Allergy safety policy

Key document details

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Contents

1. Aims 3
2. Legislation and guidance 3
3. Roles and responsibilities 4
   3.1 The board of trustees 4
   3.2 Allergy safety lead 4
   3.3 Headteacher 4
   3.4 Named responsibilities 4
   3.5 Teaching and support staff 5
   3.6 Parents/carers 5
   3.7 Pupils with allergies 5
   3.8 Pupils without allergies 5
4. Identifying individuals at risk 5
   4.1 Identifying pupils at risk 5
   4.2 Identifying staff and visitors at risk 7
   4.3 Individual healthcare plans (IHP) 7
   4.4 Allergy and asthma action plans 8
   4.5 Register of pupils with known allergies 8
5. Assessing risk 8
6. Minimising risk 8
   6.1 Hygiene procedures 8
   6.2 Catering 8
   6.3 Insect bites/stings 9
   6.4 Animals 9
   6.5 Visits and trips 9
7. Procedures for handling an allergic reaction 9
8. Adrenaline devices (ADs) 9
   8.1 Prescribed ADs 9
   8.2 Spare ADs and inhalers 10
   8.3 Disposal 11
   8.4 Using spare ADs in an emergency situation without prior consent 11
   8.5 Use of ADs off school premises 11
9. Serious incidents and ‘near misses’ 12
   9.1 Incident recording 12
   9.2 Incident reporting 12
10. Allergy awareness 13
   10.1 Staff training 13
   10.2 Awareness of allergy safety policy 14
11. Wellbeing 14
   11.1 Wellbeing support following an incident or ‘near miss’ 14
12. Information sharing 14
13. Monitoring arrangements 14
14. Links to other policies 14

Each of our schools has a named allergy safety lead, responsible for the implementation of the policy in their school, as per the statutory guidance from the DfE.

Each school retains spare emergency AD devices.

This policy sets out our approach to allergy safety of Pioneer Educational Trust.

The allergy safety lead responsible for implementing this policy at each school] is named in section 3.2.

1. Aims

This policy aims to:

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

Background

Schools within the Trust are inclusive communities that aim to support and welcome all pupils, including those with medical conditions. The schools within the Trust provide all pupils with medical conditions the same opportunities as their peers at school.

The Trust ensures that all staff understand their duty of care towards children and young people in the event of a medical incident and that staff feel confident in knowing what to do in an emergency.

We understand that certain medical conditions are serious and can be potentially life threatening, particularly if ill-managed or misunderstood.

We understand the importance of medication being stored and taken as prescribed and where this is done, to be recorded appropriately in the school by responsible adults.

All relevant staff understand the medical conditions that affect children in school and receive training on the impact of these medical conditions on them. Pupils with medical conditions are encouraged to take control of their condition and to feel confident in the support they receive from the school to help them do this.

All Pioneer Schools have a separate Allergy and Anaphylaxis Policy on their websites. These outline:

- Named Allergy Governor
- Named School Allergy Lead
- Annual Allergy Training
- Storage and accessibility of adrenaline medication
- Processes to support children with allergy and anaphylaxis
- The safeguarding of visitors to the school

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 board of trustees

The board of trustees is responsible for ensuring:

- Risks relating to pupils with allergy are included in the risk register and actively managed
- Each 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
- Ensuring the allergy safety policy is reviewed at least annually, updated when needed, and is published.
- The board of trustees delegates the day-to-day implementation of this policy to the allergy safety lead.

3.2 Allergy safety lead

The nominated allergy safety lead at Foxborough Primary School is Jessica Theisinger.
The nominated allergy safety lead at Trevelyan Middle School is Adam Spinks.
The nominated allergy safety lead at Desborough College is Jacob Theisinger.
The nominated allergy safety lead at Upton Court Grammar School is Abbie Dixon.

They are responsible for:

- Implementing this allergy safety policy
- Contributing to the review of the allergy safety policy at least annually, updating it when needed, and making sure it is published
- Promoting and maintaining allergy awareness across the 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 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:

- Overseeing first aid and wellbeing in their school to ensure the appropriate safeguarding and minimization of risk for pupil
- Delegating to a senior leader, where relevant, the allergy awareness processes in the school
- Ensuring the provision of a trained first lead to oversee necessary Individual Healthcare Plans where these are needed to support the safeguarding of pupils

3.4 Named responsibilities

At Foxborough Primary School, Pauline Grieve and Jessica Theisinger are responsible for:
At Trevelyan Middle School, Nadia Qureshi and Adam Spinks are responsible for
At Desborough College, Marcia Carco and Jacob Theisinger are responsible for
At Upton Court Grammar School, Izlem Hairettin and Abbie Dixon

- 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 the 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, providing their child with 2 in-date adrenaline auto-injectors and any other medication, including inhalers, antihistamine etc., and making sure these are replaced in a timely manner
- 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, where age and understanding allows
- 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
Medical Information and Procedures

The Trust prioritises the health and well-being of pupils, involving a collaborative effort among parents, carers, staff, and healthcare professionals to ensure effective medical support and care while at school. Key responsibilities and procedures are outlined below to manage and administer medical information and medication:

- Parents/carers will be expected to take the prime responsibility for their child's health. They will be expected to provide us with all relevant information about their child's medical condition and any medication that is required to manage that condition;
- Where there is no response from parents/carers regarding the return of Individual Healthcare Plans (IHCPs), Action Plans, or medication administration consent forms:
    - A minimum of three contact attempts must be made (phone calls or emails), and each attempt must be logged.
    - If there is no response, the case must be escalated to the designated member of the Senior Leadership Team.
    - An in-person meeting with the parent/carer will be arranged to resolve the outstanding documentation.
    - The school's safeguarding team must also be informed, as failure to provide essential medical information may indicate a wider welfare concern.
    - All actions and communications must be recorded on the pupil's file and monitored until resolved.
- Every parent / carer of a pupil who gains a place at a school within the Trust will be required to complete a medical information/declaration form before their first school year starts detailing any medical or health needs, including allergy, and any medication that they may need to carry with them or take in school;
- Where a pupil has a new diagnosis of allergy or anaphylaxis, and/or has moved to the school mid-term, we will send a form and put arrangements in place within 2 weeks
- Lead First Aiders will send a reminder to parents/carers at the start of each year asking them to update their child's medical information as necessary
- Lead First Aiders will maintain a whole-school Medical Needs Sheet via Bromcom that details all pupils' medical needs, organised by year groups.
- Every new member of staff who is employed by the Trust will be required to complete a Pre-placement Health Questionnaire detailing any medical or health needs and any medication that they may need to take in school;
- All medical information will be treated as strictly private and confidential and shared on a need-to-know basis only with relevant parties;
- Parents/carers of pupils who will possibly need medication in school will be required to complete a permission to administer medication form;
- Only medication that has passed the check list (see below) in the original packaging and with the pupil's name on it and the dispenser's label will be accepted;
- Every child with a complex health need or condition that could lead to a potential medical emergency or any child who regularly requires medication during school hours will have an individual health care plan;
- Schools will collaborate with the school health service and NHS PCT to work together to make sure that children and young people with medical needs and complex health needs have effective support and smooth integration;
- Schools will ensure that all staff managing the administration of medicines and those who administer medicines receive appropriate training and support.
- All medication will be stored safely in the medical storage facility and will be checked on a termly basis to ensure that it is still within date for the coming term.
- The lead first aider will lead the management of medicines in school and with the administration of care plan paperwork and updates.

A template copy of Pioneer's 'Permission to Administer medication form' can be found on the link below:
Parental Consent for Administration of medication.docx
We ask that parents/carers proactively inform the relevant school by either a phone call to the school or an email to if their child's medical needs change during the school year.
See school websites for contact information:

- Foxborough Primary School: https://www.foxboroughprimary.co.uk/
- Trevelyan Middle School: https://www.trevelyan.org.uk/

- Upton Court Grammar School: https://www.uptoncourtgrammar.org.uk/
- Desborough College: https://www.desborough.org.uk/

4.2 Identifying staff and visitors at risk

School staff:

- will be asked annually to share their risk of severe allergy or anaphylaxis
- will be asked about safe and immediate access to emergency medications, if relevant
- will be asked to update their Head Teacher should their medical needs change throughout the school year
- New staff will complete a medical needs questionnaire in advance of their start date

Visitors to the school:

- will be prompted by the sign-in screen to report to school reception should they have a risk of severe allergy / anaphylaxis
- will be given an amber card to wear in their lanyard that identifies them as at risk, should they succumb to anaphylaxis while on the school site. This will enable life-saving care to be given immediately

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 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 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.

Template copies of IHCPs can be found on the link below. Schools may use the ALLERGY template for those pupils with allergy and anaphylaxis:

Individual Health Care Plan for Allergy: IHPtemplate ALLERGY_2026.docx

Generic Individual Health Care Plans provided by DfE: https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3

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 pupils 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

The register is kept in the first aid room and the school canteen 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
- 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 should 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:

- Shoes should always be worn
- Food and drink should be covered
- After an insect bite / sting, the pupil should be sent to the medical room for observation

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

Pupils with animal allergies will not interact with animals

6.5 Visits and trips
No pupils with allergies will be excluded from taking part
The school will plan accordingly for all events and school trips, and arrange for the staff members involved to be aware of pupils' allergies and to have received 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 AD 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

As part of the whole-school awareness approach to allergies, 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
All staff know that an anaphylactic response must be accompanied by an emergency call to the 999 emergency service, and that they must request support for anaphylaxis
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
- The pupil's prescribed AD are not available or misfire

8. 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 Foxborough Primary School, the ADs will be stored at school reception
At Trevelyan Medical School, if pupils in the Inclusion Base are not competently able to manage their own medication, this will be stored in the medical room

Emergency anaphylaxis medication

As per best practice guidance from the Department for Health, children at risk of anaphylaxis should have their prescribed AAIs (Adrenaline Auto-injectors, or epipens) on them at all times.

The MHRA recommends that "*those prescribed AAIs should carry **TWO** devices at all times, as some people can require more than one dose of adrenaline and the AAI device can be used wrongly or occasionally misfire. Depending on their level of understanding and competence, children and particularly teenagers should carry their AAI(s) on their person at all times or they should be quickly and easily accessible at all times. If the AAI(s) are not carried by the pupil, then they should be kept in a central place in a box marked clearly with the pupil's name but NOT locked in a cupboard or an office where access is restricted.*
It is not uncommon for schools (often primary schools) to request a pupil's AAI(s) are left in school to avoid the situation where a pupil or their family forgets to bring the AAI(s) to school each day. Where this occurs, the pupil must still have access to an AAI when travelling to and from school."
Please follow the guidance in the links below:
Guidance on the use of adrenaline auto-injectors in schools

Allergy Safety in Schools - https://www.gov.uk/government/publications/allergy-safety-in-schools
Anaphylaxis: Anaphylaxis - NHS

- 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.
- The Lead First Aider will liaise with parents / carers to ensure the pupil has medication both in school and for the journey to and from school.
- The Lead First Aider will be responsible for checking that they remain in date.
- The Lead First Aider will maintain an up-to-date allergy risk register

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.

Schools can source new epi-pens / auto-injectors from Simple Online Pharmacy at cost-price. Simple Online Pharmacy is a recommendation by The Allergy Team, who serve hundreds of schools across the country.
Buy cost-price spare adrenaline pens | The Allergy Team
If epi-pens are in short supply, schools can purchase Jext auto-injectors:
Jext and EpiPen are both licensed adrenaline (epinephrine) auto-injectors for the emergency treatment of anaphylaxis in the UK, and schools are permitted to hold either brand as spare adrenaline auto-injectors.
Schools can also purchase emergency ADs from a local pharmacy, but these may incur a higher cost.

AAIs are available in different doses, so schools may wish to use the following guidance from the Department of Health:

For children age under 6 years:	For children age 6-12 years:	For teenagers age 12+ years:
• Epipen Junior (0.15 mg) or • Emerade 150 microgram or • Jext 150 microgram	• Epipen (0.3 milligram) or • Emerade 300 microgram or • Jext 300 microgram	• Epipen (0.3 milligram) or • Emerade 300 microgram or • Emerade 500 microgram or • Jext 300 microgram

All ADs will be stored at room temperature in an accessible location.
All ADs will be able to be accessed and administered within 5 minutes.
All ADs will be stored in pairs

Spare ADs:
At Foxborough Primary School, ADs will be stored at school reception
At Trevelyan Middle School, ADs will be stored at school reception and the first aid room
At Desborough College, ADs will be stored at school reception
At Upton Court Grammar School, ADs will be stored opposite reception in the Heads' PA's office

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 will carry their own ADs with them on school trips and off-site events
All Trust schools must ensure comprehensive planning for **students with medical needs on trips**, including allergy and anaphylaxis, accounting for age, medical complexity, and activity risk:

- **General Requirements Across the Trust:**
  - A **named first aider** with relevant training must attend all off-site visits. Medical needs must be a key part of the **trip risk assessment**, with all staff briefed on how to respond to medical emergencies. A separate risk assessment must be completed for pupils at risk of serious allergy and anaphylaxis
  - All students with medical needs must have their **IHCP or Allergy/Asthma Action Plan printed and carried** by staff.
  - All trip leads/first aiders on the trips to be issued an 'Administering Medication Trip Pack'

- **Primary & Middle Phase Settings:**
  - Younger pupils are unlikely to manage medication independently.
  - Medication must be administered by a designated staff member trained in medication handling and aware of the child's plan.

- A familiar staff member should accompany children with complex needs whenever possible.

- **Secondary Phase Settings:**
  - Some older pupils may self-carry and administer emergency medication with consent.
  - Staff must still monitor and **ensure pupils are supported**, especially during physical, remote, or high-risk activities.

- **High-Risk or Residential Trips (All Phases):**
  - **Outdoor or adventure-based trips** (e.g. Duke of Edinburgh, camping, water sports) require at least one staff member with an **Outdoor First Aid Qualification**.
  - The **location of emergency medical services** must be identified, and communication protocols must be in place.
  - Ensure **spare medication** is brought and securely stored.

A link to Pioneer's Risk Assessment templates can be found here:
Risk Assessment.docx
A link to Pioneer's Serious Allergy and Anaphylaxis Risk Assessment can be found here: Allergy Risk Assessment.docx

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. The incident will be recorded in the accident book, 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. In the case of a pupil aged 16 and over, the school will confirm that the pupil agrees that their parents/carers should be informed.

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 the named SLT 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 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 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')

To meet statutory obligations **ALL school staff must complete annual allergy and anaphylaxis training in line with statutory guidance**: Allergy safety in schools statutory guidance

- **ALL staff** must complete
    - *Certificate in Allergy and Anaphylaxis Awareness* (The National College)

- **Trust-Wide Oversight:**
    - School Leaders are responsible for monitoring training compliance.
    - Regular audits should be conducted by the central Trust team or Health & Safety Lead.

In addition, **SEND Staff, Pastoral & Medical Support Staff:**

- Required to complete condition-specific training (e.g. diabetes, epilepsy, anaphylaxis).
- Must attend refresher training at least every 2 years or when guidance changes

- **Trip Leaders (All Phases):**
    - Must attend trip-specific briefings, with clear roles regarding pupils' medical needs.
    - **18 hour Outdoor First Aid training** is mandatory for leaders of outdoor/residential trips.

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 supported to understand the allergy awareness through the PSHE programme, Assembly programme and Form activities.

11. Wellbeing
Pupils with allergies will have additional support through:

- Pastoral care
- Regular check-ins with their class teacher (Foxborough Primary School) or Form Tutor
- Reassurance that steps are being taken to minimise the risks of exposure to allergen and that robust measures are in place in the event of anaphylaxis
- The school will respond to any instance of bullying in line with its 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: Pioneer Health Safety Policy.pdf

Supporting pupils with medical conditions policy: Supporting pupils with medical conditions and first aid policy.pdf

Data protection policy: GDPR & Data Protection Policy.pdf