St Leonard's Church of England Primary School

Allergy 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 pupils with allergies to ensure their wellbeing and inclusion

Promote and maintain allergy awareness among the school community

2. Legislation and guidance

The Food Information (Amendment) (England) Regulations 2019

3. Roles and responsibilities

3.1 The governing body

The governing body is responsible for ensuring:

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

The school has an allergy safety policy which sets out:

- Arrangements to reduce the risk of individuals coming into contact with their known allergens
- Emergency response plans for cases of anaphylaxis

The governing body 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 Lizzy Carney, 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 pupils who require support with allergies have an up-do-date individual healthcare plan (IHP)
- All pupils with a known food or insect sting allergy have up-to-date allergy action plans issued by a medical professional
- All staff receive regular allergy awareness training
- All staff are aware of the school's policy and procedures regarding allergies
- Relevant staff are aware of what activities need an allergy risk assessment

3.3 Headteacher

The headteacher is responsible for:

Deciding (in discussion with the parents/carers and any relevant healthcare professionals) whether a pupil's allergy can be managed through the adjustments made under the school's medical conditions policy or whether an IHP is required to specify arrangements that reflect the pupil's circumstances

3.4 At least 2 named volunteers among school staff

Debbie Watson, Admin Assistant and Rebecca Kealey, Assistant Headteacher are responsible for:

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

Making sure that replacement AAIs are obtained when expiry dates approach

3.5 Teaching and support staff

All teaching and support staff are responsible for:

Promoting and maintaining allergy awareness among pupils

Maintaining awareness of our allergy safety policy and procedures

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

Being aware of specific pupils with allergies in their care

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

Ensuring the wellbeing and inclusion of pupils with allergies

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

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

3.7 Pupils with allergies

If age-appropriate, these pupils 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 Pupils without allergies

Children are taught through PSHE curriculum about allergies and the risks they pose to their peers who may be allergic.

4. Identifying individuals at risk

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

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

Skin allergies (e.g. eczema, contact dermatitis, contact urticaria/hives) caused by contact with allergens including house dust mite, pollen and substances like nickel, latex and some chemicals

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

Asthma which may be triggered by airborne allergens

Allergy to insect stings and medicines

4.1 Identifying pupils at risk

We will:

For new starters, send a form to all parent/carers of pupils after their place at the school has been confirmed, but before their first school year starts, to confirm any allergy the pupil has and whether they carry medication. Where a pupil has a new diagnosis and/or has moved to the school mid-term, we will send a form and put arrangements in place within 2 weeks

Send a reminder to parents/carers at the start of each year asking them to update their child’s medical information as necessary [for example, via Arbor]

New staff are asked to provide details of their allergies in advance of their start date on their data collection sheet.

Visitors, when signing in, are asked to confirm that they have read the following;

- If you have any allergies, please make school office staff aware before entering the school building.

4.3 Individual healthcare plans (IHP)

Pupils should have an IHP if they:

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

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

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

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

The IHP will set out the additional and/or different arrangements that will be in place for supporting the pupil. The school will make every effort to make sure that arrangements are put in place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.

Not all children with an allergy will require an IHP. Some allergies will have little or no impact on the pupil while they are at school, or pose no risk to the pupil. Some allergies will not require arrangements which are additional to or different from those made generally.

The headteacher is responsible for deciding (in discussion with the parents/carers and any relevant healthcare professionals) whether a pupil's allergy can be managed through the adjustments made under the school's medical conditions policy or whether an IHP is required to specify arrangements that reflect the pupil's circumstances.

The school will consider the following principles:

If the arrangements or support which a pupil requires would be available to any pupil as part of normal policies, an IHP may not be required

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

IHPs will be reviewed at least annually and more frequently if the pupil's needs have changed. Where a pupil moves on to a new school or college, their IHP will be shared as part of the transition.

4.4 Allergy and asthma action plans

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

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

anaphylaxis or reliever inhaler in the event of an asthma attack.

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

4.5 Register of pupils with known allergies

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

- Known allergens and risk factors for anaphylaxis
- Whether a pupil has been prescribed ADs (and if so, what type and dose)
- Where a pupil has been prescribed an AD, whether parental consent has been given to administer emergency medication
- A photograph of each pupil to allow a visual check to be made (this will require parental consent)

The register is kept in the school kitchen, the school office and in each classroom's 'Confidential' folder and can be checked quickly by any member of staff as part of initiating an emergency response

5. Assessing risk

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

Lessons such as food technology

Science experiments involving foods

Crafts using food packaging

Off-site events and school trips

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

6. Minimising risk

6.1 Hygiene procedures

Pupils are reminded to wash their hands before eating.

Sharing of food, food containers, and food utensils is not allowed.

6.2 Catering

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

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

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

School menus are available for parents/carers and pupils to view with ingredients clearly labelled, and catering staff are available to discuss the provision of allergy safe meals with parents/carers

Where changes are made to school menus, we will make sure these comply with legislation, and continue to meet any special dietary needs of pupils

Food allergen information relating to the 'top 14' allergens is displayed on the packaging of all food products, allowing pupils and staff to make safer choices. Allergen information labelling will follow all legal requirements that apply to naming the food and listing ingredients, as outlined by the Food Standards Agency (FSA)

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

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

6.3 Insect bites/stings

When outdoors:

Shoes should always be worn

Food and drink should be covered

6.4 Animals

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

Pupils with animal allergies will not interact with animals

6.5 Visits and trips

No pupils with allergies will be excluded from taking part

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

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

Pupils at risk of anaphylaxis should have their own ADs with them

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 pupil has an allergy action plan, this must be followed

A spare school AD device will only be used if:

- The pupil does not have a prescribed AD
- The pupil's prescribed AD are not available or misfire

8. Adrenaline devices (ADs)

This policy is in line with the Department of Health and Social Care's Guidance on using emergency adrenaline auto-injectors in schools.

8.1 Prescribed ADs

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

If a pupil 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

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

Set out your arrangements for:

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

The allergy safety lead is responsible for sourcing spare ADs [and an emergency asthma reliver inhaler] and ensuring they are stored according to the guidance.

The ADs will be sourced from a local pharmacy.

Two spare ADs will be purchased.

EpiPenJr is the brand we purchase and use as spares.

2 spare ADs of dosage 150mcg and 2 spare Ads of dosage 300mcg are kept in school. This is based on Resuscitation Council UK's age-based criteria, see page 11 of the AAI guidance and considering the age of children we have in school.

Spare ADs will be stored: **in the school office.**

This is an appropriate location that is **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

Spare AAIs will be kept:

In pairs, in case a second one is necessary

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

Debbie Watson and Rebecca Kealey are responsible for:

Checking monthly that spare ADs [and the emergency asthma reliver inhaler] are present and in date

Obtaining replacement ADs when the expiry date is near

8.3 Disposal

ADs can only be used once. Once an AD has been used, it will be disposed of in line with the manufacturer's instructions (for example, in a sharps bin for collection by the local council).

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.

8.5 Use of ADs off school premises

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

Spare ADs are not taken off the school site. The child's own, 2 prescribed ADs will be taken on school trips and any offi-site activities.

9. Serious incidents and 'near misses'

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

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

9.1 Incident recording

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

Who was affected

What happened, when and where

Why the incident occurred (as far as is known)

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

Whether emergency services were called

How the incident concluded

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

9.2 Incident reporting

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

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

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

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

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

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

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]

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

In the event that the incident or 'near miss' was related to the delivery of a care plan or action plan issued by a healthcare professional, the relevant healthcare professional will be notified.

10. Allergy awareness

10.1 Staff training

The school ensures that all staff expected to be present during times when pupils are scheduled to be on site receive allergy awareness training at least annually. New starters will complete this training as part of their induction.

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

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

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

Allergy awareness training will ensure that all staff:

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

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

Understand and can recognise anaphylaxis

Know how to respond in an emergency, including:

- Calling emergency services and informing parents/carers
- How to locate and administer emergency medication
- How to use the medication/device in an emergency

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

Understand the school's allergy safety policy

Know how to check whether an individual is on the record of those with known allergy, and how to use an allergy or asthma action plan

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

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

Include any specific details about your training offer. The allergy safety policy should set out induction arrangements for new staff, as well as arrangements to ensure supply and cover staff have received allergy awareness training.

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.

Pupils will be taught about allergies in PSHE at age-appropriate levels using resources from 'Allergy School'.

11. Wellbeing

Staff are made aware that pupils with allergies can experience bullying and may also suffer from anxiety and depression relating to their allergy.

Pupils with allergies will have additional support through:

Pastoral care

Regular check-ins with their class teacher

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 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 pupils with medical conditions policy

School food policy

Data protection policy

Behaviour policy