OTTERBURN PRIMARY SCHOOL AND NURSERY

ALLERGY SAFETY POLICY

Policy Location:	Reviewed:	Review Due:	Person Responsible:
Shared drive and school website. Copies can also be requested from a Designated Safeguarding Lead (DSL) or the Safeguarding Governor.	August 2026	August 2027	Alison Woodcock, Headteacher and Designated Safeguarding Lead (DSL) Governor Oversight: Sarah Mand, Chair of Governors

Contents

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 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 Food Information Regulations 2014
- The Food Information (Amendment) (England) Regulations 2019

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 Alison Woodcock.

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 (AD)

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-do-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 to consider and share with staff:
    - What lessons are there 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 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

3.4

Amy Murray (School Administrator) and Helen Spiller (Class Teacher) 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

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

3.6 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
- If required, provide their child with 2 in-date adrenaline auto-injectors and any other medication, including inhalers, antihistamine etc., and making sure these are replaced in a timely manner
- 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

We will:

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

We ask that parents/carers proactively inform the school of any changes to their child’s medical needs during the school year. This can be done by contacting the school office by telephone on 01830 520283 or by emailing admin@otterburn.northumberland.sch.uk.

4.2 Identifying staff and visitors at risk

All staff are asked to inform the Headteacher of any known allergies or medical conditions that may require support or emergency treatment while at school. New members of staff are asked to provide this information as part of their induction, before or as soon as possible after their start date. Staff are responsible for informing the school if their medical needs or allergy information changes.

Where relevant to the nature or duration of a visit, visitors, volunteers and regular contractors are asked to make the school aware of any known allergies or medical needs that may require emergency support while on the premises. This information can be provided to the school office or the member of staff coordinating the visit.

Any information provided will be treated confidentially and shared with relevant staff only where necessary to support the individual's safety.

4.3 Individual healthcare plans (IHP)

Pupils should have an IHP if they:

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

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

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

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

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

The school will consider the following principles:

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

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

4.4 Allergy and asthma action plans

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

All pupils who have asthma should be issued with an asthma action plan by their healthcare professional.

The plans include medical and parental consent for staff to administer emergency medicines, including adrenaline for anaphylaxis or reliever inhaler in the event of an asthma attack.

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

4.5 Register of pupils with known allergies

- The school maintains a register of pupils who have a known allergy. The register includes:
  - Known allergens and risk factors for anaphylaxis
  - Whether a pupil has been prescribed ADs (and if so, what type and dose)
  - Where a pupil has been prescribed an AD, whether parental consent has been given to administer emergency medication

    - A photograph of each pupil to allow a visual check to be made (this will require parental consent).
- An up-to-date copy of the allergy register is kept in each classroom, the school kitchen and the first-aid cupboard, ensuring that it is readily accessible to staff and can be checked quickly as part of an emergency response. The Headteacher and school office will ensure that all copies are updated promptly whenever a pupil's allergy information changes.

Where a pupil is considered able to manage and carry their own adrenaline device (AD), this will be agreed with the pupil, their parents/carers and the school. For younger pupils, or those who are not able to manage their own medication, their prescribed ADs will be kept in a clearly identified, readily accessible location known to relevant staff. ADs must be immediately accessible in an emergency and will accompany pupils during activities away from their usual classroom, including PE, Forest School, swimming and educational visits.

5. Assessing risk

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

- Lessons such as food technology
- Science experiments involving foods
- Crafts using food packaging
- Off-site events and school trips
- Any other activities involving animals or food, such as animal handling experiences or baking

A risk assessment for any pupil at risk of an allergic reaction will also be carried out where a visitor requires a guide dog.

6. Minimising risk

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 any 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 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

6.3 Insect bites/stings

When outdoors, pupils will be encouraged to take sensible precautions to reduce the risk of insect bites and stings. This includes:

- Wearing appropriate footwear when outside.
- Keeping food and drinks covered where practicable and clearing away food promptly after eating outdoors.
- Avoiding disturbing insect nests or hives and informing an adult if one is seen.
- Taking particular care during outdoor learning, Forest School, PE, educational visits and other activities where there may be an increased risk of contact with insects.
- Ensuring staff are aware of any pupil with a known allergy to insect bites or stings and that their prescribed medication, including adrenaline devices where applicable, is readily accessible.

If a pupil is bitten or stung, staff will follow the school's first-aid procedures and monitor the pupil for signs of an allergic reaction. Where anaphylaxis is suspected, the school's emergency procedures will be followed immediately, including administering adrenaline where indicated and calling 999.

6.4 Animals

Where animals visit or are present in school, including visits from the school's therapy dog, appropriate precautions will be taken to minimise the risk to pupils and staff with known animal allergies.

- Pupils will wash their hands thoroughly after handling or interacting with animals.
- Staff will be aware of pupils with known animal allergies and any individual arrangements identified in their healthcare or allergy plan.
- Pupils with known animal allergies will not have direct contact with an animal where this would present a risk to their health.
- Where necessary, appropriate separation and cleaning arrangements will be put in place to minimise exposure to animal hair, dander or saliva.
- Areas and surfaces used during animal visits will be cleaned appropriately following the visit.
- Any allergic reaction will be managed in accordance with the pupil's individual healthcare plan and the school's emergency procedures.

6.5 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)

7. Procedures for handling an allergic reaction

- All staff are trained to recognise the signs of both mild and severe allergic reactions (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 will only be used in accordance with current statutory guidance, including where:
    - the pupil's prescribed AD is not available or has misfired
    - the circumstances otherwise meet the requirements for use of the school's spare AD.
- Staff will ensure that pupils with known allergies have ready access to their prescribed medication and Allergy Action Plan. Relevant information about pupils with allergies will be readily accessible to staff through the school's allergy register.
- Any suspected allergic reaction will be treated promptly and in accordance with the pupil's Allergy Action Plan and the school's emergency procedures set out below.

8. Adrenaline devices (ADs)

In line with the Department of Health and Social Care's guidance on the use of emergency adrenaline auto-injectors (AAIs) in schools, Otterburn Primary School & Nursery has the following arrangements in place for the safe storage, access, use and management of adrenaline devices (ADs).

8.1 Prescribed 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 the school and on school trips. It is recommended that two devices are carried at all times. Pupils with prescribed ADs should take them home with them at the end of each school day and parents are responsible for ensuring that they are in date.

If a pupil cannot keep their ADs with them in the classroom (due to age or other considerations), then the devices will:

- Be stored at room temperature, in accordance with the manufacturer's instructions, and protected from direct sunlight and extremes of temperature.
- Be clearly labelled with the pupil's name and kept with a copy of their Allergy Action Plan.
- Be positioned so that they can be accessed immediately in an emergency.
- Accompany the pupil whenever they are away from their usual classroom, including at lunchtime, on the playground, during PE, swimming, Forest School and other outdoor activities.
- Be taken on all educational visits, residential visits and other activities away from the school premises, with a designated member of staff responsible for ensuring they remain readily accessible.

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.

Parents/carers are responsible for ensuring that their child has the required prescribed ADs available both at school and when travelling to and from school. Where prescribed ADs are provided specifically for use in school, these will normally remain in school rather than being sent home each day. Pupils who routinely carry their own ADs will take them with them when leaving school.

Parents/carers are responsible for ensuring that prescribed ADs remain in date and for providing replacements before they expire. School staff will also check the expiry dates of medication held in school and will contact parents/carers when replacement devices are required.

The school will maintain an up-to-date record of all pupils with known allergies and those who have been prescribed adrenaline. A current Allergy Action Plan will be held for each relevant pupil and kept alongside their prescribed medication. Relevant information will also be recorded on the school's allergy register and shared with staff who need to know in order to keep the pupil safe.

8.2 Spare ADs and inhalers

Please note: current regulations only allow schools to purchase adrenaline auto-injectors (AAIs) as spare devices. Non-injectable adrenaline devices (nasal spray) may be prescribed to individuals but cannot currently be stocked as a spare device. If an individual who is prescribed nasal adrenaline suffers anaphylaxis, a school's spare AAIs may be used in an emergency. Schools can purchase an emergency asthma reliever inhaler which can only be used if the pupil's prescribed inhaler is not available and where written consent has been obtained.

The allergy safety lead is responsible for sourcing spare ADs and ensuring they are stored according to the guidance.

Spare ADs will be purchased as follows:

- Spare ADs will be sourced from Boots Pharmacy.
- The school will hold 2 × EpiPen Junior 0.15 mg and 2 × EpiPen 0.3 mg, with the doses reviewed in accordance with the age, weight and needs of pupils attending the school and current Resuscitation Council UK guidance.
- The school will purchase EpiPen devices as its standard brand to support staff familiarity and reduce the risk of confusion in an emergency.

Spare ADs will be stored:

- In the first-aid cupboard, which is centrally located and readily accessible to staff at all times.
- In a clearly identified location, separate from pupils' individually prescribed medication and accessible to staff only.
- Within five minutes' access of all areas of the school.
- At room temperature, in accordance with the manufacturer's instructions, and protected from direct sunlight and extremes of temperature.

Spare AAIs will be kept:

- In pairs, so that a second device is available if required.
- Separate from pupils' individually prescribed ADs and clearly labelled to avoid confusion.

Amy Murray (School Administrator) and Helen Spiller (Class Teacher) are responsible for:

- Checking monthly that spare ADs are present and in date
- Obtaining replacement ADs when the expiry date is near

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.

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 prescribed ADs with them on school trips and at off-site events.

Where a pupil is not able to carry or administer their own ADs, a designated member of staff will be responsible for carrying the pupil's prescribed ADs and Allergy Action Plan and ensuring they remain readily accessible at all times.

Appropriate spare school AAIs will also be taken on school trips and off-site activities where a pupil at risk of anaphylaxis is participating. The designated member of staff will be responsible for ensuring that the spare AAIs are readily accessible, stored appropriately and returned to their usual storage location on return to school.

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 reasonably practicable. The incident will be recorded in the school's accident records and, where appropriate, on CPOMS, including:

- 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 Headteacher will be informed of all serious allergy-related incidents and near misses, and parents/carers will be informed where an incident involves their child.

Following a serious incident or near miss, the Headteacher will review what happened and consider whether any changes are required to the pupil's individual arrangements, Allergy Action Plan, risk assessments, staff training or wider school procedures. Relevant staff will be informed of any changes arising from the review.

The school will approach serious incidents and 'near misses' in a no-blame, learning-focused manner, with the aim of identifying lessons and reducing the likelihood of a similar incident occurring again.

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, the pupil or the 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 Alison Woodcock. 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 them 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 which results in death or immediate hospitalization. For example, where a pupil has suffered harm after consuming an allergen due to incorrect preparation of food by a member of staff. [See how to make a RIDDOR report]
- To the local authority: any allergen-related food safety incidents. [See how to report a food safety issue]

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 will complete this training as part of their induction.

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.

The school has purchased 'training pens' from EpiPen and Jext so staff can practise safely and be familiar with the differences.

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')
- All new members of staff will receive allergy awareness training as part of their induction and will be made aware of the school's allergy safety procedures, the location of emergency medication and pupils with known allergies.
- Allergy awareness training will be refreshed regularly and when there are significant changes to guidance, school procedures or the needs of pupils.
- Supply and cover staff will be provided with appropriate allergy safety information before taking responsibility for pupils, including details of pupils with known allergies, the location of Allergy Action Plans and emergency medication and the action to take in an emergency.
- Where appropriate, additional training will be provided to staff working directly with pupils who have specific or complex allergy needs.
- The school will maintain a record of allergy awareness and emergency medication training completed by staff.

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.

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

Pupils will be taught about allergies in an age-appropriate way through the school's PSHE and health education curriculum and through relevant opportunities across the wider curriculum.

Teaching will help pupils to:

- Understand what allergies are and that some people can become seriously unwell if exposed to particular allergens.
- Recognise the importance of not sharing food or drinks where this could put another pupil at risk.

- Understand the importance of handwashing and good hygiene in reducing the risk of accidental exposure.
- Know that they should tell an adult immediately if they or another pupil appears to be having an allergic reaction.
- Understand and respect the needs of pupils with allergies, promoting inclusion and ensuring that pupils are not singled out, excluded or treated differently because of their allergy.

Age-appropriate resources, including those available through Allergy School, may be used to support teaching and reinforce key allergy safety messages.

Additional teaching or reminders will be provided where appropriate in response to the needs of individual pupils or changes within the school community.

11. Wellbeing

The school recognises that living with an allergy can affect a pupil's emotional wellbeing and may cause anxiety about accidental exposure, eating at school, taking part in activities or experiencing an allergic reaction.

Pupils with allergies will be supported through:

- Pastoral support appropriate to their individual needs.
- Regular check-ins with their class teacher where appropriate.
- Reassurance that appropriate measures are in place to minimise the risk of exposure to known allergens and that staff know how to respond in an emergency.
- Encouragement to talk to a trusted adult if they have any worries or concerns about their allergy.
- Reasonable adjustments, where appropriate, to ensure pupils with allergies can participate fully and safely in school life.
- Liaison with parents/carers where concerns arise about a pupil's emotional wellbeing.

The school will promote understanding and inclusion so that pupils are not singled out, excluded or treated differently because of their allergies.

Any bullying, teasing or deliberate behaviour relating to a pupil's allergy, including intentionally exposing or threatening to expose a pupil to a known allergen, will be taken seriously and addressed in accordance with the school's Behaviour Policy.

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 the 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
- School food policy
- Data protection policy
- Behavior policy