JOHN SPENDLUFFE TECHNOLOGY COLLEGE

Allergy Safety Policy

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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 students 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 students 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 students 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 the day-to-day implementation of this policy to the allergy safety lead.

3.2 Allergy safety lead

The nominated allergy safety lead is Miss R Norton, Deputy Headteacher

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 students who require support with allergies have an up-do-date individual healthcare plan (IHP)
    - All students with a known food or severe allergy who use an epipen, 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 student's IHP

3.3 Headteacher

The headteacher is responsible for:

- Deciding (in discussion with the parents/carers and any relevant healthcare professionals) whether a student'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 student's circumstances

3.4 Office Staff- Mrs Chatterton and Mrs Sheldon

Are responsible for:

- Checking spare epipens are present and in date each term
- Record checks on the medical log
- Making sure that replacement epipens are obtained when expiry dates approach

3.5 Teaching and support staff

All teaching and support staff are responsible for:

- Promoting and maintaining allergy awareness among students

- 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 students with allergies in their care
- Reducing the risk to students with known allergies coming into contact with known allergens
- Ensuring the wellbeing and inclusion of students 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
- 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 Students with allergies

If age-appropriate, these students are responsible for:

- Being aware of their allergens and the risks they pose
- Carrying their AD on their person and only using it for its intended purpose
- Understanding how and when to use their AD

3.8 Students without allergies

These students are responsible for:

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

Older students 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 students at risk

We will:

- For new starters, send a form to all parent/carers of students after their place at the school has been confirmed, but before their first school year starts, to confirm any allergy the student has and whether they carry medication. Where a student 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 Bromcom parent portal

We ask that parents/carers proactively inform us by either phone call to the school **01507 462443** or an email to office@jstc.org.uk if their child's medical needs change during the school year.

4.2 Identifying staff and visitors at risk

- Asking new staff to provide details of their allergies as close as possible to their start date
- Asking visitors to provide details of any allergies when signing into school

4.3 Individual healthcare plans (IHP)

Students 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 student 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 student. 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 students 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 student while they are at school, or pose no risk to the student. 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 student'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 student's circumstances.

The school will consider the following principles:

- If the arrangements or support which a student requires would be available to any student as part of normal policies, an IHP may not be required
- If the student 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 student's needs have changed. Where a student 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 students who have a known allergy and are an epipen user should be issued with an appropriate allergy action plan by their healthcare professional, and a copy of this plan shared with school with the parent/carer.

Any student with a mild allergy, parents can contact school via the admissions process or email inform school and any actions required.

All students who have asthma should be issued with an asthma action plan by their healthcare professional. It is parent/carer's responsibility to send this plan into school.

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 student's IHP. Whenever the allergy action plan is updated, the student's IHP should be reviewed to incorporate it.

4.5 Register of students with known allergies

- The school maintains a register of students who have a known allergy. The register includes:
    - Known allergens and risk factors for anaphylaxis
    - Whether a student has been prescribed ADs (and if so, what type and dose)
    - Where a student has been prescribed an AD, whether parental consent has been given to administer emergency medication
    - A photograph of each student to allow a visual check to be made (this will require parental consent)
- The register is kept in the office, canteen and Tech 4 (Food room) physically and on the school intranet, and can be checked quickly by any member of staff as part of initiating an emergency response.
- Substitute staff will have access to the allergy register via the school intranet for each class they teach.

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

5. Assessing risk

The school will conduct a risk assessment for any student 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 student 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

- Students are reminded to wash their hands before and after eating
- Sharing of food, food containers, and food utensils is not allowed
- Lunch boxes provided to students 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

6.2 Catering

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

- Catering staff receive appropriate training and are able to identify students with allergies

- Catering staff will have direct access to the allergy register via the school intranet and a paper copy, which will be updated with any changes as soon as we are made aware of them
- 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 students 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 students
- Food allergen information relating to the 'top 14' allergens is displayed on the packaging of all food products, allowing students 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

6.3 Insect bites/stings

When outdoors:

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

6.4 Animals

- All students will always wash hands after interacting with animals to avoid putting students with allergies at risk through later contact
- Students with animal allergies will not interact with animals
- Please see separate JSTC Dog Policy for further information on managing animal allergies in school alongside having a school dog

6.5 Visits and trips

- No students 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 students' allergies and to have received appropriate training
- The school will conduct a risk assessment for any student at risk of anaphylaxis taking part in a school trip
- Students 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)

6.6 Classroom practice

- No food used in lessons without prior risk assessment.
- No sharing of food during tutor time, rewards, celebrations, however individually wrapped treats are allowed, excluding items that may contain nuts.
- Staff must check ingredient labels before using food items in lessons.

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 are trained in the administration of adrenaline to minimise delays in an emergency
- If the student has an allergy action plan, this must be followed
- A spare school AD device will only be used if:
    - The student does not have a prescribed AD
    - The student's prescribed AD are not available or misfire

8. Adrenaline devices (ADs)

8.1 Prescribed ADs

Students 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. Students 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.

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

- In an appropriate central location that is unlocked and accessible at all times (MAIN OFFICE AND THE CANTEEN AND TECH 4)
- **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

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

- Students and parents/carers to take individually prescribed ADs home (for example, at the end of the day for the journey home) and for checking that they remain in date

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 student'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.

Spare ADs will be stored:

- In an appropriate central location that is unlocked and accessible at all times (MAIN OFFICE AND THE CANTEEN AND TECH 4)
    - **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 Clearly labelled as **JSTC SPARE EPIPENS – FOR EMERGENCY USE ONLY**

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

- Spare ADs will be sourced from **our local pharmacy in Alford**, which orders in the recommended brands for schools. The allergy safety lead or Mrs Chatterton will confirm availability and place orders as required.
- The school will maintain **a minimum of four spare epipens** on site at all times (two in the main office and two in the canteen and two in Tech4), stored in pairs to ensure a second dose is available if needed.
- To avoid confusion in an emergency, JSTC will purchase **a single brand of AD**. The current school brand is **EpiPen**.
- Dosage will follow Resuscitation Council UK guidance:
  - **Adult (300 micrograms)** for students aged 6 and above
- The allergy safety lead will review dosage requirements annually and after any new diagnosis.

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.

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 students 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

Students 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. **Sta**ff will check that students have their AAIs before departure and again before returning to school.

- For emergency use, students will each carry their own EpiPen as part of their own medical equipment in their green box
- JSTC will also take **one pair of spare ADs** on every trip where a student with a known allergy is attending. The trip leader is responsible for collecting the spare ADs from the main office before departure and returning them immediately afterwards.
- During travel and off-site activities:
  - Spare ADs will be kept in the **first aid backpack**, which remains with staff at all times
  - ADs will **not** be left on coaches, in luggage compartments, or in unattended bags
  - Staff trained to administer adrenaline will be present throughout the trip
  - The student's allergy action plan will be carried with the medication on their person when they leave the coach. Student will be advised to take their EpiPen and store it safely with the instructions on their person
- The trip leader will complete a pre-trip checklist confirming:
  - The student's prescribed ADs are present
  - Spare ADs have been collected

- Staff attending are aware of the student's allergy and trained in emergency response
- Student name included on the risk assessment which is linked to Evolve

9. Serious incidents and 'near misses'

A **serious incident** is any event relating directly to a medical condition (including allergy) in which a student, 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

All serious incidents and 'near misses' relating to allergy safety will be recorded **as soon as possible** after the event.

JSTC records medical incidents 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)
- Known or suspected cause
- How staff and students responded and what support was provided
- Whether emergency services were called
- Outcome of the incident

The allergy safety lead (Miss R Norton) will review and sign off the record, adding:

- Any lessons learned
- Any changes required to the student's IHP
- Any changes required to school procedures or this policy

Where appropriate, a paper copy will also be added to the **medical file** held in the main office.

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 student aged up to 16 should be notified of the incident or 'near miss' as soon as possible. Where a student is aged 16 or over, the school will normally discuss the sharing of medical information with the student and, where appropriate, seek their agreement before sharing information with parents/carers, unless there is a safeguarding concern or another lawful basis for disclosure.

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 student is at home. This means that incident reporting is not limited to staff – the student, 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 MISS R NORTON. 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 student'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 student 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]
- To the local authority: any allergen-related food safety incidents.

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 students 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 students at breakfast or after-school clubs. It does not include contractors carrying out work with no student-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 practice safely and be familiar with the differences.

The school will conduct allergy awareness and procedural training annually. The frequency of training will be recorded.

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 student'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.

The school will promote allergy awareness among students through:

- **PSHE lessons**, including understanding allergies, anaphylaxis, and how to support peers
- **Tutor time discussions**, particularly at the start of the school year
- **Assemblies**, including participation in national awareness events such as *Anaphylaxis UK Allergy Awareness Week*
- **Curriculum links**, such as safe practice in food technology and science
- Clear expectations that students must **not share food**, must respect peers' medical needs, and must follow staff instructions relating to allergens

Resources from Allergy UK, Anaphylaxis UK and AllergyWise will be used to support teaching.

Students will be encouraged to:

- Understand the seriousness of allergies
- Recognise how their behaviour can reduce risk
- Support peers calmly and appropriately in an emergency

11. Wellbeing

Students with allergies will have additional support through:

- Pastoral care
- Check-ins with their class teacher/form tutor/Progress Teams.
- 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 student 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’.

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.

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 students with medical conditions policy

Appendix: JSTC Allergy Safety – Staff Quick-Reference Sheet

1. Immediate priorities

- **Keep students with allergies safe** by reducing exposure to known allergens.
- **Know who is at risk** – check the **Allergy Register** on the school homepage, in the office, and in the canteen.
- **Act fast in an emergency** – recognise symptoms and administer adrenaline without delay.

2. Recognising allergic reactions

› Mild–moderate symptoms

- Itching, hives, redness
- Swelling of lips/face
- Stomach pain, nausea
- Sneezing, runny nose
- Mild wheeze or cough

› Severe symptoms (anaphylaxis)

- Difficulty breathing
- Tight chest
- Swelling of tongue
- Hoarse voice
- Collapse or fainting
- Sudden anxiety or confusion

› If in doubt, treat as anaphylaxis.

3. Emergency response

› If a student shows signs of anaphylaxis:

1. **Administer their prescribed AD immediately** (EpiPen).
2. **Call 999** – state “anaphylaxis”.
3. **Send someone to collect spare ADs** (main office, canteen or Tech 4).
4. **Lay the student flat** (unless breathing is difficult – then allow them to sit).
5. **Give a second dose after 5 minutes** if symptoms persist.
6. **Inform parents/carers** once emergency services are on the way.
7. **Record the incident** in the accident book and notify **Miss R Norton**.

4. Where ADs are kept

› Prescribed ADs

- Students should carry their own ADs **at all times**.
- If not age-appropriate, ADs are stored:
  - **Main Office**
  - **Canteen**
- Always kept **unlocked**, **accessible**, and **within 5 minutes** of any location.

› Spare ADs

- Minimum of **six spare ADs** on site (two in office, two in canteen and two in Tech 4).
- Stored **in pairs**, clearly labelled **SPARE – EMERGENCY USE ONLY**.
- Brand used: **EpiPen**.
- Dosage:
  - **300 micrograms** – age 6+

5. Classroom expectations

- **No food used in lessons** without a prior risk assessment.
- **No sharing of food** in tutor time, rewards, celebrations.
- **Check ingredient labels** before using any food items.
- **Students wash hands** before and after eating.
- **No food sharing** at any time.

› "Staff must check ingredient labels before using food items in lessons."

6. Canteen & food safety

- Catering staff have direct access to the Allergy Register.
- Allergen information for the **top 14 allergens** must be visible.
- Avoid cross-contamination at all times.
- Students with allergies must receive clearly labelled meals.

7. Trips and off-site activities

- Students with allergies **must not be excluded**.
- Students carry their own ADs.
- Staff take **one pair of spare ADs** on every trip involving a student with allergies.
- Spare ADs to be kept in the **first aid backpack**– never left on coaches or in luggage.
- Staff trained in administering adrenaline must be present.

8. Reporting incidents or near misses

› Report immediately to **Miss R Norton**. Record in the accident book including:

- Who was affected
- What happened
- Suspected cause
- Response given
- Whether emergency services were called
- Outcome

› All incidents are reviewed for lessons learned.

9. Staff responsibilities (summary)

- Know the Allergy Safety Policy.
- Know which students have allergies.
- Reduce exposure to allergens.
- Follow action plans.
- Respond immediately to symptoms.
- Report incidents and near misses.
- Maintain inclusion and wellbeing.