Ash Lea
ACADEMY

Academy Policy

Allergy Safety Policy

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1. Statement of Intent

1.1 This School is committed to promoting a whole school approach to health care, welfare and wellbeing and the safe management of those members of our school community who live with specific allergies. We believe that all allergies should be taken seriously and dealt with in a professional and appropriate way. By our actions we will work proactively to:

a) Minimise the risk of exposure within the school setting
b) Encourage self-responsibility
c) Learn avoidance strategies
d) Have robust plans for an effective response to possible emergencies
e) Ensure inclusivity for all pupils

1.2 Our school is clear about the need to actively support pupils with medical conditions to participate in school life as much as possible. The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely in all aspects of school life. Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included as far as possible. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

1.3 This policy will be reviewed at least annually.

1.4 In the event that any incidents or near misses suggest areas for improvement, we will ensure that our allergy safety policy is readily accessible to parents, carers and staff. This policy will be published on the school website and be made available in hard copy on request.

1.5 DfE reference: https://www.gov.uk/government/publications/allergy-safety-in-schools

2. Introduction

2.1 Context

2.1.1 Food allergies are increasing especially in children and the severity and complexity of food allergy is also increasing. Food allergy can be fatal and an appropriate diagnosis is essential in parallel with the need for clear food labelling.

2.1.2 Around 5-8% of children in the UK live with a food allergy and most school classrooms will have at least one allergic pupil. These young people are at risk of anaphylaxis, a potentially life-threatening reaction which requires an immediate emergency response. 20% of severe allergic reactions to food happen whilst a child is at school, and these reactions can occur in children with no prior history of food allergy.

2.1.3 Schools have a legal duty to support pupils with medical conditions, including allergies.

2.2 Selected Definitions

2.2.1 **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.

2.2.2 **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.

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2.2.3 **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.

2.2.4 **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.

2.2.5 **Adrenaline Device:** Self-administered life-saving medical devices used to treat severe, life-threatening allergic reactions (anaphylaxis). Currently there two types of adrenaline devices are licensed for use:

- Adrenaline auto-injector (AAI)
- Non-injectable nasal adrenalin

3. Responsibilities

3.1 **School Allergy Lead**

3.1.1 The School Allergy Lead (in Ash Lea's case, the school Principal) has the ultimate responsibility for ensuring that an allergy safety policy is in place, and sufficient resources are provided for members of staff to implement the policy. They have strategic responsibility for allergy safety, including driving the implementation of the allergy safety policy, monitoring its implementation and effectiveness and leading the review of this policy.

3.1.2 They are responsible for:

- Making sure all staff are appropriately trained, have good allergy awareness and realise their role in allergy management (including what activities need an allergy risk assessment);

Ensuring staff, pupils and parents have a good awareness of this Policy and other related procedures;

Review near misses or allergy reactions and ensure an investigation is held as to the cause and put in place any learning

Ensuring there is a clear method to capture allergy information or special dietary information for all pupils, staff and visitors to the school site and there is a clear structure in place to communicate this information to the relevant people;

Operational co-ordinator is the lead HCA

3.1.3 They are responsible for:

- Providing reports to the Principal / Allergy Lead, in particular any gaps in compliance or areas of concern;

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- Being the point of contact for staff, pupils and parents with concerns or questions about allergy management;
- With the support of the administrative team, collecting and coordinating the paperwork and information from families;
- Arranging allergy training for all staff;
- With the support of the administrative team ensuring allergy information is recorded, up-to-date and communicated to all staff, including the Catering Team, occasional staff and staff running clubs;
- Deciding whether Individual Health Care Plans (IHPs) are required and leading on their development and administration;
- The catering team will have an up-to-date list of children who have allergies and intolerances collected through the school's administrative team on the EC46 form to be completed by parents
- Co-ordinating medication with families and ensuring medication is in date by keeping AAI information in a register;
- Reviewing the stock of the school's spare adrenaline pens replacing when necessary;
- Keep a record of any allergic reactions or near-misses

3.2 **All Staff**

3.2.1 All school staff, to include teaching staff, support staff, occasional staff (for example sports coaches, supply staff, music teachers and those running breakfast and afterschool clubs) are responsible for:

- Understanding and putting into practice this policy and related procedures, and asking for support if needed;
- Being aware of pupils (and staff, when necessary) with allergies and what they are allergic to and the measures in place to manage that risk;
- Encourage self-responsibility amongst pupils living with allergies;
- Help all pupils understand which foods are safe for those with allergies and how they can support other pupils/students with specific dietary needs to stay safe;
- Considering the risk to pupils with allergies posed by any practical activities and assessing whether the use of any allergen in activity is necessary and/or appropriate;
- Ensuring pupils always have access to their medication or carrying it on their behalf
- Any staff leading on a school trip must check that all pupils with allergies have access to their medication. Note: Those without their required medication would not be able to attend the trip;
- Being able to recognise and respond to an allergic reaction, including anaphylaxis;

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- Taking part in training as required;
- Considering the safety, inclusion and wellbeing of pupils with allergies at all times;
- Raise awareness about allergies and anaphylaxis amongst their pupils in the classroom and around school, especially in dining areas;
- Preventing and responding to allergy-related bullying, in line with the school's anti-bullying policy.

3.3 **Adults who supervise at lunchtimes**

3.3.1 Be aware of the school's methods of identifying pupils with a known allergy at mealtimes to ensure they receive a safe meal;

3.3.2 Be aware of the location of individual pupils' allergy action plans;

3.3.3 Be vigilant of any pupils attempting to share their food, pupils choking and the early signs of anaphylaxis.

3.4 **All Parents/Carers**

3.4.1 Being aware of and understanding this policy and considering the safety and wellbeing of pupils with allergies;

3.4.2 Considering and adhering to any food restrictions or guidance the school or class has in place when providing food, for example in packed lunches either for in school or for on trips, as snacks or for fundraising events;

3.4.3 Families wishing to send in birthday treats must contact the class teacher in advance for permission;

3.4.4 Refraining from telling the school their child has an allergy or intolerance if this is a preference or dietary choice;

3.4.5 Encouraging their child to be allergy aware.

3.5 **Parents/Carers of Pupils with Allergies**

3.5.1 Notify the school of the pupil's allergies including dietary requirements and allergies, history of their allergy, any previous allergic reactions or anaphylaxis. They should also inform the school of any related conditions, for example asthma, hay fever or eczema;

3.5.2 Inform the school of any changes as soon as known;

3.5.3 Talk with your child about allergy self-management, including what foods are safe and unsafe, how to read food labels, strategies for avoiding allergens, how to spot symptoms of allergy, how and when to tell an adult if experiencing an allergic reaction;

3.5.4 Provide an Allergy Action Plan completed by a healthcare professional that can be kept with their medication and help the school support the pupil;

3.5.5 Contribute to the provision of an Individual Healthcare Plan (IHP) in partnership with the school, and relevant healthcare professional, where required;

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3.5.6 Provide written medical documentation, instructions and medications as directed by their health professional;

3.5.7 Understand that if their child is unable to produce their required medication for a trip, they would not be able to attend;

3.5.8 To complete an EC46 form if their child has school lunches and if they are required to do so, meet with the Catering Manager to discuss any specific requirements relating to their child's allergy;

3.5.9 Be aware of this policy and any arrangements for managing children with allergies and at risk of anaphylaxis;

3.5.10 Communicate regularly with the school to support our ability to keep pupils safe and act immediately in the event of an allergic reaction;

3.5.11 Provide appropriate in date medication (two AAIs) of the correct dosage and register their AAIs on the manufacturer's websites to receive text alerts for expiry dates;

3.5.12 Providing appropriate foods to be consumed by the child if necessary.

3.6 **All Pupils**

3.6.1 All pupils at the school should be supported to be:

- Be allergy aware;
- Understand the risks allergens might pose to their peers;
- Learn how they can support their peers and be alert to allergy-related bullying;
- Understand that sharing, swapping or throwing food is prohibited;
- Where appropriate older pupils will learn how to recognise and respond to an allergic reaction and to support their peers and staff in case of an emergency;
- If pupils are likely to be buying or bringing in food from home and are old / enough / have the capacity to check the ingredients, they should adhere to the school's / class' food restrictions and guidance about food being brought in.

3.7 **Pupils with allergies (this will be dependent on each pupil's capacity, for some pupils, they will need to be supported to and would not be expected to have to do this independently) -**

3.7.1 Have a good awareness of their allergy and support the knowledge of peers in helping keep them safe;

3.7.2 Be proactive in the care and management of their food allergies and reactions and medication;

3.7.3 Be sure not to exchange food with others and take care to avoid any foods which may cause an allergic reaction;

3.7.4 Understand the measures in place at school meal times that identify pupils with food allergies;

3.7.5 Read food labelling but, if unsure, avoid the food and avoid eating anything with unknown ingredients;

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3.7.6 Know where their medication is kept and (if age appropriate and confident enough to administer their own auto-injectors);

3.7.7 As soon as they suspect they are experiencing signs of allergic reaction, tell an adult;

3.7.8 Talk to a member of staff if they are concerned by any school processes or systems related to their allergy;

3.7.9 Raise concerns with a member of staff if they experience any inappropriate behaviour in relation to their allergies.

4. Culture

4.1 Awareness training

4.1.1 All staff present during times when pupils are scheduled to be on site receive annual allergy awareness training. This includes permanent staff, temporary staff, supply teachers, peripatetic staff, agency workers and regular volunteers.

4.1.2 The training is held online via KITT Medical or The National College or NHS Children's Nursing Team if able to attend.

4.1.3 Trainer pens have been obtained which are demonstrated as part of the school's training programme.

4.1.4 The training will cover all the subjects as required by the DfE guidance and make reference to the school specific arrangements within this document.

4.1.5 Training records are held on SAM People

Group	Training Method
Staff present in school at the start of the academic year	Online via KITT Medical or The National College or NHS Children's Nursing Team if able to attend
New staff and agency workers commencing work during the school year	Online via KITT Medical or The National College or NHS Children's Nursing Team if able to attend
Regular volunteers	Online via KITT Medical or The National College or NHS Children's Nursing Team if able to attend
Contract Catering (request evidence of training)	Via outsourced catering, Vertas
Contract Cleaning Staff (on site during the school day) (request evidence of training from contract caterer head office)	Via outsourced cleaning, Vertas
Out of school provision (currently some Saturdays and school holidays)	TBC

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Group	Training Method
(request evidence of training)	

4.1.6 This training is addition to any training identified by individual healthcare plans and individual pupil risk assessments.

4.1.7 Poster/s are displayed in the school staff room and/or first aid/medical room to further raise awareness.

4.2 Pupil Wellbeing

4.2.1 The school has proactive engagement with new joiners and their parents with a known allergy, setting out the school policies and the support available.

4.2.2 The school has a comprehensive transition process involving parents / carers, prospective pupils and current school staff and included in this process is consideration and understanding of pupil allergies and their potential impact on learning and participation with the prospective class teacher.

4.2.3 Pupils with allergies will be included as far as is reasonable in taking part in a school activity, whether on the school premises or a school trip with appropriate and proportionate measures in place.

4.2.4 Affected pupils will be given consideration in advance of wider school discussions about allergy and school Allergy Awareness initiatives.

4.2.5 The school's behaviour policy includes measures to prevent all forms of bullying among pupils and includes reference to allergies as these may result in life-threatening situations.

4.2.6 The school uses resources from https://allergyschool.org.uk/resources/ to raise pupil awareness of allergies and their impact.

4.2.7 Pupils will not be penalised on their attendance record if their absences are related to their allergy, e.g. hospital appointments and health management. This includes excluding pupils from rewards for 100% attendance where their non-attendance is the result of an allergy. This is referenced in the school's attendance policy.

4.2.8 The school will be in regular communication to pupils, parents/cares and staff about allergies, ensuring ongoing awareness and appreciation of the severity of the potential risks.

4.3 Managing Food Allergies

4.3.1 **Whole School**

4.3.2 The school discourages nuts from being brought on site either in packed lunches for in school or for on trips, or as treats. However, as no "ban" is 100% effective, the school remain actively aware of the risk posed by allergens and has robust emergency response plans in place.

4.3.3 The school will adhere to allergen labelling rules for pre-packed food goods, in line with the Food Information (Amendment) (England) Regulations 2019, also known as Natasha's Law, including those foods provided/donated for school events.

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4.3.4 Precautionary Allergen Labelling (PAL) such as "may contain nuts" or "not suitable for milk allergy" is a voluntary warning used on food packaging to let consumers know that an allergen might be present by accident due to cross-contamination during production. Some pupils may be able to eat foods labelled as “may contain”, but others may need to strictly avoid them. This information will be included on the Individual Healthcare Plan.

4.3.5 **School Catering and Packed Lunches**

4.3.6 School Catering will follow the Food Information Regulations 2014 which states that allergen information relating to the ‘Top 14’ allergens must be available for all food products.

4.3.7 All catering staff and other staff preparing food will receive relevant and appropriate allergen awareness training.

4.3.8 Anyone preparing food for those with allergies will follow good hygiene practices, food safety and allergen management procedure.

4.3.9 The school menu is available for parents to view in advance with all ingredients listed and allergens and sent out to all parents in paper format and on the school website.

- The catering team will endeavour to provide varied meal options to students and staff with allergies.
- The School Catering Team will provide information on food allergens to parent/carers. Catering staff will be available to meet with parents/carers to discuss provision of allergen safe meals.
- The school, with assistance from School Catering will have robust methods of identifying pupils with a known allergy at mealtimes to ensure they receive a safe meal. They are:

  i. Parents / carers must complete an EC46 form if their child has school lunches

  ii. Parents / carers with their child select the foods for their child, including allergies, intolerances and / or eating preferences

  iii. Meals are pre-selected before the menu commences

  iv. All special dietary requirements are accommodated and labelled with the food already plated up, with the child’s name on top

  v. The catering manager has a file with the detailed menu requirements for each day for each pupil.

4.3.10 Bottles, other drinks and lunch boxes provided by parents/carers for pupils with food allergies are clearly labelled with the name of the child for whom they are intended. The school has a no sharing policy which is monitored by Midday Supervisors.

4.3.11 Whilst babies and young children in the nursery / pre-school setting are eating, there will always be a member of staff in the room with a valid paediatric first aid certificate. Food substitutions advice for pupils in this age group with food allergies is followed.

4.3.12 Pupils do not have a choice at meal times. All meals are pre-selected by parents / carers.

4.3.13 **Treats and Events**

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4.3.14 Pupils' allergies and their intolerances, cultural restrictions are considered by teachers when the school provides treats, celebration foods or those as part of culture days. Treats and celebration foods will be as inclusive as possible or alternatives will be provided.

4.3.15 Choking risks are considered for treats for all pupils where this is appropriate.

4.3.16 Families wishing to send in birthday or celebration treats must contact the class teacher in advance for permission.

4.3.17 Guidance is followed for school cake sales. Anyone who bakes cakes is asked to complete this allergen information sheet. Each item will be labelled to ensure the correct allergens are displayed.

4.3.18 **Visitors to School**

4.3.19 Visitors will be asked if they have allergy in the event that food will be served as part of their visit.

4.4 Managing hay fever (Allergic Rhinitis)

4.4.1 The school recognises that allergic rhinitis including seasonal hay fever and persistent nasal allergies caused by triggers such as house dust mites, mould, or animal dander can significantly affect a pupil's comfort, concentration, and overall wellbeing.

4.4.2 Any prescribed or Over-the-Counter (OTC) medications (e.g. antihistamines, nasal sprays, eye drops) provided by the parent will be stored and administered according to the school's medication policy. These may be taken as necessary – once a day or when symptoms are disruptive.

4.4.3 Staff will monitor pupils with allergic rhinitis for signs of discomfort, tiredness, or poor concentration, particularly during peak allergy seasons.

4.4.4 Reasonable adjustments will be made to support comfort and learning.

4.4.5 The school recognises the importance of cleaning, dusting and vacuuming in managing the risk, particularly during hay fever season. Special attention is given to dust-prone areas, including bookshelves, blinds and ventilation systems.

4.4.6 **Minimising curriculum and classroom risks**

4.4.7 Where pupils have known allergy to airborne or contact allergens, the school will put reasonable measures in place to manage the risk of the pupil being exposed to such allergens.

4.4.8 In arts/craft, appropriate alternative ingredients may need needed (e.g. wheat-free flour for play dough). Food containers (egg cartons, yoghurt pots etc) can also be contaminated with food so these will be thoroughly washed or alternative, non-food containers used.

4.4.9 Staff planning any activity will consider the risk of exposure to allergens, for example in craft, science, musical or cooking activities, or where activities involve animals.

4.4.10 Any animals on the school premises, either visiting or as a permanent resident will be subject to a risk assessment which includes the issue of allergies and may be mentioned in the pupil's IHP.

4.4.11 The school follows the following CLEAPSS guidance:

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- Cooking in a Classroom and Cooking Outdoors with regards to managing allergies in primary food preparation and cooking (primary)

- Allergens in food teaching with regards to managing allergies in the use of food ingredients and equipment for making food products, or complete food items that may be found in food teaching (secondary)

4.4.12 The school Site Manager will monitor the school grounds for wasp or bee nests and appropriate action will be taken.

4.5 Managing allergies on visits and trips

4.5.1 Guidance provided by Evolve Advice will be followed for all visits and trips.

4.5.2 The pupil's Individual Healthcare Plans will 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. These may be supplemented with a risk assessment if necessary.

4.5.3 When planning any out-of-school activities such as sporting events, visits and residentials, the catering requirements of pupils with food allergies and emergency planning (including access to emergency medication and medical care) will be considered and communicated to the visit team and any food providers. The leader will also be aware of any members of staff with allergies who are accompanying the trip.

4.5.4 Risk assessments will be conducted for any pupil at risk of anaphylaxis taking part in a trip off the premises. Pupils at risk of anaphylaxis must have their own adrenaline devices with them to attend the trip and the school will remind parents/carers of this. Parents will not be expected to accompany to support their child at risk of anaphylaxis on a visit.

4.5.5 Schools will consider, in their specific risk assessment, whether spare AAIs are required on the visit, however, this must not cause a lack of "spare" adrenaline devices on school premises, noting that they must be always be carried in pairs.

4.5.6 The visit team will be appropriately competent to manage the pupils needs, including allergy.

4.5.7 The school will adhere to allergen labelling rules for pre-packed food goods, in line with the Food Information (Amendment) (England) Regulations 2019, also known as Natasha's Law, for pre-packed lunches provided by the school either for all pupils or just those on Free School Meals

5. Individual pupils

5.1 Identification

5.1.1 Parents/carers are asked for details of their children's medical conditions as part of their co-ordinated or In-Year Admission by the Local Authority.

5.1.2 The school's admission form asks details of pupil' medical needs, allergies, any regular medication and special dietary requirements. Parents/carers are responsible for informing the school of any changes as soon as known.

5.1.3 Parents / carers must complete an EC46 forms if they have school lunches to be held by the school catering team.

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5.1.4 The administration team will pass this information to the designated School Allergy Lead to be held on Arbor and the school's HCAs.

5.1.5 Pupils' allergy information will be stored on their electronic pupil file.

5.1.6 A record will be kept of all individuals with allergies, including whether pupils have Individual Healthcare Plans and/or an Allergy Action Plan, whether or not they have been prescribed an AAI and its expiry date.

5.2 Documentation

5.3 Individual Healthcare Plans (IHPs)

5.3.1 Pupils will have an Individual Healthcare Plan if:

- they have an allergy which has a functional impact on them in their school;
- 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.

5.3.2 An IHP is a description of how the school will respond to the information and advice they have received concerning a child's medical condition or allergy, including from the child themselves, their parent/carers and any healthcare professions involved in their care. The IHP will set out the additional and/or different arrangements that will be in place in the school for supporting the pupil with their medical condition or allergy, including in emergency situations.

5.3.3 The School Allergy Lead, Kate Davies is responsible for deciding whether IHPs are required on an individual basis and school lead HCA will lead on their development and administration, referring to information in the DfE statutory guidance.

5.3.4 Where a healthcare professional has offered advice on management of a child or young person's allergy, the arrangements the school makes will reflect their advice.

5.3.5 It is not necessary for a child to have a formal diagnosis of allergy for them to have an IHP – the school will put arrangements in place to support them based on the best assessment that can be made of the likely risk to the child's health, education and wellbeing, engaging closely with the child and with their parents.

5.3.6 Where a pupil moves on to a new school or setting, their IHP will be shared as part of the transition.

5.3.7 IHPs will be stored:

- digitally in the pupil's folder, paper copies in the health room and laminated copies will be sent with the pupil when off site.

5.3.8 Where pupils have an **Allergy Action Plan** and/or **Asthma Action Plan** (see below) the IHP will refer to or attach it.

5.3.9 The IHP may be supplemented with an individual (Pupil, Site & Curriculum access) risk assessment if necessary.

5.4 Allergy Action Plan

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5.4.1 Allergy Action Plans describe an individuals' first aid treatment of anaphylaxis in an easy to read and swift manner. They should be completed by a healthcare professional.

5.4.2 Allergy Action Plans will be stored digitally in the pupil's folder, paper copies in the health room and laminated copies will be sent with the pupil when off site.

5.5 Asthma Action Plan

5.5.1 Pupils with asthma should be provided with an Asthma Action Plan by the relevant healthcare professional. This provides everything staff need to know about a child or young person's asthma in one place, including information about their triggers, symptoms, medicines to be used if they have asthma symptoms and when to seek emergency help when they have an asthma attack

5.5.2 The school encourages parents to print off an action plan and take it to their child's next GP appointment where the plan can be completed with their GP or nurse.

5.5.3 Further information on the school's management of asthma is included in the school's supporting pupils with medical conditions policy.

5.6 Information Sharing with Catering

5.6.1 The administrative team will share all EC46 forms completed by parents / carers of pupils who have school lunches and IHPs with the school catering team.

5.6.2 All parents / carers of pupils who have school lunches will complete food preferences on the menu before this is changed.

5.7 Prescribed Adrenaline Auto-injectors (AAIs)

5.7.1 Clinical advice recommends that people at risk of anaphylaxis carry two devices with them at all times, regardless of the type of device, since two doses of adrenaline may be required.

5.7.2 The school will ensure that pupils who are prescribed AAIs have rapid access to their devices at all times. This includes while travelling to and from school, in the lunch area, playground and sports fields or when on visits or trips.

5.7.3 AAIs are kept in zip lock bag with their name on, which includes their IHP. This is kept in the classroom in a safe cupboard/safe that can be accessed quicky. This is taken with them when they are off site.

5.7.4 AAIs will be kept in school at room temperature, protected from direct sunlight and temperature extremes.

5.7.5 If a pupil cannot keep their AAIs with them in the classroom (due to age or other considerations), then the devices will be stored in an appropriate central location that is unlocked and accessible at all times in the school office**.** This will be noted on the pupil's IHP and be subject to regular review.

5.7.6 Pupils' AAI devices will be transported to and from school as all other medication is; handed to bus escorts to store and handed to parents / carers on return home or and to HCAs on arrival at

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school. Where parents transport pupils, they will be responsible for handing these to HCAs on arrival, as with all medication.

5.7.7 It is the responsibility of the child's parents to ensure that the AAIs are up-to-date and clearly labelled, however HCAs will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry. Parents can subscribe to expiry alerts for the relevant AAIs their child is prescribed, to make sure they can get replacement devices in good time.

5.7.8 HCAs have a list of all AAIs in school, which is kept in the health room

5.7.9 Used AAIs can be given to ambulance paramedics on their arrival.

5.7.10 Expired "spare" adrenaline devices will be returned to the pharmacy / KITT Medical

6. School-wide policies

6.1 "Spare" Adrenaline auto-injectors (AAIs)

6.1.1 Spare devices may be used for:

- persons who have been prescribed AAIs but whose own devices are not available (for example because they are broken, out of date, cannot be accessed or have misfired)
- persons who have allergies and have not been prescribed an AAI

6.1.2 other persons without a pre-existing diagnosis of allergy and have presented anaphylactic reaction for the first time in school

6.1.3 Note: The Human Medicines (Amendment) Regulations 2017 do not require consent to have been obtained for "spare" adrenaline devices to be used in an emergency.

6.1.4 The school will obtain advance consent from all parents for "spare" AAIs 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, in order to avoid delays in treatment.

6.1.5 The school will ensure that no pupil is more than five minutes from the spare AAIs. AAIs will always be stocked and stored in pairs. In determining the best location for AAIs, it is ensured that they are not be locked away or kept in an office where access is restricted.

6.1.6 The school's spare adrenaline devices are located in the school office.

6.1.7 "Spare" adrenaline devices are clearly labelled, to avoid any confusion with adrenaline devices prescribed to a named person.

6.1.8 "Spare" adrenaline devices and salbutamol inhalers will be checked to confirm that they are in date by Joanna Kench. Make reference to the supplier of the adrenaline devices if they automatically replace these before they expire or inform the school that they need to reorder.

6.2 Emergency response

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6.2.1 If an individual (whether a pupil, staff or visitor) experiences a life-threatening medical emergency, anyone may take reasonable action to save their life. The law recognises that rescuers act under extreme pressure.

6.2.2 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.

6.2.3 Staff in this school 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.

6.3 Serious Incidents and "Near Misses"

6.3.1 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.

6.3.2 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.

6.3.3 The school will approach serious incidents and "near misses" in a "no blame" spirit of seeking to learn lessons and address any issues which the incident identified, so that pupils are better protected in the future. Relevant staff involved in the incident will take part in a debrief to reflect on what happened and how future incidents can be prevented.

6.3.4 The parents/carers of a child are notified of the incident or "near miss" as soon as possible using the form in Appendix A. They should 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 it has learned from the incident and will outline any actions it is taking as a result.

6.3.5 The Principal will consider what lessons to learn and whether changes are required to the school's medical conditions and/or allergy safety policies and/or to the arrangements in the child or young person's IHP. Any learning will be shared appropriately with staff so they can act on them, reducing the chance of an incident reoccurring.

6.3.6 In addition, it may also be necessary to share the report with other agencies:

- The School / Contract Catering Team acting as food businesses will report any allergen-related food safety incidents to the Principal and the Chief Finance and Operating Officer (CFOO).
- The Catering Team complete incident forms for allergen related food safety incidents to their line manager for review.
- The school will report incidents which arose directly from the way they undertook a work activity which resulted in immediate hospitalisation to the CFOO and the Health and Safety Executive (via RIDDOR).

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- In the event that the incident or “near miss” related to the delivery of a care plan or action plan issued by a healthcare professional, the relevant healthcare professional will be notified.

- In more serious cases, a multi-agency review (involving parents, health professionals, catering staff, and others) may be arranged.

- Any significant concern arising from repeated exposure or neglect of medical needs will be treated as a safeguarding matter and addressed according to school safeguarding procedures.

6.4 Information sharing

6.4.1 A child’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 will 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 who may not want to be singled out.

6.4.2 Where pupils are prescribed adrenaline devices, it is considered on a case-by-case basis whether it is appropriate for their friends to be made aware of how to seek help in an emergency.

6.4.3 A health summary of each pupil with an allergy will be held in the health room as well as on pupils’ ‘working with me’ documents. All staff must read working with me documents before supporting in the classroom. The class teacher must update these documents at the beginning of the school year, or when information is updated.

6.5 Awareness of this policy

6.5.1 This allergy safety policy will be published on the school’s website and the RET portal.

6.5.2 This policy will be shared at the start of the academic year with all staff for sign off. It will be stored on the school’s shared drive for reference.

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7. Appendix A – Near miss form

This form should be completed as soon as possible following any allergy-related incident or near miss. Near misses must be recorded even where no harm has occurred, as they may identify gaps in procedures, communication, supervision, or training and help prevent future incidents.

Parents/carers and, where appropriate, the individual affected should be involved in reviewing the incident and identifying any lessons learned. The named allergy senior leader and governor should also review incidents to ensure that school policies, risk assessments, and Individual Healthcare Plans were appropriate, followed correctly, and updated where needed.

Child affected		
Date	Click or tap to enter a date.	
Time		
Location		
Staff member/s present		
Emergency services called?	Yes ☐	No ☐

Describe what happened

How staff and pupils responded

Support was provided to the individual including any medication administered

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Cause/s of incident / near miss

Lessons learned and recommended changes to any policies, procedures, training and supervision

Reviewed by School Allergy Lead		
Additional Comments (if any)		
Name	**Signed**	**Date**

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