

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 children with allergies to ensure their wellbeing and inclusion
- Promote and maintain allergy awareness among the school community

2. Legislation and guidance

This policy is based on the Department for Education (DfE)'s statutory guidance on allergy safety in schools and supporting pupils with medical conditions at school, the Department of Health and Social Care's guidance on using emergency adrenaline auto-injectors in schools, and the following legislation:

- The Food Information Regulations 2014
- The Food Information (Amendment) (England) Regulations 2019

3. Roles and responsibilities

3.1 The governing board

The governing board is responsible for ensuring:

- Risks relating to children 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 Lucy Smith.

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 children who require support with allergies have an up-do-date individual healthcare plan (IHP)
    - All children with a known food or insect sting allergy have up-to-date allergy action plans issued by a medical professional
    - All staff receive regular allergy awareness training
    - All staff are aware of the school's policy and procedures regarding allergies
    - Relevant staff are aware of what activities need an allergy risk assessment
    - Serious incidents and 'near misses' relating to allergy safety are recorded and reported as appropriate, and to consider and share with staff:
        - What lessons there are to learn
        - Any potential changes to the medical conditions and/or allergy safety policies and/or to any child's IHP

3.3 Headteacher

The headteacher is responsible for:

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

3.4 Additional Staff

Claire Taylor and Jan Loughlin 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
- Ensuring Allergy Kit signage is present and clear

3.5 Teaching and support staff

All teaching and support staff are responsible for:

- Promoting and maintaining allergy awareness among children
- 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 children with allergies in their care
- Reducing the risk to children with known allergies coming into contact with known allergens
- Ensuring the wellbeing and inclusion of children 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 Children with allergies

If age-appropriate, these children 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 Children without allergies

These children are responsible for:

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

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 children at risk

We will:

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

We ask that parents/carers proactively inform us by either phone call to the school 01488 682230 or an email to the school office office@hungerford.w-berks.sch.uk if their child's medical needs change during the school year.

4.2 Identifying staff and visitors at risk

- New staff will be asked to provide details of their allergies in advance of their start date
- Existing staff will be asked to update their medical information, including allergies, at the start of the academic year.
- Visitors will be asked if they have allergies, ideally in advance of their visit but if this is not possible, on arrival at school.

4.3 Individual healthcare plans (IHP)

Children 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 child 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 child. 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 children 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 child while they are at school, or pose no risk to the child. 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 child'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 child's circumstances.

The school will consider the following principles:

- If the arrangements or support which a child requires would be available to any child as part of normal policies, an IHP may not be required
- If the child 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 child's needs have changed. Where a child 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 children 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 children who have asthma should be issued with an asthma action plan by their healthcare professional.

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

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

4.5 Register of children with known allergies

- The school maintains a register of children who have a known allergy. The register includes:
    - Known allergens and risk factors for anaphylaxis
    - Whether a child has been prescribed ADs (and if so, what type and dose)
    - Where a child has been prescribed an AD, whether parental consent has been given to administer emergency medication
    - A photograph of each child to allow a visual check to be made

- The register is kept in the school office, first aid room, Headteacher's office and kitchen and can be checked quickly by any member of staff as part of initiating an emergency response
- Where appropriate, and in agreement with parents/carers, children will keep their ADs with them.

5. Assessing risk

The school will conduct a risk assessment for any child 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 child 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

- Children are reminded to wash their hands before and after eating
- Sharing of food, food containers, and food utensils is not allowed
- Children have their own named water bottles and lunchboxes.
- Lunch boxes provided to children 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
- Children will eat their breaktime snacks in the classroom

6.2 Catering

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

- Catering staff receive appropriate training and are able to identify children 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 children 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 children
- Food allergen information relating to the 'top 14' allergens is displayed on the packaging of all food products, allowing childs 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 children will always wash hands after interacting with animals to avoid putting children with allergies at risk through later contact
- Childs with animal allergies will not interact with animals

6.5 Visits and trips

- No children 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 children's allergies and to have received appropriate training
- The school will conduct a risk assessment for any child at risk of anaphylaxis taking part in a school trip
- Children 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)

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 child has an allergy action plan, this must be followed
- A spare school AD device will only be used if:
    - The child does not have a prescribed AD
    - The child's prescribed AD are not available or misfire
    -

8. Adrenaline devices (ADs)

8.1 Prescribed ADs

Childs 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. Childs 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. Children can leave their ADs in school if they have spares at home.

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

- For EYFS and KS1, in the First Aid Room
- In KS2, in the medical cupboards in their own classrooms
- Kept at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature
- Class allocated lunchtime supervisors will have the AD on the playground at break and lunchtimes
- Children with ADs will have an allocated adult on any trips and this adult will remain with the child at all times.

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

- Children 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
- If a child has been provided with prescribed adrenaline, parents/carers will be informed immediately by the school office and a record completed on Bromcom.

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 child's prescribed inhaler is not available and where written consent has been obtained.

The allergy safety lead is responsible for sourcing spare ADs and ensuring they are stored according to the guidance.

Insert procedures for buying spare ADs. For example:

- The ADs and Anaphylaxis Kit have been purchased via Eureka Direct.
- Subsequent ADs can be purchased from a local pharmacy, if available.
- 2 x 150mg and 2 x 300mg ADs are required
- We purchase the brand EpiPen.

Spare ADs will be stored:

- In the First Aid Room
- Kept at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature
- In pairs, in case a second one is necessary
- Separate from any child's prescribed ADs and clearly labelled to avoid confusion

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 children 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

Children 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

A named first aider will be responsible for taking one of the spare ADs on school trips.

Staff will be emailed to inform them that there will only be one AD in school on that day.

The allergy lead will ensure that the spare AD has been returned to the First Aid room on their return.

9. Serious incidents and ‘near misses’

A **serious incident** is any event relating directly to a medical condition (including allergy) in which a child, 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 children 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 child 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 child’s parents, the child 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 child is at home. This means that incident reporting is not limited to staff – the child, 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 Lucy Smith. 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 child’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 child has suffered harm after consuming an allergen due to incorrect preparation of food by a member of staff.

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 children 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 childs at breakfast or after-school

clubs. It does not include contractors carrying out work with no child-facing role such as builders, electricians or other ad hoc maintenance personnel.

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

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

Allergy awareness training will ensure that all staff:

- Have an awareness of allergy, the risks it poses, how allergic reactions can occur and how to manage it
- Understand that allergy includes multiple conditions (food allergy, asthma, eczema, hay fever, others), which can co-exist
- Understand the difference between food allergy, coeliac disease and food intolerance
- Know where to find information on allergy triggers
- Can identify the range of symptoms of allergic reactions
- Understand and can recognise anaphylaxis
- Know how to respond in an emergency, including:
    - Calling emergency services and informing parents/carers
    - How to locate and administer emergency medication
    - How to use the medication/device in an emergency
- Understand the impact allergy can have on a child'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.

11. Wellbeing

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

Childs with allergies will have additional support through:

- Pastoral care
- Regular check-ins with their class teacher and teaching assistant.
- 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 behavior 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 child 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'.

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 children with medical conditions policy
- School food policy
- Data protection policy
- Behaviour policy