ALLERGY SAFETY POLICY

Contents

1. PURPOSE OF THE POLICY 2
2. LEGISLATION AND GUIDANCE 2
3. ROLES AND RESPONSIBILITIES 2
4. IDENTIFYING INDIVIDUALS AT RISK 4
5. ASSESSING RISK 6
6. MINIMISING RISK 6
7. PROCEDURES FOR HANDLING AN ALLERGIC REACTION 7
8. ADRENALINE DEVICES (ADS) 7
9. SERIOUS INCIDENTS AND 'NEAR MISSES' 9
10. ALLERGY AWARENESS 10
11. WELLBEING 11
12. INFORMATION SHARING 11
13. MONITORING ARRANGEMENTS 11
14. LINKS TO OTHER POLICIES 12

ALLERGY SAFETY POLICY

1. PURPOSE OF THE POLICY

This policy aims to:

(a) 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

(b) Make clear how our school supports pupils with allergies to ensure their wellbeing and inclusion

(c) Promote and maintain allergy awareness among the school community

2. LEGISLATION AND GUIDANCE

2.1 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:

(a) The Food Information Regulations 2014

(b) The Food Information (Amendment) (England) Regulations 2019

3. ROLES AND RESPONSIBILITIES

3.1 The board of trustees

3.1.1 The board of trustees is responsible for ensuring:

(a) Risks relating to pupils with allergy are included in the risk register and actively managed

(b) The school has an allergy safety policy which sets out:

(i) Arrangements to reduce the risk of individuals coming into contact with their known allergens

(ii) Emergency response plans for cases of anaphylaxis

(c) Ensuring the allergy safety policy is reviewed at least annually, updated when needed, and is published

(d) The board of trustees delegates the day-to-day implementation of this policy to the allergy safety lead

3.2 Allergy safety lead

3.2.1 The nominated allergy safety lead is Charlotte Purcell

3.2.2 They're responsible for:

(a) Implementing this allergy safety policy

(b) Contributing to the review of the allergy safety policy at least annually, updating it when needed, and making sure it is published

(c) Promoting and maintaining allergy awareness across the school community

(d) Developing and reviewing arrangements for the safe storage and disposal of adrenaline devices (AD)

(e) Ensuring:

(i) All allergy information is up to date and readily available to relevant members of staff

(ii) All pupils who require support with allergies have an up-do-date individual healthcare plan (IHP)

(iii) All pupils with a known food or insect sting allergy have up-to-date allergy action plans issued by a medical professional

(iv) All staff receive regular allergy awareness training

(v) All staff are aware of the school's policy and procedures regarding allergies

(vi) Relevant staff are aware of what activities need an allergy risk assessment

(vii) Serious incidents and 'near misses' relating to allergy safety are recorded and reported as appropriate, and to consider and share with staff:

(A) What lessons there are to learn

(B) Any potential changes to the medical conditions and/or allergy safety policies and/or to any pupil's IHP

3.3 Headteacher

3.3.1 The headteacher is responsible for:

(a) 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 medical conditions policy or whether an IHP is required to specify arrangements that reflect the pupil's circumstances

3.4 Office Manager and deputy Headteacher

3.4.1 Alisha Bhatnagar and Aradhana Sharma are responsible for:

(a) Checking spare AAIs are present and in date on a monthly basis

(b) Making sure that replacement AAIs are obtained when expiry dates approach

3.5 Teaching and support staff

3.5.1 All teaching and support staff are responsible for:

(a) Promoting and maintaining allergy awareness among pupils

(b) Maintaining awareness of our allergy safety policy and procedures

(c) Being able to recognise the signs of severe allergic reactions and anaphylaxis

(d) Being aware of specific pupils with allergies in their care

(e) Reducing the risk to pupils with known allergies coming into contact with known allergens

(f) Ensuring the wellbeing and inclusion of pupils with allergies

(g) Reporting any allergic reaction or case of anaphylaxis to the allergy safety lead

3.6 Parents/carers

3.6.1 Parents/carers are responsible for:

(a) Being aware of the allergy safety policy

(b) Providing the school with up-to-date details of their child's medical needs, dietary requirements, and any history of allergies, reactions and anaphylaxis

(c) 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

(d) Following the school's guidance on food brought in to be shared

(e) Updating the school on any changes to their child's condition

3.7 Pupils with allergies

3.7.1 If age-appropriate, these pupils are responsible for:

(a) Being aware of their allergens and the risks they pose

(b) Carrying their AD on their person and only using it for its intended purpose

(c) Understanding how and when to use their AD

3.8 Pupils without allergies

3.8.1 These pupils are responsible for:

(a) Being aware of allergens and the risk they pose to their peers

3.8.2 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:

(a) Hay fever (allergic rhinitis), triggered by allergens carried in the air, such as pollen, house dust mite, animal fur/feathers, or mould

(b) 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

(c) Food allergy, which can cause symptoms ranging from mild itching in the mouth to "whole body" reactions including anaphylaxis

(d) Asthma which may be triggered by airborne allergens

(e) Allergy to insect stings and medicines

4.1 Identifying pupils at risk

4.1.1 Schools admissions forms request information on pre-existing medical conditions. Parents are asked to inform the school and can do so face to face, over the telephone or in writing or by emailing the school office at any point in the school year if a condition develops or is diagnosed. The school will consider seeking consent from GPs to have input into the IHP and also to share information for recording attendance.

4.1.2 A medical conditions list or register is kept, updated and reviewed regularly by the nominated member of staff. Each class / form tutor should have an overview of the list for the pupils in their care, within easy access.

4.1.3 Supply staff and support staff should similarly have access on a need to know basis. Parents should be assured data sharing principles are adhered to.

4.1.4 For pupils on the medical conditions list key stage transition points meetings should take place in advance of transferring to enable parents, school and health professionals to prepare IHP and train staff if appropriate.

4.1.5 A catering provider's allergy form

4.2 Identifying staff and visitors at risk

4.2.1 The school's arrangements for identifying staff and visitors with known allergies, are:

(a) Asking new staff to provide details of their allergies in advance of their start date

(b) Asking visitors to provide details of their allergies in advance of their visit

4.3 Individual healthcare plans (IHP)

4.3.1 Pupils should have an IHP if they:

Formatted: Indent: Left: 0.25 cm, Tab stops: 1.25 cm, List tab + Not at 1 cm

(a) Have an allergy which has a functional impact on them in the school environment

(b) They are at risk of harm as a result of their allergy; and

(c) Require arrangements which are additional to or different from those made generally

4.3.2 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.

4.3.3 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.

4.3.4 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.

4.3.5 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 medical conditions policy or whether an IHP is required to specify arrangements that reflect the pupil's circumstances.

4.3.6 The school will consider the following principles:

(a) 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

(b) If the pupil only needs non-prescription medication and the medical conditions policy would permit them to carry and administer it, an IHP may not be required

4.3.7 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

Formatted: Indent: Left: 0.25 cm, Tab stops: 1.25 cm, List tab + Not at 1 cm

4.4.1 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.

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

4.4.3 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.

4.4.4 The allergy action plan and/or asthma action plan should be attached to the pupils 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

Formatted: Indent: Left: 0.25 cm, Tab stops: 1.25 cm, List tab + Not at 1 cm

4.5.1 The school maintains a register of pupils who have a known allergy. The register includes:

(a) Known allergens and risk factors for anaphylaxis

(b) Whether a pupil has been prescribed ADs (and if so, what type and dose)

(c) Where a pupil has been prescribed an AD, whether parental consent has been given to administer emergency medication

(d) A photograph of each pupil to allow a visual check to be made

4.5.2 The register is kept in the school office and can be checked quickly by any member of staff as part of initiating an emergency response

4.5.3 Allowing all pupils to keep their ADs with them will reduce delays and allows for confirmation of consent without the need to check the register.

5. ASSESSING RISK

5.1 The school will conduct a risk assessment for any pupil at risk of anaphylaxis taking part in:

(a) Lessons such as food technology

(b) Science experiments involving foods

(c) Crafts using food packaging

(d) Off-site events and school trips

(e) Any other activities involving animals or food, such as animal handling experiences or baking

5.2. 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

Adapt the following sections – your schools' approach to risk reduction must be specific to their contexts. Use the suggestions below to help you get started.

6.1 Hygiene procedures

Set out what measures you'll take to prevent contamination in your school, such as:

(a) Pupils are reminded to wash their hands before and after eating

(b) Sharing of food, food containers, and food utensils is not allowed

(c) Pupils have their own named water bottles and lunch boxes provided to pupils with food allergies should be clearly labelled with the name of the child for whom they are intended

(d) Where food is not directly provided by the school, parental engagement and permission will be sought in advance

6.2 Catering

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

(a) Catering staff receive appropriate training and are able to identify pupils with allergies

(b) The school will engage with caterers to understand the controls in place to ensure that food service complies with relevant requirements

(c) 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

(d) 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

(e) 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)

(f) Where food is provided by the school, staff will understand how to read labels for food allergens

(g) Catering staff follow hygiene and allergy procedures when preparing food to avoid cross-contamination

6.3 Insect bites/stings

6.3.1 Our procedures for preventing and dealing with insect bites/stings are:

Formatted: Indent: Left: 0.25 cm, Tab stops: 1.25 cm, List tab + Not at 1 cm

Formatted: Indent: Hanging: 1 cm, Tab stops: 1.25 cm, List tab + Not at 1 cm + 1.5 cm

Formatted: Indent: Hanging: 1 cm, Tab stops: 1.25 cm, List tab + Not at 1 cm

Formatted: Indent: Left: 0.25 cm, Tab stops: 1.25 cm, List tab + Not at 1 cm

When outdoors:

(a) Shoes should always be worn

(b) Food and drink should be covered

6.4 Animals

Formatted: Indent: Left: 0.25 cm

6.4.1 Our hygiene procedures for managing allergies to animals such as dogs, are:

(a) All pupils will always wash hands after interacting with animals to avoid putting pupils with allergies at risk through later contact

(b) Pupils with animal allergies will not interact with animals

6.5 Visits and trips

Formatted: Indent: Left: 0.25 cm

6.5.1 No pupils with allergies will be excluded from taking part

6.5.2 The school will plan accordingly for all events and school trips, and arrange for the staff members involved to be aware of pupils' allergies and to have received appropriate training

6.5.3 The school will conduct a risk assessment for any pupil at risk of anaphylaxis taking part in a school trip

6.5.4 Pupils at risk of anaphylaxis should have their own AD with them

6.5.5 Staff trained to administer adrenaline in an emergency will be present on the school trip

6.5.6 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

7.1 As part of the whole-school awareness approach to allergies, all staff are trained to recognise the signs of both mild and severe allergic reactions (known as anaphylaxis) and respond appropriately

7.2 Staff are trained in the administration of adrenaline to minimise delays in an emergency

7.3 If the pupil has an allergy action plan, this must be followed

7.4 A spare school AD device will only be used if:

(a) The pupil does not have a prescribed AD

(b) The pupil's prescribed AD are not available or misfire

8. ADRENALINE DEVICES (ADS)

8.1 Prescribed ADs

Formatted: Indent: Left: 0.25 cm

8.1.1 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. Pupils with prescribed ADs should take them home with them at the end of each school day, and parents are responsible for ensuring that they are in date.

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

8.1.3 Ads are in the school office

8.1.4 The child's AD will go with them on any school trip or outing.

8.1.5 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.

8.1.6 Set out your arrangements for:

(a) Pupils and parents/carers may take individually prescribed ADs home providing that does not mean there is no device in school. We will regularly check that they remain in date

(b) Parents/Carer of pupils who have been provided with prescribed adrenaline (and an allergy action plan) must complete all appropriate paperwork.

8.2 Spare ADs and inhalers

Formatted: Indent: Left: 0.25 cm

8.2.1 **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.

8.2.2. 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.

8.2.3 Procedures for purchasing spare adrenaline auto-injectors (AAIs)

The school will purchase spare adrenaline auto-injectors (AAIs) from a local or reputable registered pharmacy, in accordance with current Department of Health and Social Care guidance.

The school will maintain two spare AAIs for emergency use. Where possible, the school will purchase the same brand of AAI to reduce the risk of confusion when devices are used in an emergency.

As Christ Church Streatham CE Primary School provides education for children from Nursery to Year 6, the school will purchase devices in the appropriate doses for the age groups on roll:

• 150 micrograms for younger children

• 300 micrograms for older primary-aged children

The appropriate dose will be determined in accordance with current Resuscitation Council UK age-based guidance and the manufacturer's instructions.8.2.4 Spare ADs will be stored:

Spare AAIs will be stored securely but readily accessible in a clearly labelled emergency medicines location known to relevant staff. They will not be locked away where this would delay access in an emergency.

The expiry dates of spare AAIs will be checked regularly as part of the school's medicines checks. The Office Manager will ensure replacement devices are ordered in sufficient time before expiry and following any use.

8.2.5 The school will retain appropriate records of the purchase, expiry dates and use of its spare AAIs.Spare AAIs will be kept:

(a) In pairs, in case a second one is necessary

(b) Separate from any pupils' prescribed ADs and clearly labelled to avoid confusion

Charlotte Purcell and Alsiha Bhatnagar are responsible for:

(c) Checking monthly that spare ADs and the emergency asthma reliver inhaler are present and in date

(d) Obtaining replacement ADs when the expiry date is near

8.3 Disposal

Formatted: Indent: Left: 0.25 cm

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

8.4 Using spare ADs in an emergency situation without prior consent

Formatted: Indent: Left: 0.25 cm

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

8.4.2 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.

8.4.3 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

Formatted: Indent: Left: 0.25 cm

8.5.1 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

8.5.2 spare ADs will be taken 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

Formatted: Indent: Left: 0.25 cm

9.1.1 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:

(a) Who was affected

(b) What happened, when and where

(c) Why the incident occurred (as far as is known)

(d) How staff and pupils responded and what was done to support the individual

(e) Whether emergency services were called

(f) How the incident concluded

9.1.2. This will be recorded on Arbor

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

9.2 Incident reporting

Formatted: Indent: Left: 0.25 cm

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

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

9.2.3 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.

9.2.4 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.

9.2.5 Staff will always share the incident report with Charlotte Purcell 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.

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

9.2.7 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. [See how to make a RIDDOR report]

9.2.8 To the local authority: any allergen-related food safety incidents. [See how to report a food safety issue]

9.2.9 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

Formatted: Level 2 Number, Indent: Left: 0 cm

10.1.1 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.

10.1.2 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.

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

10.1.4 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.

10.1.5 Allergy awareness training will ensure that all staff:

(a) Have an awareness of allergy, the risks it poses, how allergic reactions can occur and how to manage it

(b) Understand that allergy includes multiple conditions (food allergy, asthma, eczema, hay fever, others), which can co-exist

(c) Understand the difference between food allergy, coeliac disease and food intolerance

(d) Know where to find information on allergy triggers

(e) Can identify the range of symptoms of allergic reactions

(f) Understand and can recognise anaphylaxis

(g) Know how to respond in an emergency, including:

(i) Calling emergency services and informing parents/carers

(ii) How to locate and administer emergency medication

(iii) How to use the medication/device in an emergency

(h) Understand the impact allergy can have on a pupil's wellbeing

(i) Understand the allergy safety policy

(j) 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

(k) Understand their responsibilities in reducing the risk of individuals with known allergy coming into contact with their known allergens

(l) Understand how to report an allergic reaction or case of anaphylaxis (whether an incident or a 'near miss')

10.1.6 All staff should complete the Allergy Awareness Training on The Key as part of their induction arrangements. All staff are required to renew the training annually.

10.2 Awareness of allergy safety policy

Formatted: Indent: Left: 0.25 cm

10.2.1 This allergy safety policy will be published on the school's website and shared with parents/carers at the start of the school year.

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

10.2.3 We will teach pupils about allergies in our PSHE and DT curriculum – find useful resources from Allergy School]

11. WELLBEING

11.1 The school recognises that pupils with allergies may experience anxiety or bullying related to their condition. Any allergy-related teasing, bullying or deliberate exposure to an allergen will be addressed in line with the school's Behaviour and Anti-Bullying Policies.

Staff will promote understanding and inclusion, remain alert to changes in a pupil's wellbeing and provide reassurance and pastoral support where needed. Concerns will be discussed with parents/carers and, where appropriate, additional support will be sought.

11.0.2 Pupils with allergies will have additional support through:

(a) Pastoral care

(b) Regular check-ins with their class teacher

(c) 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

11.0.3. The school will respond to any instance of bullying in line with its behavior policy.

11.1 Wellbeing support following an incident or 'near miss'

11.1.1 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.

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

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

12. INFORMATION SHARING

12.1 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

13.1 This policy will be monitored by the allergy safety lead.

Formatted: Indent: Left: 0.25 cm, Tab stops: 1.25 cm, List tab + Not at 1 cm

13.2 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:

14.1 Health and safety policy

14.2 Supporting pupils with medical conditions policy

14.3 School food policy

14.4 Data protection policy

14.5 Behavior policy