



## Allergy safety policy

Jon Warrener, Deputy Headteacher, has responsibility for allergy safety, including driving the implementation of the allergy safety policy and contributing to or leading review of the policy.

This Allergy safety policy will be reviewed at least annually, can be reviewed more frequently, particularly where incidents or “near misses” suggest areas for improvement. Any review will take account of any incidents and “near misses” and we will seek to learn lessons from them. This is essential where incidents suggest that policies or procedures may leave individuals with allergy at risk.

The Governing Body will monitor the effectiveness of allergy management arrangements through regular review of incidents, training records and policy implementation.

The Governing Body will ensure that this Allergy Safety Policy is readily accessible to parents and staff. This policy will be published on the school website and will be made available in hard copy on request.

## Culture

### Awareness training

Staff will be trained in allergy awareness and emergency response, at least annually by completing online training. Staff who have completed the Paediatric First Aid training have received more in-depth training, including how to administer EpiPens in an emergency situation.

All staff present during times when pupils are scheduled to be on site have received allergy awareness training. This includes permanent staff, temporary staff, supply teachers, peripatetic staff, agency worker and catering staff and others who may

oversee children and young people at after school clubs. It is not intended to include contractors carrying out work with no pupil-facing role such as builders, electricians or other ad hoc maintenance personnel.

New staff will complete allergy awareness training as soon as they start, and we will ensure supply and cover staff have received allergy awareness training, with confirmation from the agency supplying the staff in question.

Allergy awareness training ensures 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;
  - how to locate and administer emergency medication (adrenaline for anaphylaxis, asthma reliever inhaler for an asthma attack).
  - training on how to use the medication/device in an emergency (whether prescribed to a given person or a school's "spare" adrenaline devices);
- Understand the **impact** allergy can have on a child or young person'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 on Medical Tracker, the school's online medical reporting system, (whether an incident or a "near miss").

Training under this guidance is allergy awareness and emergency response training. It does not replace any separate clinical governance, competency or delegation arrangements that may be needed where a child or young person requires individual healthcare support beyond school-level allergy safety arrangements.

## Wellbeing

The **wellbeing** of children with an allergy will be monitored to ensure that the risk posed by allergy (and the possibility of anaphylaxis) is not a significant cause of anxiety.

Any instances of bullying will be addressed by following the guidance in our Behaviour Policy.

## **Minimising risk**

### **Minimising Exposure to Allergens**

The school is committed to providing a safe environment for all pupils, staff and visitors with allergies. Reasonable steps will be taken to minimise the risk of individuals coming into contact with known allergens whilst recognising that it is not possible to guarantee an allergen-free environment.

The school will work in partnership with parents/carers, healthcare professionals and staff to identify allergens and implement appropriate control measures.

### **Individual Healthcare Plans (IHPs)**

An IHP will be prepared for any child whose allergy requires additional support or reasonable adjustments. The IHP will detail allergens, symptoms, medication, emergency procedures, risk reduction measures, staff responsibilities and arrangements for school activities and visits. Allergy Action Plans and Asthma Action Plans will be attached to or referenced within the IHP and reviewed whenever updated.

### **Food Allergy Management**

The school recognises that food allergies can cause severe and potentially life-threatening reactions. To reduce the risk of accidental exposure, the school will:

- Maintain up-to-date records of pupils with food allergies.
- Ensure relevant staff receive allergy awareness and anaphylaxis training appropriate to their role.
- Make allergen information available for food provided by the school or its catering contractors.
- Work collaboratively with parents/carers and healthcare professionals to support pupils with food allergies.
- Ensure prescribed emergency medication, including adrenaline auto-injectors where required, is accessible and available in accordance with the pupil's healthcare plan.
- Follow emergency procedures when an allergic reaction is suspected.
- Regularly review arrangements for managing food allergies and update plans as required.

Parents/carers are responsible for informing the school of any diagnosed allergies and providing up-to-date medical information, medication and emergency contact details.

### **Food brought into school**

Where necessary, the school may request that specific foods known to trigger severe

allergic reactions are not brought into school. Parents, pupils and staff will be informed of any such restrictions.

The school acknowledges that risk can be reduced through effective management but cannot be eliminated entirely. All members of the school community are expected to support the measures in place to protect individuals with allergies.

### **Airborne/contact allergens**

Where a child has a known airborne or contact allergy, the school will assess the risk and implement appropriate control measures, which may include environmental adjustments, enhanced cleaning procedures and staff awareness of triggers. These arrangements will be documented within the child's IHP where appropriate.

### **Curriculum Activities**

Staff planning activities, including cooking, science, craft and activities involving animals, will consider allergy risks and implement reasonable control measures where required.

## **Individual children**

### **Identification**

#### **Identification, Recording and Information Sharing**

##### **Identifying Individuals with Allergies**

The school will take reasonable steps to identify all individuals within the school community who have a known allergy, including pupils, staff, volunteers, contractors and regular visitors.

Information regarding allergies will be obtained through:

- Admissions and enrolment documentation.
- Medical information forms completed by parents/carers.
- Individual Healthcare Plans (IHPs) and Allergy Action Plans.
- Staff health declarations and occupational health information where appropriate.
- Direct disclosure by individuals or their parents/carers.
- Information provided by previous schools, settings or healthcare professionals, where consent has been obtained.

Where an individual has been prescribed emergency medication, including an adrenaline auto-injector (AAI), the school will record details of the medication,

storage arrangements, expiry dates and whether the individual carries their medication at all times.

Children with a known food allergy who have an IHP and wish to receive school meals must have a completed risk assessment and agreed menu plan developed jointly by Kirklees Catering, parents/carers and the school. Meals for these children are cooked and served separately on orange trays with the child's photograph attached.

The school and its catering provider, Kirklees Catering, will take reasonable steps to minimise the risk of cross-contamination when preparing and serving food for pupils with known food allergies.

### **Allergy Register and Record Keeping**

The school maintains an up-to-date allergy register on Medical Tracker, supported by medical alerts on Arbor. Records include known allergens, severity of allergy, prescribed medication, emergency contacts, IHPs, Allergy Action Plans and required control measures. Records are reviewed regularly and updated whenever new information is received.

### **Staff, Volunteers and Regular Visitors**

Reasonable arrangements will be made to support staff, volunteers and regular visitors who have known allergies.

### **Gathering Information About Known Allergies**

Parents/carers are responsible for informing the school of any diagnosed allergy, changes to existing allergies, prescribed medication and any healthcare advice relevant to their child.

When a child joins the school, information about allergies will be gathered through:

- Admission and medical information forms.
- Discussions with parents/carers.
- Existing Individual Healthcare Plans or Allergy Action Plans.
- Information provided by the child's previous school, nursery or educational setting, where available.
- Advice and documentation from healthcare professionals where appropriate.

Where a child has a significant or potentially life-threatening allergy, the school may arrange a meeting with parents/carers and relevant staff before or shortly after admission to ensure that suitable support arrangements are in place.

The school will request that parents/carers promptly notify the school of any changes to their child's allergy status, treatment, medication or emergency procedures. Individual Healthcare Plans and Allergy Action Plans will be reviewed at least annually and whenever there is a change in medical needs or treatment.

Staff are expected to notify the appropriate member of staff if they become aware of any allergy-related concerns or if new information is received regarding a pupil, colleague or visitor with allergies.

#### Individual Healthcare Plans (IHPs)

Children and young people with allergies will have an Individual Healthcare Plan (IHP) where:

- Their allergy has a significant impact on their participation in school life;
- They are at risk of harm as a result of their allergy; and
- They require support, arrangements or adjustments that are additional to or different from those provided routinely for all pupils.
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The purpose of the IHP is to ensure that the school clearly understands the child's medical needs and has effective arrangements in place to support them safely throughout the school day and during school activities.

An IHP will be developed in partnership with the child (where appropriate), their parents/carers, relevant school staff and, where necessary, healthcare professionals. The plan will be reviewed at least annually, or sooner if there is a change in the child's medical condition, treatment, prescribed medication or support requirements.

The IHP will include, where relevant:

- Details of the child's allergy and known allergens or triggers.
- Information about the signs and symptoms of an allergic reaction.
- Reasonable adjustments required to support the child's participation in school activities.
- Arrangements to minimise the risk of exposure to allergens.
- Details of any prescribed medication, including adrenaline auto-injectors (AAIs), antihistamines or other emergency medication.
- The location of medication and arrangements for carrying or accessing it.
- Emergency procedures, including actions to be taken in the event of an allergic reaction or anaphylaxis.
- Staff responsibilities and training requirements.
- Arrangements for educational visits, off-site activities and extracurricular activities, where appropriate.

All children whose allergies require specific support arrangements, reasonable adjustments or prescribed medication, whether used routinely or in an emergency, will have these arrangements clearly documented within their IHP.

Where a child has an Allergy Action Plan and/or Asthma Action Plan provided by a healthcare professional, a copy will be attached to, or referenced within, the Individual Healthcare Plan. The school will ensure that staff are familiar with the contents of these plans and understand the actions required in an emergency.

Whenever an updated Allergy Action Plan or Asthma Action Plan is received, the child's Individual Healthcare Plan will be reviewed and amended as necessary to ensure that all arrangements remain accurate, appropriate and up to date.

Relevant staff will have access to information contained within the IHP on a need-to-know basis to enable them to support the child safely whilst maintaining appropriate confidentiality.

## **Prescribed adrenaline**

The school will ensure that children who are prescribed adrenaline devices have rapid access to their devices **at all times**, as, in a case of anaphylaxis, adrenaline should be administered within five minutes. Devices prescribed to individual children will be kept by the class teacher in the classroom and will be taken out when the pupil accesses outdoor lessons, school trips and local visits. There is also an emergency supply of school owned adrenaline devices located in the medicine cabinet in the staff room, which is located next to the school hall where lunch is served should one be needed during lunch.

Devices received in school will be recorded on Medical Tracker, which informs the school office when a device is out of date and needs to be replaced with a new one. Out of date device will be handed back to the parent for them to dispose of accordingly.

Records will be kept of which children and young people have been provided with prescribed adrenaline devices (and an IHP) on Medical Tracker and the child's record on the school MIS system (Arbor) will be flagged with a medical alert. Full details of the IHP will be available on Medical Tracker.

## **Emergency Response to Suspected Anaphylaxis**

1. Administer adrenaline immediately if anaphylaxis is suspected.
2. Call 999 and state "anaphylaxis."
3. Give a second AAI after 5 minutes if symptoms persist.
4. Contact parents/carers.
5. Ensure the pupil goes to hospital even if symptoms improve.
6. Complete incident reporting procedures.

## **School-wide policies**

### **"Spare" adrenaline devices/EpiPens**

In line with the latest legislation, the school has a supply of emergency adrenaline devices/EpiPens on site.

- These are stored in the medicine cupboard in the staffroom and must remain there to ensure they are readily accessible at all times, including during breaks, lunchtimes and after school clubs.
- "The school stocks spare adrenaline auto-injectors in accordance with current clinical guidance and manufacturer recommendations.
- In an emergency, any member of staff who has received appropriate allergy awareness and emergency response training may administer an adrenaline auto-injector where anaphylaxis is suspected.
- The EpiPens must not be removed from the medicine cupboard except when required for use in an emergency.
- If an EpiPen is used, staff should ensure the incident is recorded on Medical Tracker as soon as possible afterwards, following normal procedures.
- School will then purchase a new one to replace the used one.
- When "spare" adrenaline devices are used or go out of date they should be taken to a local pharmacy or GP, for disposal through appropriate medical waste procedures.
- "Spare" adrenaline devices are stored in pairs, so that if a second one is necessary it is on hand rather than needing to be obtained from elsewhere on site;
- "Spare" adrenaline devices are clearly labelled, to avoid any confusion with adrenaline devices prescribed to a named person.

## **Educational Visits and Off-Site Activities**

The school is committed to ensuring that children and young people with allergies are able to participate fully in educational visits, trips and off-site activities wherever reasonably practicable.

Prior to any visit or trip, the class teacher or trip leader will carry out an appropriate risk assessment to identify and manage any allergy-related risks. Risk assessments will take account of the child's known allergens, the nature of the activity, the venue, catering arrangements and access to emergency medical assistance if required.

For pupils prescribed emergency medication, including adrenaline auto-injectors (AAIs), the prescribed devices will be taken on the trip by the class teacher or designated responsible member of staff and will be readily accessible at all times. Staff accompanying the visit will be informed of pupils with allergies and the action to take in an emergency.

Where a child or young person is at risk of anaphylaxis:

- A specific risk assessment will be completed before the visit.
- The pupil's Individual Healthcare Plan (IHP) and Allergy Action Plan will be reviewed as part of the planning process.

- Prescribed adrenaline auto-injectors will accompany the pupil throughout the visit.
- At least one member of staff attending the visit will be trained to recognise the signs of anaphylaxis and administer adrenaline in an emergency.
- Appropriate supervision and emergency procedures will be in place.

Risk assessments will also be completed for any other pupils with allergies to ensure that suitable control measures are identified and implemented before the visit takes place. The school will make reasonable adjustments where necessary to enable pupils with allergies to participate safely and as fully as possible in all educational visits and activities.

## **Serious incidents and “near misses”**

All allergy-related incidents, suspected reactions, administration of medication and near misses will be recorded on Medical Tracker and reported to parents/carers as appropriate. Reports from parents, pupils or healthcare professionals regarding incidents identified after the school day will also be recorded and investigated. Following any serious incident or near miss, arrangements will be reviewed and updated where necessary.

## **Information sharing**

Allergy information is stored securely on Medical Tracker and Arbor and shared on a need-to-know basis with relevant staff to support pupil safety. Information is handled in accordance with data protection requirements and reviewed regularly to ensure it remains accurate and up to date.

## **Awareness of the allergy safety policy**

The school is committed to promoting awareness of allergies and ensuring that all members of the school community understand their role in maintaining a safe environment for children and young people with allergies.

This Allergy Safety Policy will be published on the school website and made available to staff via Teams. Parents/carers and other members of the school community may request a paper copy from the school office.

All staff will be made aware of the policy and their responsibilities for supporting pupils with allergies. Allergy awareness forms part of staff induction and is reinforced through annual allergy awareness and anaphylaxis training. This training covers:

- Common allergens and allergy risks.
- Recognition of allergic reactions and anaphylaxis.
- Preventative measures to reduce allergen exposure.
- Emergency response procedures.

- The safe use of adrenaline auto-injectors (AAIs).

The school will promote age-appropriate allergy awareness amongst pupils, including the importance of handwashing, not sharing food, and seeking help if someone appears unwell.

Where a pupil has a prescribed adrenaline auto-injector, awareness may be raised amongst their peers about how to seek adult assistance in an emergency. Any such discussions will be agreed with the child and their parents/carers and carried out sensitively to protect the child's privacy and dignity.

Pupil awareness activities complement, but do not replace, the school's emergency response arrangements. Responsibility for responding to allergic reactions and administering emergency medication remains with appropriately trained staff.

The school will review its allergy awareness arrangements regularly to ensure they remain effective and meet the needs of the school community.

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