior 0.15mg, Emerade 150 or Jext 150)
- 6–12 years: a dose of 300 micrograms (0.3mg) is used (e.g. Epipen 0.3mg, Emerade 300 or Jext 300)

Spare ADs will be stored:

- In the office, in the emergency evacuation bag. This is a central location that is unlocked and immediately accessible to any member of staff at all times — it is not locked away or kept behind a restricted door
- At room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature
- Separate from any pupils' prescribed ADs and clearly labelled to avoid confusion

The Headteacher and Deputy Headteacher are responsible for:

- Checking monthly that spare ADs are present and in date
- Obtaining replacement ADs when the expiry date is near
- Obtaining a replacement AD as a priority as soon as possible after a spare device has been used, so that a full pair is restored

8.3 Disposal

ADs can only be used once. Once an AD has been used, it will be disposed of in line with the manufacturer's instructions and as sharps waste, as adrenaline auto-injectors contain a needle.

8.4 Using spare ADs in an emergency situation without prior consent

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 obtain advance consent from parents/carers or pupils for spare adrenaline devices to be used, so that in an emergency, consent can be assumed to be in place.

However, in an emergency situation, anyone may take reasonable action to save a life without checking whether prior consent has been given. This avoids potentially fatal delays in treatment.

8.5 Use of ADs off school premises

- Pupils at risk of anaphylaxis who are able to administer their own adrenaline should carry their own ADs with them on school trips and off-site events

- Spare ADs will not be taken out of school on school trips. Each trip will be risk assessed and the medical needs of the children, including allergies, will have been accounted for

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 Incident recording

The school will record serious incidents and 'near misses' relating to allergy safety as soon as is feasible. Incidents will be recorded on CPOMS, including the following information:

- Who was affected
- What happened, when and where
- Why the incident occurred (as far as is known)
- How staff and pupils responded and what was done to support the individual
- Whether emergency services were called
- How the incident concluded

The school will approach serious incidents and 'near misses' in a 'no blame' spirit of seeking to learn lessons.

9.2 Incident reporting

The parents/carers of a pupil aged up to 16 should be notified of the incident or 'near miss' as soon as possible.

The school will share the report with the pupil's parents, or the pupil or individual involved. They will be given the opportunity to discuss what happened and to contribute their views to the consequent lessons-learned review. The school will then confirm what we have learnt 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.

Staff will always share the incident report with the Headteacher and Deputy Headteacher/Allergy Safety Lead. The allergy safety lead 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 it and reduce the chance of an incident reoccurring.

The school will also share the report with other agencies in the following circumstances:

- With the Health and Safety Executive (HSE): incidents which arise directly out of the way the school carried out a work activity and which result in death or immediate hospitalisation. For example, where a pupil has suffered harm after consuming an allergen due to incorrect preparation of food by a member of staff

In the event that the incident or 'near miss' was related to the delivery of a care plan or action plan issued by a healthcare professional, the relevant healthcare professional will be notified.

10. Allergy awareness

10.1 Staff training

The school ensures that all staff expected to be present during times when pupils are scheduled to be on site receive allergy awareness training at least annually. New starters complete this training as part of their induction, before they begin working unsupervised with pupils.

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.

Induction and cover arrangements:

- New members of staff complete allergy awareness training as part of their induction programme, before taking sole responsibility for a class or group of pupils
- Supply and cover staff are provided with a school information sheet on arrival, which includes a summary of pupils with known allergies in their class, the location of spare ADs and emergency asthma inhalers, and a reminder of emergency procedures
- Where supply or cover staff have not previously completed allergy awareness training, they are briefed by a member of the regular teaching team before being left in sole charge of pupils
- The Allergy Safety Lead maintains a record of which staff have completed training and when it is next due

The school will conduct allergy safety drills annually. This is a simulated case of anaphylaxis to test out how staff respond, without risk to any individual. The results of the drill will be recorded and used to inform the ongoing review of this policy.

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 allergy safety policy will be published on the school's website and shared with parents/carers at the start of the school year. A hard copy is also available from the school office on request.

All staff should be aware of and understand the policy as part of annual allergy awareness training.

11. Wellbeing

Pupils with allergies will have additional support through:

- Pastoral care
- Regular check-ins with their class teacher
- Reassurance that steps are being taken to minimise the risks of exposure to allergens and that robust measures are in place in the event of anaphylaxis

Many pupils with allergy become anxious as a result of the risk of exposure to allergens and the potential for anaphylaxis. Staff will help address this by regularly and openly discussing allergy with the class, so that awareness of the severity of the risks does not tip into a pupil feeling singled out or different.

Bullying related to a pupil's allergy — including excluding a pupil from activities, mocking their need to avoid certain foods or substances, or threatening to expose them to a known allergen — is treated as seriously as any other form of bullying. Staff are trained to recognise these behaviours, which may be less obvious than other forms of bullying, and to respond promptly. The school will respond to any instance of bullying in line with its behaviour policy.

Where appropriate, and always in discussion with the pupil and their parents/carers first, the school may also raise wider awareness among a pupil's classmates of how to seek adult help if their classmate has an allergic reaction — for example, knowing to fetch a member of staff immediately. This is intended to complement, and never replace, staff emergency response arrangements.

11.1 Wellbeing support following an incident or 'near miss'

The school recognises that an incident or a 'near miss' is a serious event with a potential impact not only on the pupil but their family, those involved in responding, and any witnesses. The school will provide support to those involved.

The school will support staff involved in any incident or 'near miss'.

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

12. Information sharing

Information about an individual's health is considered special category data under UK GDPR. It will therefore be handled in line with our data protection policy.

13. Monitoring arrangements

This policy will be monitored by the Allergy Safety Lead.

It will be reviewed and approved annually by the Allergy Safety Lead, or more frequently if a serious incident or 'near miss' identifies an area for improvement.

14. Links to other policies

This policy links to the following policies and procedures:

- Health and safety policy
- Supporting pupils with medical conditions policy
- Data protection policy
- Behaviour policy
- Asthma policy
- First aid policy