Allergy Safety Policy

Studley Infants' School

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1. Aims

This policy aims to:

- Set out the school's approach to allergy safety, including reducing the risk of exposure to known allergens and the procedures in place for allergic reactions, anaphylaxis and acute asthma
- Make clear how our school supports pupils with allergies to ensure their wellbeing and inclusion
- Promote and maintain allergy awareness among pupils, staff, parents/carers, volunteers and visitors

2. Legislation and guidance

This policy is based on the Department for Education (DfE)'s statutory guidance on allergy safety in schools and supporting pupils with medical conditions at school, the Department of Health and Social Care's guidance on using emergency adrenaline auto-injectors in schools, and the following legislation:

- The Food Information Regulations 2014
- The Children's Wellbeing and Schools Act 2026, including the duty for maintained schools and academies to have an allergy safety policy
- The Food Information (Amendment) (England) Regulations 2019

The MAT recognises that national guidance and legislation relating to allergy safety may evolve. This policy will be reviewed annually and updated sooner where required by new statutory requirements, national guidance, a serious incident or a near miss.

3. Roles and responsibilities

We take a whole-school approach to allergy awareness. All staff have a duty to take reasonable steps to minimise the risk of allergen exposure and must adhere to this policy at all times. Failure to follow agreed procedures may place pupils at risk and will be taken seriously.

The Trust Board, as the governing body of the academy trust, is responsible for the allergy safety policy. The MAT will ensure that allergy-related risks are recognised within appropriate school and MAT risk-management arrangements and are actively managed. Each academy must have a named allergy safety lead responsible for day-to-day implementation. Oversight and assurance will operate through the MAT's Scheme of Delegation and governance arrangements.

3.1 Allergy safety lead

The nominated allergy safety lead for our school is Beccy Merritt. This must be a member of the senior leadership team.

They're responsible for:

- Promoting and maintaining allergy awareness across our school community and the implementation of this policy
- Ensuring:
  - All allergy information is up to date and readily available to relevant members of staff
  - All pupils with allergies have an allergy action plan completed by a medical professional
  - School-employed staff and regular volunteers receive allergy awareness and emergency-response training at least annually, and appropriate arrangements are in place for supply, agency, peripatetic and other temporary staff in accordance with section 9.

    - 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
- Ensuring appropriate stocks of school-held spare AAIs are maintained and checked
- Regularly reviewing and updating the allergy safety policy, including following serious incidents and near misses where appropriate
- Ensuring serious allergy incidents and near misses are recorded promptly, reviewed for learning and reported through the school/MAT incident-reporting arrangements

3.2 Headteacher

The headteacher is responsible for deciding, in discussion with parents/carers and relevant healthcare professionals where appropriate, whether a pupil's allergy can be managed through the school's usual medical-condition arrangements or whether an Individual Healthcare Plan (IHP) is required to reflect the pupil's particular circumstances.

3.3 Delegated administrative and operational responsibilities

The Allergy Safety Lead may delegate appropriate administrative and operational tasks to other members of school staff. These may include:

- co-ordinating paperwork and information received from families
- co-ordinating arrangements for prescribed allergy medication with families
- undertaking routine checks of school-held spare AAIs, including expiry dates
- maintaining relevant school records
- supporting communication with the catering provider regarding pupils requiring special diets
- other appropriate administrative tasks delegated by the Allergy Safety Lead.

Delegation of these tasks does not remove the Allergy Safety Lead's responsibility for ensuring that the school's allergy safety arrangements are implemented effectively.

3.4 Teaching and support staff

All teaching and support staff are responsible for:

- Promoting and maintaining allergy awareness among pupils
- Maintaining awareness of our allergy policy and procedures
- Being able to recognise the signs of allergic reactions, anaphylaxis and acute asthma, and knowing the school's emergency response
- Attending appropriate allergy training as required
- Being aware of specific pupils with allergies in their care
- Carefully considering the use of food or other potential allergens in lesson and activity planning
- Ensuring the wellbeing and inclusion of pupils with allergies

3.5 Parents/carers

Parents/carers are responsible for:

- Being aware of our school's allergy 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 devices and any other medication, including inhalers, antihistamine etc., and making sure these are replaced in a timely manner
- Following any reasonable school guidance relating to food brought into school, including packed lunches and snacks, where this is necessary to manage identified allergy risks.

- Following the school's guidance on food brought in to be shared
- Updating the school on any changes to their child's condition

3.6 Pupils with allergies

These pupils are responsible for:

- Being aware of their allergens and the risks they pose
- Understanding how and when to use their adrenaline device
- If age-appropriate, carrying their prescribed adrenaline device on their person and only using it for its intended purpose

3.7 Pupils without allergies

These pupils are responsible for:

- Being aware of allergens and the risk they pose to their peers

Older pupils might also be expected to support their peers and staff in the case of an emergency.

4. Identifying individuals at risk

Allergy is a spectrum of allergic disease. Reactions occur when a susceptible person is exposed to an allergen.

- 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

4.1 Identifying pupils at risk

The school will identify pupils with known allergies using the same robust information-gathering processes used for other medical conditions. Parents/carers will be asked for allergy and medication information before a pupil starts, reminded at least annually to update medical information, and asked to notify the school promptly of any new diagnosis or change in symptoms, triggers or medication. Where a pupil joins mid-year or receives a new diagnosis, arrangements will be put in place as soon as practicable and normally within two weeks.

4.2 Identifying staff and visitors at risk

The school will make proportionate arrangements to identify staff and visitors with known allergies where this is relevant to their safety on site, for example by asking new staff to provide relevant allergy information and by seeking information from visitors in advance where food, catering, animals or other foreseeable allergens are involved.

4.3 Individual Healthcare Plans (IHPs)

Pupils should have an IHP if they:

- Have an allergy which has a functional impact on them in the school environment
- They 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 school's 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 school's 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.

4.4 Allergy and asthma action plans

Pupils with a known food allergy or insect-sting allergy should have an up-to-date allergy action plan issued by a healthcare professional. Pupils with asthma should have an up-to-date asthma action plan. Where an IHP is required, the relevant action plan will be attached to or incorporated into it, and the IHP will be reviewed whenever the action plan changes. Appropriate medical authorisation and parental consent will be obtained and recorded where required for the use of school-held emergency medication, including the school's spare AAI or emergency salbutamol inhaler.

4.5 Register of pupils with known allergies

The school will maintain an accessible register of pupils with known allergies. It will include known allergens and risk factors, prescribed adrenaline devices and doses where applicable, relevant emergency medication arrangements and, where necessary to support the safe identification of a pupil, a photograph. The register must be quickly accessible to relevant staff, including in areas where food is served or handled, without creating avoidable delay in an emergency.

Information on the register, including photographs, will only be accessible to those who need it for allergy safety and emergency-response purposes and will be handled in accordance with the MAT's Data Protection Policy and Pupil/Parent Privacy Notice.

5. 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.

6. Minimising risk

All schools within the Trust will take reasonable and proportionate steps to reduce the risk of exposure to known allergens and to ensure that pupils with allergies can participate safely and inclusively in school life.

Each school will consider its own circumstances, including the needs of individual pupils, the activities undertaken on and off site, catering arrangements and the physical environment, through its allergy and anaphylaxis risk assessment. Where an individual pupil requires additional controls, these will be reflected in their Allergy Action Plan, Individual Healthcare Plan (IHP) and/or an individual risk assessment, as appropriate.

6.1 Hygiene procedures

All schools will take appropriate measures to reduce the risk of cross-contamination and accidental exposure to allergens. These will include:

- pupils being reminded to wash their hands before and after eating;
- pupils being discouraged from sharing food, drinks, food containers or utensils;
- pupils using their own named water bottles;
- meals or lunch boxes provided specifically for pupils with food allergies being clearly identifiable;
- appropriate cleaning of tables, surfaces and equipment used for eating or food preparation;
- appropriate precautions being taken when food is prepared, served or used as part of classroom or other school activities; and
- where food is provided from outside the school's usual catering arrangements, consideration being given in advance to pupils' known allergies and appropriate information being obtained from, or provided to, parents/carers where necessary.

6.2 Catering

The Trust is committed to ensuring that appropriate arrangements are in place to meet the dietary needs of pupils with food allergies.

Schools will work with their catering provider to ensure that appropriate allergy-management arrangements are in place. This will include:

- catering staff receiving appropriate allergy training and having arrangements to identify pupils with known food allergies;
- the school understanding the controls operated by its catering provider to manage allergens and reduce the risk of cross-contamination;
- information about menus and allergens being available to parents/carers and pupils;
- allergen information being provided in accordance with applicable food-information and labelling requirements;
- changes to menus or ingredients being appropriately managed so that special dietary requirements continue to be met;
- staff involved in preparing or providing food understanding how to identify relevant allergen information; and

- appropriate hygiene and food-preparation procedures being followed to minimise the risk of cross-contamination.

Where a pupil requires a special diet because of a food allergy, intolerance or medical condition, parents/carers must follow the catering provider's special diet application process and provide any supporting medical information required. The catering provider will assess whether it can safely cater for the pupil and, where appropriate, provide an individual special diet menu.

Until a special diet has been approved, the school will work with the catering provider and parent/carer to ensure that an appropriate safe meal is available where this can be done safely. Parents/carers must notify the school promptly of any change to their child's allergy or intolerance so that school records, healthcare arrangements and catering requirements can be reviewed and the catering provider informed.

6.2.1 Breakfast clubs, after-school clubs and other school-provided food

Where a school provides food or snacks outside the main school meal service, including through breakfast clubs, after-school clubs or other school-run activities, the same principles of allergy safety will apply.

Schools will ensure that:

- staff providing or supervising food have access to up-to-date information about the known allergies and dietary requirements of pupils attending the provision;
- appropriate allergen information is available for food and snacks provided;
- staff check ingredient and allergen information and do not rely on previous knowledge of a product, as ingredients may change;
- reasonable precautions are taken to prevent cross-contamination;
- pupils' prescribed emergency medication is readily accessible throughout the provision;
- staff know how to recognise and respond to an allergic reaction and how to summon emergency assistance; and
- allergy arrangements are considered when menus, snacks or food suppliers change.

Where a pupil has an individual Allergy Action Plan, IHP or risk assessment, the relevant arrangements will apply throughout school-run wraparound provision as well as during the normal school day.

6.2.2 School events, PTA activities and food brought into school

Where food is provided or sold at school or PTA events, appropriate food-safety and allergen arrangements will be considered having regard to the nature of the event and whether pupils are attending under school supervision or accompanied by their parents/carers.

For occasional family events, such as school fetes, bake sales and performances where parents/carers remain responsible for their children, organisers will be encouraged to obtain and make available ingredient and allergen information for food provided, particularly homemade or donated food. Original packaging should be retained for commercially produced food wherever practicable. Homemade food must not be represented as allergen-free unless this can be reliably assured.

Where food is provided directly to pupils while they are under the school's supervision, the school's normal allergy-safety arrangements will apply, including consideration of known allergies and access to emergency medication.

Where food is provided on a regular or organised basis, the school/PTA will consider whether food-business registration or additional food hygiene and allergen requirements apply and seek advice from the local authority where necessary.

6.3 Insect bites and stings

Where a pupil has a known allergy to insect bites or stings, reasonable measures will be taken to reduce the risk of exposure. The pupil's Allergy Action Plan, IHP and/or individual risk assessment will identify any specific precautions required.

When planning outdoor activities, schools will consider appropriate preventative measures, which may include wearing suitable footwear and ensuring food and drinks are appropriately covered.

Staff supervising a pupil known to be at risk of anaphylaxis from an insect bite or sting will be made aware of the pupil's emergency arrangements and the location of their prescribed adrenaline device.

6.4 Animals

Schools will consider the potential allergy risks associated with animals on school premises or during school activities, including visiting animals, pets, therapy/reading dogs and educational visits involving animals.

Appropriate controls will be determined according to the known allergies of pupils and the nature of the activity. These may include:

- handwashing following contact with animals;
- appropriate cleaning of areas and equipment;
- preventing or limiting direct contact where this is necessary for an individual pupil; and
- considering indirect exposure to animal allergens.

Where necessary, additional controls will be identified through the school's or individual pupil's risk assessment.

6.5 Educational visits and off-site activities

Pupils with allergies will be supported to participate fully in educational visits and off-site activities. A pupil will not be excluded from an activity solely because they have an allergy; reasonable and proportionate measures will be taken to enable their safe participation.

When planning an educational visit or off-site activity:

- pupils' known allergies and individual needs will be considered as part of the planning and risk-assessment process;
- an individual risk assessment will be completed where appropriate, including for pupils at risk of anaphylaxis;
- relevant staff will be informed of pupils' allergies, emergency arrangements and the location of emergency medication;
- pupils at risk of anaphylaxis will have their prescribed adrenaline device(s) readily available;
- appropriate emergency medication will remain readily accessible throughout the activity;
- school staff/volunteers accompanying the visit will have received appropriate allergy and emergency-response training; and
- arrangements for emergency treatment will be considered as part of the visit planning, including the accessibility of emergency medical assistance where relevant.
- The school's arrangements for adrenaline devices during educational visits and off-site activities will be followed.

7. Procedures for handling an allergic reaction

In all cases of suspected anaphylaxis, staff must act immediately. If in doubt, treat for anaphylaxis. Adrenaline must be brought to the individual and administered as soon as possible; the individual must not be made to walk to obtain medication. Call 999 and request an ambulance.

7.1 Register and emergency information

The school will maintain and make available the allergy register described at section 4.5. Staff must be able to access the register and relevant emergency information quickly without delaying treatment.

7.2 Allergic reaction procedures

- As part of the whole-school awareness approach to allergies, all staff are trained in the school's allergic reaction procedure, and to recognise the signs of anaphylaxis and respond appropriately
- All relevant staff are trained in the administration of adrenaline devices to minimise delay. In a life-threatening emergency, anyone may take reasonable action to save a life, including administering adrenaline.
- If a pupil has an allergic reaction, the staff member will initiate the school's emergency response plan, following the pupil's allergy action plan
- If adrenaline is needed, the pupil's own prescribed device should be used first where immediately available; if it is not available, is out of date, has misfired or cannot be used without delay, a school spare device may be used.
- Where the pupil is known to be at risk of anaphylaxis, a school-held spare AAI will normally be used in accordance with the medical authorisation and parental consent recorded in the pupil's Allergy Action Plan/IHP. In an unexpected life-threatening emergency, staff must act in accordance with current medicines legislation, emergency medical guidance and the school's emergency procedures.
- For suspected anaphylaxis, place the individual flat with legs raised where appropriate. Never allow a person having anaphylaxis to stand or walk; bring help and medication to them.
- Administer adrenaline immediately and within five minutes. Do not wait to contact the emergency services before giving adrenaline. Call 999 immediately after administering it.
- Give a further dose of adrenaline if there is no improvement after five minutes, using a second device.
- If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent/carer arrives, or accompany the pupil to hospital by ambulance
- If the allergic reaction is mild to moderate (for example skin rash, itching, swelling or vomiting) and does not involve Airway/Breathing/Circulation, the pupil must not be left unattended. Parents/carers should be informed and the pupil should be observed in a safe place for at least 60 minutes because symptoms can progress to anaphylaxis.

8. Adrenaline devices (ADs)

The following arrangements apply to prescribed and school-held adrenaline devices.

8.1 Prescribed adrenaline devices

Pupils who are prescribed adrenaline devices (ADs) must have rapid access to them at all times, including during lessons, lunch, play, sport, wraparound provision, educational visits and when travelling to and from school. It is recommended that pupils have access to two prescribed devices at all times.

Where age and capability allow, pupils will be encouraged to keep their prescribed ADs with them, for example in their school bag. Where this is not appropriate, the devices will be stored in an appropriate central location that is unlocked and accessible at all times and no more than five minutes from where they may be needed. Larger or more complex school sites may require prescribed devices to be accessible from more than one location.

Devices will be stored at room temperature in accordance with the manufacturer's instructions and protected from direct sunlight and extremes of temperature.

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

Parents/carers are responsible for providing the pupil's prescribed devices and ensuring that they remain in date. Schools will have arrangements to ensure that prescribed ADs are available to pupils when travelling to and from school and on educational visits and off-site activities.

The school will maintain a record of pupils who have been prescribed adrenaline and their relevant Allergy Action Plan.

8.2 Spare adrenaline auto-injectors and emergency inhalers

Current regulations allow schools to purchase adrenaline auto-injectors (AAIs) as spare adrenaline devices. Other forms of prescribed adrenaline device, including non-injectable devices, may be prescribed to individuals but cannot currently be purchased by schools as spare stock.

Each school will maintain an appropriate supply of spare AAIs, having regard to the age and dosage requirements of pupils, the number of pupils at risk and the size/layout of the site.

Where possible, schools should purchase a single brand of spare AAI to reduce the risk of confusion, taking account of the devices prescribed to pupils at the school.

Spare AAIs will:

- be kept in pairs in case a second dose is required;
- be stored separately from pupils' individually prescribed ADs and clearly labelled;
- be stored at room temperature in accordance with the manufacturer's instructions and protected from direct sunlight and extremes of temperature;
- be kept in an appropriate central location, accessible to staff at all times but inaccessible to pupils without staff supervision; and
- be located so that they can be brought to an individual within five minutes, with additional locations used where necessary.

The school will obtain and record medical authorisation and written parental consent for use of the school's spare AAI for pupils known to be at risk of anaphylaxis, in accordance with current guidance. Nothing in this policy prevents reasonable life-saving action being taken in an emergency in accordance with current medicines legislation and emergency medical advice.

Schools may also purchase an emergency asthma reliever inhaler, which may only be used in accordance with current guidance, including the applicable consent requirements.

8.3 Maintenance of spare devices

The Allergy Safety Lead will ensure that responsibility is allocated to appropriate members of staff for maintaining the school's spare emergency medication.

Spare AAIs and, where held, emergency asthma inhalers will be checked at least monthly to ensure that:

- the required devices are present;
- they remain in date;
- they are stored appropriately;
- packaging and devices are undamaged; and
- replacements are obtained in good time before expiry or following use.

A record of these checks will be maintained. Used or expired devices will be disposed of safely in accordance with pharmaceutical guidance.

8.4 Disposal

AAIs can only be used once. Once an AAI has been used, it will be disposed of in line with the manufacturer's instructions (for example, in a sharps bin for collection by the local council).

8.5 Use of adrenaline devices off school premises

Pupils at risk of anaphylaxis must have their prescribed adrenaline device(s) readily available when taking part in educational visits, sporting activities and other off-site activities. Where the pupil is able to carry and manage their own devices, they should do so. Where this is not appropriate because of the pupil's age or individual needs, a member of staff will be responsible for ensuring that the devices remain readily accessible throughout the activity.

Two prescribed adrenaline devices should normally accompany a pupil at risk of anaphylaxis, in accordance with current medical advice. The pupil's Allergy Action Plan and relevant emergency information must also be accessible to accompanying staff.

As part of the visit risk assessment, the visit leader will consider whether school-held spare AAIs should also be taken. This decision will take account of:

- the needs of the pupil(s) attending and their risk of anaphylaxis;
- the number and type of prescribed adrenaline devices available;
- the nature and duration of the activity;
- the location of the visit and likely response time of emergency medical services;
- the availability of suitable spare AAI doses;
- whether taking spare AAIs would leave appropriate emergency provision available for pupils remaining at school; and
- any other relevant circumstances identified through the risk assessment.

Where spare AAIs are taken off site, they must remain under the control of an appropriate member of staff, be readily accessible in an emergency, stored in accordance with the manufacturer's instructions and returned to their normal storage location promptly following the activity.

Staff accompanying pupils at risk of anaphylaxis must know which pupils are at risk, where their prescribed and any spare devices are located, how to recognise anaphylaxis and what action to take in an emergency.

9. Allergy awareness and training

Allergy awareness and emergency-response training

Allergy awareness and emergency-response training will be provided at least annually to school-employed staff who are expected to be present when pupils are onsite.

Volunteers will receive allergy awareness and emergency-response information appropriate to their role as part of their induction. Where a volunteer's particular role or the needs of a pupil they are supporting require additional knowledge or competence, appropriate additional information, instruction or training will be provided.

For supply teachers, agency workers, peripatetic staff and other temporary workers, the school will seek appropriate assurance that relevant allergy awareness and emergency-response training has been completed. Where this cannot be confirmed, the school will ensure that appropriate information or training is provided according to the nature of the role and the risks involved.

Regardless of previous training, supply, agency, peripatetic and other temporary staff must be provided with the school-specific allergy information and emergency procedures they need before taking responsibility for pupils. Training will ensure that staff understand:

- allergies and the risks they can pose, including the difference between food allergy, food intolerance and coeliac disease;
- how to reduce the risk of exposure to known allergens and prevent allergic reactions;
- how to access relevant information about pupils with known allergies, including the allergy register and individual Allergy or Asthma Action Plans;
- how to recognise the signs and symptoms of allergic reactions, anaphylaxis and acute asthma, including the relationship between food allergy and asthma;
- the importance of acting quickly where anaphylaxis is suspected;
- where prescribed emergency medication and school-held spare AAIs are located and how to access them;
- how and when to administer adrenaline devices, including the use of school-held spare AAIs and giving a second dose after five minutes where there is no improvement;
- how to respond in an emergency, including contacting the emergency services and informing parents/carers;
- the potential impact of allergies on a pupil's wellbeing and inclusion;
- their responsibilities under this Allergy Safety Policy; and
- how to report an allergic reaction, serious incident or near miss through the school's incident-reporting arrangements.

Training will be provided as part of induction and refreshed at least annually, with additional training where individual needs, incidents, near misses or changes in guidance indicate that this is necessary.

The Allergy Safety Lead will maintain appropriate records of training completion and ensure that staff joining during the year receive training promptly. Schools will also have arrangements to ensure that supply and other temporary staff are provided with the allergy information and emergency procedures they need before taking responsibility for pupils.

9.1 Awareness of the policy

The Allergy Safety Policy will be published on the school website and brought to the attention of pupils, parents/carers and all people working at the school at least annually, in an age- and role-appropriate way. All staff will be expected to understand the policy as part of annual allergy awareness training.

10. Serious incidents and near misses

A serious incident is an event relating directly to a medical condition, including allergy, in which a pupil, member of staff or visitor is harmed or placed at immediate and significant risk of harm, including events 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 clear potential to do so, for example because an error, omission or system failure could reasonably have led to a serious incident.

10.1 Incident recording

Serious incidents and near misses will be recorded as soon as feasible using the school/MAT incident-reporting arrangements, including the YMD incident tool where applicable. Records should capture who was affected; what happened, when and where; why it occurred as far as known; the

response and support provided; whether emergency services were called; and how the incident concluded. The purpose is to learn and improve, not to assign blame.

10.2 Incident reporting and learning

Parents/carers of a pupil will be notified as soon as possible. The school will share appropriate information about the incident or near miss with the individual and/or their parents/carers and invite relevant views as part of the lessons-learned review. Delayed reactions reported after the pupil has left school will also be treated as incidents where appropriate.

The allergy safety lead will review whether existing arrangements were appropriate and whether changes are needed to risk assessments, this policy, an IHP or action plan, training, catering or other controls. Relevant learning will be shared with staff and reported through MAT governance and health and safety assurance arrangements.

Where applicable, the school/MAT will consider external reporting obligations, including RIDDOR reporting to the HSE where the legal criteria are met, food-safety reporting to the local authority where the school operates as a food business, and notification to the relevant healthcare professional where an incident relates to the delivery of a care or action plan.

11. Wellbeing

Pupils with allergies may experience anxiety, exclusion or bullying relating to their condition. The school will support their wellbeing through inclusive practice, appropriate pastoral support and prompt action under the behaviour policy where bullying occurs.

11.1 Wellbeing following an incident or near miss

The school recognises that a serious incident or near miss can affect the pupil, their family, staff involved in responding and witnesses. Appropriate wellbeing support will be offered or signposted to those involved.

12. Information sharing

Information about an individual's health is special category personal data under UK GDPR and will be handled in accordance with the MAT's data protection policy and privacy information. Information will be shared with staff and others on a need-to-know basis where this is necessary to protect health and safety and support the individual effectively.

13. Monitoring arrangements

This policy will be monitored by the allergy safety lead and reviewed at least annually, and sooner where a serious incident, near miss, change in circumstances, legislation or national guidance identifies a need for review. The MAT will maintain proportionate assurance through its governance, health and safety and risk-management arrangements.

14. 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

The allergy safety lead will ensure that the current approved version is published and that staff are made aware of any material changes.