Allergy Safety Policy 2026-7

Pike Fold Primary School

Approved by:	[Name]	**Date:**	[Date]
Last reviewed on:	[Date]		
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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
- Whilst this policy primarily relates to allergy safety, the school will also ensure that pupils requiring medically prescribed diets, including coeliac disease and other clinically diagnosed dietary requirements, are supported through appropriate menu adaptations and individual planning.

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 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 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 Mrs J McKeever 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) Keeping stock of the school's adrenaline auto-injectors (AAIs) Main office in orange Medibag
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- 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
    - 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 pupil's IHP

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

Mrs McKeever & Mrs Heywood 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
- Updating the school on any changes to their child's condition

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 (Medi bag) and only using it for its intended purpose
- Understanding how and when to use their AD

3.8 Pupils without allergies

These pupils are responsible for:

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

Older pupils might also be expected to support their peers and staff in the case of an emergency.

4. Identifying individuals at risk

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

- Hay fever (allergic rhinitis), triggered by allergens carried in the air, such as pollen, house dust mite, animal fur/feathers, or mould
- Skin allergies (e.g. eczema, contact dermatitis, contact urticaria/hives) caused by contact with allergens including house dust mite, pollen and substances like nickel, latex and some chemicals
- Food allergy, which can cause symptoms ranging from mild itching in the mouth to "whole body" reactions including anaphylaxis
- Asthma which may be triggered by airborne allergens
- Allergy to insect stings and medicines

4.1 Identifying pupils at risk

- 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

We ask that parents/carers proactively inform us by either phone call to the school 0161 702 3669 or an email to admin@pikefold.manchester .sch.uk if their child's medical needs change during the school year.

Pupils will be educated annually regarding allergy awareness, handwashing, food sharing and supporting peers safely.

4.2 Identifying staff and visitors at risk

Staff at school share information with the school regarding allergies within their induction.

Visitors to school are informed in the visitor pack that any allergies should be reported prior to visit.

All other visitors to the main reception are asked to report any allergies that may, compromise their health whilst on school premises, to the main office

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.

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 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
- The register is kept in the admin suite, heads office and in all classrooms and in areas where food is served or handled and can be checked quickly by any member of staff as part of initiating an emergency response

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

5. Assessing risk

The school will conduct a risk assessment for any 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

A risk assessment for any pupil 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

- Pupils are reminded to wash their hands before and after eating
- Sharing of food, food containers, and food utensils is not allowed
- Pupils have their own named water bottles, and lunch boxes provided to pupils with food allergies will be clearly labelled with the name of the child for whom they are intended
- Food not directly provided by the school, then is not permitted to be shared with children

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
- Chef & Catering Staff Responsibilities
- Work closely with the supply chain to ensure accurate information on all products that may contain allergens.
- Maintain a database of all recipes, clearly listing ingredients and highlighting those containing allergens.
- Work closely with clients in assisting in the support of customers with known allergies, including meeting with parents, if requested, to discuss any special requirements.
- Display signs that encourage customers to ask about allergens in the foods being served.
- Through good hygiene practices and adhering to Hazard Analysis and Critical Control Points (HACCP), reduce the risk of cross contamination in our kitchens.
- Operate as far as is practical a nut free environment.
- Ensure that the appropriate information, training and supervision is provided to all employees and apprentices.
- Ensure that all menu cycles are supported with accurate recipes and allergen information.
- Ensure that all recipes will have the relevant allergen information.
- Ensure that suppliers provide accurate allergen information on products on the Company Approved Product List (APL).
- Ensure that any changes to products and recipes are communicated to all relevant Managers.
- Manage the labelling systems to ensure compliance with Natasha’s Law (Pike Fold Community Primary School currently has no foods categorised as PPDS).
- Where necessary, with the School Business Manager, meet with Parents of special category students to discuss and agree requirements where appropriate.
- Ensure a copy of this policy is shared and explained with other catering staff.
- Liaise with the school to identify which students have special dietary needs & use the school’s procedures to identify them. Allergy registers: displayed with photo in food preparation areas, EYFS Kitchen and snack area
- Enter student information onto the schools system, where relevant.
- Ensure that all catering staff are aware of all information relating to students and their allergies.
- Purchase correct products as per the company recipes and allergen/medical diet requirements.
- Follow all recipes to ensure that allergen information is correct and up to date.
- Follow the allergen matrix produced by the Nutritionist when producing dishes, using information from recipes and ingredient packaging.
- Ensure that allergen matrices are reviewed and kept up to date to reflect any changes to recipes.
- To ensure that all allergen matrices are signed and dated when completed and/or reviewed.
- Ensure that any pre-packaged direct sale foods are correctly labelled to compliance with Natasha’s Law. (Not currently relevant to Pike Fold)
- Check product packaging before use/consumption as the packing will carry the manufacturer/suppliers up to date information and update allergen information, as necessary.
- Complete the Company’s allergen training and ensure all catering staff have been trained.

- Support the School Management in the implementation of their own Allergy Procedures.
- Immediately report any concerns or issues to the School Business Manager or Headteacher
- Catering staff follow hygiene and allergy procedures when preparing food to avoid cross-contamination
- The Chef must communicate to the catering staff when food for special category students is being prepared. Where possible this should be in a separate area, if this is not possible then separated by time from other foods containing allergens. Prior to preparation the area and all equipment must be thoroughly cleaned using the 2-stage cleaning method and/or dishwasher to prevent cross contamination.
- When preparing the meals, the Manager/Chef must thoroughly wash their hands and wear a disposable plastic apron over their uniform to prevent cross contamination. (The same control used when handling raw meat should apply). Care must be taken at all stages to prevent any allergen cross contamination including storage of ingredients, preparation, cooking and service.
- Once completed the meal (main course and dessert) must be plated and double wrapped in cling film, then clearly labelled with the student's name, date and dish description.
- If the cling film at any time is torn, removed or damaged the meal MUST NOT be served and immediately disposed of. It is the Manager/Chef's responsibility to check the dish before service to ensure that it is correctly covered and labelled.
- The meal must be clearly identified to the members of staff responsible for serving the student, this information must be communicated directly to the staff by the Manager/Chef during the pre-service briefing.
- The meal must be served directly to the student by the nominated member of staff responsible for serving the student.
- It is for the student's safety that the above procedures are followed at all times, if at any time this cannot be followed then the Chef must agree an action with the school.
- At no time should a Special Category student be served food from the counter due to the risk of cross contamination, unless agreed by the parent and documented on the Special Diets Form.
- General Food Production and Service
- It is important to reduce the risk of cross contamination with allergens in the general production and service of foods within the business. The following procedures are in place to reduce the risk:
- • Cleaning work areas down, using 2 stage cleaning, in between preparing different foods.
- • Ensuring all equipment and utensils are cleaned in-between usage.
- • Storing ingredients and foods in closed and labelled containers, this includes the Dry Stores, fridges and freezers.
- • Keep ingredients containing allergens separate from others.
- • Washing hands thoroughly between preparing different foods.
- Cooking can also result in cross contamination – such as chips cooked in the same oil as fish cannot be considered gluten or fish free.
- When cooking allergen free foods, the use of separate clean oven cloths maybe needed to prevent cross contamination where relevant.
- Due to nature of the business, it is not possible to completely eliminate the risk of cross contamination, unless a meal is produced for an individual in line with procedures for a special category student.

  We acknowledge that it is impractical to enforce an allergen-free school. However, we would like to encourage pupils and staff to avoid certain high-risk foods to reduce the chances of someone experiencing a reaction. These foods include:
- Packaged nuts
- Cereal, granola or chocolate bars containing nuts
- Peanut butter or chocolate spreads containing nuts

- Peanut-based sauces, such as satay
- Sesame seeds and foods containing sesame seeds
- If a pupil brings these foods into school, they may be asked to eat them away from others to minimise the risk, or the food may be confiscated. Food provided from home:
- • Bottles, other drinks and lunch boxes provided by parents for pupils with food allergies should be clearly labelled with the name of the child for whom they are intended.
- • Foods containing nuts are prohibited within school and children are not permitted to being them in to school. Parents have been provided with the 'packed lunch' policy and must adhere to this guidance
- • Lunchtime organisers will monitor food brought in from home to be consumed at lunchtime and report any concerns to the Head Teacher
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- **Food provided by the school (such as breakfast and afterschool club):**
- • Staff are educated via allergen awareness training, about how to read labels for food allergens and about measures to prevent cross contamination during the handling, preparation and serving of food.
- • Use of food in crafts, cooking classes, science experiments and special events (e.g. fetes, assemblies, cultural events) needs to be considered and may need to be restricted/risk assessed depending on the allergies of particular children and their age.
- • The school will not provide any foods containing nuts & peanuts or foods which 'may contain nuts & peanuts'.

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

Support for mental health

- Pupils with allergies will have additional support through:
- Pastoral care
- Regular check-ins with their class teacher/allergen lead

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
- 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 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

7.1 Register of pupils with AAIs

This will link to your 'supporting pupils with medical conditions' policy.

- The school maintains a register of pupils who have been prescribed AAIs or where a doctor has provided a written plan recommending AAIs to be used in the event of anaphylaxis. The register includes:
    - Known allergens and risk factors for anaphylaxis
    - Whether a pupil has been prescribed AAI(s) (and if so, what type and dose)
    - Where a pupil has been prescribed an AAI, whether parental consent has been given for use of the spare AAI, which may be different to the personal AAI prescribed for the pupil
    - A photograph of each pupil to allow a visual check to be made
- The register is kept in every classroom, LOs office, heads office, main school office and kitchen and can be checked quickly by any member of staff as part of initiating an emergency response

Allowing all pupils to keep their AAIs with them will reduce delays and allows for confirmation of consent without the need to check the register. Medical support is carried around school in medibags.

7.2 Allergic reaction procedures

- As part of the whole-school awareness approach to allergies, all staff are trained in the school's allergic reaction procedure, and to recognise the signs of anaphylaxis and respond appropriately
- Staff are trained in the administration of AAIs to minimise delays in pupil's receiving adrenaline in an emergency
- If a pupil has an allergic reaction, the staff member will initiate the school's emergency response plan, following the pupil's allergy action plan
    - If an AAI needs to be administered, a member of staff will use the pupil's own AAI, or if it is not available, a school one
- If the pupil has no allergy action plan, staff will follow the school's procedures on responding to allergy and, if needed, the school's normal emergency procedures. 999 will be used and parents contacted. The child will be monitored by a qualified first Aider. If someone is experiencing any of the following symptoms, it should be treated as a medical emergency:
- AIRWAY– swelling in the throat, tongue or upper airways, hoarse voice, difficulty swallowing

  BREATHING– sudden onset wheezing, breathing difficulty, noisy breathing, persistent cough
- CIRCULATION– dizziness, feeling faint, sudden sleepiness, confusion, pale clammy skin, loss of consciousness or collapse If the person is conscious, lie them flat with their legs raised to assist in blood flow to the heart and vital organs.

If they're having difficulty breathing, they can be propped up with legs stretched out straight.

- A school AAI device will be used instead of the pupil's own AAI device if:
    - Medical authorisation and written parental consent have been provided, or
    - The pupil's own prescribed AAI(s) are not immediately available (for example, because they are broken, out-of-date, have misfired or been wrongly administered)
- Following administration of adrenaline, the pupil must be assessed by emergency medical professionals and transported to hospital for observation.
- If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent/carer arrives, or accompany the pupil to hospital by ambulance
- If the allergic reaction is mild (e.g. skin rash, itching or sneezing), the pupil will be monitored and the parents/carers informed

8. Adrenaline devices (ADs)

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 the main office

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.

AAIs are available in different doses, depending on the manufacturer. The Resuscitation

Council (UK) recommends that healthcare professionals treat anaphylaxis using the age based criteria,8

as follows:

• For children age under 6 years: a dose of 150 microgram (0.15 milligram) of

adrenaline is used (e.g. using an Epipen Junior (0.15mg), Emerade 150 or Jext

150 microgram device).

• For children age 6-12 years: a dose of 300 microgram (0.3 milligram) of adrenaline is

used (e.g. using an Epipen (0.3mg), Emerade 300 or Jext 300 microgram device).

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

The allergy safety lead is responsible for sourcing spares. Emergency anaphylaxis kit-Main Office orange bag

The school holds an emergency anaphylaxis kit. This includes:

Spare AAIs

Instructions for the use of AAIs

Instructions on storage

Manufacturer's information

A checklist of injectors, identified by batch number and expiry date with monthly checks recorded

A note of arrangements for replacing injectors

A list of pupils to whom the AAI can be administered

A record of when AAIs have been administered

Spare ADs will be stored in the main office:

- Mrs Mckeever & Mrs Heywood are responsible for checking monthly that:
- The AAIs are present and in date
- Replacement AAIs are obtained when the expiry date is near
- **No more than** 5 minutes away from where they may be needed (larger schools may require ADs to be stored in multiple locations, such as near the dining area and playground)
- 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
- 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 or in the schools sharps bin in the hygiene suite

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 pupils 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

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. These are held within the orange Medi bags per class

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 Mrs McKeever 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.
- the local authority: any allergen-related food safety incidents
- In the event that the incident or 'near miss' was related to the delivery of a care plan or action plan issued by a healthcare professional, the relevant healthcare professional will be notified.

10. Allergy awareness

10.1 Staff training

The school ensures that all staff expected to be present during times when 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 refreshers annually or more often should a child arrive at school mid year. 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 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')

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.

All pupils receive age-appropriate allergy awareness education annually.

11. Wellbeing

Pupils 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.

Pupils with allergies will have additional support through:

- Pastoral care
- Regular check-ins with their class teachers and TAs

- 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 pupil but their family, those involved in responding. and any witnesses. The school will provide support to those involved.

The school will support staff involved in any incident or ‘near miss’.

See section 9 of the policy for more detail on incidents and ‘near misses’.

12. Information sharing

Information about an individual’s health is considered special category data under UK GDPR. It will therefore be handled in line with our data protection policy.

13. Monitoring arrangements

This policy will be monitored by the allergy safety lead.

It will be reviewed and approved annually by the allergy safety lead, or more frequently if a serious incident or ‘near miss’ identifies an area for improvement.

14. Links to other policies

This policy links to the following policies and procedures:

- Health and safety policy
- Supporting pupils with medical conditions policy
- School food policy
- Data protection policy
- Behavior policy
- EYFS Policy

Appendix 1 – Recognising Allergic Reactions and Anaphylaxis

Recognising an Allergic Reaction

All staff should be familiar with the signs and symptoms of allergic reactions and understand when an allergic reaction may be progressing towards anaphylaxis.

Mild to Moderate Symptoms

A child may experience one or more of the following:

- Itching, tingling or swelling of the lips, mouth or tongue
- Itchy skin, hives or a raised rash
- Redness of the skin
- Sneezing or a runny nose
- Itchy, watery eyes
- Mild swelling of the face
- Stomach discomfort, nausea or vomiting
- Feeling generally unwell

Children displaying mild symptoms should be monitored closely and the procedures outlined in their Allergy Action Plan should be followed.

Recognising Anaphylaxis

Anaphylaxis is a severe, potentially life-threatening allergic reaction that requires immediate treatment with adrenaline and urgent medical assistance.

Airway Symptoms

- Swelling of the tongue
- Swelling or tightness in the throat
- Difficulty swallowing
- Hoarse voice
- Difficulty speaking

Breathing Symptoms

- Persistent cough
- Wheezing
- Noisy breathing
- Difficulty breathing
- Rapid breathing

Circulation Symptoms

- Dizziness
- Feeling faint
- Sudden drowsiness
- Confusion
- Pale, clammy skin
- Loss of consciousness
- Collapse

Other Symptoms

- Severe abdominal pain
- Repeated vomiting
- Sudden feeling of weakness
- Widespread rash or hives
- Facial swelling

Treat as an emergency if airway, breathing or circulation symptoms are present.

Emergency Response to Suspected Anaphylaxis

If anaphylaxis is suspected:

1. Follow the pupil's Individual Healthcare Plan (IHP) or Allergy Action Plan.
2. Administer adrenaline immediately where indicated.
3. Call 999 and state that anaphylaxis is suspected.
4. Do not leave the child alone.
5. If conscious:
    - Lie the child flat with legs raised where possible.
    - If breathing is difficult, allow the child to sit upright with legs extended.
6. Note the time adrenaline was administered.
7. If symptoms do not improve and a second prescribed adrenaline auto-injector is available, administer in accordance with the Allergy Action Plan.
8. Inform parents/carers as soon as practicable.
9. Record the incident and complete the school's reporting procedures.

Important

All pupils who receive adrenaline treatment for suspected anaphylaxis must be assessed by emergency medical professionals and taken to hospital for observation, even if symptoms appear to improve following treatment.

Appendix 2 – Useful Sources of Guidance and Information

The school uses national guidance and recognised best practice resources to support allergy safety arrangements.

Department for Education (DfE)

Allergy Safety in Schools and Early Years Settings

Provides statutory guidance for schools and early years providers on managing allergy risks and responding to allergic reactions.

Supporting Pupils at School with Medical Conditions

Provides guidance on supporting pupils with medical conditions and the use of Individual Healthcare Plans.

Department of Health and Social Care

Guidance on the Use of Emergency Adrenaline Auto-Injectors in Schools

Provides advice on the purchase, storage, use and monitoring of spare adrenaline auto-injectors.

Anaphylaxis UK

Provides national guidance, training resources, educational materials and support regarding severe allergies and anaphylaxis.

Website: **www.anaphylaxis.org.uk**

Allergy UK

Provides practical information and resources to support allergy awareness and allergy management within schools.

Website: **www.allergyuk.org**

National Institute for Health and Care Excellence (NICE)

Food Allergy Quality Standard

Provides evidence-based recommendations for identifying, assessing and managing food allergies.

Anaphylaxis: Assessment and Referral Following Emergency Treatment

Provides guidance following emergency treatment of suspected anaphylaxis.

Food Standards Agency (FSA)

Provides guidance on:

- Food allergen labelling
- Natasha's Law
- Food Information Regulations
- Cross-contamination controls

Website: **www.food.gov.uk**

Resuscitation Council UK

Provides professional guidance on:

- Recognition of anaphylaxis
- Emergency treatment protocols
- Adrenaline administration

Website: **www.resus.org.uk**