Allergy Safety and Anaphylaxis Policy

Policy Group:	**Health and Safety**
Policy Ref:	
Responsible Reviewing Officer and Job Title:	**Mike Jones Head of Facilities**
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1. Introduction

In line with Benedict's Law, Pickwick Academy Trust and the schools within its organisation are committed to providing a safe, inclusive, and welcoming environment for all children, staff, and visitors with allergies. Recognising the serious and potentially life-threatening risk posed by anaphylaxis, this dedicated policy establishes robust risk-mitigation measures and emergency response protocols.

For Alderbury & West Grimstead CE Primary School

The Named Allergy Safety Lead for our school is Mrs Emily Woolf.

The location of our spare Adrenaline Auto-injector (AAI devices) is fixed onto the wall in the first aid area in the school foyer.

2. Aims and Scope of the Policy

This policy sets out how The Trust will:

- Identify and support those with allergies, to ensure they are safe and are not disadvantaged in any way.
- Reduce exposure to known allergens
- Ensure effective emergency responses
- Promote awareness and understanding of allergy safety, including the provision of whole school staff training
- Support the emotional wellbeing of pupils with allergies

This policy should be read in conjunction with:

- Supporting Pupils in Schools with Medical Conditions Policy
- Safeguarding and Child Protection Policy
- Health and Safety Policy
- First Aid and Accident Reporting Policy
- Behaviour Policy held by each school

3. Definition of an Allergy

An allergy is a reaction of the body's immune system to substances that are usually harmless. The reaction can cause minor symptoms such as itching, sneezing or rashes but sometimes causes a much more severe reaction called anaphylaxis.

Anaphylaxis is a serious, life-threatening allergic reaction. The whole body is affected often within minutes of exposure to the allergen, but sometimes it can be hours later. (e.g allergy to red meat). Causes can include foods, insect stings, and drugs. Anaphylaxis involves difficulty in breathing and affects the heart rhythm. In extreme cases there could be a dramatic fall in blood pressure leading to collapse and death in the most severe cases.

Most healthcare professionals consider an allergic reaction to be anaphylaxis when it involves difficulty breathing or affects the heart rhythm or blood pressure. Anaphylaxis symptoms are often referred to as the ABC symptoms (Airway, Breathing, Circulation).

Once started, anaphylaxis reactions progress quickly. Investigations into fatal anaphylaxis show that there is only a 20–30-minute window of opportunity during which steps can be taken to prevent death – therefore giving emergency adrenaline **immediately** and calling Emergency Services (999) is crucial. **Anaphylaxis always requires an emergency response**.

Anaphylaxis can occur without any other signs (such as a skin rash) being present. **Always consider anaphylaxis in someone with a known food allergy who has sudden difficulty in breathing.** Giving adrenaline in this context is very safe and may be lifesaving.

The most common causes of "whole body" allergic reactions – including anaphylaxis – are:

- Foods (e.g. peanuts, tree nuts, cow's milk/dairy foods, egg, wheat, fish/shellfish and sesame);
- Insect stings (e.g. bee, wasp);
- Medication (e.g. antibiotics, pain medicines such as ibuprofen);
- Latex (e.g. rubber gloves, balloons, swimming caps).

Even for food allergy, the vast majority of anaphylaxis reactions require the person to have eaten the food, although less serious allergic reactions can happen through skin or other contact. Anaphylaxis reactions due to skin contact are very rare. Pupils who have a skin reaction need monitoring for at least an hour.

4. Role and responsibilities

The Trust Board is responsible for:

- nominating a named Trustee to oversee allergen management in their Trust, For Pickwick Academy Trust this will be the Safeguarding Trustee who will also be required to undertake appropriate training
- ensuring that an Allergy Safety Lead is named for each school, undertaken training and the role acknowledged the Scheme of Delegation, For Trust Schools this will be the Headteacher or Deputy Head in their absence.
- ensuring that the Trust has appropriate allergy management arrangements are in place
- monitoring the implementation of this policy.
- ensuring that allergen management is listed as a risk on the main Trust risk register
- ensuring that this policy is published and accessible on the Trust website

Local Governance Committees are responsible for:

- nominating a named governor to oversee allergen management in their school, For Pickwick Academy Trust this will be the Safeguarding Governor who will also be required to undertake appropriate training
- ensuring that an Allergy Safety Lead is named on this policy and has undertaken appropriate training
- ensuring that their school has appropriate allergen management arrangements in place
- ensuring that allergen management is listed as a risk on their risk register
- monitoring implementation of this policy
- ensuring that this policy is available on their website or a link to the main Trust website is provided

The Allergy Safety Lead

The School Allergy Safety Lead has lead responsibility for the safe inclusion, management and emergency response for pupils with allergies, including food, venom, animal and other medically diagnosed allergies.

The Allergy Safety Lead role contributes directly to safeguarding pupils' health, life, learning and wellbeing, ensuring that children and young people with allergies can participate fully and safely in school life, in line with national safeguarding and medical-conditions duties.

They are responsible for:

- Putting into place systems to collect allergy information during the enrolment process, ensuring that this information is shared with catering staff and MDSA's
- Outside of the normal admission point, ensuring that information is shared with staff and catering teams immediately the pupil starts or being advised that an allergy is present
- Ensuring that Individual Healthcare Plans (IHP) and Allergy Action Plans(AAP) are created, communicated to staff and held with the individual's medication
- Holding a register of pupils and staff with allergies including whether they hold adrenaline **devices** and whether they have an **Individual Healthcare Plan and** Allergy Action Plan
- Recording any use of adrenaline auto-injector (AAI)devices and emergency treatment on the register
- Ensuring a check of medication is completed on a seasonal basis, (Autumn, Spring, Summer). and if necessary, sending reminders to parents/carers if medication is approaching expiry
- Ensuring that systems are robust for the identification of **pupils** at mealtimes
- Monitoring and recording incidents and near misses.
- Reporting incidents, reactions and near misses to the Trust Head of Facilities to enable the incident to be thoroughly investigated and procedures to be reviewed
- **Providing** communication to staff regarding:
  - the policy

    - the pupils who are on the register of those with allergies
    - the importance of recording and reporting near misses and incidents
- Communicating with:
    - Governors to provide updates about the policy implementation
    - Health and Safety and Designated Safeguarding Leads to keep allergy safety as part of their roles
    - Outside agencies such as Health and Safety Executive (HSE) if a report under RIDDOR is needed
    - The school caterer; understanding the procedures in the kitchen and the specific procedures for ensuring that the pupils with allergies are provided with a safe meal
    - Parents/ carers to provide regular information and reminders advising that it is their responsibility to ensure all medication in in date, the kit is up-to-date and clearly labelled.
    - Parents/carers to enable them to input into IHPs (Individual Healthcare Plans) and to request Allergy Action Plans when appropriate
    - Pupils to develop an understanding of allergy through information in assemblies and workshops, participating in awareness days and weeks
- Ensuring that the school has spare adrenaline devices are available and making sure these are checked monthly, not cloudy and in date, with replacements being secured a month before the current ones expire
- Ensuring that sign in procedures are up dated to request allergen information from visitors to site and contractors.
- Training
    - Ensuring that all staff receive annual training and that allergy training is included in induction even for short term members of staff.
    - Ensuring that all staff have the opportunity to practice with trainer adrenaline devices at least annually.

It is acknowledged that the Allergy Safety Lead may be supported by a lead first aider **and therefore some of the actions above may be performed by them and or the Admin Officer of the school,**

All Staff are responsible for

- Understanding their role in following and implementing this policy,
- Recognising the signs of allergic reactions, and acting swiftly.
- Knowing who in their care has a known allergy and details of their IHP or ASP and medication
- Ensuring that access is always available to medication
- Monitoring pupils with allergens at meal times
- Reporting accidents and near misses relating to allergens in the same manner as any other accident or near miss.
- Completing required anaphylaxis training on induction and annually moving forwards.
- Informing the allergy safety lead of any personal allergies. This information must include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication
- Supporting the creation of individual Health plans

- Completing risk assessments for curriculum activities involving food, trips and visits including sporting events.
- Those involved in Educational Visits/Sporting activities off site, etc. will be issued with, and ensure they carry all relevant emergency supplies. Leaders will check that all with medical conditions, including allergies, carry their medication, or are supported with this. Those unable to produce their required medication will not be able to attend. This will be reinforced to all prior to such events to avoid disappointment

All Parents are responsible for:

- Familiarising themselves with this policy and the approach of the school to allergen management
- Adhering to any food restrictions when providing food from home for packed lunches, snacks or social events.
- Refrained from advising the school of an allergy if it is a preference or dietary choice
- Supporting their child to be allergy aware.

Parents of children with allergies are responsible for:

- On joining, informing the school of any allergies that their child has or is suspected of having. This information must include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication.

- Supplying a copy of their child's Allergy Action Plan. If there isn't an Allergy Action Plan, this must be developed as soon as possible in collaboration with a healthcare professional e.g. School nurse/GP/allergy specialist. (See Section 7)

- Updating the school when a reaction has happened or there is a change in the allergy action plan.

- Ensuring any required medication is supplied, in date and replaced as necessary,

- Support their child to understand their allergy, advocate for themselves, and take steps to reduce the risk of a reaction by avoiding food, for example.

Pupil Support and Self-Management

- All will be supported and encouraged, appropriate to age, to have a good awareness of their symptoms and to let an adult know as soon as they suspect they are having an allergic reaction, and

- Those who are trained and confident to administer their own AAIs will be encouraged to take responsibility for carrying them on their person at all times, subject to review of activities being undertaken.

5. Staff Training

All staff, including teaching staff, support staff, catering staff, **regular volunteers** and others who may oversee pupils including at breakfast or after school clubs will receive training **on induction annually** in allergy awareness and emergency response. The school is responsible for ensuring that supply, cover, coaching, peripatetic staff have received allergy awareness training.

Training can be online or face to face. The content will ensure that staff:

- Have knowledge of allergy awareness, the risks it poses, how allergic reactions occur and how to manage them
- Know that Allergy includes multiple co-existing conditions: asthma, eczema, hay-fever
- Understand the difference between food allergy, intolerance and coeliac disease
- Understand that a pupil can be allergic to any food, not just the top 14 allergens
- Know the symptoms of allergic reactions and how to treat
- Know the symptoms of anaphylaxis and how to treat
- How to locate and administer adrenaline or an asthma inhaler
  (All adrenaline devices should be used to train with as the pupil may have different ones to the spare adrenaline)
- How to report an allergic reaction including:
  - Mild to moderate
  - Anaphylaxis
  - Near miss/incident
- Understand their responsibilities in risk reduction to ensure that pupils are prevented from coming into contact with their allergens
- Understand the impact that allergy can have on a student's wellbeing
- Understand the Trust allergy safety policy and
- Understand how to check if a pupil on the record of those with a known allergy
- Understand how to use an allergy or asthma action plan

This training does not replace separate clinical governance, competency or delegation arrangements that may be needed where a child or young person

requires individual healthcare support beyond school-level allergy safety arrangements. This will be provided separately if required in accordance with a AAP and IHP.

6. Identification and record keeping

We will maintain an up-to-date register of pupils and staff with allergies. This includes children and staff who have a history of anaphylaxis or have been prescribed adrenaline devices, as well as pupils and staff with an allergy where no adrenaline devices have been prescribed.

Records will include:

- known allergens
- severity of allergy
- prescribed medication
- Individual Healthcare Plans (IHPs)
- Allergy Action Plans
- emergency contacts

Information will be gathered from:

- parents and carers
- healthcare professionals
- previous educational settings
- annual data collection processes
- pre-employment questionnaires (for staff)

Visitors and regular volunteers will be asked about allergies when they visit. If an allergy is declared, the named member of the senior leadership team with responsibility for allergy will be notified, to ensure that they have a safe working environment.

Sharing of any information will comply with UK General Data Protection Regulations (GDPR).

7. Allergy Action Plans and Pupil Individual Healthcare Plans (IHPs)

Allergy Action Plans

- These are clinical documents that are created by a GP / allergy nurse or allergy clinic. They detail the student's allergy and medication.
- These contain parent/carer contact details and must be signed by the parent/carer as this is the parental authority to administer mediation including the administration of spare adrenaline devices.

- These will only be updated by the medical professional following a review of the student's allergy management, this could be annually or 5 yearly. Parents/carers or school need to update the photo of the pupil annually so that the pupil is recognisable.

Allergy Action Plans are issued for pupils who have an IgE food allergy and often a venom allergy that could lead to anaphylaxis. They are not issued for all allergies. Pupils with non-IgE allergies don't experience anaphylaxis and so an allergy action plan is not issued.

Individual Healthcare Plans (IHPs)

Individual Healthcare Plans are an essential communication tool that provide clarity about the arrangements which need to be in place to ensure that a pupil is fully included in the life of the school. It will identify exact risk-mitigation measures that need to be followed:

- Allergy details
- Known triggers
- Preventative measures
- Medication requirements
- Emergency procedures
- Staff responsibilities

Individual Healthcare Plans are school owned documents that are co-created by school, parents/carers and pupils.

They should include any advice received from health professionals. If there is no advice from health professionals, information and support can be requested of the school nurses if this is needed.
Where a child has an Allergy Action Plan and or an asthma plan, this must be included with the IHP.

It is good practice to review IHPs annually or when staff change however they must be reviewed if an incident or near miss occurs. They need to be brought to the attention of supply or cover staff and be passed on during transition to a new school.

The school will ensure that:

- Pupils with an Allergy Action Plan and/or an asthma plan have an individual healthcare plan which has the Allergy Action Plan attached to it.
- Pupils without an allergy action plan or asthma plan but have an allergy that needs active management over and above what other pupils need, will have an individual healthcare plan
- Individual healthcare plans are created whilst pupils are waiting for a diagnosis

8. Emergency Treatment and Management of Anaphylaxis

What we will look for:

Symptoms usually come on quickly, within minutes of exposure to the allergen.

Mild to moderate allergic reaction symptoms may include:

- a red raised rash (known as hives or urticaria) anywhere on the body
- a tingling or itchy feeling in the mouth
- swelling of lips, face or eyes, and
- stomach pain or vomiting.

More serious symptoms are often referred to as the ABC symptoms and can include:

- AIRWAY - swelling in the throat, tongue or upper airways (tightening of the throat, hoarse voice, difficulty swallowing)
- BREATHING - sudden onset wheezing, breathing difficulty, noisy breathing, and
- CIRCULATION - dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness.

The term for this more severe reaction is anaphylaxis. In extreme cases there could be a dramatic fall in blood pressure. The person may become weak and floppy and may have a sense of something terrible happening. This may lead to collapse and unconsciousness and, on rare occasions, can be fatal.

If someone has been exposed to something they are known to be allergic to, then it is more likely to be an anaphylactic reaction.

Anaphylaxis can develop very rapidly, so treatment is needed that works rapidly. **Adrenaline** is the mainstay of treatment, and it starts to work within seconds.

What does adrenaline do?

- It opens up the airways
- It stops swelling, and
- It raises blood pressure.

As soon as anaphylaxis is suspected, we will administer adrenaline without delay.

Action: We will

- Keep the person where they are, call for help, ask for the nearest defibrillator to be brought to the scene, and not leave them unattended
- **LIE THE PERSON FLAT WITH LEGS RAISED** – they can be propped up if struggling to breathe but this will only be for as short a time as possible
- **USE AN ADRENALINE AUTO-INJECTOR WITHOUT DELAY** and note the time given. AAIs will be given into the muscle in the outer thigh. Specific instructions vary by brand and we will always follow the instructions on the device
- CALL **999** and state someone is having an **ANAPHYLAXIS (ana-fil-axis) reaction, giving our postcode and what3words location**
- If there is no improvement after 5 minutes, we will administer second AAI
- If there are no signs of life we will commence CPR, deploy the defibrillator, and
- Call parents/carers/next of kin as soon as possible, subject to liaison with the emergency services.

Whilst awaiting emergency services arrival we will continue to keep the person where they are. We will not stand them up, or sit them in a chair, even if they are feeling better. We know this could lower their blood pressure drastically, causing their heart to stop.

All persons must go to hospital for observation after anaphylaxis, even if they appear to have recovered, as a reaction can reoccur after treatment.

9. Emergency preparedness

We will hold a practice response to anaphylaxis on an annual basis, as a minimum. Following this, we will review how the practice went and update our policy and procedures if necessary.

We will also communicate key messages regarding risk reduction leading up to trips and end of term celebrations.

During fire drills and lockdown practices, we will ensure that a pupil's adrenaline device or inhaler is with them.

10. Supply, storage and care of medication

People at risk of anaphylaxis are prescribed two AAI devices which they should carry with them at all times. This includes the journey to and from;

- School,
- The classroom
- Lunch area
- Playground
- Sports field
- When on visits or trips

Serious anaphylaxis is a time critical situation; delays in administering adrenaline have been associated with fatal reactions. An adrenaline device needs to be administered within 5 minutes so if the adrenaline device cannot be with them in the classroom, the adrenaline device should be stored in an appropriate central location that is unlocked and accessible at all times (including during wrap around care).

Depending on their level of understanding and competence, those with allergies will be encouraged to take responsibility for and to carry their own **two** AAIs on them at all times, in a suitable bag/container.

Adrenaline devices must be stored at room temperature (in line with manufacturer's guidelines) and not be exposed to extremes of heat. They should not be refrigerated or left in direct sunlight.

For those not ready to take responsibility for their own medication, the school will keep an anaphylaxis kit within 5 minutes of them, not locked away and **accessible to all staff.** Medication will be stored in a suitable container and clearly labelled with individual's name(s).

The medication storage container(s) should contain:

- Two AAIs i.e. EpiPen® or Jext®
- An up-to-date allergy action plan
- Antihistamine as tablets or syrup
- Spoon if required, and
- Asthma inhaler (if included on allergy action plan).

The school will communicate to parents/ carers that it is possible to subscribe to expiry alerts for the relevant AAIs, to make sure replacement devices are in place in good time.

It must be noted that AAIs should be stored at room temperature, protected from direct sunlight and temperature extremes.

11. ‘Spare’ adrenaline auto-injectors

All schools will purchase spare **AAIs for emergency use in emergency situations on and off site.** They will also be used where those with their own devices are not available or not working (e.g. because they are out of date) or are experiencing anaphylaxis for the first time.

These are stored in pairs in a clearly labelled ‘Emergency Anaphylaxis Adrenaline Pen’ cabinet, not locked away and **accessible and known to all staff.**

The Allergen lead is responsible for checking on a monthly basis that spare medication is in date, clear (not cloudy) ,replaced as needed one month prior to expiry date, with old devices disposed of safely

Written parents/carers permission for use of the spare AAIs is included in allergy action plan(s).

Used adrenaline devices will be given to the paramedic. Out of date adrenaline devices will be taken to a pharmacy to be disposed of.

We will keep an accurate record of when a spare adrenaline device is used. This will include details of:

- where and when the reaction took place
- how much medication was given
- who gave the medication

We will contact parents at the earliest opportunity.

12. Risk Management

The Trust will ensure that schools take reasonable steps to minimise exposure to known allergens.

13. Catering and Food Provision

- All food businesses (including in house caterers) must follow the Food Information Regulations 2014 which states that allergen information relating to the ‘Top 14’ allergens must be available for all food products.

- Due diligence will be carried out regarding allergen management when appointing and working with external catering companies to understand their processes.
- Confirmation must be received from catering companies in respect of allergy awareness and emergency response training for all staff on site
- In house catering teams must also receive the same level of allergy awareness and emergency response training. This will include:
    - how to read labels for food allergens
    - measures to prevent cross contamination during the handling, preparation and serving of food. Examples include: preparing food for those with food allergies first; careful cleaning (using warm soapy water) of food preparation areas and utensils.
- The Allergy Safety Lead must be aware of and follow the processes for notifying the catering company or internal Catering Manager of those with food allergies and ensuring that these are kept up to date and regularly reviewed with the Catering Manager. This may entail direct communication or a meeting with the Catering Company or Catering Manager to ensure that a special menu can be prepared for the child..
- Photographs will be shared but confidential to that team only, and not those visiting the space, so that the team can get to know the children.
- where changes are made to the ingredients which involve the introduction of a known allergen, an alternative will be identified if possible and this will be communicated to parents by the Allergy Safety Lead.

Food Brought onto Site

We adhere to the following Department of Health guidance recommendations:

- Bottles, other drinks and lunch boxes provided by parents/carers for those with food allergies must be clearly labelled with the name of whom they are intended for

- Food will not be given to primary school age, food-allergic children without parents/carers and permission (e.g. birthday parties, food treats), and

- Use of food in crafts, cooking classes, science experiments and special events (e.g. fetes, assemblies, cultural events) needs to be considered and may need to be restricted/risk assessed depending on the allergies of particular children/users and their age.

Food hygiene for pupils

- the school encouraging pupils to wash their hands with soap and warm water before and after eating
- advising parents, carers and pupils that water bottles and packed lunches should be clearly labelled and food should not be shared or swapped

- communicating that food should not be thrown

14. Non-Food Allergens

When appropriate, risk assessments will consider:

- Craft materials
- Science activities
- Cooking lessons
- Animals
- Environmental or airborne allergens

15. Educational Visits, Off site sporting and other events

The school ensures that pupils with allergies are fully included in every trip, sporting event, or extracurricular activities. A risk assessment addressing allergen exposure in each activity, emergency medication, transport, and proximity to local emergency care will be undertaken with control measures identified to ensure inclusion. This may require additional conversation with parents/ carers in order to ensure that the pupil is safe and included, alternative activities may be planned. This will include the safe storage adrenaline for the duration of the school trip.

Overnight trips should be possible with careful planning and a meeting held with the lead member of staff planning the trip. Staff at the venue for an overnight trip must be briefed on the needs, including food, whoever provides it, of those with an allergy.

Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils have their medication including adrenaline devices and inhalers with them before departure. Pupils unable to produce their required medication will not be able to attend the excursion.

In conjunction with the allergy safety lead, the trip leader will review the risk assessment to determine whether the school's spare adrenaline devices should be taken on the trip. The School will provide additional spare adrenaline devices should the risk assessment for the trip deem necessary to take them, ensuring that pupils remaining in school still have access to spare adrenaline devices should the need arise.

Those with an allergy should have every opportunity to attend sports trips. We will ensure that the P.E. teacher/s are fully aware of the situation. We will notify the hosts that a member of the team has an allergy when arranging the fixture. A member of staff trained in administering adrenaline will accompany the team. If

another location feels that they are not equipped to cater for any food-allergic child, we will arrange for alternative/their own food.

16. Reporting incidents and near misses

All allergy-related incidents and near misses will be recorded and reviewed.

Serious incident

Any event relating directly to a medical condition (including allergy) in which a child, young person, 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.

Near miss

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.

Where this happens, we will:

- investigate incidents appropriately
- identify lessons learned
- share findings with relevant staff, including the Trust's Head of Facilities
- The Head of Facilities will review procedures where necessary

Parents, pupils and healthcare professionals are encouraged to report any concerns or incidents linked to allergy safety.

17. Wellbeing and inclusion

The Trust recognises that living with allergies can cause anxiety and affect wellbeing. Therefore, each school will:

- foster an inclusive environment
- promote understanding and awareness
- work closely with pupils and families
- provide additional pastoral support where appropriate
- ensure pupils with allergies can participate fully in school life

- address any bullying, teasing or discrimination related to allergies through the school's behaviour and anti-bullying policies

18. Unacceptable practice

In carrying out our duties towards allergy safety, we will not:

- prevent children from easily accessing their medication (for example prescribed adrenaline devices)
- ignore the views of the child or young person or their parents or carer
- ignore medical evidence or the opinion and advice of healthcare professionals
- assume that every child with allergy requires the same support
- assume that older children do not require support, even if they are able to take increasing responsibility for managing their allergy
- assume that a child does not have an allergy because they do not yet have a diagnosis, for example while medical investigation is under way
- discriminate against children with allergy by sending them home frequently for reasons associated with their allergy or prevent them from staying for normal school activities or extracurricular activities, including lunch
- send a child who becomes unwell to a school office or medical room without suitable supervision. In the case of an allergic emergency (e.g. anaphylaxis), help will come to the child rather than the other way round
- penalise children for their attendance record if their absences are related to their allergy, e.g. hospital appointments and health management
- require parents or carers (or otherwise make them feel obliged) to attend the school, to administer medication or provide medical support to their child

19. Raising awareness

To raise awareness of allergy safety, we will:

- publish this policy on the school website
- provide allergy awareness and emergency response training to all staff
- promote an inclusive understanding of allergies among pupils
- ensure appropriate awareness of how to seek help during an emergency

20. Information sharing and confidentiality

We will manage allergy information in accordance with UK GDPR requirements.
Information will be:

- Shared only when necessary to keep individuals safe
- Accessible to relevant staff
- Handled sensitively and respectfully
- Stored securely

21. Monitoring and review

This policy will be reviewed by the named senior leader responsible for allergy safety and approved by the Governing Body/Trust Board. It will be reviewed annually or sooner in the event of an incident or near miss, or to reflect any updates in national guidance.

22. Equal Opportunities

a. An Equality and Diversity Impact Assessment has been completed in order to ensure this policy complies with equality obligations outlined in discrimination legislation. We believe the policy positively reflects the aims and ambitions identified in each Trust School's Single Equality Scheme. The policy positively reflects the aims and ambitions of Pickwick Academy Trust.

23. Legislation

This policy is based on the DFE Allergy Safety in School Statutory Guidance,.

23. Useful Links

Anaphylaxis UK - https://www.anaphylaxis.org.uk/

- Safer Schools Programme.

  https://www.anaphylaxis.org.uk/education/safer-schools-programme/

  Allergy and Anaphylaxis Training for Schools
  Schools online training - Free Allergy Training For Schools | City & Guilds Assured

Allergy UK - https://www.allergyuk.org

- School Allergy Awareness | Allergy UK | National Charity