AYSCOUGHFEE HALL SCHOOL

ALLERGY SAFETY AND ANAPHYLAXIS POLICY

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1. AIMS AND OBJECTIVES

This policy outlines Ayscoughfee Hall School's approach to allergy management, including how the whole-school community works to reduce the risk of an allergic reaction happening and the procedures in place to respond if one should occur. It also sets out how we support pupils with allergies to ensure their wellbeing and inclusion, as well as demonstrating our commitment to being an allergy aware school.

This policy applies to all staff, pupils, parents and visitors to the school and should be read alongside these other policies:

- Anti Bullying Policy
- Behaviour Policy
- Crisis Management Policy
- Equality, Diversity and Inclusion (EDI) Policy
- First Aid Policy
- Health and Safety Policy
- Safeguarding and Child Protection Policy
- Supporting Children with Medical Conditions in School Policy

2. WHAT IS AN ALLERGY?

Allergy occurs when a person reacts to a substance that is usually considered harmless. It is an immune response and instead of ignoring the substance, the body produces histamine which triggers an allergic reaction.

Whilst most allergic reactions are mild, causing minor symptoms, some can be very serious and cause anaphylaxis, which is a life-threatening medical emergency.

People can be allergic to anything, but serious allergic reactions are most commonly caused by food, insect venom (such as a wasp or bee sting), latex and medication.

3. DEFINITIONS

ANAPHYLAXIS: Anaphylaxis is a severe allergic reaction that can be life-threatening and must be treated as a medical emergency.

ALLERGEN: A normally harmless substance that, for some, triggers an allergic reaction. You can be allergic to anything. The most common allergens are food, medication, animal dander (skin cells shed by animals with fur or feathers) and pollen. Latex and wasp and bee stings are less common allergens.

Most severe allergic reactions to food are caused by just 9 foods. These are eggs, milk, peanuts, tree nuts (which includes nuts such as hazelnut, cashew nut, pistachio, almond, walnut, pecan, Brazil nut, macadamia etc), sesame, fish, shellfish, soya and wheat.

There are 14 allergens required by UK law to be highlighted on pre-packed food. These allergens are celery, cereals containing gluten, crustaceans, egg, fish, lupin, milk, molluscs, mustard, peanuts, tree nuts, soya, sulphites (or sulphur dioxide), and sesame.

ADRENALINE AUTO-INJECTOR: Single-use device which carries a pre-measured dose of adrenaline. Adrenaline auto-injectors are used to treat anaphylaxis by injecting adrenaline directly into the upper, outer thigh muscle. Adrenaline auto-injectors are commonly referred to as AAIs, adrenaline pens or by the brand name EpiPen. There are two brands licensed for use in the UK: EpiPen and Jext Pen. For the purposes of this Policy, we will refer to them as Adrenaline Pens.

ALLERGY ACTION PLAN: This is a document filled out by a healthcare professional, detailing a person's allergy and their treatment plan.

DESIGNATED ALLERGY LEAD: The member of staff responsible for overseeing allergy management across the school and acting as the main point of contact for pupils, parents and staff.

NEFFY: Neffy (official name in the UK is EURNeffy) is a nasal spray which delivers adrenaline. It is a needle-free alternative to an adrenaline auto-injector approved.

INDIVIDUAL HEALTHCARE PLAN: A detailed document outlining an individual pupil's medical conditions, history, treatment, risks and action plan. This document should be created by schools in collaboration with parents/carers and, where appropriate, pupils. All pupils with an allergy should have an Individual Healthcare Plan and it should be read in conjunction with their Allergy Action Plan.

RISK ASSESSMENT: A detailed document outlining an activity, the risks it poses, and any actions taken to mitigate those risks. Allergy should be included on all risk assessments for events on and off the school site.

SPARE ADRENALINE PENS: Schools are able to purchase spare adrenaline pens. These should be held as a back-up, in case pupils' prescribed adrenaline pens are not available. They can also be used to treat a person who experiences anaphylaxis but has not been prescribed their own adrenaline.

4. ROLES AND RESPONSIBILITIES

4.1 Designated Allergy Lead

The Designated Allergy Lead is Mrs J Jeffries – (Deputy Headteacher, Deputy Designated Safeguarding and Wellbeing Lead). They report into Mrs T Wright, (Headteacher and Designated Safeguarding Lead). They are responsible for:

- Ensuring the safety, inclusion and wellbeing of pupils and staff with an allergy.
- Taking decisions on allergy management across the school.
- Championing and practising allergy awareness across the school.
- Being the overarching point of contact for staff, pupils and parents with concerns or questions about allergy management.
- Ensuring allergy information is recorded, up-to-date and communicated to all staff. On a day-to-day basis, the collation of information is delegated to Mrs T Staples, School Secretary and First Aid Lead.

- Making sure all staff are appropriately trained, have good allergy awareness and realise their role in allergy management (including what activities need an allergy risk assessment).
- Ensuring staff, pupils and parents have a good awareness of the school's Allergy and Anaphylaxis Policy, and other related procedures.
- Reviewing the school's stock of spare adrenaline pens (check the school has an appropriate number for the setting, that they hold the correct dose, that spare adrenaline pens are stored appropriately) and ensuring staff know where they are – this responsibility is delegated to Mrs T Staples as above.
- Keeping a record of any allergic reactions or near-misses, reporting these to the appropriate authority (e.g. Under RIDDOR) where necessary and ensuring the circumstances are investigated and learnings shared.
- Regularly reviewing and updating the Allergy and Anaphylaxis Policy; and
- Ensuring there is an anaphylaxis drill once a year.

The Designated Allergy Lead will undertake termly audits of allergy management arrangements, including staff training records, Individual Healthcare Plans, Allergy Action Plans, emergency medication, spare adrenaline auto-injectors, allergy registers and incident records. Findings will be reported to the Senior Management Team and Governing Body, and any actions required will be implemented promptly to ensure continuous improvement in allergy safety.

4.2 First Aid Appointed Person

Mrs T Staples, School Secretary and First Appointed Person , is responsible for:

- Collecting and coordinating the paperwork (including Allergy Action Plans and Individual Healthcare Plans) and information from families (this is likely to involve liaising with the admissions team for new joiners).
- Supporting the Designated Allergy Lead with disseminating this information to all school staff, occasional staff and those running clubs.
- Ensuring the information from families is up-to-date and reviewed annually (at a minimum). Coordinating medication with families and ensuring medication is in date.
- Keeping an adrenaline pen register to include adrenaline pens prescribed to pupils and the school's stock of spare adrenaline pens, including brand, dose and expiry date. The location of spare adrenaline pens should also be documented.
- Regularly checking spare adrenaline pens are where they should be, and that they are in date.
- Replacing the spare adrenaline pens when necessary.
- Providing on-site adrenaline pen training for staff and pupils and refresher training as required e.g. before school trips

4.3 Admissions Team

The admissions team is likely to be the first to learn of a pupil or visitor's allergy. They should work with the Designated Allergy Lead and First Aid Lead to ensure that:

- There is a clear method to capture allergy information or special dietary information at the earliest opportunity; this should be in place before a school visit, an Open Day or Taster Days if food is offered or likely to be eaten.
- There is a clear structure in place to communicate this information to the relevant parties (i.e. wider staff).
- Parents and applicants are informed of catering arrangements during admission events; and
- Plans are made for emergency medication if the child is to be left without parental supervision.

4.4 All staff

All school staff, including teaching staff, support staff, occasional staff (for example sports coaches, music teachers and those running wraparound care/after school clubs are responsible for:

- Championing and practising allergy awareness across the school.
- Reading, understanding and putting into practice the Allergy and Anaphylaxis Policy and related procedures, and asking for support if needed.
- Being aware of pupils (and staff, when necessary) with allergies and what they are allergic to.
- Considering the risk to pupils with allergies posed by any activities and assessing whether the use of any allergen in activity is necessary and/or appropriate.
- Ensuring pupils always have access to their medication or carrying it on their behalf. This will depend on factors such as the age of the child and decisions will be made on an individual basis in conjunction with parents.
- Being able to recognise and respond to an allergic reaction, including anaphylaxis, after appropriate training.
- Taking part in training and anaphylaxis drills as required (at least once a year). Whilst it is the school's responsibility to ensure staff have received annual training, if the member of staff is aware they have not received any allergy training in the last 12 months they should alert a manager.
- Considering the safety, inclusion and wellbeing of pupils with allergies at all times. Preventing and responding to allergy-related bullying, in line with the school's anti-bullying policy.
- Forwarding any communication or information that comes directly to them from parents regarding allergens to the first aid and allergy leads; and
- Ensuring that pupils have their medication and their Allergy Action Plan or Individual Health Care Plan with them when leaving school site, for a match or trip.

4.5 All parents

All parents and carers (whether their child has an allergy or not) are responsible for:

- Being aware of and understanding the school's Allergy and Anaphylaxis Policy and considering the safety and wellbeing of pupils with allergies.

- Providing Mrs Staples (First Aid Lead) in the school office with information about their child's medical needs, including dietary requirements and allergies, history of their allergy, any previous allergic reactions or anaphylaxis. They should also inform the school of any related conditions, for example asthma, hay fever, rhinitis or eczema.
- Considering and adhering to any food restrictions or guidance the school has in place when providing food, for example in packed lunches, as snacks or for fundraising events.
- Refraining from telling the school their child has an allergy or intolerance if this is a preference or dietary choice; and
- Encouraging their child to be allergy aware.

4.6 Parents of children with allergies

In addition to point 4.5, the parents and carers of children with allergies should:

- Work with the school to fill out an Individual Healthcare Plan and provide an accompanying Allergy Action Plan.
- If applicable, provide the school or their child with two labelled adrenaline pens and any other medication, for example antihistamine (with a dispenser, i.e. spoon or syringe), inhalers or creams.
- Ensure medication is in-date and replaced at the appropriate time.
- Ensure their child has access to their allergy medication, including two adrenaline pens if prescribed, on the journey to and from school.
- Update school with any changes to their child's condition and ensure the relevant paperwork is updated too.
- Sign the associated permission for an up-to-date photograph and details of their child's condition to be shared appropriately as part of their allergy management; and
- Support their child to understand their allergy diagnosis and to advocate for themselves and to take reasonable steps to reduce the risk of an allergic reaction occurring e.g. not eating the food to which they are allergic.

4.7 Pupils with allergies

In addition to point 4.6, pupils with allergies, depending on their age and capability, are responsible for:

- Knowing what their allergies are and how to mitigate personal risk.
- Avoiding their allergen as best as they can.
- Understanding the importance of following the school specific processes of lunch and snack services and how that mitigates risk.
- Understanding that they should notify a member of staff if they are not feeling well, or suspect they might be having an allergic reaction.
- Understanding how and when to use their adrenaline auto-injector.
- Talking to the Designated Allergy Lead or a member of staff if they are concerned by any school processes or systems related to their allergy.

- Raising concerns with a member of staff if they experience any inappropriate behaviour in relation to their allergies.
- If age and capability appropriate, ensuring they have their medication with them on the journey to and from school.

4.8 The Role of the Governors

The Governing Body has strategic oversight of allergy safety arrangements within the school. Governors will ensure that the school has an up-to-date Allergy Safety and Anaphylaxis Policy which is reviewed at least annually and following any significant incident, near miss or change in statutory guidance. Governors will seek assurance that appropriate systems are in place to safeguard pupils with allergies and to promote their safety, inclusion and wellbeing.

5. CULTURE

Ayscoughfee Hall School takes a whole-school approach to allergy management. The school is committed to the safety, inclusion and wellbeing of pupils and staff with allergies and to championing allergy awareness across the school.

All staff, pupils and parents are expected to understand the school's Allergy Safety and Anaphylaxis Policy and related procedures. Pupils are expected to be allergy aware, understand the risks allergens may pose to peers, respect measures used to support pupils with allergies, and be alert to allergy-related bullying.

Older pupils will learn, in an age- and capability-appropriate way, how to recognise an allergic reaction and support peers and staff in an emergency. Pupils with allergies will be supported to understand their allergy, reduce personal risk, report symptoms or concerns, and advocate for themselves.

The school will not exclude a pupil with an allergy from school activities where reasonable adjustments or adaptations can manage the risk.

Unacceptable Practice: The school will not exclude a pupil from activities solely because they have an allergy. The school will not expect parents or carers to attend school to administer emergency medication or supervise their child in place of reasonable school arrangements. Pupils with allergies will be supported to participate fully in school life through appropriate risk assessment, reasonable adjustments and effective allergy management procedures.

5.1 Awareness training

Staff training

The school is committed to training all staff annually in allergy awareness and emergency response. Training includes:

- understanding what an allergy is and how allergic reactions occur;
- how to reduce the risk of an allergic reaction;
- how to recognise and respond to an allergic reaction, including anaphylaxis;

- how and when to use adrenaline auto-injectors, including practice with a training device;
- where prescribed and spare adrenaline devices are kept and how to access them;
- the school's allergy management arrangements, including documentation, communication and the Crisis Management Plan;
- the importance of inclusion, the impact of allergy on mental health and wellbeing, and allergy-related bullying;
- understanding food labelling; and
- taking part in the annual anaphylaxis drill.

All school staff, including teaching staff, support staff, occasional staff, sports coaches, music teachers and staff running wraparound or after-school clubs, are responsible for taking part in training and drills as required. Staff who have not received allergy training within the previous 12 months should alert the manager.

The school will provide on-site adrenaline pen training and refresher training as required, including before school trips where appropriate.

New, temporary and supply staff
New, temporary, supply and agency staff must receive allergy awareness and emergency response information as part of their induction before working unsupervised with pupils. The school will ensure that staff who may be responsible for pupils with allergies know how to identify pupils at risk, locate emergency medication and respond to anaphylaxis. Training/induction will be recorded.

Annual drill
The school will carry out an anaphylaxis drill once a year, simulating an allergic reaction and testing the whole-school response.

6. WELLBEING

Allergies can have a significant impact on mental health and wellbeing. Pupils may experience anxiety and depression and may be more susceptible to bullying.

- No child with allergies should be excluded from taking part in a school activity, whether on the school premises or on a school trip.
- Pupils with allergies may require additional pastoral support, including regular check-ins from their class teacher, the Allergy Lead or another appropriate member of staff.
- Pupils affected by allergy will be considered before wider school discussions or allergy awareness initiatives.
- Bullying related to allergy will be addressed in line with the school's Anti-Bullying Policy.
- Staff should consider the safety, inclusion and wellbeing of pupils with allergies at all times.

- Identification and inclusion at mealtimes: As a small primary school, all staff, including lunchtime staff (many of whom are also Teaching Assistants within the school), have a thorough understanding of the children with anaphylaxis and their individual needs. Identification of children with anaphylaxis at lunchtimes has been carefully considered and risk assessed as part of the school's Allergy Risk Assessment. This ensures that appropriate safety measures are in place while enabling children with allergies to enjoy mealtimes safely alongside their peers, without unnecessary segregation.

7. MINIMISING RISK

Allergens can occur in unexpected places. Staff, including visiting staff, will consider allergies in activity planning and include allergy risk in relevant risk assessments.

Activities and the school environment

- Classroom activities, including craft using food packaging, science experiments where allergens are present, food lessons and cooking.
- Activities or clubs where snacks or food treats may be provided; safe food should be provided or a non-food alternative considered.
- Special events, cultural days and celebrations.
- Animals brought into school or kept on site.
- Reasonable measures to reduce exposure to known airborne or contact allergens, where required for an individual pupil.
- Allergy should be considered in risk assessments for events and activities on and off the school site.

The school will comply with the Equality Act 2010 and make reasonable adjustments where necessary.

The school is committed to minimising the risk of allergen exposure for children with food allergies. (see appendix)

8. FOOD ALLERGY

8.1 Catering in school

The school is committed to providing safe meals for pupils, staff and visitors with food allergies.

- Due diligence is carried out with regard to allergen management when appointing catering providers. We use Ideal Foods as our hot lunch provider. https://www.idealschoolmeals.co.uk/?ideal
- Schools with Early Years settings should adhere to new Early Years Foundation Stage statutory guidance.
    - A member of staff with a valid paediatric first aid certificate must be present at all times when children are eating.

- Prior to admission, information must be obtained about each child's dietary needs, allergies, intolerances, and health requirements. This must be shared with all staff involved in food preparation and handling.
- At every mealtime and snack time, a designated member of staff must check that each child's food meets their specific requirements.
- The school will work with parents/carers (and health professionals where appropriate) to create and maintain up-to-date allergy action plans for children with known allergies or intolerances.
- All staff must be aware of allergy symptoms, treatments (including anaphylaxis), and understand the difference between allergies and intolerances. Staff should also be aware that allergies can develop at any time.

- Anyone preparing food will follow good hygiene practices, food safety and allergen management procedures and will receive relevant and appropriate allergen awareness training
- The lunchtime supervisors will endeavour to get to know the pupils with allergies and what their allergies are, supported by other school staff.
- The catering provider will endeavour to provide varied meal options to students and staff with allergies.
- The school has robust procedures in place to identify pupils with food allergies. The school maintains an up-to-date medical list of all pupils, including details of food allergies and intolerances. The School Office is responsible for ensuring this information is accurate and regularly reviewed. A separate allergy register, including photographs of pupils with allergies, is maintained and shared with all staff. This provides a clear visual identification system, particularly for younger pupils. At mealtimes, staff supervising pupils (including teaching staff and lunchtime supervisors) carry out visual checks and confirm dietary needs using the allergy register and their knowledge of the pupils. Key allergy information is displayed and accessible to ensure all staff are informed. Any updates, changes or concerns regarding pupil allergies are shared with staff through safeguarding briefings and staff meetings and are formally recorded in meeting minutes. In the event of staff absence, all staff have access to the medical list and allergy register to ensure continuity of safe practice. These identification procedures are particularly important for younger pupils, who may be less able to manage their own allergies independently.
- It is the parents' responsibility when ordering food from the lunch provider to check for food containing the main 14 allergens (see Allergens definition) and other ingredient information as needed.
- Pre-packaged food will comply with PPDS legislation (Natasha's Law) requiring the allergen information to be displayed on the packaging.
- Where changes are made to the ingredients this will be communicated to pupils with dietary needs.
- If products with Precautionary Allergen Labelling or "May Contain' labelling are being used in school then the school will check with the parents of any child with allergens to see if the item is suitable or not.

- On the rare occasions that food is sold on site (for example PTFA events), usual school procedures will be followed, and parents will have the responsibility for checking any products that are purchased.

8.2 Food brought into school

Children are requested to bring cakes only for birthdays or significant occasions, such as Eid. Food brought in to share with other children will be sent home rather than consumed in school, allowing parents to make an informed decision.

8.3 Food restrictions

The school is an Allergen Aware school and encourages a considered approach to food brought into school. The school tries to restrict peanuts and tree nuts as much as possible and checks food coming into school but this does not constitute a guarantee that the premises are nut-free. Food brought onto school premises or taken on trips or to matches should be checked for peanuts and tree nuts as ingredients.

8.4 Food hygiene for pupils

- Pupils will wash their hands before and after eating.
- Sharing, swapping or throwing food is not allowed.
- Water bottles and packed lunches should be clearly labelled.

9. INDIVIDUAL CHILDREN AND YOUNG PEOPLE

9.1 Identification

The school has a register of pupils with diagnosed allergies, including pupils with a history of anaphylaxis or prescribed adrenaline pens and pupils with allergies where adrenaline has not been prescribed.

The admissions team should capture allergy and dietary information at the earliest opportunity and ensure that relevant information is communicated to the Designated Allergy Lead, First Aid Lead and other staff who need it. Information should also be obtained before school visits, Open Days or Taster Days where food is offered or likely to be eaten.

The school maintains an up-to-date medical list and separate allergy register. The existing policy provides for photographs of pupils with allergies to be included. The school should ensure that records identify known allergens, whether medication is prescribed/carried, and whether an Individual Healthcare Plan and/or Allergy Action Plan is in place.

Visitors and contractors will be asked to raise any relevant allergy or medical needs with the school in advance where these may affect their safety while on site. Allergy information relating to staff and visitors will be handled confidentially and in accordance with the school’s data protection arrangements.

9.2 Individual Health Care Plans

An Individual Healthcare Plan will be developed for pupils whose allergy has a functional impact in school, presents a risk of harm and requires additional or different arrangements to those generally in place. The information on this plan includes:

- Known allergens and risk factors for allergic reactions.
- A history of their allergic reactions.
- Detail of the medication the pupil has been prescribed including dose, this should include adrenaline pens, antihistamine etc.
- A copy of parental consent to administer medication, including the use of spare adrenaline pens in case of suspected anaphylaxis.
- A photograph of each pupil; and
- A copy of their Allergy Action Plan. See definitions for the BSACI templates.

The IHP should be reviewed when an updated Allergy Action Plan becomes available and should set out additional or different arrangements needed by the individual pupil, including emergency arrangements.

The school will hold an up to date asthma action plan for any child with diagnosed asthma.

The school will work with parents/carers and, where appropriate, health professionals and pupils to maintain accurate plans.

9.3 Adrenaline pens

See the government guidance on Adrenaline Pens in Schools.

Storage of adrenaline pens

- Pupils prescribed with adrenaline pens will have easy access to two, in-date pens at all times.
- One pen will always be kept in the school office, in a named box with the child's individual allergy action plan inside and their photograph on the box lid. These pens will always be stored on top of the filing cabinet to the left of Mrs Staples desk. All staff should make themselves aware of where these auto injector pens can be found.
- Children with auto-injector pens will have an individual risk assessment, carried out in conjunction with parents, to determine how the auto-injector pen is stored in school. This may vary from child to-child, depending on the type of allergy, likelihood of exposure to risk etc.
- The second auto injector pen should always be in the vicinity of the child for whom it is prescribed, the following apply. For the majority of the time this will be the child's usual classroom and the pen should be stored safely and a sign displayed clearly showing where it is. The child should be able to access this themselves and all members of staff should know where to find it.
- If the child is out of the school, whether on a visit, sports fixture or for outdoor PE, both auto injector pens should be taken with them and carried by the member of staff who is directly responsible for supervising that child.

- At lunchtimes, should an anaphylaxis incident occur, one member of staff should immediately ensure the nearest appropriate prescribed/spare adrenaline is brought to the child. Whilst this is being administered, a midday meal supervisor or other adult on duty should use their 'Green Card' to summon the class teacher, headteacher or deputy headteacher who will bring the second auto injector pen to the scene.
- Adrenaline devices must be accessible within five minutes wherever the pupil is on the school site.
- Spot checks will be made to ensure adrenaline pens are where they should be and in date.
- Adrenaline pens must not be kept locked away.
- Adrenaline pens should be stored at moderate temperatures (see manufacturer's guidelines), not in direct sunlight or above a heat source (for example a radiator); and
- Used or out of date pens will be disposed of as sharps.

Spare adrenaline pens

The school has determined an appropriate number of spare AAIs, in appropriate doses, following consideration of the size and layout of the site, pupil population, number of pupils at risk, device types/doses required and the requirement for rapid access.

With these considerations in mind the school maintains 4 spare adrenaline pens (two adult and two child) to be used in accordance with government guidance.

The location of spare adrenaline pens is clearly signposted. This is the school office.

Brand : Mylan

2 Epipen Jr – 150mcg/0.3ml

2 adult Epipen – 300mcg/0.3ml

The Allergy Lead and First Aid Lead are responsible for:

- Deciding how many spare pens are required
- What dosage is required, based on the Resuscitation Council UK's age-based guidance (see page 11);
- Which brand(s) to buy. Schools are recommended to buy a single brand if possible, to avoid confusion.
- The purchasing of spare adrenaline pens which can be obtained at low cost from a local pharmacy. See government guidance above; and
- Distribution around the site and clear signage.

If anaphylaxis is suspected and the pupil's own adrenaline is not immediately available or misfires, a spare adrenaline device may be used in accordance with the emergency procedure and applicable government guidance. The emergency response should not be delayed while searching for medication.

Adrenaline pens on off-site activities

- No child with a prescribed adrenaline pen will be able to go on a school trip without two of their own devices. It is the trip leader's responsibility to check they have them.
- Adrenaline pens will be kept close to the pupils at all times e.g. not stored in the hold of the coach when travelling or left in changing rooms.
- Adrenaline pens will be protected from extreme temperatures.
- Staff accompanying the pupils will be aware of pupils with allergies and be trained to recognise and respond to an allergic reaction.

9.4 Taking medication home and medication records

Adrenaline pen devices remain at school throughout the academic year. It is the responsibility of the parent to bring 2 devices to school on the first day of term in September. These will be returned the following July. Devices do not go home each day, they remain at school overnight, on weekends and during holidays during term time. Parents have separate devices to those maintained in school for the journey to and from school. Devices are regularly checked to ensure they remain in date and the First Aid Lead will contact the parents if new-in-date medication is required. The First Aid Lead maintains an adrenaline pen register including brand, dose and expiry date and the location of spare devices.

10. SCHOOL WIDE POLICIES

This Allergy Safety and Anaphylaxis Policy operates alongside the school's relevant safeguarding, first aid, health and safety, medical conditions, crisis management, behaviour, anti-bullying and EDI policies.

Allergy information is communicated to relevant staff, occasional staff and those running clubs. The school should ensure that health information is shared on a need-to-know basis, respectfully and securely. Allergy health information is special category data under UK GDPR and should only be shared where there is a lawful basis and a clear need.

11. VISITS AND TRIPS

Allergy will be considered in risk assessments for educational visits, sports fixtures and other off-site activities.

- Staff leading the trip will have access to a register of pupils with allergies and details of their medication.
- All children with prescribed adrenaline pens have their own individual risk assessments that will be included in any visit or trip general risk assessments.
- Allergy risks and catering arrangements will be included in the trip risk assessment.
- Parents and pupils will be consulted where appropriate, particularly for overnight stays.

- Staff accompanying pupils at risk of anaphylaxis will be trained to recognise and respond to an allergic reaction.
- For any trip or visit off the school site, staff will take the prescribed devices for any pupils who have prescribed adrenaline pens. The trip leader is responsible for checking that they have them. The pupils 2 adrenaline pens need to be signed out of school by a staff member using the signing in and out book kept in the school office.
- Adrenaline devices will remain close to the pupil and will not be stored in inaccessible locations such as a vehicle hold or changing room.
- Devices will be protected from extreme temperatures.
- Where food is provided, the school's usual allergen-management arrangements will apply.
- If attending Match Tea at another school, dietary requirements will be sent ahead.

The DfE template requires the policy to set out how adjustments ensure pupils with allergies can participate safely. Trip-specific risk assessments should therefore explicitly record the arrangements for medication access, trained staff, food, transport, accommodation where relevant, and emergency response.

12. SERIOUS INCIDENTS AND 'NEAR MISSES'

A serious incident is any event relating directly to a medical condition (including allergy) in which a child, young person, 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. "Near misses" are as important as actual incidents, since they may highlight weaknesses in a school, college or early years setting's policies, procedures, training or communication and arrangements which, if not addressed, might have serious consequences in the future. While the "near miss" may not have led to harm on this occasion, they are a warning that, if circumstances had been different, serious harm could have occurred. Not all serious incidents and "near misses" will result in an immediate emergency situation. In some cases, the impact may be delayed. The consequences might not become apparent until the child or young person is back at home – and in some cases might not be seen for several days. It is therefore important that incident reporting is not limited to staff in the school, college or setting. The child or young person, their parents or others (for example healthcare professionals) may be the ones to identify that there has been an incident

The school will log allergic reaction incidents and near misses. (See appendix) Near misses include events such as an emergency medication box being in the wrong place, as well as potential allergen exposures that did not result in a reaction.

The Designated Allergy Lead will ensure that incidents and near misses are investigated, learning is shared and the policy or procedures are reviewed where necessary. Incidents will be reported to the appropriate authority where required, including under RIDDOR where applicable.

The existing incident log records the date, type of incident, description, pupil(s) affected, action taken and learning points. It states that incidents are reported to governors termly and that any anaphylactic reaction is communicated to the Chair of Governors within 24 hours.

Parents/carers, pupils and healthcare professionals can report an allergy incident or near miss to the First Aid Lead or Designated Allergy Lead, Reports received after the pupil has returned home will be recorded and investigated in the same way as incidents occurring on site.

13. INFORMATION SHARING

The school will maintain accurate allergy information and communicate relevant information to staff who need it to keep pupils safe. Information sharing should include teaching and support staff, temporary/occasional staff, staff running clubs and staff accompanying trips.

The school should ensure that allergy information is handled as special category health data, with appropriate confidentiality, access controls and lawful sharing arrangements.

14. AWARENESS OF THE ALLERGY SAFETY AND ANAPHYLAXIS POLICY

The school will raise awareness of this policy with staff, pupils and parents. All staff should understand the policy through annual allergy awareness training.

The policy will be published on the school website and made available in hard copy on request.

Pupils will receive age- and capability-appropriate allergy awareness. Where a pupil is prescribed adrenaline, the school should consider, with the pupil and parents, whether appropriate peers should know how to seek help in an emergency. This does not replace staff emergency response arrangements.

This policy will be reviewed at least annually and sooner following any serious incident or near miss, significant change in guidance, or change to the school's arrangements.

15. EMERGENCY RESPONSE

15.1 Recognising an allergic reaction

Allergic reactions are unpredictable. A person may not react in the same way twice, and a reaction can become life-threatening rapidly.

15.2 Mild to moderate reaction
Symptoms may include swollen lips, face or eyes; itchy or tingling mouth; hives or itchy rash; abdominal pain; vomiting; or a change in behaviour.

Response: stay with the pupil; call for help; locate adrenaline devices; give antihistamine where prescribed/authorised; record the time; contact the parent/guardian; and continue to monitor the pupil.

15.3 Suspected anaphylaxis
If anaphylaxis is suspected, give adrenaline first and without delay. Treat the pupil where they are, rather than moving them to medication. The pupil should lie down with legs raised; if they are having difficulty breathing, they may sit with legs outstretched.

See appendix on recognising and responding to an allergic reaction

If a pupil has an allergic reaction:

- Treat the pupil in accordance with their Allergy Action Plan.
- Instigate the school's Crisis Management Plan.
- If anaphylaxis is suspected administer adrenaline without delay.
- Treat the pupil where they are. Lie them down with their legs raised and bring medication to them.
- Use pupil's own prescribed medication if immediately available.
- Pupil can administer the adrenaline pen themselves (if able to) or a member of staff can administer pen. Ideally the member of staff will be trained, but in an emergency, anyone can administer adrenaline.
- If the pupil's own adrenaline pen is not available or misfires, then use a spare adrenaline pen.
- If anaphylaxis is suspected but the pupil does not have a prescribed adrenaline pen or Allergy Action Plan, lie the pupil down with their legs raised, call 999 and explain anaphylaxis is suspected. Inform the operator that spare adrenaline pens are available and follow instructions from the operator. The MHRA says that in exceptional circumstances, a spare adrenaline pen can be administered to anyone for the purposes of saving their life.
- If, after 5 minutes, there is no improvement, use a second adrenaline pen and call the emergency services again and inform them that a second dose of adrenaline has been given.
- Do not move the pupil until a medical professional/ paramedic has arrived, even if they are feeling better.
- Anyone who has had suspected anaphylaxis and received adrenaline must go to hospital, even if they appear to have recovered. A member of staff should accompany them in an ambulance until a parent or guardian arrives.

- Any used Adrenaline Auto Injectors should be given to the paramedic attending.

16. OTHER ALLERGY CONSIDERATIONS

Insect stings
Pupils with known insect venom allergy should, where practical, avoid walking barefoot or in sandals outside, keep arms and legs covered, avoid strong perfumes or cosmetics, and keep food and drink covered. The site maintenance person monitors the grounds for wasp or bee nests. Pupils should notify staff of nests and avoid them.

Animals
A pupil with a known animal allergy should avoid the relevant animal. Animals coming onto site will be risk assessed in advance; areas visited by animals will be cleaned thoroughly; and anyone in contact with an animal will wash their hands afterwards. School trips involving animals will be risk assessed.

Allergic rhinitis/hay fever
Management is in line with the First Aid Policy. Needs will be considered individually and reasonable adjustments may include repositioning pupils away from open windows during high pollen periods and additional cleaning to minimise dust.

Asthma
Pupils with allergies should have their asthma well controlled because asthma can exacerbate allergic reactions. Asthma procedures are set out in the First Aid Policy.

This policy was approved by the Governing Body on 30th June 2026

Any reference to the word 'School' implicitly includes all its associated clubs/activities including Kids Club. This policy also applies to EYFS

PREPARED BY	AUTHORISED BY	LAST REVIEWED	REVIEW DATE	NO. OF PAGES
SMT	Theresa Wright	Summer 2026	Summer 2027	18

Appendix

Reducing the risk of allergen exposure in children with food allergy

- Bottles, other drinks and lunch boxes provided by parents or the school for children with food allergies should be clearly labelled with the name of the child for whom they are intended.
- **School caterers** must provide information on food allergens to parent/carers, and have this available for the child to be able to check independently. Catering staff should be available to meet with parents/carers to discuss provision of allergen safe meals.
- **Leaders** need to be aware of, and engage with, caterers to understand the controls in place to ensure that food service conforms with legislation.
- Where food is provided by the school, **school staff** should be educated about how to read labels for food allergens and instructed about measures to prevent cross-contamination during the handling, preparation and serving of food. Examples include: preparing food for children with food allergies first; careful cleaning (using warm soapy water) of food preparation areas and utensils.
- Where food is not directly provided by the school (e.g. brought in as treats or to celebrate birthdays) parental engagement and permission should be sought in advance to ensure inclusion and safety for children with allergy.
- Implement policies to avoid trading and sharing of food, food utensils or food containers.
- Unlabelled food poses a potentially greater risk of allergen exposure than packaged food with precautionary ("may contain") labelling suggesting a risk of contamination with allergen. This applies to foods used within the classroom curriculum (e.g. cooking) as well that from the school kitchen or canteen.
- Use of food in crafts, cooking classes, science experiments and special events (e.g. fetes, assemblies, cultural events) needs to be considered and alternatives used when needed.
- In arts/craft, an appropriate alternative ingredient should be substituted (e.g. wheat-free flour for play dough or cooking). Food containers (egg cartons, yoghurt pots etc) can also be contaminated with food: use alternative, non-food containers for craft activities, where possible. If essential to the activity, e.g. junk modelling, ensure that all materials used are free from any allergens that might pose a risk for a specific child.
- When planning out-of-school activities such as sporting events, excursions (e.g. restaurants and food processing plants), school outings or camps, think early about the catering requirements of the child with food allergies and emergency planning (including access to emergency medication and medical care).

Appendix

MANAGING ALLERGIC REACTIONS

ALLERGIC REACTIONS VARY

Allergic reactions are unpredictable and can be affected by factors such as illness or hormonal fluctuations.

You cannot assume someone will react the same way twice, even to the same allergen.

Reactions are not always linear. They don't always progress from mild to moderate to more serious; sometimes they are life-threatening within minutes.

MILD TO MODERATE ALLERGIC REACTIONS

Symptoms include:

- Swollen lips, face or eyes
- Itchy or tingling mouth
- Hives or itchy rash on skin
- Abdominal pain
- Vomiting
- Change in behaviour

Response:

- Stay with pupil
- Call for help
- Locate adrenaline pens
- Give antihistamine
- Make a note of the time
- Phone parent or guardian
- Continue to monitor the pupil

SERIOUS ALLERGIC REACTIONS / ANAPHYLAXIS

The most serious type of reaction is called **ANAPHYLAXIS**. Anaphylaxis is uncommon, and children experiencing it almost always fully recover.

In rare cases, anaphylaxis can be fatal. It should always be treated as a time-critical medical emergency.

Anaphylaxis usually occurs within 20 minutes of eating a food but can begin 2-3 hours later.

People who have never had an allergic reaction before, or who have only had mild to moderate allergic reactions previously, can experience anaphylaxis.

Appendix

RESPONDING TO ANAPHYLAXIS

SYMPTOMS OF ANAPHYLAXIS

A – Airway

- Persistent cough
- Hoarse voice
- Difficulty swallowing
- Swollen Tongue

B – Breathing

- Difficult or noisy breathing
- Wheeze or cough

C - Circulation

- Persistent dizziness
- Pale or floppy
- Sleepy
- Collapse or unconscious

IF YOU SUSPECT ANAPHYLAXIS, GIVE ADRENALINE FIRST BEFORE YOU DO ANYTHING ELSE.

DELIVERING ADRENALINE

1. Take the medication to the patient, rather than moving them.
2. The patient should be lying down with legs raised. If they are having trouble breathing, they can sit with legs outstretched.
3. It is not necessary to remove clothing but make sure you're not injecting into thick seams, buttons, zips or even a mobile phone in a pocket.
4. Inject adrenaline into the upper outer thigh according to the manufacturer's instructions.
5. Make a note of the time you gave the first dose and call 999 (or get someone else to do this while you give adrenaline). Tell them you have given adrenaline for anaphylaxis.
6. Stay with the patient and do not let them get up or move, even if they are feeling better (this can cause cardiac arrest).
7. Call the pupil's emergency contact.
8. If their condition has not improved or symptoms have got worse, give a second dose of adrenaline after 5 minutes, using a second device. Call 999 again and tell them you have given a second dose and to check that help is on the way.
9. Start CPR if necessary.
10. Hand over used devices to paramedics and remember to get replacements.

For more information see the Government's Guidance for the use of adrenaline auto-injectors in schools.

Appendix

REPORTING ALLERGIC REACTIONS AND NEAR MISSES

Allergy Incident Log

This log is to keep a record of ALL incidents relating to allergies, e.g. drug box not in correct place, any type of allergic reaction, any 'near miss' event. **Note: This document will be reported to governors on a termly basis. Any anaphylactic reaction will be communicated to the Chair of Governors within 24 hours.**

Date of incident	**Type of incident** 1 - near miss 2 - allergic reaction 3 - other	**Description – what happened, when and where. Why did the incident occur (as far as is known)**	**Pupil(s) affected**	**Action taken – how staff and students responded; what was done to support the individual; whether emergency services were called**	**How the incident was concluded**	**Learning Point(s)**