Allergy Safety Policy
Badger Hill Primary

This policy is written in three parts:

PART A: The Allergy Safety Policy

PART B: Procedures, Definitions and Resources

PART C: Allergy Emergency Procedures

"Allergy is a medical condition in which the body reacts to normally harmless substances, such as a food, insect sting, contact allergen (e.g. nickel) or an airborne allergen such as pollen. Many individuals with allergies to food or insect stings are at risk of anaphylaxis, a reaction that can progress rapidly and may cause death. Anaphylaxis typically affects the Airway/Breathing/Circulation ("ABC"). "

DfE Allergy Safety in Schools

IN CASE OF AN EMERGENCY: PLEASE REFER TO PART C IMMEDIATELY

Key Contacts

Nicola McEvoy	School Allergy Lead

Brooke Simpson and Lindy McKenzie	Admin Allergy Support
Theresa Ollerenshaw	Governor Allergy Lead

Spare adrenaline devices are located in these locations:

LOCATION 1	LOCATION 2	PORTABLE
Staff room		First Aid Cabinet-Staff Room

Date Adopted: **September 2026**

Date for Review: **September 2027**

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PART A

1 Aims

The school recognises that effective allergy management requires leadership, training, clear accountability and inclusion of pupils with allergies across all aspects of school life.

The intent of this policy is to minimise the risk of any child suffering allergy-induced anaphylaxis whilst at school.

While peanut and tree nut allergies are common, the school recognises that all allergens can cause severe reactions. Control measures are based on individual risk assessments rather than allergen type.

The management of allergy safety is not limited to mediated allergies. Some pupils or staff may have medically recognised sensitivities or conditions, such as mast cell disorders or systemic hypersensitivity conditions, which may not meet the clinical definition of allergy but may nonetheless result in serious or potentially life-threatening reactions. Any known trigger with the potential to cause harm will be identified and managed appropriately.

The underlying principles of this policy include:

- Keep pupils and staff with allergies safe, included and supported.
- Ensure clear roles and responsibilities, reliable documentation, and effective communication.
- Provide staff training, annual anaphylaxis drills, and robust emergency procedures.
- Embed proportionate controls around food, curriculum activities and visits.

This policy applies to all members of the school community.

2 Related policy and legislation

This policy is concerned with the allergy safety requirements introduced by section 34 only. It sits alongside the statutory guidance on Supporting pupils with medical conditions at school. References to wider medical conditions or wider statutory duties should be read only to the extent that they are relevant to allergy safety. This policy should be read alongside other medical related policies:This policy is concerned with the allergy safety requirements introduced by section 34 only. It sits alongside the statutory guidance on Supporting pupils with medical conditions at school. References to wider medical conditions or wider statutory duties should be read only to the extent that they are relevant to allergy safety. This policy should be read alongside other medical related policies:

- Supporting Pupils with medical conditions at school
- Safeguarding Policy
- Educational visits policy
- First Aid Policy

This policy is written to align with the guidance set out in:

- Allergy Safety in schools, DfE
- Using emergency adrenaline auto-injectors in schools, DHSC
- Emergency asthma inhalers for use in school
- Working together to Safeguard Children
- Keeping Children Safe in Education

In addition, further statutory duties are of relevance to children and young people with allergy, including:

- The duty of care under **section 3 of the Children Act 1989** for any person with the care of a child to do all that is reasonable for the purposes of safeguarding or promoting the welfare of the child;
- The duties to safeguard and promote the welfare of pupils and students under **sections 20 and 175 of the Education Act 2002, the Education (Independent School Standards) Regulations 2014 (and associated statutory guidance Keeping Children Safe in Education) and the Non-Maintained Special Schools (England) Regulations 2015;**
- The duty of the employer under **section 2 of the Health and Safety at Work etc Act 197**4 to take reasonable steps to ensure that employees are not exposed to risks to their health and safety;
- The duties under the **Equality Act 2010** to provide equality of opportunity for all, including those who are disabled.
- The **Special Educational Needs and Disability (SEND) SEND code of practice: 0 to 25 years.**
- The **Early Years Foundation Stage (EYFS) statutory framework.**
- The common law duty of care which requires schools, educational settings, and other persons responsible for children and young people to take reasonable care to avoid acts or omissions which could reasonably be foreseen to cause injury or harm. This includes taking appropriate steps to identify, assess and manage allergy-related risks and to respond appropriately in the event of an allergic reaction. This guidance will therefore be of relevance

to early years settings and post-16 institutions and should be treated as good practice for these settings.

3 Allergy culture

Awareness

- This policy is stored on the school's website.
- The reading and understanding of this policy forms part of the annual training offer.
- The training referred to in this policy is delivered online.
- The further training referred to in this policy is delivered in person.
- A quick and easy to access poster is provided for referral during an emergency.
- Templates and supporting documents are available on the Trust's Portal.

Responsibilities

Role	Name	Key Responsibility
Headteacher	Vicky Whittingham	● Delivery and drive implementation of the Allergy Safety Policy and review ● Appointing Allergy Leaders ● Communicate with stakeholders
Allergy Lead	Nicola McEvoy	● Ensure the delivery of the day to day operational elements of the Allergy Safety Policy ● Ensuring compliance with the Allergy Safety Policy (inc training)
Admin Allergy Assistant	Brooke Simpson Lindy MacKenzie	● Support the Allergy lead to facilitate Allergy Safety Policy compliance ● Support the Allergy Lead to manage administration tasks relating to the policy
Allergy Governor	Theresa Ollerenshaw	● Have a strategic overview of the Allergy Safety Policy delivery in school ● Report to the LGC on Allergy Safety protocols ● Support the school to review serious incidents and near misses

Training

New staff will be trained as part of their induction activities and annually thereafter. Existing staff will be trained via mandatory online training annually. The training provided will cover allergy awareness and emergency response training materials. Schools must complete the Trust's allergy awareness training which meets the DfE guidance.

All staff present during times when pupils are scheduled to be on site should receive allergy awareness training. This includes permanent staff, temporary staff, supply teachers, peripatetic staff, agency workers and regular volunteers. This includes catering staff and others who may oversee children and young people at breakfast or after school clubs.

The school will check that supply and cover staff also meet the requirements for annual training.

Additional Training

Staff involved in food preparation (e.g. (Breakfast and Afterschool Club) will complete Level 2 Food Hygiene training every 3 years.

Accessibility

The school's Allergy Safety Policy is made available on the school's website and in paper form on request.

Wellbeing

The aim of this policy is to ensure that children with allergies are included and heard. The wellbeing of children and young people with an allergy will be promoted through various methods (but not limited to):

- Regular communication to student, parents and staff ensuring ongoing awareness and risks
- Access to experienced pastoral professionals
- Assemblies
- Whole school awareness activities
- Delivery of the PHSE curriculum
- Individual healthcare support plan
- Promote the opportunity for Allergy Champion roles for either/both students or staff if appropriate
- Review any incident or near miss with the child or young person and their parents
- Support confidence in the school's approach by including a child or young person and their parents in reviewing the arrangements made (for example in the Individual Healthcare Plan) to ensure they are robust and appropriate.
- The school will consider how it supports the staff involved including ensuring that the message that carelessness, inadvertence or a simple mistake do not amount to serious and wilful misconduct.
- The school will demonstrate care to respect the privacy of the child or young person involved.

Bullying

Incidents of bullying associated with allergies will be dealt with promptly. The school will follow its Behaviour Policy and its Suspensions and Exclusions Policy. The school's Whistleblowing or Grievance Policy should be referred to should a member of staff, visitor or volunteer suspect bullying in the workplace.

The topics of bullying, tolerance, respect and personal safety will also be covered through the school's PHSE curriculum.

4 Risk management

The school seeks to minimise risk for all visitors whether children, young people, staff or visitors. Risk management includes:

Policy Area	Measures	Responsibility
Managing risks from food provided by the school	• Obtain and retain allergen information from all catering providers • Ensure food complies with UK food allergen legislation. • Clearly label all foods containing any of the 14 regulated allergens. • Provide suitable alternative meals where required. • Prevent cross-contamination through separate preparation areas, utensils and cleaning procedures where practicable. • Catering staff receive regular allergy awareness training. • Individual healthcare plans are shared with catering staff where appropriate.	Headteacher, Catering Manager, Catering Staff
Managing risks from food brought in by others	• Process for parents/carers to provide information about their child's allergies before admission and update the school of any changes. • Discourage sharing of food between pupils • Encourage healthy, nut-free (or allergen-aware where appropriate) lunchbox choices where a significant risk has been identified. • Request that birthday treats or food brought in for celebrations are pre-packaged with clear ingredient labels or avoid food-based celebrations. **(not eaten at school)** • Staff supervise younger children during mealtimes.- Communicate allergy awareness expectations to parents and visitors.	Headteacher, Teachers, Parents/Carers, Supervisors

Managing airborne and contact allergens	• Identify known airborne or contact allergens through Individual Healthcare Plans. • Remove or substitute products containing identified allergens where reasonably practicable. • Use low-allergen cleaning and classroom products where appropriate. • Ensure classrooms are well ventilated. • Implement enhanced cleaning procedures after activities involving allergens. • Consider seating arrangements where necessary. • Minimise exposure to animals, plants, latex, fragrances or other identified allergens where required.	SENDCO, Class Teacher, Site Manager, All Staff
Planning curriculum and enrichment activities	• Staff consider allergy risks during lesson planning. • Review ingredients and materials before cooking, food technology, science experiments or craft activities. • Avoid using known allergens where suitable alternatives exist. • Check materials such as modelling dough, papier-mâché paste, bird seed, food colouring, paints or cosmetics for allergen content. • Assess risks before activities involving animals or plants.- Consult parents/carers where activities may present an increased risk.	Teaching Staff, Curriculum Leaders
Educational visits and school trips	• Complete a specific allergy risk assessment for pupils with allergies before every visit. • Ensure emergency medication (e.g. adrenaline auto-injectors) accompanies the pupil and is readily accessible. • Confirm trained staff are attending the visit. • Check food provision with the venue in advance. • Share emergency procedures with accompanying staff. • Consider travel times and proximity to emergency medical services. • Ensure mobile phones and emergency contact details are available throughout the visit. • Liaise with Local Authority Educational Visit Coordinators	Visit Leader, Educational Visits Coordinator, Headteacher
Communication and awareness	• Maintain up-to-date allergy registers. • Share relevant information with staff on a need-to-know basis. • Provide annual allergy awareness training for staff. • Inform temporary staff, volunteers and supply teachers of relevant allergies. • Display emergency procedures in appropriate staff areas while maintaining pupil confidentiality. • Use the Trust prescribed storage system.	Headteacher, School Business Manager, All Staff to

Emergency response	• Staff trained to recognise signs and symptoms of allergic reactions and anaphylaxis. • Emergency medication is easily accessible and not locked away • Staff trained how to administer adrenaline auto-injectors. • Call 999 immediately if anaphylaxis is suspected, even if medication has been administered. • Inform parents/carers as soon as practicable following any allergic reaction.	All Staff

5 Food allergy

Where children and young people require reasonable adjustments relating to food (for example avoiding specific foods), these will be captured through an Individual Healthcare Plan.

The Requirements for School Food Regulations 2014 (known as 'The School Food Standards') regulates the food and drink provided at breakfast service, lunchtime and across the school day.

Whilst the schools adhere to the School Food Standards, we also make reasonable efforts to cater for pupils with medical conditions, including food allergies and hypersensitivities.

How we manage food allergy in school

All food businesses (including school caterers) must follow the Food Information Regulations 2014 which states that allergen information relating to the 'Top 14' allergens must be available for all food products.

Initial Identification	The responsibility for allergen safety rests with everyone in school. Before a pupil is admitted to our schools we will obtain information about any special dietary requirements, preferences, food allergies, intolerances and any special health requirements. This information will be collected from Parents/Guardians/Carers by completion of the special diets/allergy collection form. Schools will make forms available on their website and will share forms with any new starter to the school. Allergy information will be shared by the school with all staff involved in the preparing and handling of food.

Identifying children with known allergies	Prior to the beginning of each term the school will provide the Catering/Chef Manager with written confirmation of the allergen and special diet requirements for the students with allergies or dietary requirements. For new intake students this information will be provided by the end of July to allow sufficient time to identify student dietary requirements before September. In addition, the school will provide this information for new students or any changes throughout the year. This information will be provided using the caterer's Alternative Menu Form, signed by the student's Parent/Guardian/Carer and supported by medical evidence where appropriate. The information on this form will be used to categorise the student's dietary needs. A photo of the student will also be supplied. We offer two categories of allergen safe menus which are managed by our caterers. They are: ● Allergen safe menus - this is free from the 14 legal allergens and aligned as closely as possible with the main menu ● Bespoke – a menu tailored for pupils when the specific allergen sits outside of the 14 defined legal allergens (one choice only). ● Bespoke menus will be assessed by the food team based on a risk assessment. The risk analysis looks at the students' requirements, the capability of the kitchen and school environment, to determine the risk level. If the risk level is high it may not be possible to provide a meal safely, and this will be discussed with the parent/guardian/carer and school/trust. Those schools with external caterers will operate their catering service through an online selection system at the point of access. In addition, pupils with allergies will be identified to the catering team by an MSA/TA/teacher at the start of service. **Process and procedure:** Allergy meals (main course and dessert) will be: ● plated and double wrapped in cling film, ● clearly labelled with the student's name, year group 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.**

5.1

EYFS

Foundation Stage (EYFS) Whilst young children in early childhood settings, such as nurseries, childminders and pre-school settings, are eating there should always be a member of staff in the room with a valid paediatric first aid certificate for a full course consistent with the criteria set out in Part B.

The school will:

- Have a member of staff responsible for checking that the food being provided meets all the requirements for each child.
- Have ongoing discussions with parents and/or carers and, where appropriate, health professionals to develop Individual Healthcare Plans for managing any known allergy and intolerances.
- Keep up to date information in an allergy plan and share with all staff.
- Ensure that all staff are aware of the symptoms and treatments for allergy and anaphylaxis, the differences between allergy and intolerances and that children can develop allergies at any time.

6 Individual children and young people

How will we identify an individual with allergies?

Group	Information collection	Information sharing
Young People (pupils and students) **New starters**	• During registration of a student on roll details will be collected from a parent or carer: Allergy types, medication, protocols • Collection of information from current setting	• Individual healthcare Plan/ Allergy Action Plan
Young People (pupils and students) **In year transfers, managed moves**	• During registration of a student on roll details will be collected from a parent or carer: Allergy types, medication, protocols • Collection of information from current setting	• Individual healthcare Plan/ Allergy Action Plan
Staff and pupils	• The school will collate the information in the form of an Allergy List/Registers stored on the school's MIS system. The school will ensure that this is updated when an allergy is identified and shared with the staff team.	• To be shared with staff working in places where food may be served or handled (including food technology, science, craft and art classrooms).
Staff	• During recruitment and induction period, staff member will inform the employer of known allergies, medication and protocols	• Line manager will inform those working with the employee
Volunteers	• During induction,volunteers must inform the employer of known allergies, medication and protocols	• Line manager will inform those working with the employee • Volunteer
Visitors	• On arrival visitors must inform the employer of known allergies, medication and protocols	• Line manager will inform those working with the employee • Visitor

7 Individual Healthcare Plans

The school follows the guidance set out in the DfE's Allergy Safety Policy template.

Children and young people should have an Individual Healthcare Plan (IHP) if:

- they have an allergy which has a functional impact on them in their school, college or setting;
- they are at risk of harm as a result of their allergy and
- they require arrangements which are additional to or different from those made generally.

The IHP (Individual Healthcare Plan) must set out:

- The additional and/or different arrangements that will be in place in the school for supporting the child or young person with their medical condition or allergy.
- The additional arrangements in emergency situations.
- Details of allergies that require flexibility and “reasonable adjustments”, as well as those which require medication (either proactively or in an emergency situation).
- Details of wellbeing support offered or made available

8 Allergy Action Plan and/or Asthma Action Plan

Where children and young people have an Allergy Action Plan and/or Asthma Action Plan issued by a healthcare professional, the IHP should refer to or attach it.

Whenever an updated Action Plan becomes available, the child or young person’s Individual Healthcare Plan should be reviewed to incorporate it.

A plan should:

- Be provided by the relevant healthcare professional
- Include information about triggers, symptoms, medicines and,
- When to seek emergency help
- should be attached to the child or young person’s Individual Healthcare Plan.
- Include medical and parental consent for staff to administer emergency medicines, such as adrenaline for anaphylaxis or reliever inhaler in the event of an asthma attack.
- Be reviewed and updated by healthcare professionals at regular intervals.

9 Prescribed adrenaline (adrenaline pens)

The school has taken measures to ensure that children and young people who are prescribed adrenaline devices have rapid access to their devices at all times, including in cases of anaphylaxis, in which adrenaline should be administered **within five minutes.**

Depending on their level of understanding and competence, students, staff and visitors will be encouraged to take responsibility for and to carry their own two adrenaline devices on them in a suitable bag. For younger children, named school staff will take responsibility for a student’s prescribed adrenaline devices. These staff will ensure that the prescribed devices are always located within 5 minutes of the student.

Activity	Arrangement
Travelling to and from school	All groups including: Young people, students, staff, visitors and volunteers should keep 2 adrenaline devices with them.
During lessons Early Years	All groups including: Young people, students, staff, visitors and volunteers should keep 2 adrenaline devices with them. For EYFS children this may include devices being kept within the immediate vicinity to the area in which the child is learning. **SPARE PENS LOCATION: 2x 0.15mg Epipens are kept in a wall mounted box in the staff room.**
During lessons Age 6+	All groups including: Young people, students, staff, visitors and volunteers should keep 2 adrenaline devices with them. **SPARE PENS LOCATION: 2x 0.3mg Epipens are kept in a wall mounted box in the staff room.**
Lunch time	All groups including: Young people, students, staff, visitors and volunteers should keep 2 adrenaline devices with them. **SPARE PENS LOCATION: 2x 0.15mg and 2x 0.3mg Epipens are kept in a wall mounted box in the staff room.**
Break times/ free time	All groups including: Young people, students, staff, visitors and volunteers should keep 2 adrenaline devices with them. **SPARE PENS LOCATION: 2x 0.15mg and 2x 0.3mg Epipens are kept in a wall mounted box in the staff room.**
Sports activities on the school field	All groups including: Young people, students, staff, visitors and volunteers should keep 2 adrenaline devices with them. **SPARE PENS LOCATION: 2x 0.15mg and 2x 0.3mg Epipens are kept in a wall mounted box in the staff room.**
Visits/ trips	All groups including: Young people, students, staff, visitors and volunteers should keep 2 adrenaline devices with them. **SPARE PENS LOCATION: 0.15mg or 0.3mg pens are kept in a green first aid bag in the staff room to take on a school trip.**

10 Spare adrenaline devices

WHEN SHOULD YOU USE A SPARE ADRENALINE PEN?

- **When directed by emergency responders/services**
- **When an individual's own devices has already been used**
- **Under direction of emergency service: when a child presents anaphylaxis due to an unrecognised allergy**

PERMISSION IS NOT REQUIRED

11 How to administer an adrenaline device

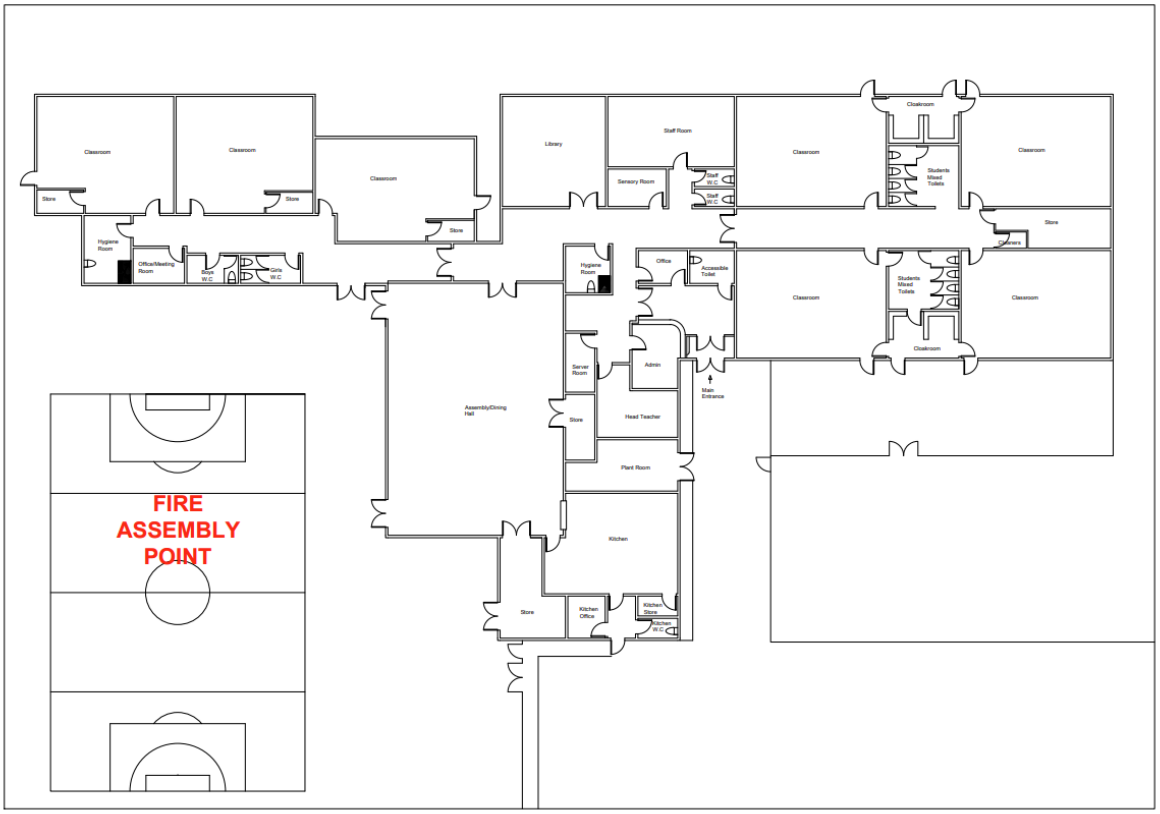
In the event of an anaphylaxis reaction:

1. The child, young person or individual should be placed flat with legs raised. Adrenaline devices should be brought to them (whether their own prescribed ADs or “spare” ADs as opposed to the patient being taken to where the adrenaline devices are).
2. Adrenaline should be administered as soon as possible, within five minutes. Do not wait to contact the emergency services before administering adrenaline.
3. Immediately call 999 and request an ambulance.
4. If the child, young person or individual has their own prescribed adrenaline devices, these should be used in the first instance.
5. If the child, young person or individual does not have prescribed adrenaline devices, “spare” adrenaline devices can be used.
6. If the child, young person or individual’s prescribed adrenaline devices are not available or misfire, “spare” adrenaline devices can be used.

12 Location of Spare Adrenaline Devices

To ensure that devices can be accessed within 5 minutes, spare adrenaline devices are located in multiple locations:

LOCATION 1	LOCATION 2	PORTABLE
Staffroom		Staff Room First Aid Cupboard



What to look for?

Maintaining stocks of adrenaline devices

Spare adrenaline devices and salbutamol inhalers will be checked to confirm that they are in date on a monthly basis. They will secure replacements one month before the current devices and inhalers expire. The school will follow the Trust's guidance for purchasing adrenaline pens and inhalers.

The Allergy Administrator will keep a record of:

- stock levels
- prescribed medication including names and expiry dates

Disposal of adrenaline devices

School staff have access to a sharps bin to facilitate the safe disposal of used devices. Used AAIs can be given to ambulance paramedics on arrival.

13 Visits and trips

Children, students and young people will not be excluded from a trip or visit due to their allergies. The school will conduct a risk assessment for any child or young person at risk of anaphylaxis taking part in a trip off the premises. Children and young people at risk of anaphylaxis should have their own adrenaline device with them, and there should be staff trained to administer adrenaline in an emergency

Spare adrenaline devices will be taken on a visit or a trip as per the ratio below:

School type	**AAIs for children under age 6 years** (150 micrograms) e.g. EpiPen Junior, Jext 150	**AAIs for individuals over 6 years of age** (300 micrograms) e.g. EpiPen, Jext 300
State-funded nursery school	One pair of "spare" AAIs	n/a
Primary school	One pair of "spare" AAIs	One pair of "spare" AAIs
Secondary school	n/a	One or two pairs of "spare" AAIs *
Special school	One pair of "spare" AAIs	One pair of "spare" AAIs

14 Asthma inhalers

The school can only administer spare inhalers to a child or young person who has been prescribed a reliever inhaler, but where their own prescribed inhaler is not available. The school can only administer the emergency inhaler where written permission has been received. The written permission should be given via the Asthma Plan or via the Individual Healthcare Plan

15 Drills

In order to test procedures, support staff CPD and to test the effectiveness of policy, the school will use a practice drill to inform leaders and to support further training and development needs.

16 Serious incidents and “near misses”

The school will follow the guidance below to record, report and respond to a near miss. Anyone can report a near miss including the child or young person, their parents or others (for example healthcare professionals).

- A **serious incident** is any event relating directly to a medical condition (including allergy) in which a child, young person, member of staff or visitor with a medical condition or allergy is harmed or is placed at an immediate and significant risk of harm, including situations requiring emergency medication, urgent clinical intervention or attendance by emergency services.
- A **“near miss”** is an event relating directly to a medical condition (including allergy) that did not result in harm but had the clear potential to do so, for example, where an error, omission, or system failure could reasonably have led to a serious incident had circumstances been only slightly different.

Record keeping	**Administration of adrenaline devices:** ● A log of administration of medicines **Specific treatment plans:** ● Healthcare Plans ● Asthma Plans- provided by medical professionals ● Allergy Plans - provided by medical professionals
Reporting	● The parent of a child or young person up to the age of 16 should be notified. ● The school will seek the permission for a young person over the age of 16 before notifying the parent. ● The viewpoint of the family and young person will be collected. ● The school will confirm what it has learned for the incident and outline any actions it is taking as a result. ● The school will share the report with the school’s Allergy Lead ● Health care professionals will be notified where relevant ● HSE (RIDDOR) will be notified where relevant ● The school will notify any authorities in line with Article 19 (EC) 178/2022 ● The school will inform the LGC. Near misses or serious incidents will be recorded with the following information: ● ***Who** was affected;*

	• ***What** happened**, when** and **where;*** • ***Why** the incident occurred (as far as is known);* • ***How** staff and students responded* • ***what** was done to support the individual; whether emergency services were called;* • ***How** the incident concluded.*

Responding	• Lessons learned and best practise will be shared with staff via the above report.
	• The Allergy Lead will consider:
	  ◦ *Whether the school, college or setting reasonably have foreseen an incident of this nature?*
	  ◦ *Might the incident or near miss have been avoided through reasonable preventative steps? If so, what steps might have been taken?*
	  ◦ *Were the circumstances of the incident covered by a policy (for example a medical conditions policy, allergy safety policy) and/or a plan (for example an Individual Healthcare Plan or a care or action plan issued by a healthcare professional) which set out how to respond to an incident of this nature?*
	  ◦ *If so, was the policy and/or plan followed? If the policy and/or plan was not followed, are there staff training, capability or even disciplinary issues to consider?*
	  ◦ *Was the policy or plan adequate? If the policy and/or plan was not adequate, what changes might be required?*
	  ◦ *Should the school, college or setting's policies be changed as a consequence?*
	• The parents of a young person and the young person will be invited to review arrangements
	• The school will inform the LGC regularly of any near misses or serious incidents.

17 Information sharing

A child or young person's health information is considered special category data under UK GDPR, which means it is highly sensitive and has additional legal protections. Schools have a lawful basis to hold, use and share a child's special category health data when this is necessary, but it should always be done in a controlled and respectful way, because unnecessary sharing can reduce children's confidence in practitioners and can be embarrassing for children and young people who may not want to be singled out.

The school will only share personal allergy information with the relevant staff. The school will follow its policy on data retention for the storage and destruction of data within the regulated time period.

18 Nut free policy

As per the guidance (DfE) , we do not promote a 'Nut Free' school. Instead, the school promotes an allergy aware approach.

19 Unacceptable practice

School leaders, including LGC will consider what practice is not acceptable and will implement the relevant disciplinary process where appropriate. Below is a list (not limited to) of examples of unacceptable practice:

- **preventing** children and young people from easily accessing their medication (for example prescribed adrenaline devices);
- **ignoring the views** of the child or young person or their parents or carer;
- **ignoring medical evidence** or the opinion and advice of healthcare professionals;
- **assuming that every child** or young person with allergy **requires the same support;**
- **assuming that older children** and young people **do not require support,** even if they are able to take increasing responsibility for managing their allergy;
- **assuming** that a child or young person **does not have an allergy because they do not yet have a diagnosis,** for example while medical investigation is under way;
- **discriminating against children** or young people with allergy **by sending them home** frequently for reasons associated with their allergy or prevent them from staying for normal school activities or extracurricular activities, including lunch;
- **sending a child or young person who becomes unwell to a school office or medical room without suitable supervision**. In the case of an allergic emergency (e.g. anaphylaxis), help must come to the child or young person rather than the other way round;
- **penalising** children or young people for their **attendance** record if their absences are related to their allergy, e.g. hospital appointments and health management. This includes excluding children and young people from rewards for 100% attendance where their non-attendance is the result of a medical condition or allergy. This should be reflected in attendance policies;
- **requiring parents / carers** (or otherwise making them feel obliged) **to attend** the school, college or setting to administer medication or provide medical support to their child;
- parents and carers should **not have their work or other responsibilities impacted** because the school, college or setting is failing to support their child's allergy; and
- **preventing** children and young people from **participating, or creating unnecessary barriers** to them participating, in any aspect of school, college or setting life, including external visits and trips, e.g. by requiring parents to accompany the child.

20 Resources

This policy was created with the support of the following resources:

The British Society for Allergy & Clinical Immunology (BSACI)
The British Society for Allergy & Clinical Immunology (BSACI) is the national, professional and academic society which represents the specialty of allergy. It has

created www.spareadrenalineinschools.uk in conjunction with DHSC, DfE and members of the

National Allergy Strategy Group (NASG)
National Allergy Strategy Group (NASG), including patient organisations. The website brings together relevant information, advice for schools, teachers, parents and young people, together with Allergy Action Plans and other resources.

21 Complaints

Anyone wishing to raise a complaint do so by following the schools Complaints Procedure which is available on the school's website or in paper form by request.

22 Policy Review

The principles set out below will underpin the review of this policy:

- This policy will be reviewed at least annually
- It may be relevant to review this policy as regulatory standards or requirements are released.
- Near misses will be reviewed with LGCs as part of the termly Headteacher's report.
- Pupils and staff will be consulted on the policy are relevant points and in an age appropriate manner.
- A review of the effectiveness of protocols will be made through the use of an annual allergy drill.

PART B

Definitions
Policy Review
EYFS
Guidance on purchasing and ordering
Individual Health Care Plan (IHP) Template

Definitions

Allergy	Allergy is a medical condition in which the body's immune system has an abnormal reaction to normally harmless substances such as food, insect stings, contact allergens and airborne allergens.
Anaphylaxis	Anaphylaxis is a potentially fatal reaction affecting the Airway/Breathing/Circulation ("ABC"). Many individuals with allergies to food or insect stings are at risk of anaphylaxis.
Asthma	Asthma is a lung disease caused by inflammation and tightening of the airways, it is frequently associated with allergy and anaphylaxis, because exposure to allergens can provoke an asthma attack, a potentially life-threatening condition.
Intolerance	Intolerance to foods or an ingredient that the body is unable to digest is different to allergy and does not cause a serious allergic reaction. It can cause long term health problems if not avoided. Common food intolerances include lactose and gluten. Coeliac disease is intolerance to gluten, found in rye, barley and wheat.

Allergy Types

Hay Fever	Hay Fever (Allergic Rhinitis), triggered by allergens carried in

	the air ("aeroallergens"), such as pollen, house dust mite, animal fur/feathers, or mould. Symptoms include sneezing, a runny or stuffed nose, itchy or watery eyes.
Skin allergies	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. Symptoms include itching, hives and dry, flaky skin. Reactions can be delayed, occurring many hours after contact.
Food allergy	Food allergy, which can cause symptoms ranging from mild itching in the mouth to "whole body" reactions including anaphylaxis (see below). Some food allergies do not cause immediate reactions, but result in delayed gastrointestinal symptoms (e.g. stomach pain, vomiting, diarrhoea) some hours later, sometimes occurring with an eczema flare. While 90% of food allergic reactions are caused by peanut/tree nuts, cow's milk, egg, wheat, fish/seafood and sesame, any food can cause an allergic reaction.
Asthma	Asthma in children is usually allergic in nature, meaning that it may be triggered by airborne allergens such as e.g. dust mite, animal dander or 11 pollen. On average, there are two or three children with asthma in every classroom in the UK.
Stings, medicines and other	Less common allergic conditions in children include allergy to insect stings (e.g. bee, wasp) and medicines.

Allergy Key Facts

Asthma	• The most common long term condition amongst children and young people • One of the leading causes of school absence • Between 2019-2023 there were 54 child deaths due to Asthma • Exercise and cold air can also cause symptoms. • **Common symptoms** include coughing, wheezing and breathlessness out of proportion to effort, and a tight chest. An asthma attack occurs when symptoms are severe, and breathing becomes difficult.
Coeliac disease	• Coeliac disease is an autoimmune condition where the small intestine (gut) is hypersensitive to gluten in wheat and other gluten-containing grains (e.g. rye, barley). **It is not an intolerance.** • **Common symptoms:** Consuming gluten can cause significant illness (including abdominal pain and vomiting shortly after eating)
Intolerance	• Food intolerance is a non-immune system reaction where the body struggles to digest specific foods. • **Common symptoms** like abdominal pain, bloating and diarrhoea for hours or days after eating. Unlike food allergies, intolerances cannot cause anaphylaxis. They are

	usually managed by identifying specific triggers, for example lactose intolerance or non-coeliac gluten sensitivity.

EYFS

Criteria for effective Paediatric First Aid (PFA) training

Course contents are also set out in Annex A of the Early Years Framework (p41) and should be reviewed alongside this policy.

The emergency PFA course should be undertaken face-to-face and last for a minimum of 6 hours (excluding breaks) and cover the following areas:

- Be able to assess an emergency situation and prioritise what action to take.
- Help a baby/child who is unresponsive and breathing normally.
- Help a baby/child who is unresponsive and not breathing normally
- Help a baby/child who is having a seizure.
- Help a baby/child who is choking.
- Help a baby/child who is bleeding
- Help a baby/child who is suffering from shock caused by severe blood loss (hypovolemic shock).

The full PFA course should last for a minimum of 12 hours (excluding breaks).The training must cover the elements listed below in addition to the areas set out above.

- Help a baby/child who is suffering from anaphylactic shock.
- Help a baby/child who has had an electric shock.
- Help a baby/child who has burns or scalds.
- Help a baby/child who has a suspected fracture.
- Help a baby/child with head, neck or back injuries.
- Help a baby/child who is suspected of being poisoned.
- Help a baby/child with a foreign body in eyes, ears or nose.
- Help a baby/child with an eye injury.
- Help a baby/child with a bite or sting.
- Help a baby/child who is suffering from the effects of extreme heat or cold.
- Help a baby/child having: a diabetic emergency; an asthma attack; an allergic reaction; meningitis; and/or febrile convulsions.

- Understand the role and responsibilities of the paediatric first aider (including appropriate contents of a first aid box and how to record accidents and incidents).

Purchasing and ordering

Schools should use the following letter templates to order spare adrenaline devices and inhalers.

AAI Order Letter Template

Inhaler Order Letter Template

Individual Health Care Plans

Flowchart for Creating and Reviewing Individual Health Care Plans

A CYP comes onto roll of school or EY setting. Parents or the young person identify they have allergy. Advice and instruction from relevant healthcare (e.g. Allergy Action Plan) is provided.

OR

A CYP already on the roll of the school, college or EY setting is identified as having an allergy (including new diagnosis) or develops an allergy.

↓

School considers the advice or instruction provided by the relevant healthcare professionals. They meet the CYP and their parents to discuss the impact of the allergy and consider whether an Individual Healthcare Plan is required. If necessary, the school seeks advice from relevant healthcare professionals.

↓

If the allergy has a functional impact on the CYP or poses a risk to them, the school should discuss what supportive arrangements may be required with the CYP and their parents and should draw up an IHPO to specify them.

If healthcare professionals have provided advice or instruction (e.g. an Allergy Action Plan), their IHP will refer to it.

↓

The IHP is shared with the CYP, their parents and those staff who need to be aware of its contents.

↓

School delivers the arrangements set out in the IHP.

↓

IHP is reviewed at least annually. Any serious incident, 'near miss' or change in circumstances (including changes in instructions or advice from relevant healthcare professionals such as changes to care plan, action plan or medication) should prompt a review of the IHP.

↓

Amended IHP is shared with the CYP, their parents and those staff who need to be aware of its contents. School delivers the revised arrangements.

Individual Health Care Plan Template

<table>
<tr><th colspan="2">NAME – Individual Healthcare Plan for allergy</th></tr>
<tr><td>Date of birth:</td><td rowspan="4">Current photo</td></tr>
<tr><td>Year / class:</td></tr>
<tr><td>Emergency contacts:</td></tr>
<tr><td>Staff who need to be aware:</td></tr>
<tr><td colspan="2">Allergy:
Note what allergy the child or young person has.
Note any known allergens.
Note whether the child or young person is likely to be aware that they are having an allergic reaction and whether they can alert others.</td></tr>
<tr><td colspan="2">How the allergy is managed:
Note any care or action plans or prescribed medication issued by healthcare professionals.
If the allergy can be partly or wholly managed by practical adjustments (for example avoidance of known allergens), note them here.
Note the extent to which the child or young person is able to take responsibility for managing their allergy.</td></tr>
<tr><td colspan="2">Impact on education:
Indicate the potential harm which might come to the child or young person if their allergy is not managed properly.
Indicate how the allergy may impact on the child or young person’s learning.
Indicate how the allergy may impact on the child or young person’s emotional wellbeing.
If relevant, note any interaction between allergy and SEN.</td></tr>
<tr><td colspan="2">Arrangements for support:
Give details of the specific support or adaptations which the school, college or early years setting will put in place, within its educational remit.
Outline measures to reduce the risk of contact with known allergens.
Give details of the specific support or adaptations to manage food allergy at meal and snack times.
Note arrangements for maintaining educational progress where absence or missed learning occurs due to allergy.</td></tr>
<tr><td colspan="2">Visits and trips:
Give details of any arrangements or procedures which may be required for school trips or other activities outside of the normal timetable that will ensure the child can participate.
Note any requirement for a risk assessment and prompts for specific issues which should be considered.</td></tr>
</table>

Emergency response: *Where an Action Plan issued by a healthcare professional covers emergency response, refer to it and ensure it is attached.* *Otherwise summarise the signs or symptoms which would indicate an emergency.* *Set out what to do in an emergency, including whom to contact.* *If relevant, note where "spare" adrenaline devices are located.*	
Last discussed with parents:	**Date**
Issued by:	**Date**:
Next planned review:	**Date**:

NAME – Individual Healthcare Plan for allergy **Annex: Medication needed while in school / college / setting**	
Non-prescription medication: *Record any non-prescription medication (e.g. oral antihistamines) which the child or young person may require to manage their allergy in the education setting* *Note whether it is emergency medication; where the medication is stored; and how and when the child or young person may need access* *Note whether parental consent has been given for the allergy medication to be administered, and the date of consent.*	
Parental consent:	**Date**:
Prescription medication: *Record any prescription medication for allergy prescribed by a healthcare professional (e.g. adrenaline).* *Note whether it is emergency medication; where the medication is stored; and how and when the child or young person may need access.* *Note whether parental consent has been given for the allergy medication to be administered, and the date of consent.*	
Prescribed by:	**Date**:
Parental consent:	**Date**:
Use of "spare" adrenaline devices: *Note whether parental consent has been given to administer adrenaline (e.g. using "spare" adrenaline devices) in an emergency.*	
Parental consent:	**Date**:
Use of "spare" salbutamol inhaler: *If relevant (i.e. the child or young person is prescribed an asthma reliever inhaler), note whether consent has been given to use a "spare" salbutamol reliever inhaler.*	
Parental consent:	**Date**:

NAME – Individual Healthcare Plan for allergy **Annex: Care or Action Plans issued by healthcare professionals**	
Allergy / Asthma Action Plan: *Attach any Action Plan to the IHP for use in an emergency.* *Note which healthcare professional issued the plan, their role and the date issued.*	
Issued by:	**Date**:
Care Plan: *Note where any relevant care plan can be found.* *Note what staff are responsible for delivering / supporting delivery of the care plan.* *Note which healthcare professional issued the plan, their role and the date issued.*	
Date:	**Date**:

PART C

SIGNS OF ANAPHYLAXIS AND EMERGENCY TREATMENT

(a potentially life-threatening allergic reaction)

Symptoms usually come on quickly within minutes of exposure to the allergy.

A: Airways: Swelling in the throat, tongue or upper airways (tightening in the throat, hoarse voice, difficulty swallowing)
B: Breathing: Sudden onset wheezing, breathing difficulty, persistent cough, noisy breathing
C: Circulation: Dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness Anaphylaxis reactions involve the Airway/Breathing/Circulation ("ABC").

Reactions usually progress quickly and can be life-threatening – so anaphylaxis always requires an immediate emergency response. The features of an anaphylaxis reaction and the emergency response are shown in Figure 2 below.

Figure 2

Responding to an allergic reaction and anaphylaxis which does not involve airways, breathing or circulation

1. For a child or young person, telephone their parent or emergency contact to tell them about the reaction.
2. Do not leave the child or young person unattended.
3. The child or young person does not normally need to be sent home or require urgent medical attention.
4. Observe in a safe place for at least 60 minutes after reaction, as mild reactions can sometimes develop into anaphylaxis.

Action in an emergency:

If an individual (whether a child, young person, member or staff or visitor) experiences a life-threatening medical emergency, anyone – staff, volunteers or bystanders – may take reasonable action to save their life.

The law recognises that rescuers act under extreme pressure. People who attempt to save a life in good faith are protected, even if an injury occurs while giving emergency care (for example, broken ribs during CPR are common and not a sign of wrongdoing). This includes administering adrenaline when an individual is suffering anaphylaxis.

Staff in schools, colleges and early years settings should be reassured that mistakes, hesitation, or imperfect technique do not amount to serious and wilful misconduct.

The expectation is simply that staff act reasonably, to the best of their ability, in an emergency.

- Anaphylaxis commonly occurs alongside mild symptoms or signs including: itchy mouth: skin rash: stomach pain or vomiting; sudden change in behaviour.
- Anaphylaxis can also occur on its own, without a skin rash or other mild signs being present. Anaphylaxis (i.e. any reactions which involve the Airway/Breathing/Circulation) must be treated promptly with emergency adrenaline (see figure 2).
- The individual's prescribed adrenaline device – for example an adrenaline auto-injector (AAI) or nasal adrenaline device – should be used if it is available. If not, a "spare" adrenaline device can be used (see below). If in doubt whether the reaction is anaphylaxis, treat with adrenaline.
- **Always dial 999 to request an ambulance** if someone is experiencing anaphylaxis.
- The emergency ('999') operator can provide advice over the telephone if needed.
- Always stay with someone having an allergic reaction for at least one hour.
- If in doubt, always treat for anaphylaxis
- If the child or young person has an Allergy Action Plan issued by a healthcare professional, it should be followed.
- Treatment of anaphylaxis is with a dose of adrenaline (e.g. an AAI "pen" or nasal adrenaline device).