Bilton CofE Junior School
Bilton Infant School
Bawnmore Community Infant School

BILTON COMMUNITY FEDERATION

ALLERGY POLICY

This policy has been created taking into account the guidance from the Department for Education's document: Supporting Pupils at School with Medical Conditions and guidance from Warwickshire County Council.

POLICY APPROVAL	
Statutory, recommended, or additional policy	**Statutory**
Policy review cycle	**Annually**
Policy reviewed by	**E Newton (Executive Headteacher)**
Policy review date	**01/09/2026**
Date of next review	**Sept 2027**
Date approved by Governing Body	**24/09/2026**

Introduction

It is our aim that our policies and procedures reflect our vision and values as a federation.

Vision: 'Empowering children to make a positive impact on the world.'

Values: Care, Honesty, Respect, Co-operation, Forgiveness and Resilience

Definition: Allergy is a medical condition in which the body reacts to normally harmless substances, such as food, stings, contact allergens and airborne allergens. Many individuals with allergies to food or insect stings are at risk of anaphylaxis, a serious and potentially fatal allergic reaction affecting the whole body – and in particular the Airway, breathing and circulation.

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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 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 Food Information (Amendment) (England) Regulations 2019

3. Roles and responsibilities

3.1 The governing board

The governing board is responsible for ensuring:

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 allergy policy is clearly displayed on the school website

The governing board delegates the day-to-day implementation of this policy to the allergy safety leads, Heads of School and Executive Head.

3.2 Allergy safety lead

The nominated allergy safety lead is

- BIS: Mrs Charlotte Fawbert / Ms Humphries
- Bawnmore: Mrs P Davey, Mrs G Colston, Mrs J Harris
- BJS: Mrs A Ravenhall / Mrs J Thomas / Mrs A Clarke

They're responsible for:

- Implementing this allergy safety policy
- Reviewing the allergy safety policy at least annually, updating it when needed, and making sure it 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 who require support with allergies have an up-do-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 Head of School/Executive Head

The Head of School 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
- Ensuring the policy is up to date and displayed on the school website
- Ensuring all new starters and visitors are aware of our policy

3.4 School will provide at least 2 named individuals 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

They are:

- BIS: Mrs Bond / Ms Humphries
- Bawnmore: Mrs M Burkill, Mrs P Davey
- BJS: Mrs J Thomas, Mrs A Clarke

3.5 Teaching and support staff

All teaching and support staff are responsible for:

- Ensuring Allergy Leads are made aware of any children who have recently been identified as having an allergy or any new starters to school
- 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

3.6 Parents/carers

Parents/carers are responsible for:

- Being aware of our school's allergy safety policy
- Ensuring that they do not send their children to school with allergens identified by school within them
- 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
- Completing administration of medication paperwork in accordance with school policy
- 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

If age-appropriate, these pupils are responsible for:

- Being aware of their allergens and the risks they pose
- Understanding where their AD is kept
- Understanding how and when to use their AD
- Alerting staff if they are aware of others who may have food containing their allergens

3.8 Pupils without allergies

These pupils are responsible for:

- Being aware of allergens and the risk they pose to their peers
- Ensuring they do not bring or consume foods with identified allergens in them to school.
- Older pupils might also be expected to support their peers and staff in the case of an emergency.

4. Identifying individuals at risk

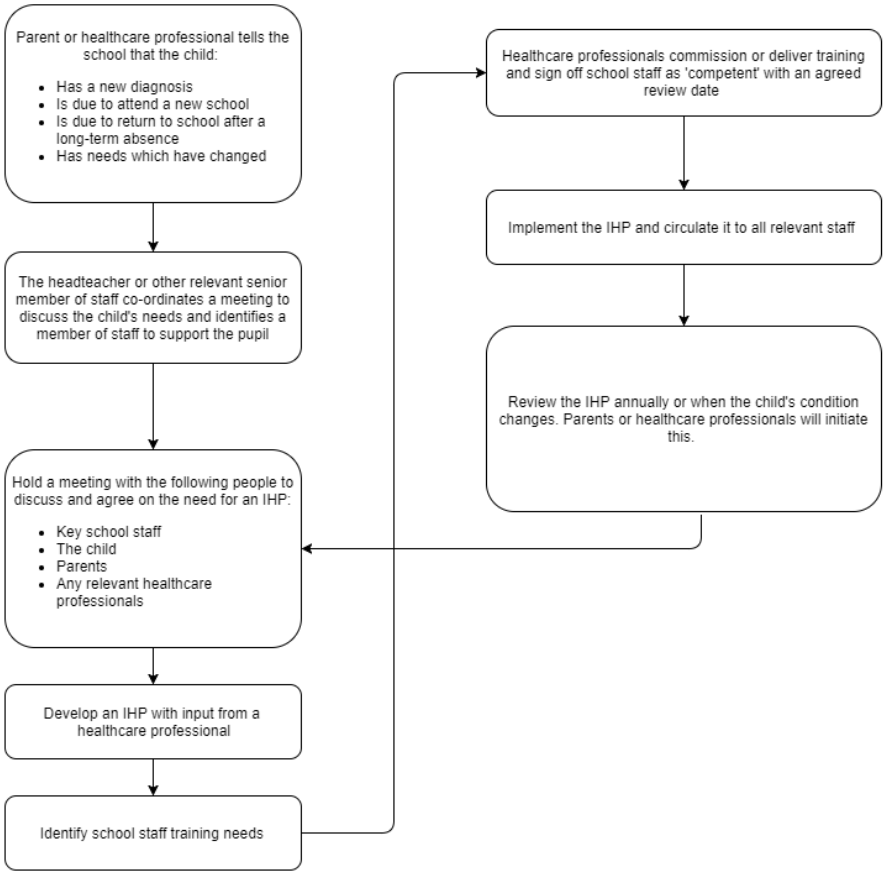
Allergy is a spectrum of different allergic diseases. Reactions occur when a susceptible person is exposed to something (an “allergen”) they are allergic to. Common allergic conditions include:

- 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, send a form to all parent/carers of pupils after their place at the school has been confirmed, but before their first school year starts, to confirm any allergy the pupil has and whether they carry medication. Where a pupil has a new diagnosis and/or has moved to the school mid-term, we will send a form and put arrangements in place within 2 weeks
- Send a reminder to parents/carers at the start of each year asking them to update their child’s medical information as necessary via MCAS or contacting the school office
- We ask that parents/carers proactively inform us by either phone call to the or an email to the school office/named allergy lead if their child’s medical needs change during the school year.



4.2 Identifying staff and visitors at risk

To ensure adults as well as staff are safeguarding against risk of an allergic reaction, as part of the Health and Safety Induction:

- New staff will be asked to provide details of their allergies in advance of their start date
- Where possible visitors will be asked to provide details of their allergies in advance of their visit

4.3 Individual healthcare plans (IHP)

Pupils should have an IHP if they:

- Have an allergy which has a functional impact on them in the school environment
- 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 Head of School or Allergy Lead 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

HPs 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

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

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

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

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

4.5 Register of pupils with known allergies

All children with a known allergy will have this recorded on Bromcom as part of the child's personal profile

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 to allow a visual check to be made

The register is kept in a location (main office and on Bromcom) easily accessible to staff and in areas where food is served or handled and can be checked quickly by any member of staff as part of initiating an emergency response.

The register will be monitored termly and updated when a new child with an allergy joins or their allergy status changes.

4.6 Storage of Adrenaline Device's (AD)

All AD's will be kept within a 5-minute radius of the child.

- BIS: Kept in the main office unless specifically stated in the IHP
- Bawnmore: Kept in labelled cupboard in child's classroom. Taken with child to wraparound care.
- BJS: Kept in the main office unless specifically stated in the IHP

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.

The policies will reflect the risk of allergens in any food projects.

All staff will be vigilant when planning and organising activities to mitigate risk of children having an allergic reaction.

6. Minimising risk

6.1 Hygiene procedures

- Pupils are reminded to wash their hands before and after eating
- Sharing of food, food containers, and food utensils is not allowed
- Pupils have their own named water bottles, and lunch boxes provided to pupils with food allergies will be clearly labelled with the name of the child for whom they are intended
- Where food is not directly provided by the school, parental engagement and permission will be sought in advance
- All children, parents and staff will be aware we are an 'Allergy Aware' school

6.2 Catering

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

6.3 Insect bites/stings

When outdoors:

- Shoes should always be worn
- Food and drink should be covered
- Monitoring when an Insect is in the vicinity.
- Alerting the Health and Safety Manager to any nests identified so they can be dealt with appropriately

6.4 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 held by a trained member of staff in a group 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)
- Staff organising the trip will advise the site they are visiting

7. Procedures for handling an allergic reaction

- All staff are trained to recognise the signs of both mild and severe allergic reactions (known as anaphylaxis) and respond appropriately
- Staff working with individuals are aware of the steps on the IHP
- Staff are trained in the administration of adrenaline to minimise delays in an emergency
- If the pupil has an allergy action plan, this must be followed
- A spare school AD device will only be used if:
    - The pupil does not have a prescribed AD
    - The pupil's prescribed AD are not available or misfire
- Time will be recorded if AD is administered and information shared with parent/ medical staff

8. Adrenaline devices (ADs)

8.1 Prescribed ADs

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

Parents are responsible for ensuring that they are in date, but this will be monitored by school staff

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

They should be:

- In an appropriate central location that is unlocked and accessible at all times
    - BIS: School Office
    - Bawnmore: Kept in labelled cupboard in child's classroom. Taken with child to wraparound care.
    - BJS: School Office
- Kept **no more than 5 minutes away** from where they may be needed
- Kept at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature

During trips and visits children will have a risk assessment in place, they will be in a group with a named adult who will carry their AD at all times.

Wrap around care will have full access to Ads

Parents will liaise with staff at extra-curricular activities to ensure they are fully aware of a child's allergy and IHP

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.

ADs are kept in school, unless stated in the child's IHP

If adrenaline is administered it will be recorded on Bromcom and in a report on CPOMs. A report of the incident will be submitted to the Health and Safety manager, Allergy Lead and SLT for review.

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 reliever inhaler] and ensuring they are stored according to the guidance.

Bilton Junior School:

The office source AD's from a reputable source as directed by the medical team.

The school hold 2 emergency ADs. Currently these are epi pens single dose 0.3g.

The dosage required (based on Resuscitation Council UK's age-based criteria, see page 11 of the AAI guidance)

Presentation: EpiPen® delivers a single dose of 0.3mg of adrenaline BP 1:1000 (0.3ml) in a sterile solution. EpiPen® Jr. delivers a single dose of 0.15mg adrenaline BP 1:2000 (0.3ml) in a sterile solution. 1.7ml of adrenaline remains in the auto-injector after activation.

Dosage and administration: ADULTS: Administration of 0.3mg adrenaline (EpiPen®) intramuscularly. CHILDREN: The appropriate dosage may be 0.15mg (EpiPen® Jr.) for children 7.5-25kg body weight and 0.3mg (EpiPen®) adrenaline for children >25kg body weight, or at the discretion of the physician. The use in children weighing less than 7.5 kg is not recommended unless in a life-threatening situation and under medical supervision. EpiPen® should only be injected into the anterolateral aspect of the thigh through clothing if necessary.

Spare ADs will be stored:

- In the main office
- They will be clearly labelled with the expiry date

Bawnmore Community Infant School

The Allergy Safety Lead, Mrs P. Davey, is responsible for sourcing the school's spare adrenaline auto-injectors (AAIs) and ensuring they are stored, checked and maintained in accordance with national guidance. Spare AAIs are purchased from Bilton Pharmacy using the appropriate headed letter signed by the Headteacher.

Bawnmore Community Infant School and Pre-School stocks two EpiPen Junior (150 microgram) devices as its emergency spare AAIs. The school purchases a single brand, EpiPen, to reduce the risk of confusion and support effective staff training. For children under 6 years of age, the recommended emergency dose is 150 micrograms (EpiPen Junior), which is appropriate for the age range of pupils attending the school and pre-school.

Spare AAIs are stored securely in a clearly labelled, easily accessible location, with expiry dates checked regularly and replacement devices purchased as required.

Spare ADs will be stored:

- In a labelled staffroom cupboard
- They will be clearly labelled with the expiry date

Bilton Infant School

The office source AD's from a reputable source as directed by the medical team.

The school hold 2 emergency ADs. Currently these are epi pens single dose 0.3g. The dosage required (based on Resuscitation Council UK's age-based criteria, see page 11 of the AAI guidance)

Presentation: EpiPen® delivers a single dose of 0.3mg of adrenaline BP 1:1000 (0.3ml) in a sterile solution. EpiPen® Jr. delivers a single dose of 0.15mg adrenaline BP 1:2000 (0.3ml) in a sterile solution. 1.7ml of adrenaline remains in the auto-injector after activation.

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Spare ADs will be stored:

- In the main office
- They will be clearly labelled with the expiry date

8.3 Disposal

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

AAIs will be given to the parents to take to hospital with the child

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

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

8.5 Use of ADs off school premises

Pupils at risk of anaphylaxis who are able to administer their own adrenaline should carry their own ADs with them on school trips and off-site events

Pupils will be in a group with a named adult on their Risk Assessment, who will administer AD as required. The group leader will contact school, parent or emergency services depending on distance and assessed risk

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

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

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

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

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

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

- With the Health and Safety Executive (HSE): incidents which arise directly out of the way the school carried out a work activity which results in death or immediate hospitalization. For example, where a pupil has suffered harm after consuming an allergen due to incorrect preparation of food by a member of staff. [a RIDDOR report will be completed]
- In the event that the incident or 'near miss' was related to the delivery of a care plan or action plan issued by a healthcare professional, the relevant healthcare professional will be notified.

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 as part of their induction.

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

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

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

Allergy awareness training will ensure that all staff:

- Have an awareness of allergy, the risks it poses, how allergic reactions can occur and how to manage it
- Understand that allergy includes multiple conditions (food allergy, asthma, eczema, hay fever, others), which can co-exist

- Understand the difference between food allergy, coeliac disease and food intolerance
- Know where to find information on allergy triggers
- Can identify the range of symptoms of allergic reactions
- Understand and can recognise anaphylaxis
- Know how to respond in an emergency, including:
    - Calling emergency services and informing parents/carers
    - How to locate and administer emergency medication
    - How to use the medication/device in an emergency
- Understand the impact allergy can have on a pupil's wellbeing
- Understand the 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's website and shared with parents/carers at the start of the school year.

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

Allergy understanding will be taught and reflected in relevant lessons and included in policy i.e Science and DT

Where appropriate, and with child and parental consent, classes may be taught about specific allergies and how to help members of their class

11. Wellbeing

Staff recognise that pupils with allergies can experience bullying and may also suffer from anxiety and depression relating to their allergy. Consider what procedures you can put in place to support their mental health and wellbeing, in line with your school's behaviour policy and any other measures you have in place to prevent bullying.

Pupils with allergies will have additional support through:

- Pastoral care
- Regular check-ins with their class teacher/LSA
- 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 a 'near miss' is a serious event with a potential impact not only on the pupil but their family, those involved in responding. and any witnesses. The school will provide support to those involved.

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

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

Near misses will be reported to the Health and Safety manager and will be reviewed by SLT and the governing body.

12. Information sharing

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

13. Monitoring arrangements

This policy will be monitored by the allergy safety lead and link governor in discussion with SLT and the Governing body.

It will be reviewed and approved annually by the allergy safety lead, or more frequently if a serious incident or 'near miss' identifies an area for improvement.

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
- Safeguarding
- Behaviour policy
- Administering Medication Policy
- SEND policy and Information Report