LIHT ALLERGY SAFETY POLICY

Blenheim Primary School

Approved by	Date
LIHT Trust Leadership Group	17/9/2026

Learning in Harmony Trust

Allergy Management Policy

1. Policy statement

Learning in Harmony Trust is committed to providing a safe, inclusive and supportive environment for all pupils, staff and visitors. The Trust recognises that allergies, including severe allergies that may result in anaphylaxis, can present a significant risk to health and wellbeing if not managed effectively.

The Trust will take all reasonable steps to minimise the risk of allergen exposure, ensure that staff are appropriately trained, and provide an effective emergency response should an allergic reaction occur.

The Trust recognises allergy management as an important safeguarding responsibility and will ensure that appropriate systems, procedures and controls are in place across all schools. We recognise that some pupils and staff with allergies may come under the definition of disabled within the meaning of the Equality Act 2010. Where this is the case, the Trust will make reasonable adjustments and take appropriate steps to prevent substantial disadvantage, enabling pupils to participate fully and safely in education and wider school life.

Section 34 of the Children's Wellbeing and Schools Act 2026 introduced a statutory requirement for schools to have an allergy safety policy. Learning in Harmony Trust and its schools will have regard to the Department for Education statutory guidance *Allergy safety in schools* (July 2026). Although this guidance is not statutory for Early Years settings, the Department for Education identifies it as relevant good practice. The Trust therefore applies the principles of the guidance, where appropriate, to its Early Years Centres, alongside the statutory requirements of the Early Years Foundation Stage (EYFS).

The Allergy Safety Policy is distinct and separate from the Managing Medicines Policy.

This policy is aligned with the following statutory guidance:

Allergy safety in schools statutory guidance

Keeping Children Safe in Education 2026

EYFS statutory framework for group and school-based providers

And should be read in conjunction with the following Trust policies:

- Managing Medicines Policy
- First Aid Policy
- Education Visits Policy
- Safeguarding Policy

The policy will be published on each setting's website, will be readily accessible to parents, carers and staff, and will be made available in hard copy on request.

2. Scope

This policy applies to:

- All children and pupils attending Learning in Harmony Trust schools and its separately registered Early Years centres. For the purposes of this policy, the term "setting" means a Learning in Harmony Trust school or one of the Trust's separately registered Early Years centres, unless a section specifically states that it applies to schools only.
- All employees, agency workers, volunteers and governors.
- Contracted catering staff and others who supervise pupils at breakfast clubs, after-school clubs or other school-run provision.
- Contractors and visitors while on Trust premises.
- All Trust activities, including educational visits, residential visits, sporting activities and enrichment activities, including those run by third parties on site or in the vicinity of the school or setting site.

3. Objectives

The Trust aims to:

- Identify pupils and staff with allergies and maintain accurate records.
- Reduce the risk of exposure to allergens.
- Ensure appropriate medical plans are in place.
- Ensure staff are trained and competent to respond to allergic reactions.
- Ensure emergency medication is available when required.
- Promote awareness and understanding of allergies across the school community.
- Record, review and learn from serious incidents and near misses.
- Meet statutory requirements and best practice guidance.

4. Roles and Responsibilities

Trustees

Trustees are responsible for:

- Ensuring suitable policies are in place.
- Receiving assurance regarding implementation and compliance.
- Monitoring significant incidents and trends.

Chief Executive Officer

The CEO has overall responsibility for ensuring compliance across the Trust.

Trust Allergy Lead

The Trust Allergy Lead in our Trust is the Chief Operating Officer (COO), and they will:

- Maintain Trust-wide standards.
- Monitor compliance.

- Coordinate audits and reporting.

Head Teachers

Head Teachers and Early Years Centre Managers will:

- Implement this policy within their setting.
- Appoint a named member of the senior leadership team as the Setting Allergy Lead.
- Ensure the Local Allergy Management Arrangement (Appendix 2) is completed, implemented and reviewed at least annually.
- Ensure the policy is published on the setting website and communicated to staff, parents/carers and pupils as appropriate.
- Ensure staff training is completed.
- Ensure adequate resources and prescribed emergency medication are available. Schools must additionally ensure that appropriate school spare AAIs are available in accordance with section 8.

Setting Allergy Lead(s)

The Setting Allergy Lead will:

- Maintain the allergy register and ensure relevant information is accurate and accessible to staff who need it.
- Coordinate Individual Healthcare Plans and ensure relevant Allergy and/or Asthma Action Plans are attached or referred to.
- Oversee local arrangements for prescribed allergy medication, storage, accessibility, checking, replacement and disposal and, in schools only, arrangements for school spare adrenaline auto-injectors (AAIs).
- Arrange training, induction and refresher arrangements, including for supply and cover staff.
- Act as the first point of contact for allergy management matters.
- Ensure serious incidents and near misses are recorded, reviewed and escalated appropriately, and that learning is acted upon.
- Promote awareness, wellbeing and inclusion for pupils with allergies.
- Ensure that there is a local process for developing Care Plans for staff with allergies where required.

Parents and carers

Parents and carers are responsible for:

- Informing the school of allergies and changes to medical information.
- Providing the latest healthcare-professional-issued Allergy and/or Asthma Action Plan where one is available.
- Providing prescribed medication or devices in accordance with the pupil's plan and ensuring they remain in-date.

- Participating in the development and review of the pupil's Individual Healthcare Plan.
- Participating in Individual Healthcare Plan reviews.

Staff, including contracted catering staff

All staff must:

- Follow this policy and associated procedures.
- Complete required allergy training.
- Familiarise themselves with relevant Individual Healthcare Plans.
- Take reasonable steps to reduce exposure to known allergens and act immediately if an allergic reaction is suspected.
- Report allergic reactions, anaphylaxis, serious incidents and near misses promptly.
- Notify the setting Allergy Lead if they have a severe allergy and require a Care Plan.

Safeguarding Governor and Local Governing Body

- Provide scrutiny and challenge regarding allergy management arrangements.
- Receive periodic reports of serious incidents and near misses

5. Identification of allergies

Settings will:

- Obtain allergy information during admission or recruitment (via pre-employment fitness to work process).
- Request medical evidence where appropriate.
- Record allergy information on the school's management systems.
- Maintain a central allergy register.
- Review information at least annually.
- Ensure that parents and carers know who to contact in the event of newly diagnosed allergies

For new starters, settings should seek to have required arrangements in place before the child starts. For a newly identified allergy, every effort should be made to put appropriate arrangements in place as soon as possible.

6. Individual Healthcare Plans (pupils) and Care Plans (staff)

An Individual Healthcare Plan (IHP) or Care Plan, should be developed for any pupil and staff whose medical condition requires support, intervention, monitoring, medication or reasonable adjustments whilst attending school. These should outline how children and young people with allergy who require specific support arrangements will have them documented through an Individual Healthcare Plan. This includes children and young people whose allergies require flexibility and "reasonable adjustments", as well as those who require medication (either proactively or in an emergency situation).

A formal diagnosis is not required before supportive arrangements are considered.

Staff Care Plans will be developed where an employee's allergy requires specific workplace arrangements.

With regard to allergies, an Individual Healthcare Plan (IHP), or Care Plan should be prepared for pupils and staff with:

- Severe allergies.
- Anaphylaxis risk.
- Prescribed adrenaline auto-injectors.
- Any allergy requiring specific management arrangements.
- Any allergy that may affect participation, attendance, learning or wellbeing.

The plan will include:

- Allergens and triggers.
- Symptoms.
- Medication requirements.
- Emergency procedures.
- Contact details.
- Reasonable adjustments required.
- Impact on learning, attendance and wellbeing.
- Arrangements for missed learning and catch-up support
- Inclusion arrangements for Educational visits and extra-curricular activities

Where children and young people have an Allergy Action Plan and/or Asthma Action Plan issued by a healthcare professional, the IHP should refer to or attach it. Whenever an updated Action Plan becomes available, the child or young person's Individual Healthcare Plan should be reviewed to incorporate it.

Plans will be reviewed:

- At least annually, or
- Following a significant change in condition
- When new healthcare-professional advice or an updated Action Plan is received, or
- Following any significant incident or near miss.

7. Allergy Prevention, Risk Reduction, Well-being and Inclusion

Settings will take reasonable steps to minimise the risk of pupils, staff and visitors coming into contact with their known allergens. Local arrangements will reflect the needs of the setting community and will include, as appropriate:

- Sharing relevant allergy information with staff who need it, in a controlled and respectful way.
- Appropriate supervision of meal and snack times, aligned with the EYFS Statutory Framework for children in Early Years, including a 'no sharing' policy
- Having a clear approach on food brought into school for packed lunches, celebration events such as pupil birthdays, or home made food for community events (see appendix one suggested approach for LiHT schools).
- Considering allergy risks during curriculum activities.

- Considering allergy risks during trips and visits (following the Evolve Educational visits risk assessment process)
- Ensuring catering teams receive appropriate and timely information.
- Managing food preparation and storage appropriately.
- Promoting good handwashing, cleaning and hygiene practices.
- Clearly completing allergen matrices for all food, including school lunches and food based curriculum activities
- A staff-only photographic allergy identification register in relevant food preparation/service areas, together with at least one other identification system such as:
    - Teacher or Teaching Assistant assistance at point of ordering
    - Lanyards, photobooks or wristbands

The Trust does not generally operate 'allergen free' settings because allergens cannot be completely eliminated. Risk management will focus on reasonable controls and individual risk assessments.

Settings will promote the wellbeing and inclusion of pupils with allergies. Staff will be alert to anxiety, stigma or bullying connected with allergy and will respond in line with their behaviour and anti-bullying arrangements. Pupils with allergies will not routinely be segregated from their peers as an allergy-control measure. Any individual seating or supervision arrangement must be proportionate, based on the pupil's needs and risk assessment, discussed with the pupil and parents/carers, and reviewed regularly.

8. Medication for treating allergic reactions

Prescribed medication and adrenaline devices

- Pupils and staff may carry their own emergency medication where this is safe, age-appropriate and agreed in the relevant plan.
- Pupils at risk of anaphylaxis should have rapid access to both of their prescribed adrenaline devices at all times. Where they cannot safely self-carry, the devices must be stored in an appropriate unlocked location that is immediately accessible to staff.
- Settings must plan storage and access so that adrenaline can be brought to the person experiencing anaphylaxis and administered as soon as possible and within **five minutes**, including in dining areas, playgrounds and sports areas.
- The setting will maintain a record of pupils provided with prescribed adrenaline devices and any Allergy Action Plan.
- The pupil's IHP and the setting's local arrangements will set out arrangements for medication that travels between home and school/setting, including handover and checks to ensure devices remain available and in date.

School spare adrenaline auto-injectors (AAIs) – schools only

The Human Medicines (Amendment) Regulations 2017 permit schools to obtain adrenaline auto-injectors without a prescription for use as non-patient-specific "spare" devices. This provision does not extend to separately registered Early Years settings. The requirements in this subsection therefore apply to LiHT schools only and not to Early Years settings.

The Early Years centres must ensure that any child at risk of anaphylaxis has rapid access to their own prescribed adrenaline devices in accordance with their Individual Healthcare Plan and Allergy Action Plan. Two prescribed adrenaline devices should be available for the child at all times. The Early Years centres will not obtain or hold non-patient-specific spare AAIs under the schools exemption.

- Schools will maintain school spare AAIs through the Trust's Anaphylaxis Kit arrangements (Kitt Medical), in appropriate doses for the age range of pupils.
- Spare AAIs will be stocked and stored in pairs, clearly labelled as school spare devices, kept readily accessible and never locked away in a way that delays emergency access.
- Schools will ensure there are sufficient spare AAI locations so that a pair can be brought to an individual within five minutes. Larger or multi-site schools must consider whether more than one set is required.
- Spare AAIs may be used in an emergency to save a life, including where an individual has no prescribed adrenaline device, their prescribed device is unavailable or it misfires. The individual's own prescribed device should be used first where available.
- Schools will regularly check spare AAIs, prescribed medication and any emergency asthma inhalers in accordance with local arrangements, including expiry dates, dosage, condition, storage and availability.
- Used or expired AAIs will be replaced promptly and disposed of safely in accordance with the Managing Medicines Policy and manufacturer guidance.

Arrangements for emergency salbutamol inhalers are set out in the Managing Medicines Policy. Schools should consider keeping emergency asthma reliever inhalers alongside spare AAIs, subject to the separate legal and consent requirements for emergency inhalers. This provision applies to schools only.

9. Staff training

All staff present when pupils are scheduled to be on site will receive allergy awareness and emergency response training on induction and at least annually. This includes permanent staff, temporary staff, supply teachers, peripatetic staff, agency workers, regular volunteers, catering staff and staff supervising breakfast or after-school clubs. Contractors with no pupil-facing role, such as ad hoc maintenance personnel, are not expected to complete allergy training unless their role or the local risk assessment requires it.
The Trust's core allergy awareness training for schools is provided through the Kitt Medical training portal (for our centrally employed staff this is provided by Flick training). Settings must also ensure suitable induction or briefing arrangements for new, supply and cover staff before they supervise pupils.

Training will ensure staff:

- Understand allergy, the risks it poses and how allergic reactions can occur and be managed.
- Understand that allergy can include food allergy, asthma, eczema, hay fever and other allergic conditions, which may co-exist.

- Understand the difference between food allergy, coeliac disease and food intolerance.
- Know how to access information about a pupil's known allergens and triggers.
- Can recognise the range of symptoms of an allergic reaction and recognise anaphylaxis and acute asthma.
- Know how to respond in an emergency, including locating and administering prescribed or spare emergency medication, calling 999 and informing parents/carers.
- Know how to use an adrenaline auto-injector in an emergency and understand arrangements for asthma reliever inhalers.
- Understand the impact allergy can have on a pupil's wellbeing and inclusion.
- Understand this policy, the school's local arrangements and their own responsibilities for reducing exposure to known allergens.
- Know how to use an IHP and relevant Allergy or Asthma Action Plan.
- Know how to report an allergic reaction, anaphylaxis, serious incident or near miss.

This whole-school awareness training does not replace any separate clinical governance, competency or delegation arrangements required where an individual pupil needs healthcare support beyond school-level allergy safety arrangements. Training records will be maintained by each school.

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10. Emergency response

Staff should follow the individual's IHP and Allergy Action Plan where available.

Where anaphylaxis is suspected:

1. Stay with the person, summon help and request the anaphylaxis kit. Do not allow the person to stand or walk.
2. Administer adrenaline immediately, using the individual's own prescribed device first where available. In schools only, if this is unavailable, has misfired, or the person has no prescribed device, use a school spare AAI. If in doubt, give adrenaline.
3. Do not delay giving adrenaline in order to call the emergency services. Once adrenaline has been administered, immediately call 999 and request an ambulance, stating that anaphylaxis is suspected.
4. Continue to follow the individual's Allergy Action Plan and the emergency operator's instructions. If there is no improvement after five minutes, administer a second dose of adrenaline using a second device.
5. Inform parents/carers as soon as practicable.
6. Record and report the incident in accordance with section 12 of this policy.

For a mild or moderate allergic reaction where there are no signs of anaphylaxis, staff should follow the individual's IHP/Action Plan and administer prescribed medication as directed. The individual should be monitored carefully because a reaction may progress to anaphylaxis.

11. Educational visits

In line with the Education Visits Policy, visit leaders must ensure:

- Allergy risks are assessed.
- Relevant medication accompanies the pupil.
- Supervising staff understand emergency procedures.
- Appropriate arrangements are in place with external providers.

Suitable allergy controls must be in place for all visits.The visit risk assessment should consider whether it is appropriate to take a school spare AAI, taking account of the nature and location of the visit and ensuring that adequate spare provision remains available on the school site. This school-spare provision does not apply to visits from our Early Years Centres.

12. 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.. A near miss is an event that did not result in harm but had clear potential to do so because of an error, omission or system failure.

Settings will approach serious incidents and near misses in a learning-focused, “no blame” spirit while addressing any individual practice or conduct concerns through the appropriate procedure where necessary.

Following a serious incident or near miss, the setting will:

- Record the event as soon as feasible through the school’s accident/incident reporting arrangements.
- Notify the Setting Allergy Lead and Headteacher promptly.
- Notify parents/carers as soon as possible for pupils under 16, and involve the young person appropriately where they are aged 16 or over.
- Provide the pupil/young person and parents/carers with an opportunity to share relevant information and contribute to the review, including where the impact of allergen exposure became apparent only after the pupil returned home.
- Review what happened and identify any lessons relating to policy, local procedures, catering, communication, training, risk assessment, medication availability or the pupil’s IHP/Action Plan.
- Update the IHP, local arrangements (Appendix 2) and/or this policy where the review indicates that changes are required and communicate relevant learning to staff.
- Make any external report required by law or guidance, including to the relevant local authority/environmental health team, Health and Safety Executive under RIDDOR, or healthcare professional where applicable.

13. Record keeping and data protection

Settings will maintain:

- Allergy registers using the Arbor Management Information System.

- Individual Healthcare Plans and Care Plans.
- Training records.
- Medication records.
- Incident records.

Health information is special category data under UK GDPR. Schools have a lawful basis to hold, use and share health information where this is necessary to keep individuals safe, but information must be shared in a controlled, proportionate and respectful way. Access will be limited to those who need the information for their role. Photographic allergy registers and similar information must be kept in staff-only areas or systems and must not be unnecessarily visible to other pupils or visitors.

14. Monitoring and review

Head Teachers will monitor compliance through routine checks.

The Trust will undertake periodic audits and may request evidence of compliance.

This policy will be reviewed annually or following a serious incident or near miss or earlier where required by legislative or operational changes

Appendix One - A clear approach to food brought into schools and settings

We request that parents and carers:

- do not send their children to school with **peanut and nut** based products, including in snacks and packed lunches;
- encourage their children **not to share** packed lunch food with other children; and
- do not send their children with cakes and sweets for birthdays or special occasions (either homemade or shop bought).

These requests reduce avoidable risk but do not make a setting “nut free” or “allergen free”. Settings cannot guarantee that allergens will never be present. Pupils with allergies must therefore continue to follow their Individual Healthcare Plan/Action Plan and have rapid access to prescribed medication.

Appendix Two: Setting Local Allergy Management Arrangements

This appendix should be completed by each setting and read alongside the Learning in Harmony Trust Allergy Safety Policy. It records how the Trust policy is implemented locally and should be reviewed at least annually, and sooner following a significant change, serious incident or near miss.

1. Setting details and leadership

Information	School arrangements
Setting name	Blenheim Primary School
Headteacher	Amanda Wiley
Named SLT Allergy Lead	Suzy Crowe
School Operations Manager	Hayley Danaher
Catering provider	Blenheim Primary School
Date completed	21.09.26
Date approved	22.09.26
Review date	September 2027

The named SLT Allergy Lead has oversight of allergy safety arrangements and ensures that the requirements of the Trust Allergy Safety Policy are implemented and monitored within the school.

2. Identifying and recording allergies

The setting will describe how it:

- obtains allergy information for new pupils and staff, including information received from parents/carers and previous settings;
- records known allergies, allergens, medication requirements and relevant Individual Healthcare Plans (IHPs)/Allergy or Asthma Action Plans;
- maintains and reviews its allergy register;
- updates records following a new diagnosis or change in need;
- ensures relevant information is available to permanent, temporary, supply and agency staff; and
- manages relevant allergy information for visitors, contractors and volunteers where appropriate.

Setting arrangements:

Information is obtained on a child's entry to the school via Applicaa. Updates are recorded annually by parents/carers via a Google Form and relevant information is stored on the child's records on Arbor. Staff are made aware of pupil's needs via an allergy/dietary register.

3. Individual Healthcare Plans and Allergy Action Plans

The setting will ensure that pupils requiring individual arrangements have an appropriate IHP and that any healthcare-professional-issued Allergy Action Plan or Asthma Action Plan is incorporated into, or clearly linked to, the IHP.

Local arrangements should identify:

Requirement	School arrangements
Who coordinates/develops IHPs	Suzy Crowe
Where plans are stored and how relevant staff access them	On Google Drive with paper copies in classrooms.
How changes are communicated	Via a Google Form completed by parents/carers annually (or if needed at other times).
How and when plans are reviewed	At least annually

Plans will be reviewed at least annually and following a significant change, updated Action Plan, serious incident or near miss.

4. Medication and adrenaline auto-injectors

Setting arrangements must ensure that:

- prescribed allergy medication is readily accessible;
- pupils at risk of anaphylaxis can access their prescribed adrenaline auto-injectors without delay and, wherever reasonably practicable, within five minutes;
- where the setting is a school, school spare AAIs are clearly labelled, stored in pairs and readily accessible;
- appropriate doses are available;
- medication and emergency kits are routinely checked for availability, condition and expiry dates;
- arrangements are in place for replacement and safe disposal; and
- staff know where emergency medication is located.

Medication / equipment	Location(s)	Person responsible for checks
Pupils' prescribed AAIs	One always with the child in a bag. Spare in school office	Child's classteacher/s Hayley Danaher/Clare Merlini
School spare AAIs - – schools only (N/A for Early Years Settings)	School office	Hayley Danaher/Clare Merlini
Other allergy medication	School office	Hayley Danaher/Clare Merlini
Emergency anaphylaxis kit(s)	School office	Amanda Wiley

Frequency of checks:

Termly checks via KITT Medical

5. Food, catering and mealtime arrangements

The school will have clear arrangements to reduce the risk of exposure to known allergens during meals, snacks and other food-related activities.

Local arrangements should cover:

- how allergy information is communicated to catering staff;
- access to up-to-date allergen information and allergen matrices;
- arrangements for checking ingredients, substitutions and menu changes;
- controls to reduce cross-contamination;
- how pupils with allergies are identified at the point of meal selection and service;
- how allergen-safe meals are verified before being handed to a pupil;
- supervision at mealtimes;
- packed lunches and food brought into school; and
- what staff must do if there is any uncertainty about whether food is safe.

Pupils with allergies should not routinely be segregated from their peers at mealtimes.

Setting arrangements:

Catering and mid-day staff are provided with a booklet of all pupils with allergy/dietary needs with an identifying photo. All pupils with an allergy or dietary requirement will wear a lanyard with allergens listed alongside a photo of the child, which must be cross-referenced at the point of serving. All kitchen and mid-day staff receive allergy awareness training. Allergen information is available on the school website for families.

Approach to allergens communicated to parents via newsletters (see Appendix 1).

6. Training, awareness and wider school activities

All relevant staff will receive appropriate allergy awareness and emergency response training on induction and at least annually.

The setting will ensure appropriate arrangements are also in place for supply and agency staff, catering staff, regular volunteers and other adults who may have responsibility for pupils.

Training arrangements:

All staff will complete annual allergy awareness training via KITT Medical. Regular volunteers, including sports coaches, will also receive the link to KITT Medical training for completion.

Allergy risks must also be considered when planning activities including:

- cooking and food technology;
- EYFS and classroom activities;
- science, art, craft and sensory activities;
- Forest School and outdoor learning;
- celebrations, cultural events and fundraising activities;
- wraparound provision and clubs;
- school events and community use; and
- activities involving animals or other potential allergens.

Where necessary, an activity-specific risk assessment will be completed.

7. Educational visits and off-site activities

Visit leaders must consider allergy risks as part of the visit risk assessment.

For pupils at risk of anaphylaxis:

- prescribed adrenaline auto-injectors must accompany the pupil and remain readily accessible;
- accompanying staff must understand the pupil's individual arrangements and emergency response;
- food and catering arrangements must be considered; and
- for school visits, the risk assessment should consider whether taking school spare AAIs is appropriate, while ensuring adequate spare provision remains available at school; and
- for Early Years centre visits, children at risk of anaphylaxis must have their two prescribed adrenaline devices readily accessible throughout the visit.

School arrangements for visits:

An individual risk assessment for pupils with anaphylaxis will be carried out for all trips with 'Event Specific Notes' where appropriate. Pupils will carry two AAIs at all times along with their care plan with emergency contacts. Staff will be trained in allergy awareness.

8. Emergency response, incidents and near misses

All staff must know how to respond to a suspected allergic reaction or anaphylaxis and where emergency medication is located.

Where anaphylaxis is suspected, staff must:

1. stay with the pupil or staff member and summon help;
2. administer adrenaline without delay in accordance with the Trust policy and individual plan;
3. call 999;
4. administer a second dose after five minutes where required and available;
5. inform parents/carers as soon as practicable; and
6. record and report the incident.

The school will record and review all serious allergy incidents and near misses. Reviews should identify any lessons learned and whether changes are required to an IHP, risk assessment, local arrangements, training or wider school practice.

How incidents and near misses are recorded and reviewed:

A debrief between the SLT Allergy Lead, relevant staff and parents/carers will take place and IHP will be amended as appropriate.

9. Wellbeing, inclusion and communication

The school will promote an inclusive approach to allergy management and take reasonable steps to ensure that pupils with allergies can participate fully and safely in school life.

Arrangements will include:

- supporting pupils who experience anxiety related to their allergy;
- responding to allergy-related bullying or deliberate exposure to allergens;
- ensuring pupils are not unnecessarily excluded from activities;
- communicating relevant arrangements to pupils, staff and parents/carers; and
- ensuring parents/carers know who to contact if allergy information changes or if they need to report an allergy-related incident.

Setting arrangements:

Parents/carers will be made aware of who the SLT Allergy Lead is. Pupils will have access to the Inclusion Team to discuss any worries that may or may not be related to their allergies.

10. Monitoring and assurance

The Headteacher and named SLT Allergy Lead will monitor implementation of these arrangements.

Monitoring will include, as appropriate:

☐ Allergy register checks
☐ Medication and expiry-date checks

☐ Catering/allergen information checks
☐ Staff training records
☐ Spot checks of mealtime arrangements
☐ Review of trips and events
☐ Review of incidents and near misses
☐ Annual review of local arrangements

Any additional local monitoring arrangements:

Allergy Lead will convene a parent workshop once a year to talk through our approach with parents and carers whose children have allergies.

Approval

Name	Role	Signature	Date
Suzy Crowe	Allergy Lead		21.09.26
Amanda Wiley	Headteacher		21.09.26