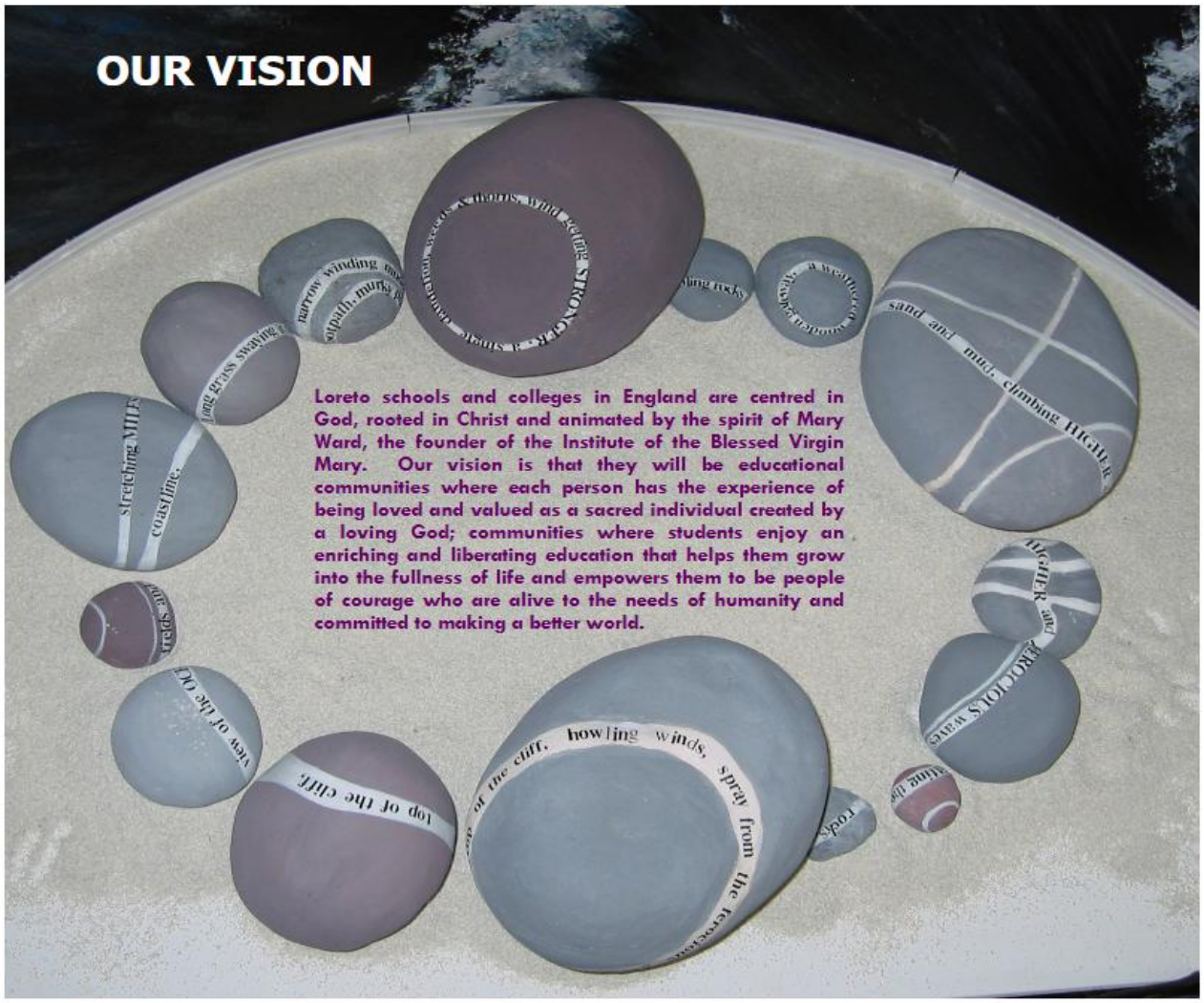
ALLERGY SAFETY POLICY

Date of revised policy approval	September 2026
Next review date	September 2027
Distribution to	All Staff
Owner of policy	Headteacher
Approved by	Governors – Pupil welfare and admissions committee
Reviewed and prepared by	Ms Greene - Assistant Headteacher (Welfare) and School Allergy Lead
Location of policy	HR Toolkit and school website; available in hard copy from the school office on request

OUR VISION


OUR VISION
Loreto schools and colleges in England are centred in God, rooted in Christ and animated by the spirit of Mary Ward, the founder of the Institute of the Blessed Virgin Mary. Our vision is that they will be educational communities where each person has the experience of being loved and valued as a sacred individual created by a loving God; communities where students enjoy an enriching and liberating education that helps them grow into the fullness of life and empowers them to be people of courage who are alive to the needs of humanity and committed to making a better world.
top of the cliff
howling winds, spray from the

OUR MISSION STATEMENT

I am the Way

The Truth

And

The Life

(John 14:6)

At Loreto Grammar School Altrincham, students, staff, parents and Governors form a Catholic community. We aspire to create a caring, structured environment in which teaching and learning and the experience of school

- are characterised by joyful and loving service to others
- challenge each of us to realise our full potential in a spirit of joy and creativity
- encourage the pursuit of excellence
- uphold honesty, justice and mutual respect
- enable us to be questioning, independent learners and "seekers of truth"
- prepare each of us to meet with confidence the challenges of a changing world
- improve and enrich the life of the wider community and enable us to be an example of Christian values in the world as witnesses to God's Living Kingdom

Our values are centred in God, rooted in gospel values and derive from the vision of Mary Ward.

Love and speak the truth – at all times

(Mary Ward)

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STATEMENT OF INTENT

Loreto Grammar School strives to ensure the safety and wellbeing of all members of the school community. This policy is to be adhered to by all staff, parents/carers and students, with the intention of minimising the risk of anaphylaxis occurring at school.

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

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

1 LEGISLATIVE FRAMEWORK

This policy is written to comply with the school's duty under Section 34 of the Children's Wellbeing and Schools Act 2026, which requires all local-authority-maintained schools, academies and pupil referral units to have an allergy safety policy.

It has due regard to all other relevant legislation and guidance, including but not limited to the following:

- Children's Wellbeing and Schools Act 2026, Section 34
- Children and Families Act 2014
- Equality Act 2010
- The Human Medicines (Amendment) Regulations 2017
- The Food Information (Amendment) (England) Regulations 2019 (Natasha's Law)
- Department of Health guidance on the use of adrenaline auto-injectors in schools
- DfE 'Supporting students at school with medical conditions'
- DfE allergy safety statutory guidance for schools

2 DEFINITIONS

For the purpose of this policy:

Allergy - a condition in which the body has an exaggerated response to a substance, also known as hypersensitivity. Allergy covers a spectrum of conditions, including food allergy, asthma, eczema and seasonal rhinitis (hay fever), which can co-exist in the same individual.

Allergen - a normally harmless substance that triggers an allergic reaction in a susceptible person.

Allergic reaction - the body's reaction to an allergen, which can include: hives; generalised flushing of the skin; itching and tingling of the skin; tingling in and around the mouth; a burning sensation in the mouth; swelling of the throat, mouth or face; feeling wheezy; abdominal pain; rising anxiety; nausea and vomiting; changes in heart rate; and a feeling of weakness.

Anaphylaxis - also referred to as anaphylactic shock; a sudden, severe and potentially life-threatening allergic reaction. Symptoms may include: a persistent cough; throat tightness; a change in voice (hoarse or croaky); wheeze; difficulty swallowing or speaking; a swollen tongue; difficult or noisy breathing; chest tightness; feeling dizzy or faint; and suddenly

becoming sleepy, unconscious or collapsing. Anaphylaxis can occur without any visible skin reaction.

Adrenaline auto-injector (AAI) - a pre-filled device used to administer a measured dose of adrenaline into the muscle, used to treat anaphylaxis.

Allergy Action Plan - a clinical document, produced and signed by a GP, allergy nurse or allergy clinic, that sets out a student's allergy and medication and provides parental authority for the school to administer that medication.

Individual Healthcare Plan (IHP) - a school-owned document, co-created with the student and parents/carers, that sets out the additional or different arrangements the school will put in place to support a student's medical condition, including in an emergency.

Coeliac disease and food intolerance - these can present with symptoms similar to food allergy but do not carry a risk of anaphylaxis, and so are not managed under this policy; they are instead managed through dietary avoidance, in line with individual dietary requirements recorded by the school.

3 ROLES AND RESPONSIBILITES

The governing board is responsible for:

- Ensuring that policies, plans and procedures are in place to support students with allergies and those at risk of anaphylaxis, and that these arrangements meet statutory responsibilities and minimise risk.
- Ensuring the school's approach to allergies and anaphylaxis focuses on, and accounts for, the needs of each individual student.
- Ensuring staff are properly trained to provide the support students need and receive allergy and anaphylaxis training at least annually.
- Ensuring that the risks associated with allergy and anaphylaxis are recorded on the school's risk register and actively managed.
- Monitoring the effectiveness of this policy and reviewing it annually, and after any incident where a student experiences an allergic reaction.
- Appointing a named governor to work closely with the School Allergy Lead and to receive updates on allergy safety as a standing agenda item at governing board meetings.

The Headteacher is responsible for:

- The development, implementation and monitoring of this policy and related policies.
- Ensuring that parents/carers are informed of their responsibilities in relation to their child's allergies.
- Ensuring that all relevant risk assessments, including those relating to food preparation, are carried out and that controls to mitigate risk are implemented.
- Ensuring that all designated first aiders are trained in the use of AAIs and the management of anaphylaxis.
- Ensuring all staff members are provided with information on allergic reactions and anaphylaxis, including the necessary precautions and how to respond.
- Ensuring catering staff are aware of students' allergies and act in accordance with the school's food and hygiene policies, including this one.

The School Allergy Lead is responsible for:

The School Allergy Lead is a named member of the senior leadership team, *Ms Greene, Assistant Headteacher (Welfare)*, responsible for driving the implementation of this policy and leading its review, in line with statutory guidance.

- Ensuring effective processes are in place for medical information to be regularly updated and shared with relevant staff, including supply and temporary staff.
- Seeking up-to-date medical information about each student via an annual medical form sent to parents/carers, including information on any allergies.

- Contacting parents/carers for required medical documentation relating to a student's allergy.
- Holding a register of students and staff with allergies, including whether they carry adrenaline and whether they have an Allergy Action Plan.
- Reporting to the named governor and governing board on the implementation of this policy.
- Liaising with the Designated Safeguarding Lead and Health and Safety Lead so that allergy safety remains part of their oversight.

All staff members are responsible for:

- Attending relevant training on allergens and anaphylaxis at least annually, including as part of induction for new, supply, agency and cover staff.
- Being familiar with, and implementing, students' Individual Healthcare Plans (IHPs) as appropriate.
- Responding immediately and appropriately in the event of a medical emergency.
- Reinforcing effective hygiene practices, including those relating to the management of food.
- Being mindful of food brought into school by students and staff and reinforcing that students should not share food or drink, to prevent accidental contact with an allergen.
- Completing risk assessments for food-related lessons and trips.
- Reporting incidents and near misses promptly.

The kitchen manager is responsible for:

- Monitoring the food allergen log and allergen tracking information for completeness.
- Reporting any non-conforming food labelling to the supplier, where necessary.
- Ensuring kitchen staff practices comply with food allergen labelling laws and that training is regularly reviewed and updated.
- Recording incidents of non-conformity — in allergen labelling, use of ingredients or safe staff practice — in an allergen incident log.
- Acting on entries in the allergen incident log and ensuring the risk of recurrence is minimised.

Kitchen staff are responsible for:

- Being fully aware of the rules surrounding allergens, food preparation processes under this policy, and how students with specific dietary requirements are identified.
- Being fully aware of whether each food item served contains any of the 14 main allergens, as is a legal obligation, and making this information readily available to those who need it.
- Ensuring required food labelling is complete, correct, clearly legible, and either printed on the packaging or attached via a secure label.
- Reporting to the kitchen manager if food labelling fails to comply with the law.

Parents/carers are responsible for:

- Notifying the school of their child's allergens, the nature of the allergic reaction, what medication to administer, specified control measures, and what can be done to prevent an allergic reaction occurring.
- Keeping the school up to date with their child's medical information and informing the school promptly of any new diagnosis or change in their child's allergen information.
- Providing the school with written medical documentation, including instructions for administering medication as directed by the child's doctor.
- Raising any concerns about the management of their child's allergies with the school.
- Ensuring their child always has in-date medication with them at school.

Students are responsible for, where age-appropriate:

- Not exchanging food with other students.
- Avoiding food they know they are allergic to, as well as food with unknown ingredients.

- Carrying their own AAI wherever prescribed.
- Notifying a member of staff immediately if they believe they are having an allergic reaction, even if the cause is unknown, or if they have come into contact with an allergen.
- Supporting a respectful, inclusive environment for peers with allergies.

4 MINIMISING RISK ACROSS THE SCHOOL AND CURRICULUM

Minimising risk and exposure to allergens is central to keeping students, staff and visitors with allergies safe. Even a small amount of an allergen can cause a reaction, and while 14 key food allergens account for the great majority of reactions, any food can potentially cause one. The school will only exclude a specific food from the wider curriculum or environment following a risk assessment supported by medical advice, and any restriction will be limited to the smallest area and shortest time necessary, for example, a specific classroom for the duration of a lesson. Blanket bans, particularly of nuts, are avoided as they can create a false sense of security.

Staff planning any activity including science, music, cooking or food technology, or activities involving animals are expected to consider the risk of exposure to allergens as part of their planning, including non-food allergens such as latex (for example in gloves, balloons or swimming caps). The school also has regard to indoor air quality as a contributing factor to allergic symptoms and asthma, including through ventilation and, where practicable, air quality monitoring. Specific risk assessments are carried out for external visits and trips where a student with a known allergy is attending (see Section 13).

The school takes the following steps to minimise the risk of exposure to allergens:

- All school staff complete allergy training every year.
- Students will be informed about allergy through awareness assemblies and within PSHE.
- Visitors, temporary staff and cover staff are informed when they will be working with a student with an allergy.
- The school works closely with parents/carers and health professionals to understand each student's allergy.
- This policy is monitored to ensure that agreed practices are being implemented.
- High hygiene standards are maintained among staff, students and visitors.

5 FOOD ALLERGIES

Parents/carers provide the school with a written list of any foods their child may have an adverse reaction to along with the necessary action to take in the event of a reaction, including any medication required.

Information on all students' food allergies is passed on to the school's catering service.

When making changes to menus or substituting food products, the school will ensure students' special dietary needs continue to be met by:

- Checking any product changes with all food suppliers.
- Asking caterers to read labels and product information before use.
- Using the Food Standards Agency's allergen matrix to list the ingredients in all meals.
- Ensuring allergen ingredients remain identifiable.

Kitchen staff hold a full list of allergens present in the school's catering. Where meals include allergens or traces of allergens, staff use clear, fully visible labels in line with this policy to denote the allergens consumers should be aware of. Key staff from the catering team 'Innovate' act as 'Allergy buddies'.

The school's contracted catering service is responsible for ensuring the school's policies are adhered to at all times, including those relating to food preparation, taking into account any allergens.

Learning activities involving food, such as food technology lessons, are planned in accordance with students' IHPs, taking into account the known allergies of the students involved.

6 FOOD ALLERGEN LABELLING

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

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

Relevant staff, such as kitchen staff, are trained before storing, handling, preparing, cooking and/or serving food, to ensure they are aware of their legal obligations. Training is reviewed annually, or sooner if there are revisions to related guidance or legislation.

Food labelling

Food classed as 'pre-packed for direct sale' (PPDS) clearly displays the following on the packaging:

- The name of the food.
- The full ingredients list, with allergen ingredients emphasised (for example in bold, italics or a different colour).

The school ensures that allergen traceability information is readily available, tracked as follows:

- Allergen information is obtained from the supplier and recorded, on delivery, in a food allergen log stored in the kitchen.
- Allergen tracking continues throughout the school's handling of allergen-containing food, including during storage, preparation, handling, cooking and serving.
- The food allergen log is checked for completeness weekly by the kitchen manager.
- Incidents of incorrect practice or incorrect/incomplete packaging are recorded in an incident log and managed by the kitchen manager.

Declared allergens

The following allergens are declared and listed on all PPDS foods in a clearly legible format: cereals containing gluten and wheat (e.g. spelt, rye and barley); crustaceans (e.g. crabs, prawns, lobsters); nuts, including almonds, hazelnuts, walnuts, cashews, pecan nuts, brazil nuts and pistachio nuts; celery; eggs; fish; peanuts; soybeans; milk; mustard; sesame seeds; sulphur dioxide and sulphites above 10mg/kg or 10mg/L; lupin; and molluscs (e.g. mussels, oysters, squid, snails).

This list applies to foods prepared on site, such as sandwiches, salad pots and cakes, that are pre-packed before being offered for consumption.

Kitchen staff check that all PPDS foods have correct labelling in a clearly legible format, either printed on the packaging or on an attached label. Food with incorrect or incomplete labelling is removed from sale, disposed of safely, and not offered for consumption. Any labelling abnormalities are reported to the kitchen manager immediately, who contacts the relevant supplier where necessary.

Changes to ingredients and food packaging

The catering company 'Innovate' ensures communication with suppliers is robust, and that any changes to ingredients and/or food packaging are clearly communicated to kitchen staff and other relevant staff. Following any such change, associated documentation is reviewed and updated as soon as possible.

7. ANIMAL ALLERGIES

Where an animal is present on the school site (for example a therapy or visiting animal), staff are made aware of any students to whom this may pose a risk and are responsible for ensuring the student does not come into contact with the allergen.

The school ensures that any student or staff member who comes into contact with the animal washes their hands thoroughly to minimise the risk of the allergen spreading.

8. SEASONAL ALLERGIES

'Seasonal allergies' refers to common outdoor allergies, including hay fever and insect stings.

Students with severe seasonal allergies are provided with an indoor, supervised space to spend break and lunchtimes in, avoiding contact with outdoor allergens.

Staff are diligent in monitoring for wasp, bee and ant nests on and near the school grounds, reporting any concerns to the site manager, who is responsible for their appropriate removal.

Where a student with a known allergy is stung or bitten by an insect, medical attention is given immediately.

9. IDENTIFICATION OF INDIVIDUALS WITH ALLERGIES

On admission, and at transition into Year 7 or the Sixth Form, the school collects detailed medical information from parents/carers regarding known allergies, dietary restrictions and treatment history. Where a student transfers from another school or college, the Allergy Lead requests existing allergy information and any current IHP and considers with parents/carers and the student whether the arrangements remain appropriate or need to be revised.

Relevant health information is shared securely with teaching staff, support staff, supply and cover staff, and the catering team on a need-to-know basis, in a way that is compliant with UK GDPR; sharing special category health data for safeguarding and welfare purposes is lawful and, where a student is at risk, expected.

Staff are asked about allergies as part of pre-employment questionnaires; where an allergy is declared, the school discusses and agrees arrangements to ensure a safe working environment. Visitors and regular volunteers are asked about allergies ahead of a visit, with the Allergy Lead notified so that any necessary arrangements can be made.

10. ALLERGY ACTION PLAN AND INDIVIDUAL HEALTHCARE PLANS (IHPs)

An Allergy Action Plan is a clinical document produced by a GP, allergy nurse or allergy clinic, setting out a student's allergy and medication and signed by a parent/carer, which provides parental authority to administer medication, including spare adrenaline. Action Plans are issued for students at risk of anaphylaxis and are updated by the medical professional following review; parents/carers should update the student's photograph annually.

A student should have an IHP where their allergy has a functional impact on them at school, where they are at risk of

harm as a result of their allergy, and where they require arrangements additional to or different from those made generally.

The IHP is a school-owned document, co-created with the student and their parents/carers, drawing on advice from health professionals where available. Where a student has an Allergy Action Plan or Asthma Action Plan, this is attached to the IHP, and the IHP is reviewed whenever an updated Action Plan is received.

IHPs are reviewed at least annually and immediately following any incident or near miss. They are shared with supply and cover staff as required, and passed on at transition to another school, college or employer.

11. ADRENALINE AUTO-INJECTORS (AAIs)

Students who suffer from severe allergic reactions may be prescribed an AAI for use in an emergency. Under the Human Medicines (Amendment) Regulations 2017, the school can purchase AAI devices without a prescription, for emergency use on students who are at risk of anaphylaxis.

The school purchases spare AAIs from a pharmaceutical supplier submitting a request signed by the Headteacher that outlines the name of the school, the purpose for which the product is required, and the total quantity required.

The Headteacher, in conjunction with the Allergy Lead, decides which brand(s) of AAI to purchase. Where possible the school holds one brand to avoid confusion with administration and training; however, subject to the brands students are prescribed, the school may decide to purchase multiple brands.

The school purchases AAIs in accordance with age-based dosage criteria, relevant to the age of students at risk of anaphylaxis:

- For students aged 6–12: 0.3 milligrams (300 micrograms) of adrenaline.
- For students aged 12+: 0.3 or 0.5 milligrams (300 or 500 micrograms) of adrenaline, as appropriate to the individual's weight.

Spare AAIs are stored in pairs, as part of an emergency anaphylaxis kit that includes: the AAIs; instructions on how to use the device(s); instructions on storage; manufacturer's information; a checklist of injectors, identified by batch number and expiry date, alongside records of monthly checks; a note of the arrangements for replacing injectors; and an administration record.

Students with a prescribed AAI device should keep their device in their possession. Spare AAIs are located no more than five minutes from anywhere they may be required.

The emergency anaphylaxis kit(s) can be found at the main reception and at the pavilion (Booth Rd).

All staff have access to AAI devices, but these are out of reach and inaccessible to students. AAI devices are not locked away where access is restricted. Spare AAI devices are clearly labelled to avoid confusion with any device prescribed to a named student, and stored at room temperature, protected from direct sunlight and extreme temperature, in line with manufacturer's guidelines.

The following staff members are responsible for maintaining the emergency anaphylaxis kit(s): H Greene, J Burke, H Vincent, who conduct a monthly check to ensure spare AAI devices are present and have not expired, obtaining replacements when expiry dates are approaching.

The Allergy Lead is responsible for overseeing the protocol for the use of spare AAIs, its monitoring and implementation, and for maintaining the Register of AAIs.

Any used or expired AAIs are disposed of in accordance with manufacturer's instructions, using a sharps bin kept on the school premises. Used AAIs may also be given to paramedics upon arrival, in the event of a severe allergic reaction. Where any AAI is used, the following is recorded on the AAI Record: where and when the reaction took place, how much medication was given, and by whom.

12. ACCESS TO SPARE AAIs AND SPARE EMERGENCY ASTHMA INHALERS

Spare AAIs

The school holds spare adrenaline devices for use in emergency situations. These are not a replacement for a student's own adrenaline device. Students prescribed adrenaline are expected to have their own device with them at school for use in an emergency; however, a spare AAI can be administered as a substitute if a student's own prescribed AAI cannot be administered correctly, without delay.

Under the Human Medicines (Amendment) Regulations 2017, the school holds spare adrenaline auto-injectors for use in a genuine emergency, including for a student or member of staff presenting for the first time with previously undiagnosed anaphylaxis. The regulations do not require consent to have been obtained for spare adrenaline devices to be used. It is good practice for the school to obtain advance consent from parents/carers or the young person for spare devices to be used, so that in an emergency, consent can be assumed to be in place, however, in an emergency, anyone may take reasonable action to save a life without checking whether prior consent has been given.

Consent is obtained as part of the introduction or development of a student's IHP; where consent is given, this is recorded in the student's IHP.

The school maintains a Register of AAIs, recording: name of student; form; known allergens; risk factors for anaphylaxis; whether medical authorisation has been received; whether written parental consent has been received; and dosage requirements. Parents/carers are asked to provide consent annually to keep the register up to date, and may withdraw consent at any time by writing to the Headteacher.

The Allergy Lead checks the register is up to date annually; J Burke also updates the register to reflect any change in consent or a student's requirements. Copies of the register are held on SharePoint, accessible to all staff members.

Emergency Asthma inhalers

Under the Human Medicines Regulations 2012, as amended in 2014, the school may purchase an emergency asthma reliever inhaler (a salbutamol inhaler device and spacer) without a prescription, for use in an emergency. This is a separate legal provision from the spare AAI arrangements, and operates under different rules.

An emergency inhaler may only be used for a student who has already been diagnosed with asthma and prescribed a reliever inhaler, where their own prescribed inhaler is not available to them (for example, because it is broken, empty, or not accessible in time). Unlike spare AAIs, the emergency inhaler must not be used without prior written parental consent, which is sought as part of the student's IHP.

The school stores its emergency asthma reliever inhaler and spacer alongside the spare AAIs in the emergency anaphylaxis kit(s), and it is checked as part of the same monthly review. Staff are reminded that an asthma reliever inhaler must never be given in place of adrenaline to treat anaphylaxis, and that where a student with known food allergy and known asthma develops sudden difficulty breathing, staff should always treat this as possible anaphylaxis in the first instance, in line with Section 19.

13. SCHOOL TRIPS

The Headteacher ensures a risk assessment is conducted for every school trip attended by students with known allergies. All planned activities are risk assessed to identify whether they pose a threat to students with allergies, with alternative activities planned where necessary to ensure inclusion.

The school speaks to parents/carers of students with allergies, where appropriate, to ensure their co-operation with any special arrangements required for the trip. A designated adult is available to support the student throughout the trip.

Where a student has been prescribed an AAI, at least one adult trained in administering the device attends the trip. The student's medication is taken on the trip and stored securely and easily accessible. A named member of staff is responsible for ensuring the student's medication is carried at all times throughout the trip. Any student who does not bring their medication will not be able to attend.

Where the venue or site being visited cannot assure appropriate food can be provided to cater for a student's allergies, the student will take their own food, or the school will provide a suitable packed lunch.

14. MEDICAL ATTENTION AND REQUIRED SUPPORT

The school recognises the importance of accurately recording and maintaining up-to-date information on students with food allergies, intolerances and other medically diagnosed allergens, to safeguard student health and wellbeing.

All allergen information provided by parents/carers is supported by relevant medical evidence where appropriate and recorded on the school's management information system and on SharePoint. This includes the allergen(s), severity of reaction, symptoms, and any prescribed medication (e.g. AAIs).

Students will not be able to attend school or educational visits without any life-saving medication they may have, such as an AAI. All staff involved with a student with a known allergy are aware of the location of emergency medication and the necessary action to take in the event of a reaction. Any specific support a student requires is outlined in their IHP, and all staff supporting that student are familiar with it.

J Burke works alongside relevant staff and parents/carers to develop IHPs for students with allergies, ensuring necessary support is provided, required documentation is completed, and risk assessments are undertaken. The Allergy Lead, has overall responsibility for ensuring IHPs are implemented, monitored and communicated to the relevant members of the school community.

15. STAFF TRAINING

All staff present during times when students are on site, including permanent, temporary, supply and agency staff, peripatetic staff and regular volunteers, receive allergy awareness training at least annually, including as part of induction for new and cover staff.

All staff members will:

- Be trained to recognise the range of signs and symptoms of an allergic reaction.
- Understand that allergy encompasses multiple, sometimes co-existing, conditions such as food allergy, asthma, eczema and hay fever.
- Understand the difference between food allergy, coeliac disease and food intolerance.

- Know where to find information on a student's allergy triggers.
- Understand their responsibilities in reducing students' exposure to known allergens.
- Understand how quickly anaphylaxis can progress to a life-threatening reaction, and that it can occur with prior mild to moderate symptoms.
- Understand that AAIs should be administered without delay as soon as anaphylaxis occurs.
- Understand how to administer an AAI should it be necessary.
- Know how to respond in an emergency, including calling 999, informing parents/carers, and locating and administering adrenaline or an asthma reliever inhaler.
- Know how to check whether a student is on the school's allergy register and how to use an Allergy or Asthma Action Plan.
- Know how to report an allergic reaction, case of anaphylaxis, or near miss.
- Understand the impact allergy can have on a student's wellbeing.
- Be aware of the provisions of this policy.

All staff members are taught to: recognise the range of signs and symptoms of severe allergic reactions; respond appropriately to a request for help from another member of staff; recognise when emergency action is necessary; administer AAIs according to the manufacturer's instructions; and make appropriate records of allergic reactions.

Relevant staff, such as kitchen staff, are trained on how to identify and monitor correct food labelling, how to manage the removal and disposal of PPDS foods that do not meet Natasha's Law requirements, and how to consistently and accurately trace allergen-containing food through the school, from supplier delivery to consumption.

16. WELLBEING AND INCLUSION

The school recognises that the risk posed by allergy, and the possibility of anaphylaxis, can be a significant source of anxiety for a student, which may be compounded where they also live with difficult-to-control asthma or eczema. Promoting the wellbeing of students with allergies, and ensuring they are not singled out or excluded because of their condition, is central to this policy.

The school:

- Regularly communicates with students, parents/carers and staff about allergies, maintaining ongoing awareness and appreciation of the potential risks.
- Includes allergy and anaphylaxis awareness within assemblies, tutor time or PSHE.
- Plans school celebrations, rewards and communal events inclusively from the outset, to avoid social isolation.
- Involves students and staff with allergies in developing and reviewing this policy and related procedures.
- Treats allergy-related bullying as a serious matter, and actively monitors, prevents and addresses any stigmatisation or bullying directed at a student because of their allergy or dietary needs, in line with the school's Anti-Bullying Policy.
- Engages proactively with new joiners who have a known allergy, setting out the school's policies and the support available to them.

17. UNACCETABLE PRACTICE

Staff are clear about what constitutes unacceptable practice, and are committed to ensuring only good practice occurs. Should unacceptable practice occur, the school will follow its own staff conduct procedures to identify and address this.

Examples of unacceptable practice include, but are not limited to:

- Preventing students from easily accessing and administering their medication in line with their IHP (for example prescribed AAIs or asthma reliever inhalers) when and where necessary.
- Assuming that every student with the same condition requires the same support.
- Assuming that older students do not require support related to their allergy, even where they are taking increasing responsibility for its management.
- Ignoring the views of the student or their parents/carers or ignoring medical evidence or the opinion and advice of healthcare professionals.
- Assuming a student does not have an allergy because they do not yet have a diagnosis, for example while medical investigation is under way.
- Sending a student who becomes unwell to a school office or medical room without suitable supervision; in an emergency or suspected emergency, help should come to the student.
- Preventing students from participating, or creating unnecessary barriers to their participation, in any aspect of school life — including trips — for example by requiring a parent/carer to accompany them.

18. MILD TO MODERATE ALLERGIC REACTIONS

Mild to moderate symptoms of an allergic reaction include: swollen lips, face or eyes; an itchy or tingling mouth; hives or an itchy skin rash; abdominal pain or vomiting; and a sudden change in behaviour.

If any of these symptoms occur, the nearest adult stays with the student and refers to their IHP to determine the appropriate next steps. The student's parents/carers are contacted immediately, and informed if any medication has been administered.

Where a student without a prescribed AAI, or who has not been medically diagnosed as being at risk of anaphylaxis, suffers an allergic reaction, a designated staff member contacts the emergency services and seeks advice on whether an AAI should be administered. An AAI will not be administered in these situations without first contacting the emergency services.

For mild to moderate symptoms, the student's IHP is followed and the student is monitored closely to ensure the reaction does not progress to anaphylaxis. Should the reaction progress to anaphylaxis, the school acts in accordance with Section 19 of this policy, and an ambulance is called if the student needs to go to hospital.

19. MANAGING ANAPHYLAXIS

More serious symptoms, remembered as ABC, require an emergency response:

- **Airway** — swelling of the throat or tongue, a hoarse voice, or difficulty swallowing.
- **Breathing** — sudden wheezing, breathing difficulty, noisy breathing or a persistent cough.
- **Circulation** — dizziness, faintness, sudden sleepiness, confusion, pale clammy skin, or loss of consciousness.

Anaphylaxis can occur without any visible skin reaction. Where a student with a known food allergy has sudden difficulty breathing, staff should always consider anaphylaxis and act accordingly; giving adrenaline in this context is safe and may be lifesaving.

In the event of anaphylaxis:

- The nearest adult lays the student flat on the floor and keeps them as still as possible; if the student is feeling weak, dizzy, appears pale and is sweating, their legs are raised.
- A designated staff member is called for help, and the emergency services are contacted immediately.

- A designated staff member administers an AAI to the student without delay. Where there is any delay in contacting a designated staff member, the nearest staff member administers the AAI; other staff may assist as necessary.
- A member of staff stays with the student until the emergency services arrive; the student remains lying flat and still.
- If the student's condition deteriorates after the initial call, a second call is made to confirm an ambulance has been dispatched.
- The Headteacher is contacted immediately, along with a suitably trained individual, such as a first aider.
- If the student stops breathing, a suitably trained member of staff administers CPR.
- If there is no improvement after five minutes, a further dose of adrenaline is administered using another AAI, if available.

Where a student without a prescribed AAI, or who has not been medically diagnosed as being at risk of anaphylaxis, suffers an allergic reaction, a designated staff member contacts the emergency services and seeks advice on whether an AAI should be administered; an AAI is not administered in these situations without first contacting the emergency services.

A designated staff member contacts the student's parents/carers as soon as possible. On arrival, emergency services are given: any known allergens the student has; the possible cause of the reaction (e.g. a specific food); and the time the AAI was administered, including the time of any second dose. Any used AAIs are given to paramedics.

Staff ensure the student is given plenty of space, moving other students to a different room where necessary, and remain calm to help the student feel comfortable and supported. In the absence of parents/carers, a student will be accompanied by staff when taken by ambulance to the hospital. A copy of the Register of AAIs is held on SharePoint for easy access in the event of a reaction.

Where an incident involves unsafe food supplied by the school acting as a food business, the incident is reported to the local authority's environmental health team. Where the incident meets the threshold for a RIDDOR-reportable event, it is also reported to the Health and Safety Executive.

Following any allergic reaction, the SLT, in conjunction with the school nurse, reviews the adequacy of the school's response and considers the need for any additional support, training or other corrective action. The student's IHP is updated if necessary, and the incident or near miss is recorded using the form at Appendix 1.

20. EMERGENCY PREPAREDNESS

The school holds an annual review of this policy and updates procedures accordingly. Staff are reminded periodically of how to identify students with an allergy, where spare adrenaline is stored, and how to use adrenaline trainer devices. The school also considers conducting periodic allergy safety drills, similar in approach to fire drills, to test how staff respond to a simulated anaphylaxis scenario. The outcome of any such drill is recorded in the same way as an incident or near miss (Appendix 1) and used to inform this policy's review.

Ahead of trips and end-of-term celebrations, the school communicates key risk-reduction messages. During fire drills, lockdowns and real evacuations, staff ensure that students bring their adrenaline device with them wherever practicable.

21. SAFEGUARDING

A safeguarding referral may be considered where an incident suggests a student is at increased risk of neglect, for example where relevant medical information is withheld from the school, or a student is repeatedly sent to school without essential medication, placing them at risk.

22. MONITORING, REVIEW AND PUBLICATION

This policy is reviewed at least annually by the Allergy Lead and governing board, and sooner where an incident, near miss, or change in statutory guidance indicates a need for earlier review. Any review takes account of incidents and near misses recorded under this policy, seeking to learn lessons from them.

The effectiveness of this policy is monitored and evaluated by all staff members; any concerns are reported to the Headteacher immediately. Following each allergic reaction, this policy and students' IHPs are updated and amended as necessary.

This policy is published on the school website and is available in hard copy from the school office on request.