Allergy Policy

Barford Primary School

Responsibility: Head teacher	Date: September 2026
Review date: September 2027	

Contents

1. Overview

This policy is part of the school's wider medical policy as required by the Supporting Pupils in schools with medical conditions statutory guidance

Barford Primary School is 2 form entry Primary School with children from Nursery to Year 6 – this policy ensures that all children in all year groups ensures every child receives inclusive support so that they can fully access their education.

2. Purpose

To minimise the risk of any pupil suffering a serious allergic reaction whilst at school or attending any school related activity. To ensure staff are properly prepared to recognise and manage serious allergic reactions should they arise.

The named staff members (at least 2) responsible for co-ordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy are:-

Elizabeth Harrison	Deputy Headteacher, Inclusion Lead (including medicines in school) & Allergy Lead
Kaylee Lilly	School Business Manager
Joanne Davies	Headteacher
Phoebe Bishop	SENDCO (IHP)

Inclusion and safeguarding

Barford Primary School is committed to ensuring that all children with medical conditions, including allergies, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

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

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

This policy also takes account of duties under the Equality Act 2010. Where a pupil's allergy amounts to a disability under the Act, the school will make reasonable adjustments and take steps to avoid substantial disadvantage.

Background

An allergy is a reaction of the body's immune system to substances that are usually harmless. The reaction can cause minor symptoms such as itching, sneezing or rashes but sometimes causes a much more serious reaction called anaphylaxis.

Anaphylaxis is a serious, life-threatening allergic reaction. It is at the extreme end of the allergic spectrum. The whole body is affected often within minutes of exposure to the allergen, but sometimes it can be hours later. Causes can include foods, insect stings, and drugs.

Most healthcare professionals consider an allergic reaction to be anaphylaxis when it involves difficulty breathing or affects the heart rhythm or blood pressure. Anaphylaxis symptoms are often referred to as the ABC symptoms (Airway, Breathing, Circulation).

It is possible to be allergic to anything which contains a protein, however most people will react to a fairly small group of potent allergens.

Common UK Allergens include (but are not limited to):-
Peanuts, Tree Nuts, Sesame, Milk, Egg, Fish, Latex, Insect venom, Pollen and Animal Dander.

This policy sets out how Barford Primary School will support pupils with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in school life.

Role and responsibilities

The governing body

The governing body is responsible for ensuring:

- Risks relating to pupils with allergy are included in the risk register and actively managed
- The school has an allergy safety policy which sets out:
- Arrangements to reduce the risk of individuals coming into contact with their known allergens
- Emergency response plans for cases of anaphylaxis

The governing board delegates the day-to-day implementation of this policy to the allergy safety lead.

Allergy safety lead
The nominated allergy safety lead is Head Teacher and Deputy Head (Inclusion)

They're responsible for:

- All allergy information is up to date and readily available to relevant members of staff
- Promoting and maintaining allergy awareness across our school community
- Developing and reviewing arrangements for the safe storage and disposal of adrenaline devices (AD)
- Reviewing the allergy safety policy at least annually, updating it when needed, and making sure it is published
- All pupils who require support with allergies have an up-to-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

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

Other leaders
The Business Manager and Deputy Head Teacher (Inclusion) 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

Staff Responsibilities
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

Reasonable adjustments will be considered for employees whose allergies may amount to a disability under the Equality Act 2010.

At Barford:

- All staff will complete anaphylaxis training. Training is provided for all staff on a yearly basis and on an ad-hoc basis for any new members of staff.
- Staff must be aware of the pupils in their care (regular or cover classes) who have known allergies as an allergic reaction could occur at any time and not just at mealtimes. Any food-related activities must be supervised with due caution.
- Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will plan in advance and check that all pupils with medical conditions, including allergies, carry their medication. Pupils unable to produce their required medication will not be able to attend the excursion.
- SENDCO will ensure that the up-to-date IHP is kept with the pupil's medication.
- It is the parent's responsibility to ensure all medication is in date however the Lead First Aider will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.
- SENCO keeps a register of pupils who have been prescribed an adrenaline auto-injector (AAI) and a record of use of any AAI(s) and emergency treatment given. School will record the incident using the BCC school safety team using the near miss/ accident reporting procedures. School MUST call an ambulance and the used (AAI) must be taken away by the ambulance crew.

Parent Responsibilities

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

At Barford:

- On entry to the school, it is the parent's responsibility to inform school via the school admissions form of any allergies. This form is then passed to SENDCO before a date is allocated for the new child to start. This information should include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication. SENDCO will send out an administration of medication form.
- Parents are to supply a copy of their child's IHP to school, this will form part of the child's IHP (Individual Health Plan). If they do not currently have an IHP this should be developed as soon as possible in collaboration with a healthcare professional e.g. School nurse/GP/allergy specialist.
- Parents are responsible for ensuring any required medication is supplied, in date and replaced as necessary.
- Parents are requested to keep the school up to date with any changes in allergy management in writing. The IHP will be kept updated accordingly.

Pupil Responsibilities

If age-appropriate, these pupils are responsible for:

- Being aware of their allergens and the risks they pose
- Carrying their AD on their person and only using it for its intended purpose
- Understanding how and when to use their AD

<u>Pupils without allergies</u>

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.

At Barford :

- The children take part in safeguarding assemblies which helps them to understand allergy awareness in an age appropriate way.
- Pupils are encouraged to have a good awareness of their symptoms and to let an trusted adult / first aider know as soon as they suspect they or someone else are having an allergic reaction. First aiders are easily identified by posters around the school site.
- Pupils who are trained and confident to administer their own AAIs will be encouraged to take responsibility for carrying them on their person at all times.

<u>Identifying Needs</u>

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

Identifying pupils at risk

We will:

- For new starters, send a form to all parent/carers of pupils after their place at the school has been confirmed, but before their first school year starts, to confirm any allergy the pupil has and whether they carry medication. Where a pupil has a new diagnosis and/or has moved to the school mid-term, we will send a form and put arrangements in place within 2 weeks
- Send a reminder to parents/carers at the start of each year asking them to update their child’s medical information as necessary
- We ask that parents/carers proactively inform us by either phone call to the school 0121 464 3765 or an email to enquiry@barfordprimary.co.uk if their child’s medical needs change during the school year.

Identifying staff and visitors at risk

- New staff to provide details of their allergies in advance of their start date
- Existing staff should keep the school up to date with any allergy needs.
- Asking visitors to provide details of their allergies in advance of their visit

A child’s allergy needs will form a part of their individual healthcare plan. This may include children with food allergies, providing medical and parental consent for schools to administer medicines in the event of an allergic reaction, including consent to administer a spare adrenaline autoinjector.

It is the parent/carer’s responsibility to provide the school with their child’s allergy plan which will have been written with the help from a healthcare professional (e.g. GP/School Nurse/Allergy Specialist)

Individual healthcare plans including allergy needs (IHP)

IHP Allergy (Purple)

IHP Asthma- Yellow

IHP – other diagnosed medical needs (Green)

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 allergies; 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 policy or whether an IHP is required to specify arrangements that reflect the pupil's circumstances.

IHPs will be reviewed at least annually and more frequently if the pupil's needs have changed. Parents are responsible for informing the school of any changes, in writing as soon as they occur. Where a pupil moves on to a new school, their IHP will be shared as part of the transition.

IHP with Allergy Needs (Purple proforma)

All pupils who have a known allergy to a food or insect stings should be issued with an appropriate plan by their healthcare professional. Parents are responsible for providing the school with a copy of this.

The plans include medical and parental consent for staff to administer emergency medicines, including adrenaline for an anaphylactic reaction.

The allergy plan should be attached as part of the pupil's IHP.
Whenever the IHPis updated, the pupil's IHP should be reviewed to incorporate it.

Register of pupils with known allergies (Bromcom & Allergy Poster)

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 (adrenaline devices) (and if so, what type and dose)
- Where a pupil has been prescribed an AD (adrenaline device), 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 main school office and the nursery office. All staff have access to the visual poster inside of a cupboard door in every classroom and office (GDPR compliant) and can be checked quickly by any member of staff as part of initiating an emergency response.
- All ADs (adrenaline devices) are kept in the medical box with the allocated adult in charge wherever the lesson takes place and will be handed over to the lunchtime staff during unstructured times, this will reduce delays and allows for confirmation of consent without the need to check the register.

Assessing risk

All risk factors will be recorded in the IHP. At Barford all staff will conduct risk assessments (as required) for any pupil at risk of anaphylaxis taking part in:

- Lessons such as food technology
- Science experiments eg involving foods or latex
- 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.

Minimising risk

Hygiene procedures

- Adults ensure pupils wash or sanitise their hands before and after eating
- Sharing of food, food containers, and food utensils is not allowed – this is monitored by adults in school
- Pupils have their own 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
- Where food is not directly provided by the school, parental engagement and permission will be sought in advance

Unacceptable Practice

The school will not:

- Prevent pupils from easily accessing emergency medication
- Assume every pupil with the same allergy requires the same support
- Exclude a pupil from activities, visits or learning opportunities because of their allergy unless this has been identified as necessary following an individual risk assessment
- Require parents/carers to attend school activities or trips to administer medication
- Send a pupil with an allergic reaction unaccompanied to obtain medical help
- Penalise a pupil for absence related to their medical needs
- Prevent a pupil from eating, drinking or taking medication where necessary to manage their condition

Catering

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

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

Insect bites/stings

When outdoors:

- Shoes should always be worn
- Food and drink should be covered

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

Visits and trips

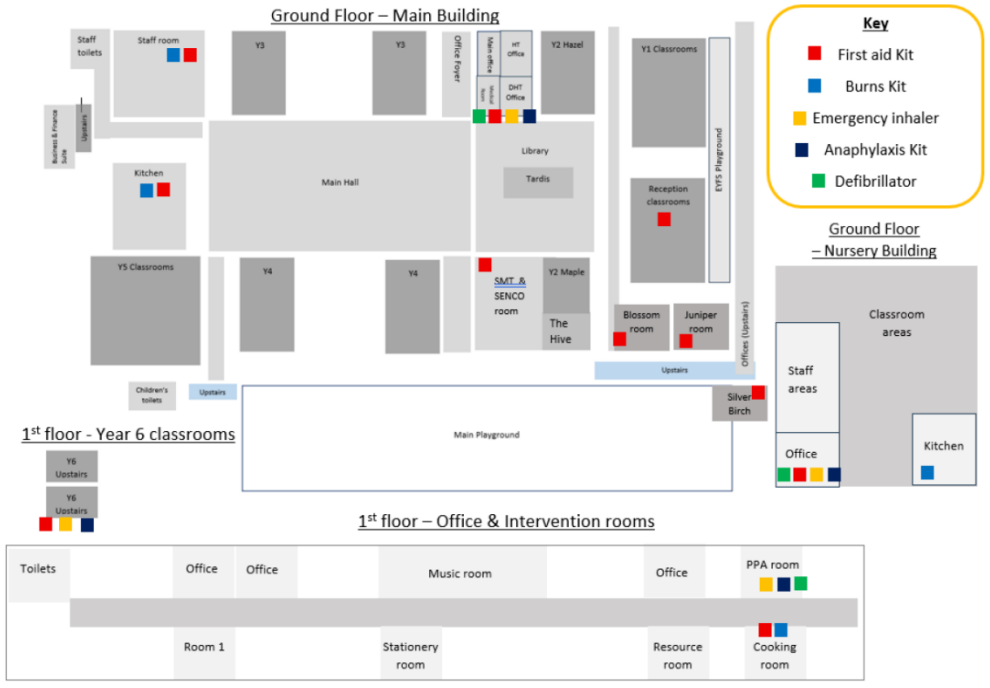
- No pupils with allergies will be excluded from taking part
- The school will plan accordingly for all visits and trips, and arrange for the staff members involved to be aware of pupils' allergies and to have received appropriate training
- The school will conduct a risk assessment for any pupil at 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)

Procedures for handling an allergic reaction

School has 4 emergency ADs (see school map below)
Emergency Ads are stored in the following areas;

- The upstairs PPA room
- The nursery building
- The Inclusion room
- The Year 6 area

Locations of First Aid and Emergency Supplies



At Barford:

- All staff are trained to recognise the signs of both mild and severe allergic reactions (known as anaphylaxis) and respond appropriately
- Staff are trained annually in the administration of adrenaline to minimise delays in an emergency
- If the pupil has an IHP, this must be followed
- A spare school AD device will only be used for a child experiencing an anaphylaxis attack and:
    - The pupil does not have a prescribed AD
    - The pupil's prescribed AD are not available or misfire

Adrenaline should be administered without delay.

What to look for:

Symptoms include:

- swelling of your throat and tongue
- difficulty breathing or breathing very fast
- difficulty swallowing, tightness in your throat or a hoarse voice
- wheezing, coughing or noisy breathing
- feeling tired or confused
- feeling faint, dizzy or fainting
- skin that feels cold to the touch
- blue, grey or pale skin, lips or tongue – if you have brown or black skin, this may be easier to see on the palms of your hands or soles of your feet

NHS advises to call 999 if:

- Lips, mouth, throat or tongue suddenly become swollen
- Breathing very fast or struggling to breathe (you may become very wheezy or feel like you're choking or gasping for air)
- Throat feels tight or you're struggling to swallow
- skin, tongue or lips turn blue, grey or pale (if you have black or brown skin, this may be easier to see on the palms of your hands or soles of your feet)
- suddenly become very confused, drowsy or dizzy
- someone faints and cannot be woken up
- a child is limp, floppy or not responding like they normally do (their head may fall to the side, backwards or forwards, or they may find it difficult to lift their head or focus on your face)

You or the person who's unwell may also have a rash that's swollen, raised or itchy. These can be signs of a serious allergic reaction and may need immediate treatment in hospital.

Please check the following guidance for up-to-date symptoms - Anaphylaxis - NHS

The term for this more serious reaction is anaphylaxis. In extreme cases there could be a dramatic fall in blood pressure. The person may become weak and floppy and may have a sense of something terrible happening. This may lead to collapse and unconsciousness and, on rare occasions, can be fatal.

If the pupil has been exposed to something they are known to be allergic to, then it is more likely to be an anaphylactic reaction.

Anaphylaxis can develop very rapidly, so a treatment is needed that works rapidly. **Adrenaline** is the mainstay of treatment, and it starts to work within seconds.

What does adrenaline do?

- It opens up the airways
- It stops swelling
- It raises the blood pressure

As soon as anaphylaxis is suspected, adrenaline must be administered without delay.
Up to date guidance on treatment of anaphylaxis can be found on the NHS website here - Anaphylaxis - NHS

Action:

School will take the following steps in the event of an anaphylactic reaction:

1. Use an adrenaline auto-injector (such as an EpiPen)– instructions are included on the side of the injector.
2. Call 999 for an ambulance and say that you believe someone is having an anaphylactic reaction.
3. Lie down –raise legs, and if struggling to breathe, raise shoulders or sit up slowly (if pregnant, lie on left side).
4. If stung by an insect, try to remove the sting if it's still in the skin.
5. If symptoms have not improved after 5 minutes, use a 2nd adrenaline auto-injector.

Whilst you are waiting for the ambulance, keep the child where they are. Do not stand them up, or sit them in a chair, even if they are feeling better. This could lower their blood pressure drastically, causing their heart to stop.

All pupils must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can reoccur after treatment.

We recognise that guidance may change so the most up-to-date on the NHS website must be followed via this link - **Anaphylaxis - NHS.**

Adrenaline devices (ADs)

Following the Department of Health and Social Care's Guidance on using emergency adrenaline auto-injectors in schools, set out your school's procedures for ADs, covering these areas:

Prescribed ADs

Parents with pupils who are prescribed ADs are encouraged to keep them near at all times including when travelling to or from school. It is recommended that the pupil has 2 devices, one kept at home and one at school, where possible. If this is not possible, parents are responsible for ensuring the device is dropped to school and collected at the start and end of each day. Parents are responsible for ensuring devices are in date. Where a child has a prescribed AD but has not brought it to school then parents will be asked to obtain this and bring it to school as soon as possible.
A copy of the pupil's IHP is kept alongside their medication, as it includes instructions on how it should be used in an emergency.

Records will be kept in the medication folder in the main office.

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 spare ADs and an emergency asthma reliver inhaler and ensuring they are stored according to the guidance.

The school maintains four emergency AAIs in addition to those prescribed to individual pupils.

The school will, wherever possible, standardise the brands purchased to reduce the risk of confusion during an emergency.

Supply, storage and care of AAI medication

Staff will take responsibility for the children's AAIs at all times. They will be stored in a suitable container in the identified cupboard

Medication will be stored in a suitable container and clearly labelled with the pupil's name. The pupil's medication storage container should contain:

- One AAIs i.e. EpiPen® or Jext® or Emerade® (if a second one is available, two can be held by the school)
- An up-to-date IHP
- Asthma inhaler (if included on medical form).

The following medication will be stored in the Inclusion room.

- Antihistamine as tablets or syrup (if included medical form)

It is the responsibility of the their child's parents to ensure that the anaphylaxis medication is up-to-date and clearly labelled.

Storage
AAIs should be stored at room temperature, protected from direct sunlight and temperature extremes. They will be kept in an appropriate cupboard in each classroom with a medical sign on the outside.

Disposal
AAIs are single use only and must be disposed of as sharps. Used AAIs to be given to ambulance paramedics on arrival.

'Spare' adrenaline auto-injectors in school

School has 4 emergency ADs (see school map)
Emergency Ads are stored in the following areas;

- The upstairs PPA room
- The nursery building
- The Inclusion room
- The Year 6 area

Barford Primary School has purchased spare **AAIs for emergency use in children who are risk of anaphylaxis,** but their own devices are not available or not working (e.g. because they are out of date).

Written parental permission for use of the spare AAIs is included in the pupil's IHP.

If anaphylaxis is suspected **in an undiagnosed individual** call the emergency services and state you suspect ANAPHYLAXIS. Follow advice from them as to whether administration of the spare AAI is appropriate.

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.

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.

Following any serious incident involving an allergic reaction or anaphylaxis, the allergy safety lead will conduct a formal review of:

- The effectiveness of existing controls
- Staff response
- Availability and use of medication
- The content of the pupil's IHP
- Whether amendments to school policies, procedures or training are required

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.

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 a member of SMT. 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:

- Important information | Accident, Incident and Near Miss Report
- With the Health and Safety Executive (HSE): incidents which arise directly out of the way the school carried out a work activity which results in death or immediate hospitalization. For example, where a pupil has suffered harm after consuming an allergen due to incorrect preparation of food by a member of staff. [See how to make a RIDDOR report]

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.

Allergy awareness

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 and appropriate temporary staff.

The school have a third party catering supplier (Cityserve) who also complete annual allergy training.

During the annual training led by the NHS team all team will have access to a 'training so staff can practice safely and be familiar with the differences.

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

Allergy awareness training will ensure that all staff:

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

Records of allergy awareness training, practical adrenaline administration training and participation in allergy drills will be maintained by the school and retained in accordance with the school's data retention arrangements.

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.

Wellbeing

Pupils with allergies can experience bullying and may also suffer from anxiety and depression relating to their allergy. Staff are aware of all children with allergens and are expected to carefully monitor their wellbeing alongside other relevant staff, should a child identify with any potential needs or concerns, then the allergy safety lead will be notified and the pastoral team will put in support for the child and the family.

As part of the school's inclusive practise, allergies forms part of the schools safeguarding assemblies which will be lead by each child's class teacher. Class teachers supported by the pastoral team will liaise with families.

Pupils with allergies will have additional support through:

- Pastoral care
- Regular check-ins with their class teacher.
- Reassurance that steps are being taken to minimise the risks of exposure to allergen and that robust measures are in place in the event of anaphylaxis

The school will respond to any instance of bullying in line with its behavior policy.

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 'Incidents and new misses' for more detail on incidents and 'near misses'

Catering

The school have a third-party catering supplier (Cityserve).

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.

The school menu is available for parents to view on the website advance with all ingredients listed and allergens highlighted on the school website at www.barfordprimary.co.uk

Prior to the child's first day and as part of the induction process, the School Business Manager will inform the Catering Manager of pupils with diagnosed food allergies. These pupils will be placed on the Food Allergy Poster with an accompanying photograph of the child so that they are easily identifiable and will be sent out to all staff. Class teachers display poster inside their classroom cupboard door and kitchen -on the wall by the serving hatch.

Parents and carers are encouraged to meet with the Supervisor to discuss their child's needs.

Organisation of children with allergies in the school dinner hall and nursery

All children with a diagnosed allergy will wear a purple lanyard with their name, class and allergy type. The children are served first and use a purple tray for their food. It is City serve's Catering Manager's responsibility that all kitchen staff follow the school policy for dealing with children with allergies.

The school promotes the following Department of Health guidance recommendations alongside Barford's daily policies and procedures with parents and carers:

- 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.
- If food is purchased from the school canteen/tuck shop, parents should check the appropriateness of foods by speaking directly to the main office. Children will specific needs will be catered for appropriately.
- The parent or carer will liaise with the main office before selecting their lunch choice on Schoolgrid if they have concerns.
- All staff involved in food handling complete level 2 food hygiene. Where food is provided by the school, staff should be educated about how to read labels for food allergens and instructed about measures to prevent cross contamination during the handling, preparation and serving of food. Examples include: preparing food for children with food allergies first; careful cleaning (using warm soapy water) of food preparation areas and utensils. For further information, parents/carers are encouraged to liaise with the Catering Manager.
- 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.

School trips and off site visits

Use of ADs off school premises

One of the schools emergency ADs will be taken off site during any school trip or off-site visit.

Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check at the initial trip planning stages, that all pupils with medical conditions, including allergies, have the appropriate medication close to them looked after by the named class teacher. Where parents are unable to produce their required medication, children will not be able to attend the excursion.

All the activities on the school trip will be risk assessed (by the trip lead) to see if they pose a threat to allergic pupils and alternative activities planned to ensure inclusion.

Overnight school trips should be possible with careful planning and a meeting for parents with the lead member of staff planning the trip will be arranged. Staff at the venue for an overnight school trip will be briefed (by the trip lead) early on that an allergic child is attending and will need appropriate food (if provided by the venue).

Sporting Excursions including swimming

Children with allergies should have every opportunity to attend sports trips to other schools. The school will ensure that the P.E. teacher/s are fully aware of the situation. The school being visited will be notified by the trip lead, that a member of the team has an allergy when arranging the fixture. A member of staff trained in administering adrenaline will accompany the group. If another school feels that they are not equipped to cater for any child with allergies, the school will arrange for the child to take alternative/their own food.

Most parents/carers are keen that their children should be included in the full life of the school where possible, and the school will need their co-operation with any special arrangements required.

Allergy awareness and nut bans

Barford Primary School adopts a 'whole school awareness of allergies' approach, as it ensures teachers, pupils and all other staff are aware of what allergies are, the importance of avoiding the pupils' allergens, the signs & symptoms, how to deal with allergic reactions and to ensure policies and procedures are in place to minimise risk. At the present time the school requests that parents, carers, pupils and staff **do not** bring nuts or nut-based products (including Nutella) into the school.

Risk Assessment

Barford Primary School will assess using the IHP for all new joining pupils with allergies including nut allergies) and any pupils newly diagnosed, to help identify any gaps in our systems and processes for keeping children with allergies safe.

Useful Links

- Anaphylaxis UK - https://www.anaphylaxis.org.uk/
    - Safer Schools Programme - https://www.anaphylaxis.org.uk/education/saferschoolsprogramme/
    - AllergyWise for Schools online training - https://www.allergywise.org.uk/p/allergywisefor-schools1
    - Allergy UK - https://www.allergyuk.org
    - Resources for managing allergies at school - https://www.allergyuk.org/living-withanallergy/at-school/
    - Spare Pens in Schools - http://www.sparepensinschools.uk
- Department for Education Supporting pupils at school with medical conditions - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_ data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf
- Department of Health Guidance on the use of adrenaline auto-injectors in schools - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_ data/file/645476/Adrenaline_auto_injectors_in_schools.pdf
- Food allergy quality standards (The National Institute for Health and Care Excellence, March 2016) https://www.nice.org.uk/guidance/qs118
- Anaphylaxis: assessment and referral after emergency treatment (The National Institute for

Health and Care Excellence, 2020)
https://www.nice.org.uk/guidance/cg134?unlid=22904150420167115834

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.
This policy will be monitored by the allergy safety lead and reviewed annually.

The governing body will review and approve the policy annually, or sooner following:

- A serious incident
- A significant near miss
- Changes in legislation or statutory guidance
- Changes to school procedures

Complaints

Parents/carers who are dissatisfied with the support provided for their child's allergy should discuss their concerns in the first instance with the class teacher and/or the allergy safety lead.
If concerns cannot be resolved informally, parents/carers may make a complaint in accordance with the school's Complaints Policy.

The school will work collaboratively with families and relevant healthcare professionals to resolve concerns wherever possible and ensure pupils with allergies can access education safely and without discrimination.

This policy should be read alongside the school's Safeguarding and Child Protection Policy. Concerns about a child's welfare arising from unmet medical needs, repeated failures to provide prescribed medication, or concerns regarding parental engagement with medical treatment will be managed in accordance with safeguarding procedures.

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

<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>
</table>

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.*	
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**: