Allergy safety policy

Approved by:	Governing board	Date: 1 September 2026
Next review due by:	1 September 2027 (or earlier if required)	

Contents

1. Aims

This policy aims to:

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

2. Legislation and guidance

This policy has regard to the Department for Education (DfE)'s statutory guidance on allergy safety in schools and supporting children and young people with medical conditions and allergy, and the Department of Health and Social Care's guidance on using emergency adrenaline auto-injectors in schools. It also reflects the following legislation and statutory frameworks:

- Section 34 of the Children's Wellbeing and Schools Act 2026
- Section 100 of the Children and Families Act 2014
- The Equality Act 2010
- The Health and Safety at Work etc. Act 1974
- The Food Information Regulations 2014
- The Early Years Foundation Stage statutory framework, where applicable
- The Food Information (Amendment) (England) Regulations 2019

3. Roles and responsibilities

3.1 The governing board

The governing board is responsible for ensuring that:

- A named governor has oversight of allergy safety and provides appropriate assurance and challenge
- The policy is approved and reviewed at least annually, published on the school website and available in hard copy on request
- Risks relating to pupils with allergy are included in the risk register and actively managed
- The school has an allergy safety policy which sets out:
    - Arrangements to reduce the risk of individuals coming into contact with their known allergens
    - Emergency response plans for cases of anaphylaxis

The governing board delegates day-to-day implementation to the allergy safety lead. The named governor for allergy safety is Peter Harpley, Vice Chair.

3.2 Allergy safety lead

The nominated allergy safety lead is Katie Rees, Deputy Headteacher.

They're responsible for:

- Implementing this allergy safety policy
- Leading an annual review of this policy, and an earlier review following a serious incident, near miss, material change in guidance or significant change in a pupil's needs; presenting revisions to the governing board for approval; and ensuring the approved policy is published
- Promoting and maintaining allergy awareness across our school community
- Developing and reviewing arrangements for the safe storage and disposal of adrenaline devices (AD)
- Ensuring:
    - All allergy information is up to date and readily available to relevant members of staff
    - All pupils whose allergies require support arrangements have an up-to-date individual healthcare plan (IHP)
    - All pupils with a known food or insect sting allergy have up-to-date allergy action plans issued by a medical professional
    - All staff receive regular allergy awareness training
    - All staff are aware of the school's policy and procedures regarding allergies
    - Relevant staff are aware of what activities need an allergy risk assessment
    - Serious incidents and 'near misses' relating to allergy safety are recorded and reported as appropriate, and to consider and share with staff:
        - What lessons there are to learn
        - Any potential changes to the medical conditions and/or allergy safety policies and/or to any pupil's IHP

3.3 Headteacher

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 circumstance
- Supporting the Allergy Safety Lead in her role.

3.4 Named volunteers among school staff

Nathan Gane and Ethan Stockley-Young are responsible for:

- Checking spare AAIs are present and in date on a monthly basis
- Making sure that replacement AAIs are obtained when expiry dates approach
- Supporting the Allergy Safety Lead in maintaining up-to-date allergy registers and IHPs.

3.5 Teaching and support staff

All teaching and support staff are responsible for:

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

3.6 Parents/carers

Parents/carers are responsible for:

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

3.7 Pupils with allergies

With the relevant age-appropriate considerations identified, pupils are responsible for:

- Being aware of their allergens and the risks they pose
- Where it is safe and appropriate, a pupil may carry and self-administer their prescribed adrenaline device. This decision will be made individually with the pupil, parents/carers and relevant healthcare professional and recorded in the IHP.
- Where a pupil does not carry their own device, a specifically identified trained member of staff will carry it on visits and remain close enough to provide immediate access. The trip risk assessment will name the responsible adult and confirm arrangements for both prescribed devices.
- Understanding how and when to use their AD

3.8 Pupils without allergies

These pupils are responsible for:

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

Pupils will be taught to seek adult help immediately if they think someone is having an allergic reaction. Pupils are never relied upon as part of the school's emergency response.

4. Identifying individuals at risk

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

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

4.1 Identifying pupils at risk

We will:

- For new starters, obtain allergy and medication information after the place is confirmed and before attendance begins. Where a pupil joins mid-year or receives a new diagnosis, proportionate interim safety arrangements will be agreed before the pupil attends or returns; the full IHP will be completed as soon as practicable and normally within 2 weeks
- Send a reminder to parents/carers at the start of each year asking them to update their child's medical information as necessary. This will be done via Reach More Parents and integrated automatically with Arbor MIS

We ask that parents/carers proactively inform us by either phone call to the school [02089944782] or an email to Nathan Gane [ngane@hogarth.hounslow.sch.uk] or via the completion of an electronic form on our school communication platform, Reach More Parents, if their child's medical needs change during the school year.

4.2 Identifying staff and visitors at risk

We will:

- For new starters, ask new staff to provide details of their allergies in advance of their start date
- For returning staff, ask them to provide details of any new allergies that they have become aware of, in INSET at the start of the academic year
- For visitors attending activities involving food, animals or other foreseeable allergen exposure, ask for relevant allergy information in advance or at sign-in and explain how to summon help in an emergency.

4.3 Individual healthcare plans (IHP)

Pupils will have an IHP if they:

- Have an allergy which has a functional impact on them in the school environment
- Are at risk of harm as a result of their allergy; and
- Require arrangements which are additional to or different from those made generally

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

The IHP will set out the additional and/or different arrangements that will be in place for supporting the pupil. The school will put immediate interim controls in place where needed and aim to complete the IHP within 2 weeks, or before the beginning of the relevant term for pupils whose needs are known in advance.

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

Parents/carers will be asked to provide an appropriate Allergy Action Plan issued by a healthcare professional for every pupil with a known food or insect-sting allergy. The school will follow up where a plan has not yet been supplied and will not leave a pupil without proportionate interim arrangements.

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

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

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

4.5 Register of pupils with known allergies

This links to our ***Supporting Pupils with Medical Conditions policy***.

- The school maintains a register of pupils who have a known allergy. The register includes:
    - Known allergens and risk factors for anaphylaxis
    - Whether a pupil has been prescribed ADs (and if so, what type and dose)
    - Where a pupil has been prescribed an AD, whether parental consent has been given to administer emergency medication
    - A photograph of each pupil on their individual Arbor profile, as well as the main allergen register in the welfare room, to allow a visual check to be made. Further use of photographs will require parental consent.
- The register is kept in the Welfare Room and is noted against the pupil's individual record on Arbor MIS. A register is kept in the Blue Cupboard in the cooking room to support all staff during Food and Nutrition lessons. A register is kept in the school catering kitchen, as well as stored on Taylor Shaw's electronic lunch management system – LUNCHHOUND. Registers can be checked quickly by any member of staff as part of initiating an emergency response.
- Pupils prescribed adrenaline will have rapid access to their devices in line with their IHP. Where a device is stored in a classroom first-aid box, the box will be clearly identified, accessible to staff, taken with the class when the location changes, and kept out of unsupervised pupil access. Consent and medical authorisation will be recorded on the pupil's IHP and/or Allergy Action Plan; the presence of medication must not be treated as the sole record of consent.

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

6.1 Hygiene procedures

In our school, we take the following steps to prevent contamination:

- Pupils are reminded to wash their hands before and after eating
- Sharing of food, food containers, and food utensils is not allowed
- Pupils have their own named water bottles, and lunch boxes provided to pupils with food allergies will be clearly labelled with the name of the child for whom they are intended
- Food brought into school for sharing will not be distributed unless it has been agreed in advance and staff can verify that it is safe for the pupils concerned. Homemade or unlabelled food will not be given to a pupil with a food allergy
- Tables, equipment and eating areas will be cleaned effectively before and after food is served; staff will use soap and water for handwashing because alcohol hand gel does not reliably remove food allergens

6.2 Catering

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

- Catering staff receive appropriate training and are able to identify pupils with allergies
- The school will engage with caterers to understand the controls in place to ensure that food service complies with relevant requirements
- School menus are available for parents/carers and pupils to view with ingredients clearly labelled, and catering staff are available to discuss the provision of allergy safe meals with parents/carers
- Where changes are made to school menus, we will make sure these comply with legislation, and continue to meet any special dietary needs of pupils
- Allergen information for the 14 regulated allergens will be provided in accordance with legal requirements. Staff will not assume that the absence of one of these 14 allergens makes a food safe, because any food may cause an allergic reaction
- Where food is provided by the school, staff will understand how to read labels for food allergens
- Catering staff follow documented hygiene and allergen procedures to minimise cross-contact during storage, preparation, service and cleaning
- A named member of staff will check that the correct meal is served to the correct pupil at each meal or snack time. EYFS arrangements will meet the additional statutory requirements on safer eating and paediatric first-aid presence

6.3 Insect bites/stings

These are our school procedures for preventing (as far as possible) and dealing with insect bites/stings.

When outdoors:

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

6.4 Animals

On occasions, children may come into contact with animals, for example during a trip, visit or in-school experience. These are our school hygiene procedures for managing allergies to animals:

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

6.5 Visits and trips

- No pupils with allergies will be excluded from taking part
- The school will plan accordingly for all visits and trips, and arrange for the staff members involved to be aware of pupils' allergies and to have received appropriate training
- The school will conduct a risk assessment for any pupil at risk of anaphylaxis taking part in a school trip
- Pupils at risk of anaphylaxis should have their own ADs with them
- Staff trained to administer adrenaline in an emergency will be present on the school trip
- Appropriate measures will be taken in line with the school's AD protocols for off-site events and school trips (see section 8.5)

7. Procedures for handling an allergic reaction

Any member of staff who suspects an allergic reaction will stay with the person, send someone to bring the emergency medication and summon a trained colleague. The person must not be sent elsewhere to collect medication.

For a mild or moderate reaction

- Follow the person's Allergy Action Plan or IHP and give the medication specified in it.
- Monitor continuously. A mild reaction can progress rapidly; if symptoms worsen or there is doubt, treat as anaphylaxis.
- Contact parents/carers. If symptoms do not resolve as expected, seek urgent medical advice.

For suspected anaphylaxis

- Give adrenaline immediately. If in doubt, give it. Do not delay adrenaline in order to give antihistamine or an inhaler.
- Dial 999 and say 'anaphylaxis'. Give the school address, exact location, symptoms and time adrenaline was given. Send an adult to meet the ambulance.
- Keep the person lying flat with legs raised. If breathing is difficult, they may sit up slowly with legs extended. If pregnant, place them on their left side. If unconscious, place them in the recovery position. Never allow them to stand or walk.
- If there is no improvement after 5 minutes, give the second adrenaline device and update 999.

- If the person also has asthma and there are sudden breathing difficulties following possible allergen exposure, treat as anaphylaxis first; then give the reliever inhaler as directed in the action plan.
- Continue to monitor airway and breathing. Begin CPR and use the defibrillator if needed. Hand used devices to ambulance staff and record the time of each dose.
- Contact parents/carers after 999 has been called. A pupil treated for suspected anaphylaxis must be transferred to hospital by ambulance and must not be left alone.
- A school spare device may be used where the prescribed device is unavailable or misfires and, in an exceptional life-saving emergency, for any person experiencing suspected anaphylaxis, including someone with no previous diagnosis.

8. Adrenaline devices (ADs)

Following the Department of Health and Social Care's Guidance on using emergency adrenaline auto-injectors in schools, these are our school's procedures for ADs:

8.1 Prescribed ADs

For a pupil prescribed adrenaline, both devices will be immediately accessible in accordance with the IHP. Ordinarily, one will travel with the pupil or class and the second will be held in the named medication box in the unlocked Welfare Room; alternative arrangements may be agreed where they provide equally rapid access. Both devices will accompany the pupil on trips, visits, swimming, PE, clubs and other changes of location. Arrangements for devices to travel between home and school, including the journey and holidays, will be agreed individually and recorded in the IHP. Nathan Gane and Ethan Stockley-Young will complete and record monthly checks and contact parents/carers before replacement is required.

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

Any prescribed devices not carried by the pupil or class, and the school's spare devices, will be stored:

- In the Welfare Room – a central location that is unlocked and accessible at all times
- So they can be brought to the person and administered within 5 minutes
- Close to the dining hall and playgrounds
- Kept at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature

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

- Nathan Gane and/or Ethan Stockley-Young will record the administration of prescribed adrenalin on the pupil's individual Arbor record. Parents will be advised of administration by telephone and via the school's electronic communication platform – Reach More Parents.

8.2 Spare ADs and inhalers

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

The allergy safety lead is responsible for sourcing spare ADs and an emergency asthma reliver inhaler and ensuring they are stored according to the guidance. Nathan Gane and Ethan Stockley-Young will provide operational support for this.

Procedures for buying spare ADs are outlined below:

- ADs are sourced from the medical supply company that provides first aid equipment
- A pair of spare devices in each dosage required by the school's current risk profile is purchased and replaced before expiry
- The school will, where practicable, use a consistent brand to reduce avoidable confusion, while ensuring staff are trained to use the devices prescribed to individual pupils. Brand choice will not override the need to hold the appropriate dosage and maintain continuity of supply.
- Dosage will reflect current national guidance and the school's risk profile

Spare ADs will be stored:

- In the Welfare Room: a clearly signed, central location that is unlocked and accessible to staff at all times pupils are on site
- **No more than** 5 minutes away from where they may be needed (near the dining hall and playgrounds)
- Kept at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature

Spare AAIs will be kept:

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

Nathan Gane and Ethan Stockley-Young are responsible for:

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

8.3 Disposal

Adrenaline auto-injectors are single-use devices containing a needle. Used devices will be handed to ambulance staff where possible or placed immediately in an approved sharps container; they will never be returned loose to a storage box or disposed of in general waste. The used device will be replaced without delay.

8.4 Using spare ADs in an emergency situation without prior consent

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

The school will seek and record advance consent and medical authorisation for pupils known to be at risk. Staff will not delay life-saving treatment to locate or check paperwork.

In an exceptional emergency, the school's spare device may be used for any person experiencing suspected anaphylaxis, including a pupil, member of staff or visitor with no previous diagnosis, for the purpose of saving life. Staff must not delay treatment while checking whether prior consent is recorded.

8.5 Use of ADs off school premises

Pupils at risk of anaphylaxis will have both prescribed devices with them on school trips and off-site events. Whether a pupil carries and self-administers is an individual decision recorded in the IHP; otherwise a named trained adult will carry the devices and remain close to the pupil.

The arrangements outlined at 6.5 above detail our arrangements for taking spare Ads and prescribed Ads for emergency use on school trips and off-site events.

9. Serious incidents and ‘near misses’

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

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

9.1 Incident recording

The school will record serious incidents and ‘near misses’ relating to allergy safety as soon as is feasible. The incident will be recorded in the accident book, including the following information:

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

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

9.2 Incident reporting

The parents/carers of pupils should be notified of the incident or ‘near miss’ as soon as possible, ideally on the same day as the event.

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

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

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

Staff will always share the incident report with Katie Rees, Deputy Headteacher and Allergy Safety Lead. The allergy safety lead will consider whether the allergy safety arrangements in place were appropriate or if

changes are needed to this policy and/or the pupil's IHP. Any learning will be shared appropriately with staff so they can act on them and reduce the chance of an incident reoccurring.

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

- Externally where required, including to the Health and Safety Executive under RIDDOR when the legal reporting criteria are met, to Ofsted for a notifiable serious childcare incident affecting EYFS provision, and through any local authority reporting route. The headteacher will determine reporting requirements using current guidance; hospital attendance alone does not automatically make every incident RIDDOR-reportable.

In the event that the incident or near miss related to the delivery of a care plan or action plan issued by a healthcare professional, the relevant healthcare professional will be notified. Serious incidents and significant near misses, the lessons learned and completion of resulting actions will be reported to the governing board, with personal information limited to what is necessary.

10. Allergy awareness

10.1 Staff training

The school ensures that all staff expected to be present during times when pupils are scheduled to be on site receive allergy awareness training at least annually. New starters will complete this training before assuming unsupervised responsibility for pupils. Supply, agency, peripatetic and cover staff will receive a concise site-specific briefing, including how to summon help and where emergency medication is kept, before working with pupils.

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

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

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

Allergy awareness training will ensure that all staff:

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

- Understand their responsibilities in reducing the risk of individuals with known allergy coming into contact with their known allergens
- Understand how to report an allergic reaction or case of anaphylaxis (whether an incident or a ‘near miss’)

10.2 Awareness of allergy safety policy

This allergy safety policy will be published on the school website, made available in hard copy on request and signposted to parents/carers at the start of each school year and when a pupil joins.

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

11. Wellbeing

Pupils with allergies can experience bullying and may also suffer from anxiety and depression relating to their allergy. In our school, we work to support pupils’ mental health and wellbeing, particularly arising from feelings of isolation as a result of their allergy. Our procedures are in line with the school’s Behaviour Policy and Anti-bullying Policy.

Pupils with allergies will have additional support through:

- Pastoral care
- Regular check-ins with their class teacher and Katie Rees (Deputy Headteacher)
- Reassurance that steps are being taken to minimise the risks of exposure to allergen and that robust measures are in place in the event of anaphylaxis

The school will respond to any instance of bullying in line with its Behaviour Policy.

11.1 Wellbeing support following an incident or ‘near miss’

The school recognises that an incident or near miss may affect the pupil, their family, those involved in responding and any witnesses. Appropriate follow-up and wellbeing support will be offered.

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

See section 9 of the policy for more detail on incidents and ‘near misses’.

12. Information sharing

Health information is special category personal data under UK GDPR. The school will share it on a need-to-know basis with staff and providers responsible for the person’s safety, including catering and club staff, while avoiding unnecessary disclosure or stigma. Records will be accurate, accessible in an emergency, stored securely and handled in line with the Data Protection Policy and retention schedule. Relevant information will transfer promptly when a pupil changes class, provision or school.

13. Monitoring arrangements

The allergy safety lead will monitor implementation through recorded medication checks, training and induction records, catering assurance, risk assessments, IHP reviews, drills, and analysis of incidents and near misses.

The governing board will approve and review this policy at least annually. An earlier review will take place following a serious incident or near miss, a material change in national guidance, a significant operational change or evidence that existing arrangements are ineffective. The named governor will receive assurance on implementation and track resulting actions.

14. Links to other policies

This policy links to the following policies and procedures:

- Health and safety policy
- Supporting pupils with medical conditions policy
- Data protection policy
- Behaviour policy
- Anti-bullying policy
- Educational visits policy
- First aid policy
- Food safety/catering procedures