EPWORTH
EDUCATION TRUST

Allergy Safety Policy

Reviewed by:	J Buckley
Personalised for school by:	S Taylor
Approved by Finance & Audit Committee:	25th November 2026
Approved by LAB:	Autumn 2026
Next Review Date:	Autumn 2027

Version Control

Change Record

Date	Author	Version	Section	Reason for Change
Feb 2020	J Buckley	1		Policy adopted using School Bus template as decision made to create 2 separate policies – Allergens and Whole Food (was one before)
Aug 2023	J Buckley	2	1	Update to legislation to include Natasha Law
			3.3	Includes Catering provider responsibilities
			5	New section on Food Labelling
July 2026	J Buckley			Updated so can be a school policy/template and in line with new DFE allergy safety guidance July 2026. Duplication removed if in Food Policy.

Mission Statement

Nutgrove Methodist Primary School strives to provide a caring environment in which every individual can achieve his or her full potential, without limits.

This is encompassed by our Bible verse “For I know the plans I have for you,” declares the Lord, “plans to prosper you and not to harm you, plans to give you hope and a future”. Jeremiah 29:11.

To achieve this, we wish to create a happy, secure and purposeful culture throughout the school, which is conducive to learning and high standards, and is based on our Christian values, love, peace, hope, thankfulness, forgiveness, honesty and justice.

Safeguarding Statement

At the Nutgrove Methodist Primary School we recognise our moral and statutory responsibility to safeguard and promote the welfare of all children.

We work to provide a safe and welcoming environment where children are respected and valued. We are alert to the signs of abuse and neglect and follow our procedures to ensure that children receive effective support, protection and justice.

The procedures contained in the Child Protection and Safeguarding Policy apply to all staff, volunteers and governors.

Vision

At Nutgrove Primary School, we are safe, happy and loved by God. We know our voices matter. We try our best always and everywhere. We care for others and grow in faith, learning and pride.

Contents:

Statement of Intent

The Epworth Trust and its schools strives to ensure the safety and wellbeing of all members of the school community. For this reason, this policy is to be adhered to by all staff members, parents and pupils, with the intention of minimising the risk of anaphylaxis occurring whilst at school.

The Trust is committed to developing an allergy-aware culture that promotes safety, inclusion, understanding and respect for those living with allergies. Allergy safety is a shared responsibility between staff, pupils, parents and sub-contractors working within the school community.

To effectively implement this policy and ensure the necessary control measures are in place, parents are responsible for working alongside the school in identifying allergens and potential risks, to ensure the health and safety of their children.

The school does not guarantee a completely allergen-free environment; however, this policy will be utilised to minimise the risk of exposure to allergens, encourage self-responsibility, and plan for an effective response to possible emergencies.

1. Legal framework

1.1. This policy has due regard to legislation and government guidance including, but not limited to, the following:

- Children and Families Act 2014
- The Human Medicines (Amendment) Regulations 2017
- Department of Health (2017) 'Guidance on the use of adrenaline auto-injectors in schools'
- DfE (2015) Supporting pupils at school with medical conditions.
- The Food Information (Amendment) (England) Regulations 2019 (Natasha's Law)
- Children's Wellbeing and Schools Act 2026
- DfE (2026) Allergy Safety in Schools Statutory Guidance (Benedict's Law)

1.2. This policy will be implemented in conjunction with the following school policies and documents:

- Health and Safety and Security Policy
- Whole School Food Policy
- First Aid and Managing Medication Policy
- Supporting Pupils with Medical Conditions Policy
- Educational Visits and School Trips Policy
- Pupils with Additional Health Needs Attendance Policy

2. Definitions

For the purpose of this policy:

2.1. **Allergy** – is a condition in which the body has an exaggerated response to a substance. This is also known as hypersensitivity.

2.2. **Allergen** – is a normally harmless substance that triggers an allergic reaction for a susceptible person.

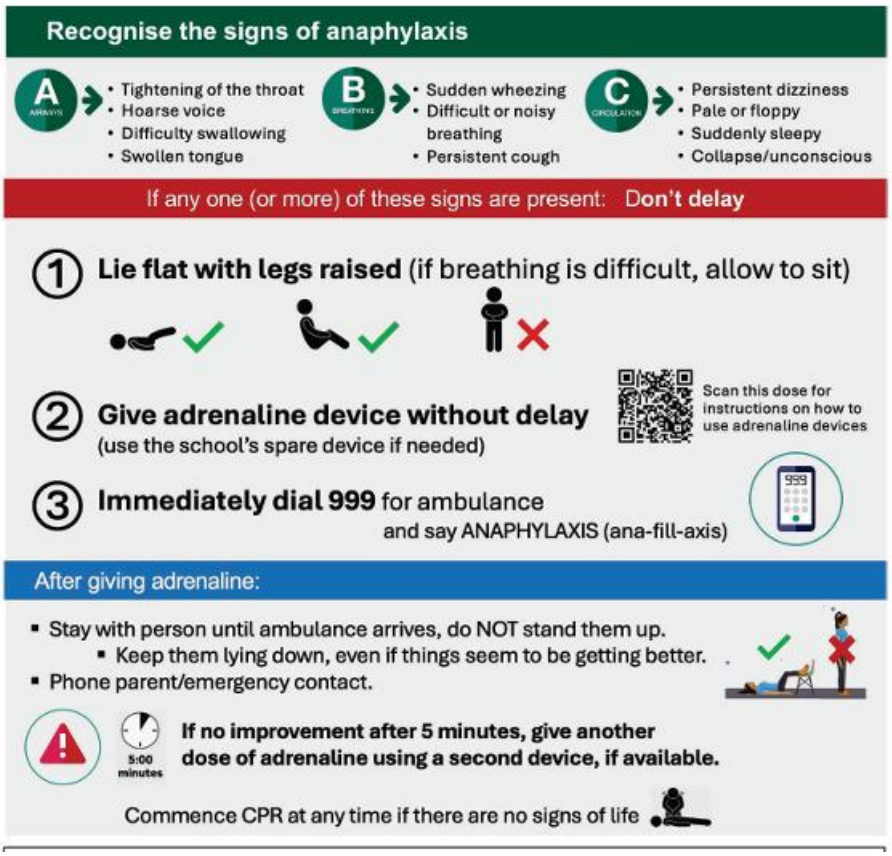
2.3. **Allergic reaction** – is the body's reaction to an allergen and can be identified by, but not limited to, the following symptoms:

- Hives
- Generalised flushing of the skin
- Itching and tingling of the skin
- Tingling in and around the mouth
- Burning sensation in the mouth
- Swelling of the throat, mouth or face
- Feeling wheezy
- Abdominal pain
- Rising anxiety

- Nausea and vomiting
- Alterations in heart rate
- Feeling of weakness

2.4. **Anaphylaxis** – is also referred to as anaphylactic shock, which is a sudden, severe and potentially life-threatening allergic reaction. Anaphylaxis reactions involve the Airway/Breathing/Circulation ("ABC"). Reactions usually progress quickly and can be life-threatening – so anaphylaxis always requires an immediate emergency response. This kind of reaction may include the following symptoms:

- A: Airways: Swelling in the throat, tongue or upper airways (tightening in the throat, hoarse voice, difficulty swallowing)
- B: Breathing: Sudden onset wheezing, breathing difficulty, persistent cough, noisy breathing
- C: Circulation: Dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness



3. Roles and responsibilities

3.1. The appointed Allergy Lead at the school is Mrs R Ibrahim. The Allergy Safety Lead role may be fulfilled by the Named Person responsible for pupils with medical conditions. As Allergy Safety Lead, they are responsible for:

- The implementation and monitoring of the Allergen and Anaphylaxis Policy.

- Ensuring that parents are informed of their responsibilities in relation to their child's allergies and acting as the main point of contact for parents regarding allergy management.
- Ensuring Individual Healthcare Plans (IHPs) remain current and are reviewed regularly.
- Coordinating allergy awareness and anaphylaxis training for ALL staff that come into contact with pupils so all staff are trained in the use of adrenaline auto-injectors (AAIs) and the management of anaphylaxis.
- Ensuring that all school trips are planned in accordance with the Educational Visits and School Trips Policy, considering any potential risks the activities involved pose to pupils with known allergies.
- Ensuring that the Whole-School Food Policy and the associated protocols are effectively implemented, including those in relation to labelling foods that may contain common allergens, e.g., nuts.
- Ensuring that all staff members are provided with information regarding anaphylaxis, as well as the necessary precautions and action to take and are trained in the use of AAIs
- Ensuring the school maintains an up-to-date register of pupils with known allergies, including details of prescribed medication, Individual Healthcare Plans, Allergy Action Plans and emergency contact information.
- Carry out an allergy safety drill in the same way as fire drills or in an active training exercise. A simulated case of anaphylaxis can be used to test out how staff respond, without risk to any individual. The results of the drill should be recorded on Smartlog and used to inform the ongoing review of the allergy safety policy.
- Ensuring that catering staff are aware of, and act in accordance with, the school's policies regarding food and hygiene, including this policy.
- Ensuring that catering staff are aware of any pupils' allergies which may affect the school meals provided.
- Ensuring that there are effective processes in place for medical information to be regularly updated and disseminated to relevant staff members, including supply and temporary staff.
- Seeking up-to-date medical information about each pupil, including information regarding any allergies.
- Monitoring the availability and expiry dates of adrenaline auto-injectors.
- Ensuring that if the school operates its own breakfast or after-school club that all staff are trained and are aware of all children with allergies, their action plans and where the AAIs are kept.
- If the school engages a third party to deliver provision, then generally the duty of care still sits with the school as the school has arranged the SLA with regards ensuring the third party is aware of all IHPs. Agreements should be made with the third party re. access to spare AAIs.

The Allergy Safety Lead can delegate the above responsibilities but they must monitor their compliance.

3.2. All staff members are responsible for:

- Acting in accordance with the school's policies and procedures at all times.
- Attending relevant training regarding allergens and anaphylaxis.
- Being familiar with and implementing pupils' individual healthcare plans (IHPs) as appropriate.
- Responding immediately and appropriately in the event of a medical emergency.
- Monitoring all food supplied to pupils by both the school and parents, including snacks, ensuring food containing known allergens is not provided.
- Ensuring that pupils do not share food and drink to prevent accidental contact with an allergen.
- Ensuring that any necessary medication is out of the reach of pupils but still easily accessible to staff members.

3.3. The school's catering provider is responsible for:

- Ensuring they are fully aware of the rules surrounding allergens, the processes for food preparation and the processes for identifying pupils with specific dietary requirements.
- Ensuring they are fully aware of whether each item of food served contains any of the main 14 allergens, as is a legal obligation, and making sure this information is readily available for those who may need it.
- Ensuring that the required food labelling is complete, correct, clearly legible, and is either printed on the food packaging or attached via a secure label.
- If possible, outlining on the catering system the ingredients of the lunch highlighting any allergens.
- Reporting any non-conforming food labelling to the supplier, where necessary.
- Reporting to the kitchen manager if food labelling fails to comply with the law.

3.4. All parents are responsible for:

- Keeping the school up to date with their child's medical information – allergens, nature of the reaction and medication required.
- Providing the school with up-to-date emergency contact information.
- Providing written consent for the administration of the school's spare adrenaline auto-injector where their child has been prescribed an AA
- Providing the school with written medical documentation and any necessary medication, including instructions for administering as directed by the child's doctor.
- Communicating to the school any specific control measures which can be implemented to prevent the child from encountering the allergen.
- Working alongside the school to develop an IHP to accommodate the child's needs, as well as undertaking the necessary risk assessments and informing the school of any changes in medical advice or treatment

- Acting in accordance with any allergy-related requests made by the school, such as not providing nut-containing items in their child's packed lunch.
- Ensuring their child is aware of allergy self-management, including being able to identify their allergy triggers and how to react.
- Providing a supply of 'safe' snacks for any individual attending school events.
- Liaising with staff members, including those running breakfast and afterschool clubs, regarding the appropriateness of any food or drink provided.

3.5. All pupils are responsible for:

- Ensuring that they do not exchange food with other pupils.
- Avoiding food which they know they are allergic to, as well as any food with unknown ingredients.
- Being proactive in the care and management of their allergies.
- Notifying a member of staff immediately in the event they believe they or others are having an allergic reaction, even if the cause is unknown.
- Notifying a member of staff when they believe they may have encountered something containing an allergen.
- Learning to recognise personal symptoms of an allergic reaction.
- Keeping necessary medications in an agreed location which members of staff are aware of.
- Developing greater independence in keeping themselves safe from allergens.
- Notifying a staff member if they are or others are being bullied or harassed because of their allergies.

4. Food allergies

4.1. From the 13th Dec 2014, the EU food information for Consumer Regulation No 1169/2011 came into force requiring any catering providing "loose food" (such as school meals, sandwiches wrapped on site and snacks) to declare the presence of allergenic ingredients used in their preparation.

4.2. There are 14 common food allergens that need to be identified when used as ingredients:

- Cereals containing gluten
- Crustaceans
- Molluscs
- Eggs
- Fish
- Peanuts
- Nuts
- Soybeans
- Milk
- Celery
- Mustard
- Sesame seeds

- Lupin
- Sulphur Dioxide (at levels above 10mg/kg or 10mg/litre expressed as SO2).

4.3. The school has decided to declare any of these allergens in the following way:
- **School Lunches -** All allergens that are used as ingredients in a school lunch will be declared where possible on the catering system or if not via the caterers termly menu.
- **Classroom activities** –Staff will be made aware of allergens and will avoid usage when carrying out any activity such as craft, science and cooking. Where an activity would involve using a material which might contain an allergen known to affect one of the group, alternatives will need to be found for the whole group which do not exclude individuals
- **Snacks & Rewards**– Staff will be made aware of pupils' allergies and will avoid using foods that may pose a risk. Parents and carers will be informed of any severe allergies present within the school community where this is necessary to support risk management. In exceptional circumstances, specific food items may be restricted or prohibited to help ensure the safety of pupils with severe allergies.
- **All other food served within school** –Allergen information will be clearly displayed for food provided at school events, such as cake sales and fundraising activities.

4.4. The catering provider and staff will be informed of all allergens within school – staff and pupils.

4.5. Where possible, the school catering system will highlight any allergens used and will automatically put a stop on their system to any allergic pupils/staff opting for this lunch option.

4.6. Where a pupil who attends the school has a severe nut allergy, the school's catering service will be requested to eliminate nuts, and food items with nuts as ingredients, from meals as far as possible, not including foods which are labelled 'may contain traces of nuts.'

4.7. All food tables will be disinfected before and after being used.

4.8. Anti-bacterial wipes and cleaning fluid will be used.

4.9. Boards and knives used for fruit and vegetables will be a different colour to the rest of the kitchen knives to remind kitchen staff to keep them separate.

4.10. There will be a set of kitchen utensils that are only for use with the food and drink of the pupils at risk.

4.11. There will also be a set of kitchen utensils with a designated colour. These utensils will be used only for food items that contain bread and wheat related products.

4.12. Food items containing bread and wheat will be stored separately.

4.13. The chosen catering service of the school is responsible for ensuring that the school's policies are always adhered to, including those in relation to the preparation of food, considering any allergens.

5. Food Allergen Labelling

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

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

5.3. The relevant staff, e.g. kitchen staff, will be trained prior to storing, handling, preparing, cooking and/or serving food to ensure they are aware of their legal obligations.

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

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

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

- Allergen information will be obtained from the supplier and recorded, upon delivery, in a food allergen log stored in the kitchen
- Allergen tracking will continue throughout the school's handling of allergen-containing food goods, including during storage, preparation, handling, cooking and serving
- The food allergen log will be monitored for completeness on a weekly basis by the kitchen manager
- Incidents of incorrect practices and incorrect and/or incomplete packaging will be recorded in an incident log and managed by the kitchen manager
- The 14 declared allergens (as outlined in section 4) will be declared and listed on all PPDS foods in a clearly legible format.
- The above list will apply to foods prepared on site, e.g. sandwiches, salad pots and cakes, that have been pre-packed prior to being offered for consumption.

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

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

5.8. The Cook will be responsible for monitoring food ingredients, packaging and

labelling on a weekly basis and will contact the supplier immediately in the event of any anomalies.

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

6. Animal allergies

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

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

7. Seasonal allergies

7.1. The term 'seasonal allergies' refers to common outdoor allergies, including hay fever and insect bites.

7.2. Precautions regarding the prevention of seasonal allergies include ensuring if applicable that grassed areas are not mown whilst pupils are outside.

7.3. Pupils with severe seasonal allergies will be provided with an indoor supervised space to spend their break and lunchtimes in, avoiding contact with outside allergens.

7.4. Pupils will be encouraged to wash their hands after playing outside.

7.5. Staff members will be diligent in the management of wasp, bee and ant nests on school grounds and in the school's nearby proximity, reporting any concerns to the site manager.

7.6. The site manager is responsible for ensuring the appropriate removal of wasp, bee and ant nests on and around the school premises.

7.7. Where a pupil with a known allergy is stung or bitten by an insect, medical attention will be given immediately.

8. Adrenaline auto-injectors (AAIs)

8.1. Pupils who suffer from severe allergic reactions may be prescribed an AAI for use in the event of an emergency.

8.2. The First Aid and Managing Medication policy outlines the procedures for using AAIs. In line with manufacturer's guidelines, all AAI devices are stored at room temperature in line with manufacturer's guidelines, protected from direct sunlight and extreme temperature.

8.3. Any used or expired AAIs are disposed of after use in accordance with manufacturer's instructions.

8.4. Used AAIs may also be given to paramedics upon arrival, in the event of a severe allergic reaction, in accordance with section 12 of this policy.

8.5. The school will maintain an appropriate supply of **spare adrenaline auto-injectors** in accordance with current legislation and DfE guidance.

8.6. Spare adrenaline auto-injectors will be stored in pairs and clearly identified as emergency school devices. The school will review whether additional pairs are required to ensure access across larger sites, playgrounds, dining areas and educational visits.

School type	**AAIs for children under age 6 years** (150 micrograms) e.g. EpiPen Junior, Jext 150	**AAIs for individuals over 6 years of age** (300 micrograms) e.g. EpiPen, Jext 300
State-funded nursery school	One pair of "spare" AAIs	n/a
Primary school	One pair of "spare" AAIs	One pair of "spare" AAIs
Secondary school	n/a	One or two pairs of "spare" AAIs *
Special school	One pair of "spare" AAIs	One pair of "spare" AAIs

8.7. Spare AAIs will:

- Be readily accessible in an emergency.
- Be stored securely in the school office in the medication drawer.
- Have expiry dates monitored regularly.
- Be available for educational visits where appropriate.
- Be included within emergency evacuation and lockdown arrangements.

8.8. The use of any spare AAI will be recorded and reviewed. Replacement devices will be obtained promptly following use or expiry.

8.9. Where any AAIs are used, the following information will be recorded:

- Where and when the reaction took place
- How much medication was given and by whom

9. Medical attention and required support

9.1. Upon enrolment, parents/carers will be asked, as part of the new starter process, to provide consent via Arbor for the school to administer an Adrenaline Auto-Injector (AAI) in an emergency where it is deemed necessary.

9.2. The school will also ask the parent for any medical information about their child including allergy information

9.3. Once a pupil's allergies have been identified, a meeting will be set up between the pupil's parents and the school, in which the pupil's allergies will be discussed and a plan of appropriate action/support will be developed.

9.4. Parents will provide the school with any necessary medication, ensuring that this is clearly labelled with the pupil's name, class, expiration date and instructions for administering it.

9.5. Pupils will not be able to attend school or educational visits without any life-saving medication that they may have, such as AAIs.

9.6. All members of staff involved with a pupil with a known allergy are aware of the location of emergency medication and the necessary action to take in the event of an allergic reaction.

9.7. Pupils who suffer from a mild allergy such as hay fever or animal allergy where risk of anaphylaxis is low should complete a Pupil mild allergy form - Pupil Mild Allergy Form - use only if not severe eg. hayfever.docx

9.8. Every pupil with a significant allergy or risk of anaphylaxis will have an Individual Healthcare Plan (IHP) for Allergy developed in partnership with parents and, where appropriate, healthcare professionals. Individual_Healthcare_Plan_template_for severe allergies inc medication form.docx

9.9. The IHP will include:

- Known allergens and triggers.
- Signs and symptoms of an allergic reaction.
- Required medication and storage arrangements.
- Emergency response procedures.
- Educational visit considerations.
- Any reasonable adjustments required to support inclusion and participation.

9.10. Where available, healthcare professional Allergy Action Plans and Asthma Action Plans will be attached to, or referenced within, the pupil's Individual Healthcare Plan and reviewed whenever updated information is received.

9.11. A risk assessment may also be required depending on the severity. Examples of risk assessments can be found here: Risk Register & Template Risk Assessments

9.12. Pupils prescribed adrenaline auto-injectors must have rapid access to their medication at all times while on school premises, during outdoor activities and during educational visits. The school will ensure that arrangements allow adrenaline to be administered as quickly as possible in an emergency and, wherever practicable, within five minutes of anaphylaxis being recognised.

9.13. All staff members providing support to a pupil with a known medical condition, including those in relation to allergens, will be familiar with the pupil's IHP.

9.14. Staff will be asked if have any allergies as part of their induction and if required a health plan will be completed.

9.15. Visitors, if likely to be served food, will also be asked if they have allergy which the school should be aware of.

10. Staff training

10.1. All staff who are likely to be on site whilst pupils are present, including teaching staff, support staff, administrative staff, lunchtime staff, club staff and relevant volunteers, will receive allergy awareness and anaphylaxis training. Annual refresher training will take place.

10.2. New staff will receive allergy awareness training as part of their induction. This will be delivered online.

10.3. Allergy awareness training will ensure all staff:

- Have an awareness of allergy, the risks it poses, how allergic reactions can occur and how to manage it;
- Have use of a training epi-pen so they can practise
- 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;
- how to locate and administer emergency medication (adrenaline for anaphylaxis, asthma reliever inhaler for an asthma attack).
- training on how to use the medication/device in an emergency (whether prescribed to a given person or a school's "spare" adrenaline devices);
- Understand the impact allergy can have on a child or young person's wellbeing;
- Understand the school, college or setting's allergy safety policy;
- Know how to check whether an individual is on the 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”).

10.4. The school will ensure Supply, agency and peripatetic workers have received allergy awareness training by their employers before use. A letter to confirm this will be received.

10.5. The school will ensure that supply staff, agency workers, peripatetic staff, temporary staff and regular volunteers receive appropriate information regarding allergy management arrangements and emergency procedures before working with pupils.

The following site can be used for training and free resources: https://allergyschool.org.uk/resources-for-guidance-compliance/

11. In the event of a mild-moderate allergic reaction

11.1. Mild-moderate symptoms of an allergic reaction include the following:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

11.2. If any of the above symptoms occur in a pupil, the nearest adult will stay with the pupil and call for help from the designated staff members able to administer AAIs.

11.3. The pupil’s prescribed AAI will be administered by the designated staff member. Spare AAIs will only be administered where appropriate consent has been received.

11.4. Where there is any delay in contacting designated staff members, or where delay could cause a fatality, the nearest staff member will administer the AAI.

11.5. The pupil’s parents will be contacted immediately if a pupil suffers a mild-moderate allergic reaction, and if an AAI has been administered.

11.6. If a pupil without a prescribed AAI, or who has not been medically diagnosed as being at risk of anaphylaxis, suffers an allergic reaction, a designated staff member will contact the emergency services and seek advice as to whether an AAI should be administered. An AAI will not be administered in these situations without contacting the emergency services.

11.7. For mild-moderate allergy symptoms, the AAI will usually be sufficient for the reaction; however, the pupil will be monitored closely to ensure the reaction does not progress into anaphylaxis.

11.8. Should the reaction progress into anaphylaxis, the school will act in accordance with section 12 of this policy.

12. In the event of anaphylaxis

12.1. Anaphylaxis symptoms include the following:

- Persistent cough
- Hoarse voice
- Difficulty swallowing, or swollen tongue
- Difficult or noisy breathing
- Persistent dizziness
- Becoming pale or floppy
- Suddenly becoming sleepy, unconscious or collapsing

12.2. In the event of anaphylaxis, the nearest adult will lay the pupil flat on the floor with their legs raised and will call for help from a designated staff member.

12.3. The designated staff member will administer an AAI to the pupil.

12.4. Where there is any delay in contacting designated staff members, the nearest staff member will administer the AAI.

12.5. The emergency services will be contacted immediately.

12.6. A member of staff will stay with the pupil until the emergency services arrive – the pupil will remain lay flat and still.

12.7. If the pupil stops breathing, a suitably trained member of staff will administer CPR.

12.8. If there is no improvement after five minutes, a further dose of adrenaline will be administered using another AAI, if available.

12.9. If a pupil without a prescribed AAI, or who has not been medically diagnosed as being at risk of anaphylaxis, suffers an allergic reaction, a designated staff member will contact the emergency services and seek advice as to whether an AAI should be administered. An AAI will not be administered in these situations without contacting the emergency services.

12.10. A designated staff member will contact the pupil's parents as soon as is possible.

12.11. Upon arrival of the emergency services, the following information will be provided:

- Any known allergens the pupil has
- The possible causes of the reaction, e.g., certain food
- The time the AAI was administered – including the time of the second dose, if this was administered.

12.12. Any used AAIs will be given to paramedics.

12.13. Staff members will ensure that the pupil is given plenty of space, moving other pupils to a different room where necessary.

12.14. Staff members will remain calm, ensuring that the pupil feels comfortable and is appropriately supported.

12.15. A member of staff will accompany the pupil to hospital in the absence of their parents.

12.16. If a pupil is taken to hospital by car, two members of staff will accompany them.

12.17. Following the occurrence of an allergic reaction, the senior leadership team, will review the adequacy of the school's response and will consider the need for any additional support, training or other corrective action.

13. Educational Visits and Off-Site Activities

13.1. The school is committed to ensuring that pupils with allergies can participate fully in educational visits, residential visits, clubs and enrichment activities wherever reasonably practicable.

13.2. Risk assessments for visits will consider:

- Known allergens and environmental risks.
- Access to prescribed medication and spare AAIs.
- Staff awareness of Individual Healthcare Plans.
- Catering and food arrangements.
- Emergency communication procedures.
- Access to emergency medical assistance.

13.3. A pupil's allergy must not automatically prevent participation in any activity or visit. Reasonable adjustments and control measures will be considered to support safe inclusion.

14. Inclusion and Wellbeing

14.1. The school is committed to ensuring that pupils with allergies feel safe, supported and included in all aspects of school life.

14.2. Pupils with allergies will not be unfairly excluded from activities, clubs, educational visits, celebrations, dining arrangements or curriculum opportunities because of their medical condition.

14.3. The school will promote awareness and understanding of allergies and anaphylaxis and will take appropriate action to address bullying, harassment or discrimination related to a pupil's allergy.

14.4. Age-appropriate allergy awareness will be promoted amongst pupils to help create an inclusive environment and support understanding of how to keep others safe. Where appropriate and agreed with parents, pupils may be informed about how to seek help if a friend is experiencing an allergic reaction.

14.5. Examples of good practice include:

- Inviting new joiners with allergy to have a tour of the kitchen and canteen so they can meet staff and get used to the mealtime environment. This may reduce anxiety and helps everyone to get to know one another, which will support staff to identify children and young people with allergy, intolerances and coeliac disease in the dining hall.
- Allergy Awareness Lessons where pupils can discuss their allergies and why this is different to just not liking a food. Useful resources can be found here- Download Free AllergyWise® Resources – Anaphylaxis UK | Anaphylaxis UK

15. Information Sharing

15.1. Information regarding pupils with allergies will be shared with relevant staff on a need-to-know basis to ensure their safety whilst respecting confidentiality and data protection requirements.

15.2. The school will maintain appropriate records of pupils with known allergies, Individual Healthcare Plans, Allergy Action Plans and prescribed medication.

15.3. Information will be made available to staff responsible for supervising pupils, including educational visits staff, supply staff and club providers, where necessary to protect the pupil's health and safety.

16. Monitoring and review

16.1. The policy will be reviewed annually and published on the school website or made available in hard copy on request.

16.2. The effectiveness of this policy will be monitored and evaluated by all members of staff. Any concerns will be reported immediately.

16.3. All allergy-related incidents and significant near misses will be recorded by the witness and reviewed by the Allergy Safety Lead.

16.4. Reviews will identify lessons learned and determine whether improvements are required to training, risk assessments, Individual Healthcare Plans, communication processes or control measures.

16.5. Following each occurrence of an allergic reaction, the pupils' IHPs will be updated and amended as necessary.