



WREKIN VIEW PRIMARY SCHOOL AND NURSERY ALLERGY SAFETY POLICY 2026

Policy approved by	Resource Committee
Last Review	Autumn 2026
Next Review	Autumn 2027
Procedures approved by	Chief Executive Officer
Last Review	Autumn 2026
Next Review	Autumn 2027

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Legal/Regulatory Requirements

This policy and its related procedures exist to ensure that LCT meets compliance with the following:

- [allergy safety in schools](#)
- [supporting pupils with medical conditions at school](#)
- [using emergency adrenaline auto-injectors in schools](#)
- [The Food Information Regulations 2014](#)
- [The Food Information \(Amendment\) \(England\) Regulations 2019](#)

Policy statement

The LCT aims to meet its commitments by:

- Setting out our school's approach to allergy safety, including reducing the risk of exposure and the procedures in place in case of allergic reaction
- Making clear how our school supports pupils with allergies to ensure their wellbeing and inclusion
- Promoting and maintaining allergy awareness among the school community.

Responsibilities

The Resource Committee is responsible for:

- approving the policy and subsequent amendments to it.
- monitoring performance and providing onward assurance to Board that this is satisfactory.

The Chief Executive Officer/Executive Team are responsible for:

- reviewing this policy and recommending appropriate amendments.
- designing and providing training for staff on the policy and its related procedures.
- issuing guidance in relation to the use and implementation of procedures.
- investigating and responding to breaches of the policy and its related procedures.
- providing assurance to Resource Committee that the policy and procedures in place remain fit for purpose.
- approving any local adaptations to this policy and its procedures at the Academy level.

The Local Governing Board (LGB) are responsible for:

- monitoring local implementation of this policy at the Academy level.
- escalating any concerns or non-compliance issues to the Trust.

The Headteachers/Principals are responsible for:

- understanding how the policy applies to their area and ensuring it is applied correctly.
- ensuring their staff are aware and understand the policy along with its related procedures.
- ensuring that staff who require training for their work have completed this.
- deciding (in discussion with the parents/carers and any relevant healthcare professionals) whether a pupil's allergy can be managed through the adjustments made under the medical conditions policy or whether an IHP is required to specify arrangements that reflect the pupil's circumstances
- holding the allergy safety lead to account to make the necessary arrangements to meet individual needs

- ensuring the Allergy safety lead is able to fulfil their role in a safe and timely manner
- ensuring the policy, procedures and practice for allergy management are safely and effectively managed

Each Academy will have a nominated allergy safety lead (*named within the procedures below*) who is responsible for:

- Implementing this allergy safety policy
- Contributing to the review of the allergy safety policy at least annually, updating it when needed, and making sure it is published
- Promoting and maintaining allergy awareness across the school community
- Developing and reviewing arrangements for the safe storage and disposal of adrenaline devices (AD)
- Ensuring:
 - All allergy information is up to date and readily available to relevant members of staff
 - All pupils who require support with allergies have an up-to-date individual healthcare plan (IHP)
 - All pupils with a known food or insect sting allergy have up-to-date allergy action plans issued by a medical professional
 - All staff receive regular allergy awareness training
 - All staff are aware of the school's policy and procedures regarding allergies
 - Relevant staff are aware of what activities need an allergy risk assessment
 - Serious incidents and 'near misses' relating to allergy safety are recorded and reported as appropriate, and to consider and share with staff:
 - What lessons there are to learn
 - Any potential changes to the medical conditions and/or allergy safety policies and/or to any pupil's IHP.

Each Academy will have at least 2 named volunteers among school staff (*named within the procedures below*) who are responsible for:

- Checking spare AAI's are present and in date on a monthly basis
- Making sure that replacement AAI's are obtained when expiry dates approach
- Ensuring safety checks are recorded, reported and monitored

All teaching and support staff are responsible for:

- Promoting and maintaining allergy awareness among pupils
- Maintaining awareness of our allergy safety policy and procedures
- Being able to recognise the signs of severe allergic reactions and anaphylaxis
- Being aware of specific pupils with allergies in their care
- Reducing the risk to pupils with known allergies coming into contact with known allergens
- Ensuring the wellbeing and inclusion of pupils with allergies
- Reporting any allergic reaction or case of anaphylaxis to the allergy safety lead

Parents/carers are responsible for:

- Being aware of the allergy safety policy
- Providing the school with up-to-date details of their child's medical needs, dietary requirements, and any history of allergies, reactions and anaphylaxis
- If required, providing their child with 2 in-date adrenaline auto-injectors and any other medication, including inhalers, antihistamine etc., and making sure these are replaced in a timely manner
- Following the school's guidance on food brought in to be shared
- Updating the school on any changes to their child's condition

If age-appropriate, pupils with allergies are responsible for:

- Being aware of their allergens and the risks they pose
- Carrying their AD on their person and only using it for its intended purpose
- Understanding how and when to use their AD

Pupils without allergies are responsible for:

- Being aware of allergens and the risk they pose to their peers
- Following school rules around food brought in to be shared
- Older pupils might also be expected to support their peers and staff in the case of an emergency.

Arrangements

The arrangements for this policy will be recorded within procedures which alongside this policy will be reviewed to ensure that they are kept up to date.

The Chief Executive Officer can approve amendments to the procedures such as:

- adaptations required to personalise the procedures to each Academy.
- correcting spelling and grammar mistakes.
- making consequential updates i.e. changes to names/job titles.
- making any other non-substantive changes that would not contradict this policy.

Any substantive changes to the procedures (*not required to personalise to the Academy*) or anything that requires a change to the policy itself will need to be approved by the Resource Committee first.

Review of Policy

This policy will be reviewed annually, or sooner if warranted by internal or external events or changes and any amendments proposed submitted to Resource Committee for approval.

ALLERGY SAFETY PROCEDURES

Named Responsible Individuals

- The nominated allergy safety lead is Fiona Atherton.
- The two named volunteers among school staff:
 - Mr Carl Parton
 - Miss Hannah Barnett

See Policy above for full details of their delegated responsibilities.

Identifying individuals at risk

Allergy is a spectrum of different allergic diseases. Reactions occur when a susceptible person is exposed to something (an "allergen") they are allergic to. Common allergic conditions include:

- Hay fever (allergic rhinitis), triggered by allergens carried in the air, such as pollen, house dust mite, animal fur/feathers, or mould
- Skin allergies (e.g. eczema, contact dermatitis, contact urticaria/hives) caused by contact with allergens including house dust mite, pollen and substances like nickel, latex and some chemicals
- Food allergy, which can cause symptoms ranging from mild itching in the mouth to "whole body" reactions including anaphylaxis
- Asthma which may be triggered by airborne allergens
- Allergy to insect stings and medicines

Identifying pupils at risk

We will:

- For new starters, send a form to all parents/carers of pupils after their place at the school has been confirmed, but before their first school year starts, to confirm any allergy the pupil has and whether they carry medication. Where a pupil has a new diagnosis and/or has moved to the school mid-term, we will send a form and put arrangements in place within 2 weeks
- Send a reminder to parents/carers at the start of each year asking them to update their child's medical information as necessary

➤ We ask that parents/carers proactively inform us by phone on 01952 951405 or by email to Mr Carl Parton at wrekinview@lct.education if their child's medical needs change during the school year.

Identifying staff and visitors at risk

Our school's arrangements for identifying staff and visitors with known allergies are:

- Asking new staff to provide details of their allergies in advance of their start date
- Asking visitors to provide details of their allergies in advance of their visit

Individual healthcare plans (IHP)

Pupils should have an IHP if they:

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

- Are at risk of harm as a result of their allergy; and
- Require arrangements which are additional to or different from those made generally

It is not necessary for a pupil to have a formal diagnosis of allergy for them to have an IHP. Healthcare professionals may decide that it is more appropriate to accept that the child shows symptoms, rather than proceeding to a formal diagnosis.

The IHP will set out the additional and/or different arrangements that will be in place for supporting the pupil. The school will make every effort to make sure that arrangements are put in place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.

Not all children with an allergy will require an IHP. Some allergies will have little or no impact on the pupil while they are at school or pose no risk to the pupil. Some allergies will not require arrangements which are additional to or different from those made generally.

The headteacher is responsible for deciding (in discussion with the parents/carers and any relevant healthcare professionals) whether a pupil's allergy can be managed through the adjustments made under the medical conditions policy or whether an IHP is required to specify arrangements that reflect the pupil's circumstances.

The school will consider the following principles:

- If the arrangements or support which a pupil requires would be available to any pupil as part of normal policies, an IHP may not be required
- If the pupil only needs non-prescription medication and the medical conditions policy would permit them to carry and administer it, an IHP may not be required

IHPs will be reviewed at least annually and more frequently if the pupil's needs have changed. Where a pupil moves on to a new school or college, their IHP will be shared as part of the transition.

Allergy and asthma action plans

All pupils who have a known allergy to a food or insect stings should be issued with an appropriate allergy action plan by their healthcare professional.

All pupils who have asthma should be issued with an asthma action plan by their healthcare professional.

The plans include medical and parental consent for staff to administer emergency medicines, including adrenaline for anaphylaxis or reliever inhaler in the event of an asthma attack.

The allergy action plan and/or asthma action plan should be attached to the pupil's IHP. Whenever the allergy action plan is updated, the pupil's IHP should be reviewed to incorporate it.

Register of pupils with known allergies

The school maintains a register of pupils who have a known allergy. The register includes:

- Known allergens and risk factors for anaphylaxis
- Whether a pupil has been prescribed an adrenaline device (AD) (and if so, what type and dose)
- Where a pupil has been prescribed an adrenaline device (AD), whether parental consent has been given to administer emergency medication
- A photograph of each pupil to allow a visual check to be made

The register is kept in the main school office and can be checked quickly by any member of staff as part of initiating an emergency response.

Allowing all pupils to keep their adrenaline devices with them in school will reduce delays and allows for confirmation of consent without the need to check the register.

Assessing risk

The school will conduct a risk assessment for any pupil at risk of anaphylaxis taking part in:

- Lessons such as food technology
- Science experiments involving foods
- Crafts using food packaging
- Off-site events and school trips
- Any other activities involving animals or food, such as animal handling experiences or baking

A risk assessment for any pupil at risk of an allergic reaction will also be carried out where a visitor requires a guide dog.

Minimising risk

Hygiene procedures

- Pupils are reminded to wash their hands before and after eating
- Sharing of food, food containers, and food utensils is not allowed
- Pupils have their own named water bottles and lunch boxes. Food provided to pupils with food allergies should be clearly labelled with the name of the child for whom it is intended
- Where food is not directly provided by the school, parental engagement and permission will be sought in advance. Food must not be prepared at home and brought into school to be shared with other pupils e.g. homemade birthday cakes

Catering

The school is committed to providing safe food options to meet the dietary needs of pupils with allergies.

- Catering staff receive appropriate training and are able to identify pupils with allergies
- The school will engage with caterers to understand the controls in place to ensure that food service complies with relevant requirements
- School menus are available for parents/carers and pupils to view with ingredients clearly labelled, and catering staff are available to discuss the provision of allergy safe meals with parents/carers
- Where changes are made to school menus, we will make sure these comply with legislation, and continue to meet any special dietary needs of pupils
- Food allergen information relating to the 'top 14' allergens is displayed on the packaging of all food products, allowing pupils and staff to make safer choices. Allergen information labelling will follow all [legal requirements](#) that apply to naming the food and listing ingredients, as outlined by the Food Standards Agency (FSA)
- Where food is provided by the school, staff will understand how to read labels for food allergens

- Catering staff follow hygiene and allergy procedures when preparing food to avoid cross-contamination

Insect bites/stings

When outdoors:

- Shoes should always be worn
- Food and drink should be covered

Animals

- All pupils will always wash hands after interacting with animals to avoid putting pupils with allergies at risk through later contact
- Pupils with animal allergies will not interact with animals

Visits and trips

- No pupils with allergies will be excluded from taking part
- The school will plan accordingly for all events and school trips, and arrange for the staff members involved to be aware of pupils' allergies and to have received appropriate training
- The school will conduct a risk assessment for any pupil at risk of anaphylaxis taking part in a school trip
- Pupils at risk of anaphylaxis should have their own adrenaline device with them
- Staff trained to administer adrenaline in an emergency will be present on the school trip
- Appropriate measures will be taken in line with the school's adrenaline device protocols for off-site events and school trips (see section below).

Procedures for handling an allergic reaction

- As part of the whole-school awareness approach to allergies, all staff are trained to recognise the signs of both mild and severe allergic reactions (known as anaphylaxis) and respond appropriately
- Staff are trained in the administration of adrenaline to minimise delays in an emergency
- If the pupil has an allergy action plan, this must be followed
- A spare school adrenaline device will only be used if:
 - The pupil does not have a prescribed adrenaline device
 - The pupil's prescribed adrenaline device is not available or misfires

Adrenaline devices (ADs)

Prescribed ADs

Pupils who are prescribed adrenaline devices are encouraged to keep them near or on their person at all times including when travelling to or from the school and on school trips. It is recommended that two devices are carried at all times. Pupils with prescribed adrenaline devices should take them home

with them at the end of each school day, and parents are responsible for ensuring that they are in date.

If a pupil cannot keep their ADs with them in the classroom (due to age or other considerations), then the devices will be stored:

- in the pupil's classroom in a clearly identified, unlocked and readily accessible location known to all relevant staff;
- accessible at all times during the school day and no more than five minutes away from the pupil;
- stored at room temperature, protected from direct sunlight and extremes of temperature, in accordance with the manufacturer's instructions; and
- clearly labelled with the pupil's name and photograph, together with relevant information about their allergy and prescribed medication.

Lunchtimes and outdoor provision:

Staff responsible for pupils with prescribed ADs must know where the device is located and ensure that it remains immediately accessible when pupils move between classrooms, the dining area, playgrounds and other areas of the school site. An AD must never be locked away or left in a location that cannot be accessed promptly.

PE and sports:

When a pupil with a prescribed AD takes part in PE, sports or activities away from their usual classroom area, the responsible member of staff must ensure that the pupil's AD is readily accessible throughout the activity.

Educational visits and off-site activities:

The visit leader must ensure that prescribed ADs accompany pupils on all educational visits, residential visits, sporting events and other off-site activities. Responsibility for carrying or supervising access to the AD must be explicitly allocated to a named adult as part of the visit risk assessment. The device must remain readily accessible and must not be stored in luggage or in a location that would delay access.

Travel to and from school:

Where school is responsible for transport, including transport arranged as part of an educational visit or school activity, the pupil's prescribed AD must remain readily accessible throughout the journey and must not be stored in the boot or inaccessible luggage.

Parents/carers remain responsible for ensuring that prescribed ADs supplied to school are in date and replaced when required. School staff will also undertake routine checks of devices held in school in accordance with the school's medication procedures.

The location and accessibility of prescribed ADs will form part of the school's ongoing health and safety and medical-needs monitoring arrangements. All staff will be made aware of the arrangements for accessing emergency medication as part of their allergy and anaphylaxis training.

A copy of the pupil's allergy action plan is kept alongside their medication, as it includes instructions on how it should be used in an emergency.

Taking prescribed adrenaline devices home and checking expiry dates

Where a pupil requires access to their prescribed adrenaline device (AD) for the journey to and from school, the device will travel with the pupil each day. Depending on the pupil's age, maturity and individual needs, the AD may be carried by the pupil or handed directly between the parent/carer and the responsible member of staff.

Where an additional prescribed AD is provided specifically for use in school, it may remain on the school premises in the agreed accessible location.

Parents/carers are responsible for ensuring that prescribed ADs provided to school are in date and replaced before their expiry date. School will also undertake routine checks of all ADs held on the premises. Where a device is approaching its expiry date, parents/carers will be informed and asked to provide a replacement promptly.

At the end of the academic year, or when a pupil leaves Wrekin View, prescribed medication will be returned directly to the parent/carer and will not be disposed of by the school unless specific arrangements have been agreed.

Records and allergy action plans

Wrekin View maintains an up-to-date register of pupils with known allergies and those who have been prescribed an AD. Information is treated as confidential but is readily available to staff who need it to safeguard and support the pupil.

For each pupil with a prescribed AD, the school will hold:

- details of the pupil's known allergy/allergen and risk of anaphylaxis;
- details of the prescribed AD, including type and dose;
- the location of the pupil's prescribed AD while in school;
- the expiry date of devices held by the school;
- an up-to-date individual Allergy Action Plan, provided in partnership with the pupil's parent/carer and relevant healthcare professionals;
- appropriate parental/carer consent for the administration of emergency medication; and
- a photograph of the pupil, where appropriate and with the necessary consent, to support rapid identification.

The school office will maintain the central allergy register and medication records. Relevant information and Allergy Action Plans will be available to staff working directly with the pupil and to staff responsible for first aid, lunchtime supervision, educational visits and other activities where they may need to respond in an emergency.

Any administration of adrenaline will be recorded in accordance with the school's procedures for administering medication. Parents/carers will be informed as soon as possible, and emergency medical assistance will always be sought following the administration of adrenaline.

Records and Allergy Action Plans will be reviewed at least annually and whenever the school is notified of a change to a pupil's allergy, medication, treatment or healthcare needs.

Spare ADs and inhalers

Please note: current regulations only allow schools to purchase adrenaline auto-injectors (AAIs) as spare devices. Non-injectable adrenaline devices (nasal spray) may be prescribed to individuals but cannot currently be stocked as a spare device. If an individual who is prescribed nasal adrenaline suffers anaphylaxis, a school's spare AAIs may be used in an emergency. Schools can purchase an emergency asthma reliever inhaler which can only be used if the pupil's prescribed inhaler is not available and where written consent has been obtained.

The allergy safety lead is responsible for sourcing spare ADs and an emergency asthma reliever inhaler, and ensuring they are stored according to the guidance.

Purchase and provision of spare adrenaline devices (ADs)

Wrekin View Primary School and Nursery will maintain a supply of spare adrenaline devices (ADs) for emergency use in accordance with current Department for Education and Department of Health and Social Care guidance.

Spare ADs will be purchased from Morrisons Pharmacy, Wellington, using the appropriate written request signed by the Headteacher or an authorised member of the senior leadership team.

The school will maintain three spare ADs, strategically located to enable rapid access across the school site:

- Wrekin Giants Nursery – one spare AD, stored in the manager's office
- EYFS and KS1 – one spare AD, stored in the KS1 office; and
- KS2 – one spare AD, stored in the main school office.

The school will, wherever practicable, purchase a single brand of adrenaline auto-injector to reduce the risk of confusion and support staff familiarity with its administration.

The dosage of the spare ADs purchased will reflect the age range and likely needs of pupils within each phase and will be determined with reference to current Resuscitation Council UK age-based guidance and the government's guidance on the use of emergency adrenaline auto-injectors in schools. The school will review the dosage requirements when devices are purchased or replaced to ensure that they remain appropriate for the pupils they are intended to support.

The expiry dates and condition of all spare ADs will be checked routinely as part of the school's medication monitoring arrangements. Replacement devices will be purchased in sufficient time to ensure that an in-date spare is always available in each designated location.

In addition, the school will maintain three emergency salbutamol inhalers, located alongside the emergency provision for Wrekin Giants Nursery, EYFS and KS1 and KS2, in accordance with the school's procedures for the use of emergency inhalers.

The location of all spare emergency medication will be clearly communicated to staff, and devices will be stored securely but unlocked and immediately accessible in an emergency.

Spare AAls will be kept:

- In pairs, in case a second one is necessary
- Separate from any pupils' prescribed ADs and clearly labelled to avoid confusion

Carl Parton and Hannah Barnett are responsible for:

- Checking monthly that spare ADs and the emergency asthma reliever inhaler are present and in date
- Obtaining replacement ADs when the expiry date is near

Disposal

ADs can only be used once. Once an AD has been used, it will be disposed of in line with the manufacturer's instructions.

Using spare ADs in an emergency situation without prior consent

The [Human Medicines \(Amendment\) Regulations 2017](#) do not require consent to have been obtained for spare adrenaline devices to be used in an emergency.

The school will obtain advance consent from parents/carers or pupils for spare adrenaline devices to be used, so that in an emergency, consent can be assumed to be in place.

However, in an emergency situation, anyone may take reasonable action to save a life without checking whether prior consent has been given. This avoids potentially fatal delays in treatment.

Use of ADs off school premises

Pupils at risk of anaphylaxis who are able to administer their own adrenaline should carry their prescribed AD with them on school trips and off-site activities. Where a pupil is not able to carry or administer their own AD, it will be carried by a designated member of staff and remain readily accessible throughout the visit.

For all trips and off-site activities involving a pupil at risk of anaphylaxis:

- the visit leader will check the pupil's Allergy Action Plan and ensure that their prescribed AD is in date and taken on the visit;
 - a spare school AD of the appropriate dose will also be taken for emergency use, where applicable;
 - responsibility for carrying the pupil's prescribed AD and the spare school AD will be explicitly allocated to named members of staff;
 - ADs will remain with the group and immediately accessible at all times and will not be stored in a vehicle, inaccessible bag or other location that could delay emergency treatment;
 - where pupils are divided into separate groups, arrangements will ensure that the pupil at risk remains with the adult carrying the appropriate emergency medication;
 - staff supervising the pupil will be made aware of their allergy, signs and symptoms of anaphylaxis and the emergency response required; and
 - access to emergency medication will be considered as part of the visit risk assessment, including travel arrangements and the accessibility of emergency medical assistance.
- Before leaving school, the visit leader will confirm that all required prescribed and emergency medication is present. A pupil at risk of anaphylaxis will not leave the school site for a planned visit without access to their required prescribed emergency medication.
- Following the visit, any school spare AD will be returned promptly to its designated location and checked to ensure that it remains available for emergency use.

Serious incidents and 'near misses'

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

A '**near miss**' is an event relating directly to a medical condition (including allergy) that did not result in harm but had the clear potential to do so – for example, where an error, omission, or system failure could reasonably have led to a serious incident had circumstances been only slightly different.

Incident recording

The school will record serious incidents and 'near misses' relating to allergy safety as soon as is feasible. The incident will be recorded in the accident book, or in the same way accidents are recorded, including the following information:

- Who was affected
- What happened, when and where
- Why the incident occurred (as far as is known)
- How staff and pupils responded and what was done to support the individual
- Whether emergency services were called
- How the incident concluded

The school will approach serious incidents and 'near misses' in a 'no blame' spirit of seeking to learn lessons.

Incident reporting

The parents/carers of a pupil aged up to 16 should be notified of the incident or 'near miss' as soon as possible.

The school will share the report with the pupil's parents, the pupil or the individual involved.

They will be given the opportunity to discuss what happened and to contribute their views to the consequent lessons learned review. The school will then confirm what we have learnt from the incident and outline any actions we are taking as a result.

In some cases, the impact of exposure to an allergen at school may be delayed and not recognised until the pupil is at home. This means that incident reporting is not limited to staff – the pupil, parents/carers or others (such as healthcare professionals) will need to report to the school if there has been an incident with a delayed reaction.

Staff will always share the incident report with Fiona Atherton. The allergy safety lead will consider whether the allergy safety arrangements in place were appropriate or if changes are needed to this policy and/or the pupil's IHP. Any learning will be shared appropriately with staff so they can act on them and reduce the chance of an incident reoccurring.

The school will also share the report with other agencies in the following circumstances:

- With the Health and Safety Executive (HSE): incidents which arise directly out of the way the school carried out a work activity which results in death or immediate hospitalisation. For example, where a pupil has suffered harm after consuming an allergen due to incorrect preparation of food by a member of staff.

In the event that the incident or 'near miss' was related to the delivery of a care plan or action plan issued by a healthcare professional, the relevant healthcare professional will be notified.

Allergy awareness

Staff training

The school ensures that all staff expected to be present during times when pupils are scheduled to be on site receive allergy awareness training at least annually. New starters will complete this training as part of their induction.

This includes permanent staff, temporary staff, supply teachers, peripatetic staff, agency workers and regular volunteers. It also includes catering staff and others who may oversee pupils at breakfast or after-school clubs. It does not include contractors carrying out work with no pupil-facing role such as builders, electricians or other ad hoc maintenance personnel.

The school has purchased 'training pens' from EpiPen and Jext so staff can practise safely and be familiar with the differences.

The school will conduct allergy safety drills annually. This is a simulated case of anaphylaxis to test out how staff respond, without risk to any individual. The results of the drill will be recorded and used to inform the ongoing review of this policy.

Allergy awareness training will ensure that all staff:

- Have an awareness of allergy, the risks it poses, how allergic reactions can occur and how to manage it
- Understand that allergy includes multiple conditions (food allergy, asthma, eczema, hay fever, others), which can co-exist
- Understand the difference between food allergy, coeliac disease and food intolerance
- Know where to find information on allergy triggers
- Can identify the range of symptoms of allergic reactions
- Understand and can recognise anaphylaxis
- Know how to respond in an emergency, including:
 - Calling emergency services and informing parents/carers
 - How to locate and administer emergency medication
 - How to use the medication/device in an emergency
- Understand the impact allergy can have on a pupil's wellbeing

- Understand the allergy safety policy
- Know how to check whether an individual is on the record of those with known allergy and how to use an allergy or asthma action plan
- Understand their responsibilities in reducing the risk of individuals with known allergy coming into contact with their known allergens
- Understand how to report an allergic reaction or case of anaphylaxis (whether an incident or a 'near miss')
- Training will be accessed via National College.
- Supply staff and cover staff must confirm they have accessed Allergen Training through their authorising provider and must be orientated with the school's emergency planning before working with pupils.
- New staff must be provided with Allergen Training at induction and orientated with the school's emergency planning before working with pupils.

Awareness of allergy safety policy

This allergy safety policy will be published on the school's website and shared with parents/carers at the start of the school year.

All staff should be aware of and understand the policy as part of annual allergy awareness training.

Staff should teach pupils about allergies, including through assemblies, as part of the taught curriculum for example in Food Technology, Life Skills, Science, PSHE etc - useful resources we will use are linked here [Allergy School](#)

Wellbeing

Wrekin View is committed to ensuring that pupils with allergies feel safe, included and able to participate fully in school life. Allergy-related bullying, teasing or deliberate exposure to an allergen will be addressed promptly in accordance with the school's Behaviour and Anti-Bullying Policies.

Staff will remain alert to signs of anxiety or distress associated with allergies and will provide appropriate pastoral support, including opportunities for pupils to speak with a trusted adult. Where concerns persist, additional support will be considered in partnership with parents/carers and, where appropriate, relevant health professionals. Allergy awareness will also be promoted through the curriculum and wider school provision to develop understanding, empathy and inclusion.

- Pupils with allergies will have additional support through:
- Pastoral care
- Regular check-ins with their class teacher.
- Reassurance that steps are being taken to minimise the risks of exposure to allergen and that robust measures are in place in the event of anaphylaxis

➤ The school will respond to any instance of bullying in line with its behaviour policy.

Wellbeing support following an incident or 'near miss'

The school recognises that an incident or a 'near miss' is a serious event with a potential impact not only on the pupil but also on their family, those involved in responding and any witnesses. The school will provide support to those involved.

The school will support staff involved in any incident or 'near miss'.

See section on incidents and 'near misses' for more detail.

Information sharing

Information about an individual's health is considered special category data under UK GDPR. It will therefore be handled in line with our data protection policy.

Links to other policies

This policy links to the following policies and procedures:

- Health and safety policy
- Supporting pupils with medical conditions policy
- School food policy
- Data protection policy
- Behaviour policy

