



**St. David
Haigh & Aspull
CE Primary School**
Head of School: Mrs. J. Chidgey



St David Haigh and Aspull CE Primary School

Allergy Safety Policy

September 2026

**'Stand firm in the faith; be courageous, be strong.
Do everything in love.'
1 Corinthians 16:13**

1. Purpose

The purpose of this policy is to:

- minimise the risk of an individual suffering an allergic reaction whilst at school or attending any school-related activity;
- ensure that appropriate measures are in place to reduce the risk of exposure to known allergens;
- ensure that staff are properly prepared to recognise and manage allergic reactions, including anaphylaxis;
- provide clear procedures for the emergency treatment of anaphylaxis;
- ensure that pupils with allergies are fully included in school life; and
- promote an allergy-aware and supportive school culture.

This policy has been developed in line with the **Allergy Safety in Schools statutory guidance published by the Department for Education in July 2026** and should be read alongside the school's other relevant policies and procedures.

2. Related Policies

This policy should be read alongside:

- Safeguarding and Child Protection Policy
- Health and Safety Policy
- Medical Policy
- Food and Catering Policy
- Equality Policy

3. Introduction and Core Principles

St David's is committed to providing a safe, inclusive and welcoming environment for all pupils, staff and visitors with allergies.

Allergy is a spectrum of different allergic diseases. Reactions occur when a susceptible person is exposed to something (an **allergen**) to which they are allergic. Asthma, food allergy, eczema and seasonal rhinitis (hay fever) are all forms of allergy.

Anaphylaxis is a serious and potentially life-threatening allergic reaction. It usually begins within minutes of exposure to an allergen, although in some circumstances a reaction may occur several hours later.

Anaphylaxis can affect breathing and circulation. In severe cases there may be a dramatic fall in blood pressure, leading to collapse, unconsciousness and, on rare occasions, death.

Once anaphylaxis begins, it can progress rapidly. **Anaphylaxis always requires an emergency response.**

Anaphylaxis can occur without other signs, such as a skin rash. Staff should therefore always consider anaphylaxis in a pupil with a known allergy who develops sudden difficulty breathing or other symptoms consistent with anaphylaxis.

Adrenaline must be administered without delay when anaphylaxis is suspected.

The most common causes of whole-body allergic reactions, including anaphylaxis, are:

- foods, including peanuts, tree nuts, cow's milk/dairy foods, egg, wheat, fish/shellfish and sesame;
- insect stings, including bee and wasp stings;
- medication, including some antibiotics and pain medicines such as ibuprofen; and
- latex, including rubber gloves, balloons and swimming caps.

Any food can cause an allergic reaction. The fact that a particular food is not one of the 14 regulated allergens does not mean that it cannot cause an allergic reaction.

For food allergy, the vast majority of anaphylactic reactions occur following ingestion of the allergen. Less serious allergic reactions can occur through skin or other contact. Anaphylaxis caused by skin contact is very rare.

Pupils who experience a skin reaction following possible allergen exposure should be monitored in accordance with their Individual Healthcare Plan (IHP) and the school's medical procedures.

4. Allergy Awareness and Inclusion

St David's adopts a whole-school allergy-awareness approach. This means ensuring that pupils and staff understand:

- what allergies are;
- the importance of avoiding an individual's known allergens;
- the signs and symptoms of allergic reactions;
- how to respond to an allergic reaction;
- how to minimise the risk of allergen exposure; and
- the importance of ensuring that robust emergency procedures are in place.

The school recognises that severe allergies may meet the definition of disability under the **Equality Act 2010**, where the relevant legal criteria are met.

Seasonal rhinitis, such as hay fever, is generally excluded from the definition of disability unless it aggravates the effect of another health condition.

Coeliac Disease and Food Intolerance

Coeliac disease and food intolerance can cause symptoms that may appear similar to food allergy. These conditions should be appropriately managed through dietary avoidance and other appropriate measures. However, they do not present a risk of anaphylaxis and therefore fall outside the scope of this allergy safety policy, although appropriate support remains the responsibility of the school and plans for individual children are detailed in IHPs.

Asthma, Eczema and Hay Fever

Asthma, eczema and allergies can occur together and are sometimes referred to as the **atopic triad**. These conditions must be appropriately managed to support the individual's health and wellbeing. Asthma is managed through the school's arrangements for supporting pupils with medical conditions. Asthma training should be provided to staff as required, and an individual's asthma care plan should be included within their IHP where appropriate.

5. Emergency Treatment and Management of Anaphylaxis

5.1 Recognising an Allergic Reaction

Symptoms usually develop quickly, often within minutes of exposure to an allergen. Mild to moderate symptoms may include:

- a red, raised rash known as hives or urticaria;

- tingling or itching in the mouth;
- swelling of the lips, face or eyes;
- stomach pain or vomiting;
- mild throat tightness; and
- a sudden change in behaviour.

These symptoms should be managed in accordance with the pupil's allergy action plan and IHP.

5.2 Recognising Anaphylaxis

More serious symptoms are often described using the **ABC** approach.

Airway

- swelling of the throat, tongue or upper airway;
- tightening of the throat;
- hoarse voice; or
- difficulty swallowing.

Breathing

- sudden onset wheezing;
- difficulty breathing;
- noisy breathing; or
- persistent coughing.

Circulation

- dizziness;
- feeling faint;
- sudden sleepiness or tiredness;
- pale, clammy skin;
- loss of consciousness;
- collapse; or
- severe weakness or floppiness.

A person may also experience a sense that something terrible is happening.

5.3 Emergency Procedure

If anaphylaxis is suspected:

- **Keep the individual where they are and call for help. Do not leave them unattended.**
- **Lie the individual flat with their legs raised.** If they are struggling to breathe, they may be propped up, but this should be for as short a time as possible.
- **Administer adrenaline immediately.** Do not delay administration while waiting for emergency services.
- Note the time that adrenaline was administered.
- Adrenaline devices should be administered into the muscle of the outer thigh, or nasal adrenaline administered into the nostril, depending on the device prescribed. Always follow the manufacturer's instructions. The school keeps AAls that will need to be administered to the outer thigh.
- **Call 999 and state clearly that the individual is experiencing anaphylaxis.**
- If there is no improvement after five minutes, administer a second adrenaline device.
- If there are no signs of life, commence CPR.

- Contact the parent/carer as soon as possible.
- Keep the individual where they are while waiting for the ambulance.

Do not allow the individual to stand up or sit in a chair, even if they report feeling better. A sudden change in position may cause a dangerous fall in blood pressure.

All individuals experiencing anaphylaxis must be taken to hospital for medical observation, even if they appear to have recovered, because the reaction can recur following treatment.

6. Minimising Risk and Exposure to Allergens

Minimising exposure to known allergens is central to keeping individuals with allergies safe.

Even a small amount of an allergen can cause a reaction.

St David's will only eliminate or restrict a food following an appropriate risk assessment, supported by medical advice where necessary.

Where a food is restricted, this will be limited to the smallest appropriate area and for the shortest necessary period. For example, a particular allergen may be restricted within a cooking room for the duration of a lesson where a pupil with an allergy is present.

The school

recognises that blanket bans, particularly blanket nut bans, can create a false sense of security. Instead, the school will maintain an allergy-aware environment in which staff and pupils understand the risks and take appropriate measures to minimise exposure.

6.1 School-Wide Allergy Risk Assessment

St David's will maintain a school-wide allergy risk assessment.

The assessment will consider:

- allergens used within the curriculum and adaptations needed to minimise risk;
- risks associated with educational visits and external activities;
- food brought into school by pupils, parents/carers or staff;
- food provided by the school;
- airborne and contact allergens;
- non-food allergens within the school environment;
- appropriate hygiene and cleaning arrangements; and
- emergency response arrangements.

For example, where therapy or school dogs are present, enhanced cleaning, restrictions to designated areas and appropriate hygiene measures will be considered where required.

All relevant school risk assessments will consider the risks associated with allergies and identify appropriate control measures.

6.2 Risk-Reduction Measures

St David's will minimise exposure to allergens through appropriate measures, including:

- annual allergy training for all school staff;
- allergy education through assemblies, PSHE and other appropriate curriculum activities;
- educating PTAs and volunteers about the school's allergy management expectations;
- informing visitors, temporary staff, supply staff and cover staff where relevant;
- ensuring appropriate staff have access to allergy and anaphylaxis emergency training;
- working closely with parents/carers and healthcare professionals;
- monitoring implementation of this policy;
- maintaining high standards of hygiene among staff, pupils and visitors; and

- reviewing incidents and near misses to identify opportunities for improvement.

7. Food Provision and Catering

St David's will manage the risks associated with food allergy by ensuring clear procedures for allergen identification, preparation, serving and communication.

The school will:

- ensure that catering arrangements comply with relevant Food Standards Agency allergen-management requirements;
- ensure that caterers provide appropriate allergen information to parents/carers and pupils;
- provide caterers with relevant information about pupils with allergies in a timely manner;
- enable parents/carers to communicate with the catering provider or school chef where appropriate;
- use a reliable system to identify pupils with allergies at the point of food service;
- ensure that at least two appropriate checks are made to confirm that the correct meal is provided to the correct pupil;
- ensure that food is appropriately labelled;
- ensure that unlabelled food is not used where the allergen status cannot be established;
- apply appropriate procedures to food used within curriculum activities such as cooking;
- educate pupils not to share or trade food;
- educate pupils not to share utensils or food containers; and
- provide additional training to staff who handle, prepare or serve food.

7.1 Identification of Pupils at Mealtimes

The school's arrangements for identifying pupils with allergies at mealtimes are:

- Child's needs are recorded on Arbor and included on Healthcare Plans
- Allergies are recorded on the dinner ordering system (Evolve) which notifies kitchen staff of which children have allergies upon serving of meals
- Kitchen staff are available to meeting parents/carers to discuss individual needs if required
- Some children with severe allergies eat in a separate room under the supervision of a staff member
- Allergy information is regularly circulated to all staff
- Parents are able to order from home and can see ingredients and allergy information for each meal provided.

7.2 Food Brought into School

Where food is not directly provided by the school, such as treats or birthday celebrations, parent/carer permission will be sought in advance where necessary to ensure inclusion and safety for pupils with allergies.

These procedures also apply to school-led breakfast clubs, after-school provision and other activities involving food.

Where provision is delivered by a third party, St David's will ensure that this policy is shared and that the provider has appropriate allergy-management procedures in place. (see school meal time arrangements). Parents will be communicated to regularly about the allergen policy of St David's and informed about what foods are not allowed in school. Should any food be found in school that should not be, staff will ensure that it is removed and stored securely to avoid contact or an allergic reaction.

7.3 Free School Meals

Pupils who are eligible for free school meals are entitled to receive their full free school meal entitlement. The school will work with parents/carers and the catering provider to determine an appropriate and safe way of ensuring that pupils with allergies receive their meal.

8. Medication and Adrenaline Devices

Individuals at risk of anaphylaxis who have been prescribed adrenaline devices should have **two adrenaline devices** available to them in accordance with their healthcare arrangements.

Where appropriate, pupils should carry their prescribed adrenaline devices with them throughout the school day, including:

- travelling to and from school;
- classrooms;
- lunch areas;
- playgrounds;
- sports fields; and
- educational visits and trips.

Anaphylaxis is a time-critical emergency. Adrenaline should be available within five minutes.

Where a pupil cannot carry their adrenaline devices with them, they must be stored in an appropriate central location that is:

- unlocked;
- readily accessible;
- known to relevant staff; and
- accessible during the full school day, including wraparound care.

Adrenaline devices must be stored at room temperature in accordance with the manufacturer's instructions.

They must not be:

- refrigerated;
- exposed to extreme heat; or
- left in direct sunlight.

9. Spare Adrenaline Devices

The **Human Medicines (Amendment) Regulations 2017** permit spare adrenaline devices to be used for the purpose of saving a life.

For example, a spare device may be required where a pupil experiences anaphylaxis for the first time due to an undiagnosed allergy, or where a prescribed device is unavailable or fails.

St David's holds spare adrenaline devices for emergency use.

Spare adrenaline devices are **not a replacement** for a pupil's own prescribed medication. Pupils who have been prescribed adrenaline are expected to have their own adrenaline devices available at school.

9.1 St David's Spare Adrenaline Devices

Brand(s): POM

Dose(s): 2 x 150mcg / 2 x 300mcg

Quantity: 4 Auto-Injectors

Location(s): School Office (within 5 minutes of all areas of school)

Container label: Emergency Anaphylaxis Kit

9.2 Checking Spare Devices

The following person is responsible for checking spare adrenaline devices:

Mrs J. Chidgey (Head of School)

They will check the devices **monthly** to ensure that:

- they are within their expiry date; and
- the adrenaline remains clear and is not cloudy or degraded.

Replacement devices will be purchased before existing devices expire.

9.3 Disposal

Used adrenaline devices will be disposed of in accordance with the school's arrangements for sharps disposal.

Sharps box location: School Office

Used devices may also be handed to attending paramedics where appropriate.

Expired or degraded adrenaline devices will be returned to a pharmacy for appropriate disposal.

The school will follow local authority arrangements for obtaining and disposing of sharps boxes.

10. Use of Adrenaline in an Emergency

In the event of suspected anaphylaxis:

- adrenaline must be administered as soon as possible, ideally within five minutes;
- staff must not wait for emergency services to arrive before administering adrenaline;
- the individual should not be moved;
- their prescribed adrenaline devices should be used in the first instance where available;
- spare adrenaline devices may be used where the individual's prescribed devices are unavailable, inaccessible or have failed;
- a second adrenaline device should be administered if there is no improvement after five minutes; and
- where there is serious allergy and asthma and uncertainty exists about whether the individual is experiencing anaphylaxis or an asthma attack, **adrenaline should be administered first.**

The use of spare adrenaline devices in an emergency does not require prior consent under the relevant legislation. However, the school will seek appropriate parental/young person consent in advance where practicable.

In an emergency, reasonable action may be taken to save a life.

11. Pupil Self-Management

Where appropriate to their age, understanding and competence, pupils will be encouraged to take responsibility for their allergy management and carry their own two adrenaline devices in a suitable container.

Consistency across the school is encouraged to ensure emergency medication can be identified quickly.

Older pupils should, where appropriate, increasingly take responsibility for their emergency medication with guidance and support from their parents/carers and school.

However, symptoms of anaphylaxis can develop very quickly. Staff must therefore remain prepared to administer emergency medication if a pupil is unable to do so themselves.

12. Staff Training

All staff who may have responsibility for pupils, including teaching staff, support staff, catering staff, breakfast club staff, after-school staff and other relevant personnel, will receive appropriate allergy awareness and emergency response training.

The school will ensure that supply, cover, coaching, peripatetic and other temporary staff receive appropriate information and training.

Training may be delivered online or face-to-face.

Training will include:

- allergy awareness and the risks posed by allergies;
- how allergic reactions occur and how they should be managed;
- the relationship between allergy, asthma, eczema and hay fever;
- the difference between food allergy, food intolerance and coeliac disease;
- awareness that any food can cause an allergic reaction;
- recognition of mild and moderate allergic reactions;
- recognition of anaphylaxis;
- emergency treatment of anaphylaxis;
- locating and administering adrenaline devices;
- locating and administering asthma inhalers where appropriate;
- practical use of adrenaline trainer devices;
- reporting allergic reactions;
- reporting near misses and incidents;
- responsibilities for reducing allergen exposure;
- the potential impact of allergy on pupil wellbeing;
- the school's Allergy Safety Policy;
- how to identify pupils with known allergies;
- how to access and follow IHPs and allergy action plans; and
- emergency procedures.

Staff should have opportunities to practise using trainer adrenaline devices at least annually and, where practicable, more frequently.

13. Emergency Preparedness

St David's will annually undertake a practice response to an anaphylaxis emergency.

Following the exercise, the school will review:

- what worked well;
- any delays or difficulties;
- staff confidence;
- accessibility of emergency medication;
- communication arrangements; and
- any changes required to procedures.

The policy and procedures will be updated where necessary.

Throughout the year, staff will receive reminders about:

- how to identify pupils with allergies;
- the location of spare adrenaline devices;
- emergency procedures; and
- use of trainer adrenaline devices.

Key allergy-safety messages will be reinforced ahead of:

- festivals and celebrations;
- educational visits;
- sporting events;
- residential trips; and
- end-of-term activities.

During fire drills and lockdown practices, the school will ensure that pupils' prescribed adrenaline devices remain with them.

14. Roles and Responsibilities

14.1 Governing Body (delegated by the Learning Together Trust Board of Directors)

The governing body is responsible for ensuring that this policy:

- establishes arrangements to reduce the risk of exposure to known allergens;
- provides clear emergency procedures for anaphylaxis;
- is implemented effectively; and
- is reviewed regularly.

Allergy safety will be included as a standing item where appropriate within relevant governing body/Trust monitoring arrangements.

The school will have a named governor or equivalent responsible for working with the Allergy Lead.

Allergy-related risks will be included within the school's risk register where appropriate.

14.2 Allergy Lead

Name/job title: Mrs. J. Chidgey (Head of School)

The Allergy Lead is responsible for overseeing implementation of this policy.

Their responsibilities include:

- establishing systems for collecting allergy information during admissions;
- ensuring allergy information is shared appropriately with catering;
- maintaining a register of pupils and staff with allergies;
- recording whether individuals have prescribed adrenaline and/or allergy action plans;
- ensuring robust systems identify pupils with allergies at mealtimes;
- communicating this policy to staff, pupils, parents/carers and relevant stakeholders;
- communicating the importance of recording and reporting incidents and near misses;
- reporting to governors/Trust leaders;
- working with Health and Safety and safeguarding leads;
- liaising with external agencies where appropriate;
- working with catering providers;
- supporting parents/carers in the development of IHPs;
- communicating with pupils about allergy awareness;
- monitoring spare adrenaline devices and securing replacements;
- ensuring IHPs are created and communicated;
- ensuring annual allergy training is completed;
- including allergy awareness within staff induction; and
- ensuring staff have opportunities to practise with trainer adrenaline devices.

Where responsibilities are shared with a school nurse, medical officer, first aid lead or another designated person, these responsibilities will be allocated accordingly.

14.3 All Staff

All staff are responsible for:

- understanding and implementing this policy;
- recognising signs of allergic reactions;
- acting swiftly during an emergency;
- contributing to IHPs where appropriate;
- following pupils' IHPs and allergy action plans;
- providing an inclusive curriculum;
- adapting curriculum activities to minimise risk;
- completing appropriate risk assessments;
- considering allergies when planning trips and visits;
- maintaining proactive relationships with parents/carers;
- reporting incidents and near misses; and
- ensuring pupils are not unnecessarily excluded because of their allergy.

14.4 Parents and Carers

Parents/carers are responsible for:

- following the school's allergy safety procedures;
- providing accurate and up-to-date allergy information;
- contributing to the development of their child's IHP;
- informing the school of allergic reactions occurring outside school;
- informing the school of changes to their child's allergy or treatment;
- providing required medication;
- ensuring prescribed medication is within date; and
- ensuring that their child has their required emergency medication available at school.

15. Identification of Individuals with Allergies

15.1 Admissions and Data Collection

St David's collects relevant medical information from parents/carers regarding:

- known allergies;
- dietary requirements;
- medication;
- previous allergic reactions; and
- relevant treatment history.

Method of collection: Data collection and individual healthcare plan meetings.

15.2 Information Sharing

Health information is special category personal data. UK GDPR does not prevent appropriate sharing of relevant health information where there is a lawful basis for doing so.

Relevant information will be securely shared, on a need-to-know basis, with appropriate staff, including:

- teaching staff;
- support staff;
- supply and cover staff;

- catering teams;
- educational visit leaders; and
- other staff responsible for the pupil.

School system used to share allergy information: Arbor/Yearly Meetings to update Healthcare Plans

Information sharing will respect the individual's privacy while ensuring that staff have the information required to keep pupils safe.

15.3 Transition

Allergy information and existing care plans will form part of pupil transition arrangements. St David's will:

- request relevant allergy information from the previous school or setting;
- review existing arrangements;
- consider whether existing arrangements remain appropriate;
- work with parents/carers and the pupil, where appropriate, to develop or update an IHP; and
- ensure relevant staff receive information before the pupil joins the school.

Staff involved in transition visits will be provided with relevant information in advance.

15.4 Staff

Pre-employment processes will ask staff to declare relevant allergies where appropriate.

Where a staff member declares an allergy, the school will discuss reasonable measures required to provide a safe working environment and develop an appropriate action plan where necessary.

15.5 Visitors and Volunteers

Regular volunteers and visitors may be asked to provide relevant allergy information where necessary.

Where an allergy is declared, the Allergy Lead will be informed and appropriate information will be shared with relevant staff to support a safe working environment.

16. Individual Healthcare Plans (including allergies)

16.1 Individual Healthcare Plans (IHPs)

An IHP is a school-owned document that provides clarity about the arrangements required to ensure that a pupil is safe and fully included in school life.

IHPs should identify:

- the pupil's medical needs;
- risk-reduction measures;
- emergency procedures;
- medication arrangements;
- staff responsibilities;
- appropriate adjustments;
- relevant advice from healthcare professionals; and
- arrangements for activities, trips and other aspects of school life.

IHPs should be co-created by the school, medical/allergy professionals, parents/carers and the pupil where appropriate.

Where there is no specific advice from a healthcare professional, the school may seek appropriate advice from school nursing services or other relevant professionals.

Where a pupil has an allergy action plan and/or asthma plan, this should be included with the IHP.

16.2 Review of IHPs

IHPs should normally be reviewed annually and when there are significant changes in staffing or circumstances.

They **must** be reviewed following an incident or near miss where the incident indicates that changes may be required.

IHPs will be communicated to relevant staff, including supply and cover staff, and will be passed on as part of transition arrangements.

St David's will ensure that:

- pupils with an allergy action plan and/or asthma plan have an IHP;
- pupils without an allergy action plan or asthma plan, but who require active allergy management beyond normal school arrangements, have an IHP; and
- appropriate arrangements are in place for pupils awaiting diagnosis where allergy-related risks have been identified.

17. Educational Visits, Trips and External Activities

St David's will ensure that pupils with allergies are fully included in:

- educational visits;
- sporting events;
- residential trips;
- extracurricular activities; and
- other off-site activities.

A risk assessment will consider:

- potential allergen exposure;
- emergency medication;
- storage and accessibility of adrenaline;
- transport arrangements;
- staffing;
- proximity to emergency medical care; and
- appropriate emergency response arrangements.

Alternative activities will only be considered where necessary to ensure safety and inclusion and will not be used as an unnecessary barrier to participation.

Trip leaders must ensure that:

- relevant emergency supplies are carried;
- pupils have their prescribed medication;
- medication is accessible throughout the activity; and
- relevant allergy information is available to supervising staff.

Before departure, trip leaders will check that pupils have their required medication, including adrenaline devices where prescribed.

Where a pupil does not have essential medication, the trip leader and Allergy Lead will assess whether it is safe for the pupil to attend.

The school's spare adrenaline devices may be taken on trips where the risk assessment identifies this as necessary.

Where spare devices are taken on a trip, the school will ensure that appropriate arrangements remain in place for pupils remaining on site.

Sporting Fixtures

St David's staff will manage the child's allergies for the entirety of the event and will liaise with organisers where appropriate.

Where food is provided during sporting activities, the pupil's allergy information will be communicated and appropriate food will be provided.

18. Serious Incidents and Near Misses

St David's adopts a no-blame, learning-focused approach to serious incidents and near misses.

The purpose of investigating an incident is to identify what happened, learn lessons and strengthen procedures.

Examples of near misses include:

- accidental allergen exposure without a reaction;
- incorrect food being provided;
- labelling errors;
- medication being unavailable or inaccessible; and
- failures in communication.

Where an incident occurs, the school will consider whether food residues, packaging, samples or other materials may constitute evidence and should be retained.

18.1 Reporting

All allergic reactions and near misses will be recorded promptly using: The table shown in Appendix 2. Further detail could be included on CPOMS if required.

School reporting system:

The incident will be reviewed and an appropriate report completed.

The school will share relevant information with:

- the pupil;
- parents/carers; and
- staff directly involved.

The pupil and parents/carers will be given an opportunity to discuss what happened and contribute to the review.

The school will communicate:

- what was learned;
- what actions will be taken; and
- any changes to procedures.

The pupil's IHP will be updated where necessary.

Where unsafe food has been supplied by the school while operating as a food business, the incident will be reported to the relevant local authority environmental health team.

The school will consider whether any external reporting requirements, including RIDDOR where applicable, apply.

19. Wellbeing and Support

Allergy safety is a priority within the school's culture.

The school recognises that pupils with allergies may experience anxiety relating to accidental exposure and the possibility of anaphylaxis.

St David's will, where appropriate:

- communicate regularly with pupils, parents/carers and staff about allergy safety;
- provide allergy and anaphylaxis education through assemblies, tutor time and/or PSHE;
- plan celebrations, rewards and communal events inclusively;
- involve pupils and staff with allergies in reviewing allergy procedures;
- actively monitor and address allergy-related bullying;
- challenge stigma and discrimination associated with allergies;
- develop allergy champion roles for staff and pupils where appropriate;
- provide additional support to new pupils with allergies;
- offer new pupils appropriate opportunities to become familiar with catering and dining arrangements; and
- proactively explain the school's allergy arrangements and available support to new pupils and their families.

20. Safeguarding

St David's recognises that safeguarding concerns may arise where a pupil's medical condition places them at increased risk of neglect, abuse or exploitation.

A safeguarding referral may be required where, for example:

- relevant medical information is repeatedly withheld from the school;
- a pupil is repeatedly sent to school without essential medication;
- appropriate medical support is deliberately or repeatedly not provided; or
- there are other concerns that the pupil is being placed at avoidable risk.

Any safeguarding concerns will be managed in accordance with the school's Safeguarding and Child Protection Policy.

21. Unacceptable Practice

All staff are expected to understand what constitutes unacceptable practice.

The school is committed to ensuring that pupils with allergies are supported appropriately and are not disadvantaged because of their medical condition.

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

- preventing pupils from easily accessing and administering their medication in accordance with their IHP;
- assuming that every pupil with the same condition requires the same support;
- assuming that older pupils no longer require support;
- ignoring the views of the pupil or their parents/carers;
- ignoring medical evidence or advice from healthcare professionals;
- assuming that a pupil does not have an allergy because they do not yet have a diagnosis;
- sending an unwell pupil to the school office or medical room without appropriate supervision;
- requiring a pupil experiencing a suspected medical emergency to make their own way to another location;
- penalising pupils for absences related to their medical condition, including hospital appointments;
- excluding pupils from attendance-related rewards where absence relates to a medical condition;
- requiring parents/carers to attend school to administer medication or provide routine medical support;

- preventing pupils from participating in school activities because of their allergy without appropriate justification;
- creating unnecessary barriers to participation in trips and external activities; and
- requiring a parent/carer to accompany a pupil solely because the pupil has an allergy where this is not clinically or otherwise necessary.

Where unacceptable practice occurs, the school will follow its staff conduct and management procedures.

22. Equality and Inclusion

The school will make reasonable adjustments where required to ensure that pupils with allergies are able to participate fully in school life.

All decisions will be made on an individual basis, taking account of:

- the pupil's allergy;
- medical advice;
- the pupil's age and level of understanding;
- their IHP and allergy action plan;
- the activity being undertaken; and
- the risks identified through appropriate assessment.

The school will not impose unnecessary restrictions on pupils with allergies.

23. Policy Monitoring and Review

The Allergy Lead will monitor implementation of this policy and report to the governing body.

The policy will be reviewed:

- at least annually;
- following a significant allergic reaction;
- following a significant near miss;
- following changes to a pupil's needs;
- following changes in relevant legislation or statutory guidance; or
- where monitoring identifies that changes are required.

Reviews will consider:

- incidents and near misses;
- staff training;
- availability and expiry of spare adrenaline devices;
- IHP implementation;
- catering arrangements;
- educational visits;
- pupil and parent/carer feedback;
- staff feedback; and
- changes to statutory guidance.

Appendix 1: Key Emergency Response – Anaphylaxis

If anaphylaxis is suspected:

- Do not leave the individual.
- Keep them where they are.
- Lie them flat with legs raised, unless they are struggling to breathe.
- Give adrenaline immediately.
- Note the time adrenaline was given.
- Call 999 – state "ANAPHYLAXIS".
- Give a second adrenaline device after 5 minutes if there is no improvement.
- Commence CPR if there are no signs of life.
- Contact parent/carer.
- Keep the individual where they are until the ambulance arrives.
- Ensure they go to hospital for observation, even if they appear to recover.

Never delay adrenaline while waiting for an ambulance.

Appendix 2 – Recording incidents

A separate document will be kept with the below table to record any allergic incidents and follow up actions if required.

Date & Time	Name of Pupil	Location	Suspected allergen/ food	Actions taken	Staff involved	Parent notified (Y/N)	Medication given (Y/N)	Emergency services called? (Y/N)	Outcome /Follow up actions