Allergy Policy 2026-2027

All Saints' Church of England Primary School

OUR VISION

Our vision is to be a nurturing and inclusive school, proudly reflecting the diversity of our community, where every child is treated as an individual and no matter what their starting point will achieve their true potential within a safe and secure environment.

By the end of their journey, we want our children to be respectful, resilient role-models, having a self-belief in themselves and their abilities, ready to go from strength to strength.

Our Values

All Saints' has an ethos built around our core Christian values of Compassion, Koinonia (community)

and Love. Our keys aims are linked to scripture (See full mission statement), culminating in our strap line of '*Growing Stronger Together in God's Love*.'

Compassion **Be kind and compassionate to one another, learning from our mistakes and forgiving others for theirs.**

Koinonia (community) **Value and celebrate diversity, welcoming families from all faiths and backgrounds.**

Love **The love within our school is one of family and friendship, enabling each child to grow and flourish**

1. Aims

This policy aims to:

- set out the school's approach to allergy safety, including measures to reduce the risk of exposure to known allergens and the procedures to be followed in the event of an allergic reaction
- explain how the school supports pupils with allergies to promote their safety, wellbeing, participation and inclusion
- promote and maintain allergy awareness across the school community
- ensure that staff understand how to recognise and respond appropriately to allergic reactions and anaphylaxis

2. Legislation and guidance

This policy has regard to the Department for Education's statutory guidance, *Allergy safety in schools*, published in July 2026. Schools within scope are required to have an allergy safety policy, publish it, keep it under review and have regard to the statutory guidance when carrying out their allergy safety duties.

This policy should be read alongside the Department for Education's statutory guidance on *Supporting pupils with medical conditions at school* and the Department of Health and Social Care guidance on the use of emergency adrenaline auto-injectors in schools.

Relevant legislation and guidance include:

- Children and Families Act 2014, section 100, as amended by section 34 of the Children's Wellbeing and Schools Act 2026
- Equality Act 2010
- Health and Safety at Work etc. Act 1974
- Human Medicines Regulations 2012, as amended
- Human Medicines (Amendment) Regulations 2017
- Food Information Regulations 2014
- Food Information (Amendment) (England) Regulations 2019
- statutory Early Years Foundation Stage requirements, where applicable

The governing body must have regard to the DfE statutory allergy safety guidance. Where the guidance identifies an action as good practice, that recommendation is non-statutory.

3. Roles and responsibilities

3.1 Governing body

The governing body is responsible for ensuring that:

- risks relating to pupils with allergies are included in the school's risk register and are actively managed
- the school has an allergy safety policy that sets out arrangements to reduce the risk of individuals coming into contact with known allergens and appropriate emergency response arrangements for anaphylaxis
- the policy is kept under review and is published
- serious incidents and near misses relating to allergy safety are appropriately reported and considered
- appropriate oversight, support and challenge are provided in relation to allergy safety

The governing body delegates day-to-day implementation of this policy to the allergy safety lead.

The DfE guidance places responsibility for the allergy safety policy with the governing body and recommends that a named member of the senior leadership team leads its implementation.

3.2 Allergy safety lead

The nominated allergy safety lead is **Abi Wilkinson, Assistant Headteacher and Inclusion Lead**.

The allergy safety lead is responsible for:

- implementing this allergy safety policy
- reviewing the policy at least annually and sooner where necessary
- promoting and maintaining allergy awareness across the school community
- developing and reviewing arrangements for the safe storage, checking, replacement and disposal of adrenaline devices
- ensuring relevant allergy information is kept up to date and is readily available to staff who need it
- ensuring pupils who require specific supportive arrangements for their allergy have an up-to-date Individual Healthcare Plan (IHP)
- ensuring pupils with known food or insect-sting allergies have an appropriate, up-to-date Allergy Action Plan where one has been issued by a healthcare professional
- ensuring staff receive appropriate allergy awareness and emergency response training
- ensuring staff understand the school's allergy safety policy and procedures
- ensuring relevant staff understand when an allergy risk assessment is required
- ensuring serious incidents and near misses relating to allergy safety are recorded, reported and reviewed

- considering what lessons can be learned from incidents and near misses and whether changes are required to this policy, the school's wider medical conditions arrangements or an individual pupil's IHP
- ensuring relevant learning is shared with staff

3.3 Headteacher

The headteacher is responsible for determining, in discussion with parents/carers and relevant healthcare professionals where appropriate, whether a pupil's allergy can be managed through the school's general arrangements or whether an IHP is required.

The detailed criteria for deciding whether an IHP is required are set out in section 4.3.

3.4 Designated staff responsible for spare emergency medication

Connie Stewart and Bernadette Agnew are responsible for:

- checking monthly that the school's spare adrenaline auto-injectors and emergency asthma reliever inhalers are present and in date
- arranging replacement devices when expiry dates are approaching or following use

3.5 Teaching and support staff

Teaching and support staff are responsible for:

- maintaining awareness of this policy and the school's allergy procedures
- promoting allergy awareness among pupils
- recognising the signs and symptoms of allergic reactions and anaphylaxis
- being aware of pupils with allergies in their care
- taking reasonable steps to reduce the risk of pupils coming into contact with known allergens
- supporting the wellbeing and inclusion of pupils with allergies
- following individual Allergy Action Plans and IHPs as required
- reporting allergic reactions, incidents and near misses to the allergy safety lead

3.6 Parents and carers

Parents/carers are responsible for:

- informing the school of their child's allergies, medical needs and dietary requirements
- providing relevant medical information, including details of previous allergic reactions or anaphylaxis
- notifying the school promptly if their child's condition, treatment or medication changes

- providing two in-date prescribed adrenaline devices where these have been prescribed, together with any other medication required at school
- replacing medication before it expires
- providing an Allergy Action Plan or other relevant healthcare documentation where one has been issued
- following school arrangements relating to food brought into school

3.7 Pupils with allergies

Where appropriate to their age, understanding and competence, pupils with allergies will be supported to:

- understand their allergens and how to reduce the risk of exposure
- understand the purpose of their medication
- know where their medication is kept
- carry their own medication where this is appropriate and agreed
- understand how and when their prescribed adrenaline device should be used

Decisions about self-management will be made individually and in discussion with the pupil, parents/carers and, where appropriate, healthcare professionals.

3.8 Other pupils

Pupils will be encouraged to:

- understand that allergies can be serious
- respect measures put in place to keep pupils with allergies safe
- avoid sharing food or utensils
- seek adult help immediately if they believe another pupil is having an allergic reaction

Older or appropriately mature pupils may be taught how to summon help in an emergency, but pupil awareness does not replace the school's staff emergency response arrangements.

4. Identifying individuals at risk

Allergy is a medical condition in which the immune system reacts abnormally to a normally harmless substance, known as an allergen.

Allergic conditions include food allergy, allergies to medicines and insect stings, allergic rhinitis, eczema, contact allergy and some forms of asthma.

Coeliac disease is an autoimmune condition and is not a food allergy or food intolerance. Food intolerances are also different from allergies and cannot cause anaphylaxis. Where a

pupil has coeliac disease or a food intolerance, appropriate support will normally be provided through the school's wider medical conditions and catering arrangements.

4.1 Identifying pupils at risk

For new pupils, the school will seek information from parents/carers after a place has been confirmed and before the pupil starts school.

Parents/carers will be asked to confirm:

- known or suspected allergies
- prescribed medication
- dietary requirements
- previous reactions or anaphylaxis
- relevant healthcare plans or clinical advice

Where a pupil receives a new diagnosis or joins the school during the academic year, the school will put necessary arrangements in place as soon as possible.

Where an IHP is required, the school will aim to complete it within two weeks or by the beginning of the relevant term for pupils new to the school. Necessary interim safety arrangements will not be delayed while the IHP is being prepared.

Parents/carers will be reminded at the beginning of each academic year to update their child's medical information.

Parents/carers should inform the school promptly of any changes by telephoning **0208 540 3004** or emailing **office@allsaints.merton.sch.uk**.

4.2 Identifying staff and visitors at risk

The school will provide opportunities for:

- new staff to inform the school of allergies that may require workplace adjustments or emergency arrangements
- visitors, where relevant to the nature and duration of their visit, to make the school aware of allergies requiring specific arrangements

Health information will be handled sensitively and in accordance with data protection requirements.

4.3 Individual Healthcare Plans

An IHP should be considered where a pupil:

- has an allergy that has a functional impact on them in the school environment

- is at risk of harm as a result of their allergy
- requires arrangements that are additional to or different from those made generally for pupils

A formal allergy diagnosis is not always required before supportive arrangements are put in place.

The IHP will set out the additional or different arrangements required to support the pupil and should include or refer to relevant clinical plans.

Not every pupil with an allergy will require an IHP. Some allergies may have little or no impact in school and may be managed safely through general school procedures.

The headteacher will decide, in discussion with parents/carers and relevant healthcare professionals where appropriate, whether an IHP is required.

An IHP may not be necessary where all required arrangements are already available to any pupil through normal school policies and procedures.

IHPs will be reviewed at least annually and sooner where the pupil's needs change.

Where a pupil transfers to another school or college, relevant information, including the IHP, will be shared as part of the transition process in accordance with data protection requirements.

4.4 Allergy and asthma action plans

Pupils with a known food or insect-sting allergy should have an appropriate Allergy Action Plan issued by a healthcare professional where one is clinically indicated.

Pupils with asthma should have an appropriate asthma plan where one has been issued.

Where relevant, these plans provide instructions on emergency treatment and should be incorporated into or attached to the pupil's IHP.

Whenever an Allergy Action Plan or asthma plan is updated, the pupil's arrangements should be reviewed.

4.5 Register of pupils with known allergies

The school will maintain an accessible record of pupils with known allergies.

As appropriate, the record will include:

- known allergens
- relevant risk factors for anaphylaxis

- whether a pupil has been prescribed adrenaline devices
- the type and dose of prescribed adrenaline device
- relevant consent information
- a photograph, where appropriate and with suitable arrangements for its lawful use
- the location of the pupil's medication and relevant emergency plan

Information will be accessible to staff who require it for the safety and care of pupils, including staff working in areas where food is prepared or served.

5. Assessing risk

The school will carry out an appropriate risk assessment for pupils at risk of anaphylaxis where activities could reasonably increase their risk of exposure.

This may include:

- food preparation or cooking activities
- science experiments involving food or other known allergens
- craft activities using food or food packaging
- activities involving animals
- off-site visits, residential visits and school trips
- special events involving food
- any other activity involving a known allergen

The school will also assess and manage risks relating to pupils or staff with known allergies to the school therapy dog.

6. Minimising risk

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

6.1 Hygiene and food-sharing procedures

Pupils will be reminded to wash their hands before and after eating.

Sharing food, food containers and eating utensils is not permitted.

Pupils use named water bottles.

Lunches or meals specifically provided for a pupil with a food allergy will be clearly identifiable.

Where food is brought into school or provided by someone other than the school's usual catering arrangements, appropriate information and parental engagement will be sought in advance where necessary.

6.2 Catering

The school is committed to providing food safely and to meeting pupils' identified dietary requirements.

Catering staff will receive appropriate allergen training and will have arrangements to identify pupils with allergies and special dietary requirements.

The school will work with its catering provider to understand the controls in place for allergen management, food preparation, service and avoidance of cross-contact.

Menus and allergen information will be made available to parents/carers and pupils as appropriate.

Changes to menus will be managed so that legal allergen-information requirements continue to be met and agreed special dietary requirements remain supported.

Information on the **14 allergens required to be declared by food law** will be provided in accordance with applicable food information legislation.

Staff involved in serving food will understand how to access and interpret allergen information.

Appropriate hygiene procedures will be followed to reduce the risk of allergen cross-contact during food preparation and service.

6.3 Insect bites and stings

When outdoors, pupils will be encouraged to wear footwear and food and drink will be covered where reasonably practicable.

Individual arrangements for pupils with insect-sting allergy will be set out in their IHP or Allergy Action Plan.

6.4 Animals

Pupils will wash their hands after interacting with animals.

Where a pupil has a known animal allergy, the school will assess the individual risk and make reasonable adjustments to prevent or minimise exposure.

This includes arrangements relating to the school therapy dog.

6.5 Visits and trips

Pupils will not be excluded from visits or trips solely because they have an allergy.

The school will plan visits so that appropriate allergy arrangements are in place.

A risk assessment will be completed for any pupil at risk of anaphylaxis taking part in an off-site visit.

Relevant staff will be informed of pupils' allergies and emergency arrangements.

A pupil's prescribed adrenaline devices must remain readily accessible throughout the visit.

Staff who know how to recognise anaphylaxis and administer adrenaline will be available.

Detailed arrangements for adrenaline devices on visits are set out in section 8.5.

7. Procedures for handling an allergic reaction

All staff will receive training to recognise allergic reactions and anaphylaxis and to respond appropriately.

A mild or moderate allergic reaction can sometimes progress to anaphylaxis. A pupil experiencing an allergic reaction must not be left unattended and should be monitored for at least 60 minutes. Where the pupil has an Allergy Action Plan, it must be followed.

Signs of anaphylaxis include problems affecting the **Airway, Breathing or Circulation**, such as swelling of the throat or tongue, difficulty swallowing, sudden wheezing or breathing difficulty, persistent cough, dizziness, faintness, confusion, pale clammy skin or loss of consciousness.

Where anaphylaxis is suspected:

1. **Give adrenaline immediately. Do not wait to contact the emergency services before administering adrenaline.**
2. Use the individual's own prescribed adrenaline device first, if it is immediately available.
3. If the person's own device is unavailable, has misfired, or the person has no prescribed device, a school spare AAI may be used in an emergency.
4. **If in doubt, treat for anaphylaxis and give adrenaline.**
5. Call **999 immediately** and state that anaphylaxis is suspected.
6. Do not allow the person to stand or walk. Bring medication and help to them.
7. The person should normally be laid flat with their legs raised. If breathing is difficult, they may need to be positioned in accordance with their action plan or emergency-services advice.

8. Stay with the person and continue to monitor them.
9. If there is no improvement after five minutes, give a further dose of adrenaline using a second device.
10. Inform parents/carers as soon as practicable.

The DfE guidance emphasises that adrenaline should be given immediately when anaphylaxis is suspected, that the person should not be made to walk to their medication, that 999 must be called and that a further dose should be given if there is no improvement after five minutes.

An asthma reliever inhaler must not be used instead of adrenaline to treat anaphylaxis.

8. Adrenaline devices

For the purposes of this policy, an **adrenaline device (AD)** includes a prescribed adrenaline auto-injector or, where applicable, a prescribed nasal adrenaline device.

A school's current spare emergency stock consists of **adrenaline auto-injectors (AAIs)**, as current arrangements permit schools to obtain AAIs for emergency use.

8.1 Prescribed adrenaline devices

Pupils who have been prescribed adrenaline devices should have rapid access to **two in-date devices** while at school and during school activities.

Where, taking account of the pupil's age, understanding and competence, the pupil does not carry their own devices, they will be stored in an agreed, clearly identified and readily accessible location.

At All Saints', this is the clearly labelled, unlocked **First Aid cupboard in the pupil's classroom**.

Devices must not be locked away or stored somewhere that would delay access.

For PE and active Music and Spanish lessons, prescribed devices will accompany the pupil in the school-provided **green bag**.

Adrenaline devices must be capable of being brought to the pupil within **five minutes** wherever they may reasonably be needed. The pupil must not be sent to collect the device.

Parents/carers are responsible for supplying prescribed devices and ensuring that they remain in date.

For school trips and activities away from the school premises, the pupil's two prescribed devices will accompany them and remain readily accessible.

Adrenaline devices will be stored at room temperature, in accordance with manufacturer instructions, and protected from direct sunlight and extremes of temperature.

As All Saints' is a **split-site school**, the pupil's prescribed devices will accompany the pupil to whichever site they are attending, including for events such as whole-school Collective Worship and Sports Day.

A copy of the pupil's Allergy Action Plan will be kept with or readily accessible alongside their medication.

Out-of-date prescribed devices will be returned to parents/carers for appropriate disposal or otherwise disposed of in accordance with agreed arrangements.

The school will maintain an appropriate record of pupils who have prescribed adrenaline devices and Allergy Action Plans.

8.2 Spare adrenaline auto-injectors and emergency asthma inhalers

The school maintains spare AAIs for emergency use.

Current DfE guidance states that a primary school will normally require one pair of 150 microgram AAIs for children under six and one pair of 300 microgram AAIs for individuals aged six and over, with suitable provision on each site where a school operates across more than one site.

All Saints' operates across **two sites** and maintains appropriate spare AAI provision on each site.

The school currently obtains its spare AAIs through **St George's Hospital, Tooting**.

The school's spare devices are EpiPen-brand AAIs.

Each site will hold appropriate spare devices, including provision for:

- children under six: **150 micrograms**
- individuals aged six and over: **300 micrograms**

Spare AAIs are stored in the medical room associated with each school office in an unlocked, clearly identified location that is readily accessible to staff.

They will:

- remain capable of being brought to a person experiencing anaphylaxis within five minutes
- be stored in pairs

- be clearly labelled and kept separate from pupils' individually prescribed devices
- be kept at room temperature and protected from direct sunlight and extremes of temperature

The DfE guidance specifically recommends appropriate spare provision on each site of a multi-site school and states that spare AAIs should be readily accessible, stored in pairs and capable of reaching the person within five minutes.

The school also maintains emergency asthma reliever inhalers in accordance with relevant guidance.

Emergency asthma inhalers may only be used in the circumstances permitted by the applicable guidance, including where the pupil has been prescribed a reliever inhaler, their own inhaler is unavailable and the required written consent is in place.

Connie Stewart and Bernadette Agnew will check monthly that spare AAIs and emergency asthma reliever inhalers are present and in date and will arrange replacement where necessary.

8.3 Disposal

An AAI is a single-use device.

Following use, it will be handled and disposed of safely in accordance with manufacturer guidance and the school's clinical-waste arrangements.

8.4 Use of a spare AAI without prior consent

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

The school will seek advance consent from parents/carers where appropriate, but an emergency response must not be delayed while staff check whether consent has previously been obtained.

In a life-threatening emergency, reasonable action may be taken to save a person's life.

8.5 Use of adrenaline devices off school premises

A pupil who has been prescribed adrenaline devices will have **two of their own prescribed, in-date devices** taken on an off-site visit.

Because of the age of pupils at All Saints', pupils will not ordinarily be expected to carry their own devices unless this has been individually agreed.

Where a pupil does not self-carry, the devices will be carried by a designated member of staff responsible for the pupil or group and who knows how to recognise anaphylaxis and administer the relevant device.

The devices must remain readily accessible and must not be placed in luggage, a vehicle that is not immediately accessible or a locked container.

The trip leader will ensure that:

- relevant staff know which pupils are at risk
- staff know where the pupil's devices are
- staff understand the emergency response
- the pupil's IHP, Allergy Action Plan or relevant emergency information is available
- allergy risks are addressed within the visit risk assessment
- food provision, eating arrangements, activities and possible exposure to known allergens have been considered
- where pupils divide into separate groups, the pupil's medication remains with the pupil's group
- the required devices are checked before departure to confirm that they are present and in date

Where anaphylaxis is suspected, adrenaline will be given without delay, 999 will be called and a second device will be available if required.

The school will consider on a case-by-case basis whether a school spare AAI should accompany a visit, ensuring that doing so does not leave inadequate spare provision on the school site.

9. Serious incidents and near misses

A serious incident is an event relating to allergy in which a pupil, member of staff or visitor is harmed or placed at immediate and significant risk of harm, including an event requiring emergency medication, urgent medical intervention or attendance by emergency services.

A near miss is an event that did not result in harm but had the clear potential to do so.

9.1 Recording

Serious incidents and near misses relating to allergy safety will be recorded as soon as reasonably practicable.

Records will be made in the appropriate school incident system, including the accident record and **CPOMS** where appropriate.

The record will include, as relevant:

- who was affected
- what happened
- when and where it happened
- the known or possible cause
- how staff and pupils responded
- treatment or support provided
- whether emergency services were called
- the outcome of the incident

The school will approach reporting and review in a learning-focused, proportionate and non-punitive manner.

9.2 Reporting and learning

Parents/carers will be informed of a serious incident or near miss involving their child as soon as reasonably practicable.

The school will provide parents/carers with appropriate information about what happened and, where appropriate, give them and the pupil an opportunity to contribute to the subsequent review.

The allergy safety lead and headteacher will be informed of serious incidents and near misses.

The governing body will receive appropriate reports on serious incidents and near misses and will consider relevant incidents as part of its oversight of the policy. The DfE guidance says incidents should be reported to parents and the governing body and that governing bodies should receive periodic reports.

The review will consider:

- whether existing arrangements were appropriate
- whether this policy should be changed
- whether the pupil's IHP or Allergy Action Plan arrangements require review
- whether staff training, supervision or communication should change
- what learning should be shared

Where an allergic reaction becomes apparent only after a pupil has returned home, parents/carers should inform the school so that it can be recorded and reviewed.

Where appropriate, the school will make any further reports required by law, including reporting to the Health and Safety Executive under RIDDOR where the statutory reporting

criteria are met and reporting relevant food-safety concerns to the appropriate local authority or regulatory body.

Where an incident relates to a healthcare plan or clinical advice, the relevant healthcare professional will be informed where appropriate.

10. Allergy awareness

10.1 Staff training

The school will ensure that staff who are expected to be present while pupils are on site receive allergy awareness training **at least annually**.

New staff will receive allergy awareness training as part of their induction.

This will include permanent staff, teaching and support staff, temporary and supply staff, peripatetic staff, agency workers, relevant regular volunteers, catering staff and staff supervising breakfast or after-school provision.

Contractors with no pupil-facing role are not expected to complete the full allergy awareness training, although they must follow relevant school health and safety arrangements.

Before a supply or temporary member of staff assumes responsibility for pupils, the school will ensure they receive or can demonstrate appropriate allergy safety information and understand the school's emergency procedures, including how to summon assistance and locate emergency medication.

Allergy awareness training will cover:

- what allergy is and the risks it can pose
- how allergic reactions may occur
- common allergic conditions
- the distinction between food allergy, coeliac disease and food intolerance
- how to identify signs of an allergic reaction
- how to recognise anaphylaxis
- how to respond to an emergency
- how and when to call 999
- how to locate emergency medication
- how to administer relevant adrenaline devices
- use of the school's spare AAIs
- the relationship between asthma and anaphylaxis
- how to use Allergy Action Plans and asthma plans
- the impact allergy can have on wellbeing and inclusion
- the school's allergy safety policy

- staff responsibilities for reducing exposure to known allergens
- how to report an incident or near miss

The DfE guidance states that first-aid training alone is not sufficient and that allergy awareness training should include emergency response, locating and administering medication and use of the relevant device.

The school has **EpiPen training devices** available so that staff can practise the administration technique safely.

Where pupils use a different prescribed device, staff responsible for them will be provided with training appropriate to that device.

10.2 Allergy safety drills

As a matter of good practice, the school will conduct allergy safety drills or simulated emergency exercises.

A simulated case of anaphylaxis may be used to test how staff respond without placing any individual at risk.

The outcome of the drill will be recorded and used to inform training, procedures and the ongoing review of this policy.

Where pupils are involved in a drill, this will be planned sensitively and with regard to the wellbeing of pupils with allergies.

The DfE identifies allergy safety drills as **good practice**, rather than a separate statutory requirement.

10.3 Awareness of the policy

This policy will be published on the school website and made available to parents/carers, staff and pupils as appropriate.

All staff will be expected to understand the policy as part of annual allergy awareness training.

Pupils will be taught about allergies in an age-appropriate way through the school's PSHE curriculum, including use of appropriate resources such as Allergy School.

Awareness activities will promote understanding, inclusion and respect and will seek to reduce the risk of allergy-related bullying.

11. Wellbeing and inclusion

Pupils with allergies may experience anxiety, isolation, exclusion or bullying related to their condition.

The school will support pupils through appropriate measures, including:

- pastoral support
- regular communication with trusted staff where required
- age-appropriate reassurance about the measures in place to reduce risk
- reasonable adjustments to support participation
- appropriate action in response to bullying or exclusion

The school will not unnecessarily exclude a pupil with an allergy from activities, food-related learning, visits or wider school life where risk can be safely managed.

Any bullying will be managed in accordance with the school's **Anti-Bullying Policy** and **Behaviour Policy**.

11.1 Wellbeing following an incident or near miss

The school recognises that a serious incident or near miss can have an emotional impact on the pupil, their family, staff involved in the response and witnesses.

Appropriate support will be offered following an incident.

Staff involved in responding to an emergency will also be supported.

Further information about recording and learning from incidents is set out in section 9.

12. Information sharing and data protection

Information about a person's health is special category personal data under UK GDPR.

The school will handle allergy and medical information in accordance with its Data Protection Policy and applicable data protection law.

Relevant information will be shared with staff where this is necessary to keep a pupil safe and support their inclusion.

Information will be shared proportionately and respectfully and will not be disclosed more widely than necessary.

The DfE guidance recognises that schools need to hold and share relevant health information to ensure that pupils receive the support required to stay safe and included in education.

13. Monitoring and review

The allergy safety lead will monitor the implementation of this policy.

The policy will be reviewed **at least annually**, or sooner where:

- a serious incident or near miss identifies an area requiring improvement
- relevant guidance or legislation changes
- school arrangements change
- learning from an allergy safety drill indicates that procedures should be amended

The review will take account of relevant incidents and near misses and, where appropriate, views from pupils, parents/carers, staff and others affected by the policy.

The policy will be approved by the **governing body** and published on the school website.

14. Links to other policies and procedures

This policy should be read alongside:

- Health and Safety Policy
- Supporting Pupils with Medical Conditions Policy
- First Aid and Medicines procedures
- Data Protection Policy
- Behaviour Policy
- Anti-Bullying Policy
- Educational Visits procedures
- relevant catering and food safety procedures