

Featherstone Primary School

Allergy Safety Policy



Aspire, Believe, Succeed

Agreed by Governors

Approval date: 01.10.26

Review date: Annually

1. Intent

Featherstone Primary School is committed to providing a safe, inclusive and supportive environment for all pupils, staff and visitors living with an allergy.

This policy sets out the arrangements Featherstone Primary School has in place to:

- identify pupils with known allergies;
- minimise the risk of exposure to known allergens;
- ensure appropriate arrangements are in place for pupils requiring additional support;
- ensure staff can recognise and respond appropriately to allergic reactions and anaphylaxis;
- ensure rapid access to prescribed and emergency medication;
- promote the wellbeing and inclusion of pupils with allergy;
- enable pupils with allergy to participate fully in school life, including educational visits and extracurricular activities; and
- learn from allergy-related incidents and near misses.
- This policy applies to all pupils, staff, regular volunteers and relevant visitors and covers:
 - the school premises;
 - breakfast and after-school clubs;
 - lunchtime and other food provision;
 - curriculum activities;
 - sporting activities;
 - school events;
 - educational visits and residential visits; and
 - any other activity organised or supervised by the school.

This policy has been developed with regard to the Department for Education's statutory guidance Allergy Safety in Schools, July 2026, issued under section 100 of the Children and Families Act 2014, as amended by section 34 of the Children's Wellbeing and Schools Act 2026. Featherstone Primary School has an allergy safety policy and the Governing Body has regard to the statutory guidance when carrying out its duties.

This policy is read alongside the school's:

- Supporting Pupils with Medical Conditions Policy;
- First Aid Policy;
- Health and Safety Policy;

- Educational Visits Policy;
- Safeguarding and Child Protection Policy;
- Equality and Inclusion Policy;
- Behaviour Policies;
- Attendance Policy; and
- Data Protection/Privacy Policy.

For children in the Early Years Foundation Stage, Featherstone Primary School also follows the relevant requirements of the statutory EYFS framework.

2. Definitions

An allergy is a medical condition in which the body's immune system has an abnormal reaction to a normally harmless substance. Allergens may include food, insect stings, medicines, latex, contact allergens and airborne allergens.

Anaphylaxis is a potentially life-threatening allergic reaction affecting the:

- Airway;
- Breathing; and/or
- Circulation.

Allergic conditions can include:

- food allergy;
- allergic asthma;
- eczema;
- allergic rhinitis/hay fever;
- contact allergy;
- insect-sting allergy; and
- medicine allergy.

The school recognises that coeliac disease and food intolerance are not allergies. They may nevertheless require important dietary and medical arrangements and are managed through the school's wider medical conditions and food-safety arrangements as appropriate.

Some pupils may also have medically recognised sensitivities or systemic conditions capable of causing serious reactions even where they do not meet the usual clinical definition of allergy. Where this applies, the school follows relevant medical advice and the pupil's individual healthcare arrangements.

3. Roles and Responsibilities

3.1 Governing Body

The Governing Body is responsible for ensuring that the school:

- has an appropriate Allergy Safety Policy;
- has regard to statutory allergy safety guidance;

- publishes the policy;
- keeps the policy under review;
- has appropriate arrangements to minimise allergy-related risks;
- has appropriate emergency arrangements;
- receives information regarding serious allergy incidents and near misses; and
- provides appropriate oversight and challenge.
- Allergy-related risks are included within the school's risk-management arrangements and risk register and are actively managed and monitored by the Governing Body.

3.2 Allergy Safety Lead

The school's named senior leader responsible for allergy safety is:

Name: Helen Beach

Role: Assistant Headteacher

The Allergy Safety Lead:

- oversees implementation of this policy;
- ensures arrangements are in place to identify pupils with allergy;
- maintains oversight of pupils requiring allergy-related support;
- ensures appropriate Individual Healthcare Plans and Action Plans are in place;
- ensures emergency medication is appropriately available;
- coordinates or oversees allergy awareness and emergency-response training;
- ensures new, temporary, supply and cover staff receive appropriate information;
- monitors allergy-related incidents and near misses;
- ensures lessons are learned from incidents;
- liaises with parents/carers and healthcare professionals;
- reports significant matters to the Headteacher and Governing Body; and
- contributes to the annual review of this policy.

3.3 All Staff

All staff have a responsibility to:

- follow this policy;
- undertake required allergy training;
- know how to identify pupils with known allergy;
- know how to access relevant Allergy Action Plans, Asthma Action Plans and IHPs;
- understand the location of emergency medication;
- take reasonable precautions to reduce exposure to known allergens;
- respond promptly to allergic reactions and anaphylaxis;
- summon emergency assistance when required;
- never delay emergency treatment while waiting for parents;
- report reactions, incidents and near misses; and
- support pupils with allergy to participate fully and safely in school life.

3.4 Parents and Carers

Parents/carers are expected to:

- inform school of any known or suspected allergy;
- provide accurate and up-to-date medical information;
- inform the school promptly of changes to diagnosis, treatment or emergency arrangements;
- provide copies of relevant Allergy Action Plans, Asthma Action Plans and other clinical documentation;
- provide prescribed medication required in school;
- ensure medication supplied to school is in date;
- replace medication when required; and
- work collaboratively with school to develop and review individual arrangements.
- Parents/carers are not routinely required to attend school to administer medication or provide medical support which the school can reasonably provide.
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4. Identifying Pupils with Allergy

The school maintains an accurate and up-to-date record of pupils with known allergies.

Information is obtained, as appropriate, from:

- parents/carers;
- the pupil;
- admission forms;
- previous schools or settings;
- healthcare professionals;
- Individual Healthcare Plans;
- Allergy Action Plans;
- Asthma Action Plans; and
- other appropriate sources.
- Records include, where relevant:
- the pupil's known allergen(s);
- symptoms and previous reactions;
- whether the pupil is at risk of anaphylaxis;
- prescribed medication;
- location of medication;
- whether the pupil has an Allergy Action Plan;
- whether the pupil has an Asthma Action Plan;
- whether the pupil has an IHP;
- emergency arrangements;
- reasonable adjustments;
- dietary requirements; and
- any additional information required to keep the pupil safe.

The school identifies pupils and, where appropriate, staff and regular visitors with known allergies and records relevant allergens and medication requirements.

For pupils joining Featherstone Primary School, appropriate allergy arrangements are established before the pupil starts wherever possible. Where a pupil joins unexpectedly or during a school term, the school puts appropriate arrangements in place as soon as possible. For EYFS children, information about special dietary requirements, allergies, intolerances and health requirements is obtained before admission and shared appropriately with staff responsible for preparing, handling or supervising food.

5. Individual Healthcare Plans

Any pupil whose allergy requires the school to put supportive arrangements in place has those arrangements recorded in an Individual Healthcare Plan (IHP).

An IHP describes:

- the pupil's allergy and known triggers;
- typical symptoms;
- signs of mild or moderate reaction;
- signs of anaphylaxis;
- preventive measures;
- required reasonable adjustments;
- medication and dosage;
- location of medication;
- emergency arrangements;
- who is responsible for providing support;
- arrangements for food and mealtimes where relevant;
- arrangements for PE, outdoor learning and extracurricular activities;
- arrangements for school visits and trips;
- arrangements for self-management where appropriate;
- what staff do following an allergic reaction;
- parent/carers contact details; and
- relevant healthcare professional contact details.

Where a healthcare professional has provided an Allergy Action Plan or Asthma Action Plan, this is incorporated into, attached to or referenced within the IHP and followed by staff.

IHPs are developed collaboratively with the pupil where appropriate, parents/carers, school staff and relevant healthcare professionals.

Where a pupil requires individual supportive arrangements to manage their allergy safely in school, these are documented within an IHP. The IHP clearly identifies what support is required, how and when it is provided, who is responsible for providing it and the arrangements to be followed in an emergency.

IHPs are reviewed:

- at least annually;
- when medical advice changes;
- when medication changes;
- following a relevant allergic reaction or serious near miss;
- when the pupil's needs change;
- when the pupil moves class or phase; or

- whenever existing arrangements are no longer appropriate.

6. Allergy and Asthma Action Plans

Where an Allergy Action Plan or Asthma Action Plan has been issued by an appropriate healthcare professional, staff follow the instructions within it.

Plans are readily available to relevant staff while respecting the pupil's privacy.

Staff understand that plans are individual and do not assume that the same emergency treatment or precautions apply to every pupil with allergy.

Where an updated plan is received, relevant records and the pupil's IHP are reviewed and updated as required.

7. Allergy Awareness and Emergency Response Training

All staff who are present when pupils are scheduled to be on site receive allergy awareness and emergency-response training at least annually.

This includes, where applicable:

- teachers;
- teaching assistants;
- office staff;
- senior leaders;
- lunchtime supervisors;
- site staff where pupil-facing;
- permanent staff;
- temporary staff;
- supply teachers;
- agency staff;
- regular volunteers;
- catering staff; and
- after-school-club staff.

Contractors who have no pupil-facing role, such as builders or electricians carrying out ad hoc maintenance, are not required to undertake this training.

First-aid training alone is not treated as sufficient allergy training. All relevant staff receive specific allergy awareness and emergency-response training at least annually.

Training covers:

- what allergy is;
- common allergic conditions;
- how reactions occur;
- common allergen triggers;
- the difference between allergy, coeliac disease and food intolerance;
- signs and symptoms of mild and moderate allergic reactions;
- signs of anaphylaxis;
- Airway, Breathing and Circulation signs;
- how to respond to anaphylaxis;
- when and how to administer adrenaline;

- how to use adrenaline auto-injectors;
- how to call emergency services;
- the use of asthma reliever inhalers;
- why an asthma inhaler must not replace adrenaline when anaphylaxis is suspected;
- how to locate prescribed and spare medication;
- how to access Action Plans and IHPs;
- how to identify pupils with known allergies;
- measures to minimise exposure;
- the emotional impact of allergy;
- reporting incidents and near misses; and
- staff responsibilities under this policy.

Training under this policy does not replace any specific clinical competency, healthcare delegation or other specialist training required for an individual pupil.

7.1 Induction, Supply and Temporary Staff

All new staff receive allergy safety information as part of induction.

Supply teachers, temporary staff, agency workers, cover staff and other relevant adults are provided with appropriate information before undertaking unsupervised pupil-facing responsibilities.

This includes, where relevant:

- known pupils at significant risk;
- how to obtain allergy information;
- location of emergency medication;
- how to summon help; and
- emergency procedures.
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8. Wellbeing, Equality and Inclusion

The school recognises that living with allergy can have a significant emotional and psychological impact.

Pupils may experience:

- anxiety about accidental exposure;
- anxiety about eating away from home;
- fear of anaphylaxis;
- worry about participating in activities;
- embarrassment about being treated differently; or
- concerns about other pupils' reactions to their allergy.

The school:

- provides a supportive and inclusive environment;
- listens to pupils' views and concerns;
- involves pupils in decisions where appropriate;
- works in partnership with parents/carers;

- makes reasonable adjustments;
- avoids unnecessarily drawing attention to a pupil's allergy;
- supports age-appropriate independence;
- ensures pupils can participate as fully as possible in school life; and
- provides or signposts additional pastoral support where needed.
- Pupils with allergy are not segregated unnecessarily from their peers.

9. Allergy-Related Bullying

Bullying, harassment, intimidation or discrimination linked to allergy is not tolerated.

Examples include:

- deliberately exposing a pupil to an allergen;
- threatening to expose a pupil to an allergen;
- hiding, damaging or interfering with emergency medication;
- attempting to force or pressure a pupil to eat an allergen;
- teasing pupils about their allergy;
- excluding them because of their allergy; or
- using their condition to frighten, humiliate or embarrass them.

Any such behaviour is dealt with under the school's Behaviour, Anti-Bullying and Safeguarding arrangements as appropriate.

Staff recognise that deliberately threatening a pupil with an allergen can cause significant distress even where no physical exposure occurs.

10. Minimising Exposure to Known Allergens

The school takes reasonable and proportionate steps to reduce the risk of individuals coming into contact with known allergens.

- Risk management considers:
- food provided by school;
- packed lunches;
- snacks;
- treats and birthday food;
- food brought in by staff;
- classroom cooking;
- food used in lessons;
- art and craft materials;
- science activities;
- play materials;
- musical activities;
- animals;
- gardening;
- insect stings;
- contact allergens;
- airborne allergens;

- sports;
- outdoor learning;
- school performances;
- fairs and celebrations;
- breakfast and after-school provision; and
- trips and residential visits.

Staff planning an activity consider potential allergen exposure before the activity takes place.

Where a pupil's known allergen is contained within a material intended for general class use, staff identify a safe alternative wherever reasonably possible. This enables the pupil to participate alongside their peers rather than being excluded from the activity because of their allergy.

Examples include:

- wheat within some play dough;
- allergens in food packaging used for junk modelling;
- milk, wheat or soya within some glues;
- nuts or sesame in bird seed; and
- food ingredients used in cooking or science.

11. Food Allergy and Catering

The school works closely with its catering provider to ensure food-allergy risks are appropriately managed.

The school and catering provider:

- maintain accurate information regarding pupils' food allergies;
- ensure relevant catering staff have access to this information;
- comply with food allergen legislation;
- make allergen information available;
- follow appropriate food hygiene procedures;
- take reasonable steps to prevent cross-contact;
- ensure staff understand safe food-handling procedures;
- provide suitable meals and reasonable adjustments where required;
- communicate significant menu changes where relevant; and
- work collaboratively with parents/carers where individual arrangements are needed.
- Food-allergy-related reasonable adjustments are reflected in the pupil's IHP where appropriate.

The school has robust methods of identifying pupils with allergy at mealtimes while protecting their dignity and avoiding unnecessary segregation.

Pupils with food allergies are not routinely required to sit separately from their peers solely because of their allergy. The school manages identified risks so that pupils can eat safely alongside their peers wherever possible.

11.1 Food brought from home

Parents/carers are informed of relevant expectations relating to:

packed lunches;

snacks;

- food for celebrations;
- food required for curriculum activities; and
- any individual restrictions necessary to protect a pupil.
- Lunchboxes, drinks and other food intended specifically for an individual pupil with a food allergy are clearly identifiable.
- Pupils are taught not to share or trade food, drinks, utensils or food containers. Staff reinforce this expectation, particularly where pupils with food allergies are present.

11.2 Allergy-aware approach

The school recognises that describing an environment as completely 'allergen-free' or 'nut-free' can create a false sense of security.

Where particular foods are discouraged or restricted, this forms part of a wider allergy-aware approach involving risk assessment, education, safe procedures and robust emergency arrangements.

12. Airborne and Contact Allergens

Where a pupil has a known airborne or contact allergen, the school puts reasonable and proportionate measures in place to minimise the risk of exposure.

These can include adjustments relating to:

- animals;
- pollen;
- mould;
- dust;
- latex;
- chemicals;
- cleaning products;
- art materials;
- swimming;
- outdoor activities; or
- other identified triggers.

The school considers environmental air quality within its wider health and safety arrangements where this is relevant to a pupil's allergy or asthma.

13. Prescribed Adrenaline Devices

A pupil prescribed adrenaline devices has rapid access to them whenever they are participating in school activities.

Pupils at risk of anaphylaxis have access to both of their prescribed adrenaline devices at all times while in school or participating in school-organised activities.

These are available during:

lessons;

- breaktimes;
- lunchtimes;
- PE;
- clubs;
- school events;
- outdoor learning;
- visits and trips; and
- other school-supervised activities.
- Medication is:
- readily accessible;
- not locked away;
- stored at the temperature specified by the manufacturer;
- not exposed to extremes of heat or direct sunlight;
- appropriately identified; and
- positioned so it can be brought rapidly to the pupil.

Where age and competence allow, pupils can carry their own medication in accordance with their IHP.

Parents/carers are responsible for supplying prescribed medication and replacing it when necessary. The school carries out appropriate checks of medication held on site, including expiry dates.

Arrangements are agreed for prescribed adrenaline devices to travel with pupils between home and school where applicable.

14. Prescribed Asthma Inhalers

Pupils prescribed asthma reliever inhalers have ready access to them.

Where a pupil is considered competent to carry and use their own inhaler, the school supports them to do so.

Where a pupil is not able to self-manage, the inhaler is kept in a location which enables prompt access.

Relevant Asthma Action Plans and IHPs are followed.

Staff understand that wheezing or difficulty breathing in a pupil with both food allergy and asthma can represent anaphylaxis rather than an ordinary asthma attack.

Where anaphylaxis is suspected, adrenaline must be given first. An asthma inhaler must never be used instead of adrenaline to treat anaphylaxis.

15. Spare Adrenaline Auto-Injectors

Featherstone Primary School maintains spare adrenaline auto-injectors (AAIs) of the appropriate doses for its primary-aged pupils for emergency use. Spare AAIs are additional to, and do not replace, a pupil's own prescribed adrenaline devices.

Spare AAIs are:

- of doses appropriate to the school's pupil population;
- stored in pairs;
- readily accessible;
- not locked away;
- stored safely at room temperature;
- protected from extremes of heat and direct sunlight;
- clearly identified;
- regularly checked;
- replaced before expiry;
- replaced promptly after use; and
- situated so that adrenaline can be brought to a person experiencing anaphylaxis within five minutes.

Featherstone Primary School holds spare AAIs in the appropriate doses for the age ranges of pupils attending the school. Spare devices are held in pairs and the number and location of devices are reviewed to ensure that adrenaline can be brought to any person experiencing anaphylaxis within five minutes.

Location of spare AAI kit(s):

- School Office
- Emergency Medication Locker (wall-mounted cabinet in the main corridor, opposite the art room)

15.1 Use of spare AAIs

Where anaphylaxis is suspected, the pupil's own prescribed adrenaline device is used first where it is immediately available.

If the pupil's own device is unavailable, damaged, has misfired or cannot be reached quickly enough, an appropriate school spare AAI is used. A school spare AAI can also be used in an emergency where a person is experiencing suspected anaphylaxis but has not previously been diagnosed with an allergy or prescribed adrenaline.

Prior parental consent must not delay life-saving emergency treatment.

16. Emergency Asthma Inhaler

The school maintains emergency salbutamol inhalers and spacers. These are:

- appropriately stored;

- regularly checked;
- readily accessible;
- used in accordance with the school's asthma arrangements and relevant national guidance; and replaced when required.
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The emergency inhaler is for an asthma emergency and is never used as a substitute for adrenaline where anaphylaxis is suspected.

Location of emergency asthma inhaler(s):

- School Office
- Emergency Medication Locker (wall-mounted cabinet in the main corridor, opposite the art room)

17. Recognising an Allergic Reaction

17.1 Mild to moderate allergic reaction

Possible symptoms include:

- swollen lips, face or eyes;
- itchy or tingling mouth;
- hives or itchy rash;
- abdominal pain;
- vomiting;
- mild throat tightness; or
- a sudden change in behaviour.

Where a pupil has a mild or moderate allergic reaction:

- staff follow the pupil's Allergy Action Plan;
- appropriate prescribed medication is given;
- the pupil is not left unattended;
- parents/carers are informed; and
- the pupil remains under continuous adult supervision and is observed in a safe place for at least 60 minutes because symptoms can progress to anaphylaxis.

18. Emergency Response to Anaphylaxis

Anaphylaxis is a medical emergency.

Signs affecting the Airway, Breathing or Circulation can include:

Airway

- throat or tongue swelling;
- throat tightening;
- difficulty swallowing; or
- hoarse voice.

Breathing

- sudden wheezing;
- difficulty breathing;
- persistent cough; or
- noisy breathing.

Circulation

- dizziness;
- collapse or feeling faint;
- pale or clammy skin;
- confusion;
- sudden unusual sleepiness; or
- loss of consciousness.

Anaphylaxis can occur without a rash or other mild allergy symptoms.

If anaphylaxis is suspected:

- Give adrenaline immediately. If in doubt, give adrenaline.
- Call 999 immediately and state 'ANAPHYLAXIS'.
- Use the individual's own prescribed adrenaline device first if it is immediately available.
- If this is not available, use an appropriate school spare AAI.
- Do not allow the pupil to stand or walk.
- Lay the pupil flat with their legs raised.
- If the pupil is having difficulty breathing, allow them to sit up.
- Bring medication and assistance to the pupil. Do not send or walk the pupil to the school office or medical room.
- Stay with the pupil and monitor them continuously.
- If there is no improvement after five minutes, administer a second dose of adrenaline using a second device where available.
- Commence CPR if there are no signs of life.
- Send an adult to direct the ambulance to the pupil.
- Contact parents/carers as soon as practicable.
- Do not delay adrenaline or calling 999 while waiting to contact a parent.
- Record and review the incident following the emergency.

19. Pupil Self-Management

The school encourages pupils to take an age- and developmentally appropriate level of responsibility for managing their allergy.

This can include:

- recognising their allergens;
- telling an adult if they feel unwell;
- knowing where their medication is stored;
- checking food appropriately;
- carrying their own inhaler or adrenaline device where appropriate; and

- understanding their emergency plan.

Decisions regarding self-management are made individually with the pupil, parent/carer and, where appropriate, healthcare professionals.

A pupil's ability to manage some aspects independently does not mean that they no longer receive appropriate adult support or supervision.

20. Educational Visits, Residentials and Off-Site Activities

Pupils with allergies participate fully in educational visits, sporting events, residential visits and other off-site activities wherever reasonably possible. Their allergy does not, in itself, prevent them from taking part.

A specific risk assessment is completed for every pupil at risk of anaphylaxis participating in an off-site visit.

Planning considers:

- the pupil's IHP;
- Allergy Action Plan/Asthma Action Plan;
- known allergens;
- food and catering arrangements;
- activities being undertaken;
- travel;
- accommodation;
- location of emergency medical care;
- availability of trained staff;
- prescribed medication;
- access to two prescribed adrenaline devices;
- whether school spare medication accompanies the group;
- emergency contact arrangements; and
- individual reasonable adjustments.

A pupil at risk of anaphylaxis has both of their prescribed adrenaline devices available throughout the visit. Appropriate trained staff accompany the pupil and have immediate access to the pupil's emergency arrangements.

Parents/carers are not routinely required to accompany a pupil on a visit solely because their child has an allergy. The school puts appropriate arrangements in place to enable the pupil to participate safely.

21. Unacceptable Practice

The school considers the following practice unacceptable:

- preventing a pupil from easily accessing required medication;
- ignoring the pupil's views;
- ignoring the views of parents/carers;

- ignoring relevant medical advice;
- assuming all pupils with allergy require identical support;
- assuming that an older or more independent pupil needs no support;
- assuming a pupil cannot have an allergy because they do not yet have a formal diagnosis;
- unnecessarily excluding pupils from lessons, lunchtimes, clubs, trips or other activities;
- sending a pupil home unnecessarily because of their allergy;
- penalising pupils for unavoidable allergy-related medical absence;
- requiring parents routinely to attend school to administer medication or provide support the school can reasonably provide;
- requiring parents to accompany trips solely because their child has an allergy;
- sending a pupil who is unwell to the medical room or office without suitable supervision; or
- in an allergic emergency, making the pupil travel to the medication rather than bringing medication and assistance to the pupil.

22. Serious Incidents and Near Misses

All serious allergy-related incidents and near misses are recorded and reported to the Allergy Safety Lead.

For the purposes of this policy, a near miss includes an event in which a pupil could reasonably have been exposed to an allergen or suffered significant harm but did not.

Reports are accepted from staff, pupils, parents/carers, healthcare professionals and other relevant people. This ensures incidents which only become apparent after a pupil has left school can still be reported, investigated and reviewed.

Following a serious incident or near miss, the Allergy Safety Lead reviews the circumstances, including:

- what happened;
- whether it was reasonably foreseeable;
- whether preventative measures were sufficient;
- whether the policy and IHP were followed;
- whether staff training was adequate;
- whether emergency medication was sufficiently accessible;
- whether risk controls require alteration;
- whether the IHP or Action Plan needs reviewing;
- whether this policy requires amendment; and
- whether any wider action is required.

Reviews are conducted in a learning-focused, no-blame manner, while recognising that significant failures to follow policy can still require appropriate management action.

The pupil and parents/carers are involved in reviewing arrangements where appropriate.

Where an incident concerns implementation of a care or action plan issued by a healthcare professional, the relevant healthcare team is informed where appropriate.

22.1 Reporting

Serious allergy-related incidents and significant near misses are:

- reported to parents/carers;
- reported to appropriate senior leaders;
- reported to the Governing Body;
- reported under RIDDOR where the legal reporting criteria are met;
- referred to relevant healthcare professionals where appropriate;
- considered under safeguarding procedures where there is a safeguarding concern; and
- reported to other authorities where legally required.

A medical emergency or allergic reaction does not automatically constitute a safeguarding incident. Safeguarding procedures are followed where concerns arise about neglect, abuse, deliberate exposure or repeated failure to provide essential medication.

The Governing Body receives periodic information regarding significant allergy incidents and near misses and considers these when reviewing this policy.

23. Disposal of Used or Expired Adrenaline Auto-Injectors

Used adrenaline auto-injectors are not reused and are disposed of safely in accordance with medicines and sharps disposal requirements.

Following an emergency, a used AAI is handed to ambulance personnel where appropriate or disposed of through an appropriate pharmacy or sharps disposal route.

Expired devices are removed from use and disposed of safely.

24. Information Sharing and Confidentiality

Health information relating to allergy is sensitive personal information and is handled in accordance with data-protection requirements.

Information is shared with staff where this is necessary to:

- keep the pupil safe;
- provide appropriate food;
- administer medication;
- implement reasonable adjustments; or
- respond effectively during an emergency.
- Information is:
 - accurate;
 - relevant;
 - kept up to date;

- stored securely; and
- shared proportionately.

The school balances the pupil's privacy and dignity with the need for staff to have rapid access to safety-critical information.

Parents/carers and pupils, where appropriate, are involved in decisions about how health information is shared.

25. Supporting Staff and Visitors with Allergy

The school takes reasonable steps to identify significant allergies among staff and regular visitors where information is voluntarily provided and is relevant to their safety.

Staff are encouraged to make the school aware of any allergy which may reasonably require emergency support or workplace adjustments.

Where appropriate, arrangements include:

- recording known allergens;
- ensuring colleagues know how to summon assistance;
- identifying medication location with the individual's agreement; and
- considering reasonable workplace adjustments.

26. Emergency Drills

The school may undertake allergy/anaphylaxis emergency-response drills to test whether arrangements work effectively in practice.

A drill can test:

- recognition of anaphylaxis;
- calling for emergency assistance;
- how quickly medication can reach a pupil;
- accessibility of spare AAls;
- staff understanding of responsibilities; and
- communication during an emergency.
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Any drill involving or referring directly to a particular pupil is planned sensitively to protect their privacy and wellbeing.

The outcomes of drills are recorded and used to improve procedures.

27. Complaints

Concerns relating to allergy management are raised with the school in the first instance so that they can be addressed promptly.

Formal complaints are managed in accordance with the school's Complaints Policy.

The complaints procedure permits complaints to be raised concerning:

- a serious allergy incident;
- a near miss;
- failure to put appropriate arrangements in place;
- failure to follow an IHP;
- failure to follow this policy; or
- prolonged failure to provide agreed allergy support.

28. Awareness and Publication of this Policy

This policy is:

- published on the school website;
- available in hard copy on request;
- communicated to staff;
- included within relevant induction arrangements;
- incorporated into annual allergy awareness training;
- made available to relevant volunteers and other adults;
- communicated appropriately to parents/carers; and
- discussed with pupils in an age-appropriate way.

Pupil awareness promotes understanding, inclusion and appropriate emergency help-seeking without placing responsibility for emergency response onto children.

29. Monitoring and Review

The Allergy Safety Lead monitors the implementation and effectiveness of this policy.

The Headteacher and Allergy Safety Lead review the policy annually and the Governing Body approves the reviewed policy.

The policy is reviewed earlier where necessary following:

- anaphylaxis;
- a serious allergic reaction;
- a significant near miss;
- findings from an emergency drill;
- a change to statutory guidance or legislation;
- changes to the school premises;
- changes to catering arrangements;
- significant changes to pupil needs; or
- any event indicating that existing arrangements no longer adequately manage allergy-related risk.

All serious allergy-related incidents and significant near misses since the previous review are considered as part of the policy review process. Any learning identified is incorporated into the school's procedures, training, risk assessments and individual pupil arrangements as appropriate.