

Denton and Harlaxton Church of England Schools



Learn
Encourage
Aspire
Respect &
Nurture



Allergy safety POlcy

Changes Made **YES** / NO

Policy : Supporting Pupils at School with Medical Conditions	Date	Signatures of Chair Of Governors & Head
Last Reviewed:		
Board of Governors review complete:		
Lifespan:	1 years	
Date of next review:		

This easy to remember statement sums up our vision for our children within our community.

With God, together we can...Learn Encourage Aspire Respect Nurture



This easy to remember statement sums up our vision for our children within our community.

Together we can...

Learn

Encourage

Aspire

Respect

Nurture

Our full vision:

With God, together we can Learn, Encourage, Aspire, Respect and Nurture.

And the child grew strong; he was filled with wisdom, and the grace of God was on him Luke 2:40

We believe in a collaborative approach – developing the whole child by developing the whole community together. As an inclusive church school, we use positive and consistent expectations to help all members of our community to flourish. We work towards achieving excellence in all we do, and we recognise the value of everyone in our school and seek to enable all to become agents of positive change in the world.

DENTON AND HARLAXTON C OF E PRIMARY SCHOOLS

Allergy safety Policy

To be read in conjunction with the Inclusion (SEN) policy and Supporting Children with medical conditions policy

Refer to 'Supporting Pupils at school with medical conditions' April 2014 (Dfe) updated 2017.

Allergy safety policy – Based on DFE template

This document outlines what should be included in an allergy safety policy, in line with the statutory guidance. Section 34 of the Children's Wellbeing and Schools Act 2026 requires that LA maintained schools, academies and PRUs must have an allergy safety policy.

A named member of the senior leadership team in each school, college or early years setting should have responsibility for allergy safety, including driving the implementation of the allergy safety policy and contributing to or leading review of the policy. Our federation named person is Mrs S Edwards

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

Governing bodies should ensure that allergy safety policies are readily accessible to parents and staff. Policies should be published on the school, college or setting's website and be made available in hard copy on request.

Culture Awareness training

Staff will be trained in allergy awareness and emergency response, at least annually. This will include face to face training, online training or training via the Staff Handbook.

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

There are induction arrangements for new staff, as well as assurances to ensure supply and cover staff have received allergy awareness training.

Allergy awareness training ensures to all staff includes:

- Have an awareness of allergy, the risks it poses, how allergic reactions can occur and how to manage it;
- Understand that allergy includes multiple conditions (food allergy, asthma, eczema, hay fever, others), which can co-exist;
- Understand the difference between food allergy, coeliac disease and food intolerance;
- Know where to find information on allergy triggers;
- Can identify the range of symptoms of allergic reactions;
- Understand and can recognise anaphylaxis;
- Know how to respond in an emergency, including:
 - ❖ calling emergency services and informing parents;
 - ❖ how to locate and administer emergency medication (adrenaline for anaphylaxis, asthma reliever inhaler for an asthma attack).
 - ❖ training on how to use the medication/device in an emergency (whether prescribed to a given person or a school's "spare" adrenaline devices);
- Understand the impact allergy can have on a child or young person's wellbeing;
- Understand the school, college or setting'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").

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

Wellbeing

The wellbeing of children and young people with allergy will be promoted, since the risk posed by allergy (and the possibility of anaphylaxis) can be a significant cause of anxiety. Bullying of children and young people with allergy will be addressed and avoided. If adults working with children feel there is anxiety surrounding the allergy; please seek advice from the SEND team. If any instances of bullying are with regards to an allergy; please refer this to the leadership team.

Minimising risk

The school, college or setting will minimise the risk of individuals (whether children, young people, staff or visitors) coming into contact with their known allergens.

This will include:

- Measures to manage the risks of exposure to a food allergen through food provided by the school, college or setting. Lunch food is ordered from the food providers directly by parents. Food providers and school have a list of children with allergies. If school is not sure whether the food is suitable, they should not serve it but instead contact the food provider and parent for confirmation.
- Measures to manage the risks of exposure to a food allergen through food brought in by others (for example parents, children and young people or staff). If children bring in sweets to distribute at the end of the day, the class teacher should check the allergens contained against allergens within the class list before distributing the sweets. Sweets must not be consumed on the school premises. For bake sales and similar, children with allergies are escorted to the bake sale where the product packaging is kept with the product. Cooking lessons within the class must not include ingredients to which a child in the class is allergic.
- Where children and young people have known allergy to airborne or contact allergens, how the school, college or setting will put reasonable measures in place to manage the risk of the child or young person being exposed to such allergens. Where this is the case, the individual measures will be put in place according to the needs of the child in school at that time and will appear on their IHCP
- An expectation that staff planning any activity should consider the risk of exposure to allergens, for example in craft, science, musical or cooking activities, or where activities involve animals.
- Specific risk assessments to manage the risks of exposure to allergens in individuals with an allergy when planning external visits or trips.

Food allergy

The school, college or setting will manage the risk of food allergy and provide clear information on allergens in food provided. Particularly at Breakfast and ASC, ingredients and foods will be checked before serving to children with known allergies. Children with allergies are clearly marked and available to wraparound care staff and food orders are checked to ensure they contain the correct ingredients which may be safely served to children. Staff serving food complete the Level 2 hygiene training and allergen training to ensure correct storage of foodstuffs and to prevent cross contamination.

Individual children and young people Identification

Clear photographic maps are produced for identifying individuals with allergy (not just children and young people but also members of staff and visitors), their known allergens and whether they carry medication (for example adrenaline autoinjector (AAI) devices).

This record will be kept of all individuals with allergies, including whether children and young people have Individual Healthcare Plans and/or an Allergy Action Plan. These are confidential records and

although freely accessible to staff who need them, they are not on view to any members of the public because they contain sensitive information.

The schools will gather information about known allergies, for example from the child or young person, their parents and their previous setting. Parents are consulted on their child's IHCP.

Individual Healthcare Plans

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 will set out the additional and/or different arrangements that will be in place in the school, college or early years setting for supporting the child or young person with their medical condition or allergy, including in emergency situations.

Children and young people with an allergy who require specific support arrangements will have them documented through an Individual Healthcare Plan. This includes children and young people whose allergies require flexibility and "reasonable adjustments", as well as those who require medication (either proactively or in an emergency situation). 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.

Prescribed adrenaline

The school, college or setting will ensure that children and young people who are prescribed adrenaline devices have rapid access to their devices at all times, noting that in a case of anaphylaxis, adrenaline should be administered within five minutes. This includes in the lunch area, playground and sports fields or when on visits or trips.

- Adrenaline devices are kept in school in the classroom and are easily available and visible for children throughout the school day and including on school trips. These are checked and diarised for expiration.
- Records are kept of which children and young people have been provided with prescribed adrenaline devices (and an Allergy Action Plan).

"Spare" adrenaline devices

School will carry a spare adrenaline device:

- These devices may be used on any child or adult in the school who already has a prescription and where an additional device is required. They may also be used where another person has a suspected anaphylactic attack and shows symptoms of a compromised Airway, Breathing or Consciousness;

- “spare” adrenaline devices will be located in the school office;
- “spare” adrenaline devices will be stored at room temperature in the school office
- “spare” adrenaline devices and salbutamol inhalers will be checked to confirm that they are in date and dates are diarised;
- “spare” adrenaline devices are replaced before they expire and are returned to the chemist or provider for safe disposal.

Schools should ensure that no child or young person is more than five minutes from adrenaline devices. Adrenaline devices should always be stocked and stored in pairs. Schools with large sites should consider having two pairs of “spare” devices, so that a pair of “spare” adrenaline devices are available within five minutes of wherever they may be needed. Where schools operate across more than one site, they should ensure there are spare adrenaline devices of the appropriate dosage on each site as required.

When storing “spare” adrenaline devices:

- “Spare” adrenaline devices must be readily accessible and not locked away;
- In the event of an anaphylaxis, adrenaline should be administered as soon as possible. In practice, this should be no more than five minutes, i.e. adrenaline devices must be able to be brought to the person having anaphylaxis within 5 minutes. If needed, a member of staff will bring the devices to the member of staff requesting them. This may be achieved very quickly given the small sizes of our schools and well within the required time.
- “Spare” adrenaline devices should be stored in pairs, so that if a second one is necessary it is on hand rather than needing to be obtained from elsewhere on site;
- “Spare” adrenaline devices should be clearly labelled, to avoid any confusion with adrenaline devices prescribed to a named person. Some schools choose to have a clearly marked “emergency anaphylaxis kit” containing the spare adrenaline devices, any emergency asthma reliever inhaler and spacers and instructions for their use.

Visits and trips

Children and Young People may access all off site activities. As part of the planning for these activities, a risk assessment must be made which also considers the implications for children with allergies and asthma and any medications required.

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.

Serious incidents and “near misses”

The school will record, report and respond to serious incidents or “near misses” involving allergy safety. In some cases, the impact of exposure to an allergen while in an education setting may not be recognised until the child or young person is back at home. It is therefore important that the child or

young person, their parents or others (for example healthcare professionals) can report that there has been an incident.

Information sharing

The school, college or early years setting will share information about children and young people with allergy through photographic sheets which are kept in the medical folder and also in the school office. This data is covered under data protection and should be checked regularly by staff members administering food (including at snack times.) A summary of allergies and medical conditions is also on Arbor and in the front of the paper register if Arbor is not available.

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.

Awareness of the allergy safety policy

This policy will be shared with staff who have direct contact with children, including assurances from supply staff or other adults entering the building who are working with children. It will form part of the school's induction process.

The allergy safety policy should be published on the school, college or setting's website. All staff should be aware of and understand the policy, as part of annual allergy awareness training.

Awareness of allergy safety will be raised among children and young people through CW and PSHE lessons. Where children and young people are prescribed adrenaline devices, it may be appropriate for their friends to be made aware of how to seek help in an emergency. Any wider awareness or training should be considered carefully and discussed with the child or young person and their parents, and should not replace staff emergency response arrangements.

Appendix

[Allergies - NHS](#)

Allergies

An allergy is where your body reacts to something that's normally harmless like food, pollen, dust, insect bites or animals. The symptoms can be mild, but for some people they can be very serious.

Causes of allergies

Things that cause allergic reactions are called allergens.

Common allergens include:

- tree and grass pollen ([hay fever](#))
- house dust mites
- foods, such as peanuts, milk and eggs ([food allergy](#))
- animals, particularly pets like cats and dogs
- insect stings, such as bee and wasp stings
- certain medicines

Symptoms of an allergic reaction

Symptoms of an allergic reaction can appear within minutes or after a few hours.

Symptoms may include:

- a runny nose or sneezing
- red or watering eyes
- pain or tenderness around your cheeks, eyes or forehead
- coughing, wheezing or breathlessness
- a raised rash ([hives](#)), or itchy or red skin – redness can be harder to see on brown or black skin
- diarrhoea, stomach cramps or bloating
- feeling or being sick
- swollen eyes, lips, mouth or throat

Call 999 if:

- your lips, mouth, throat or tongue suddenly become swollen
- you're breathing very fast or struggling to breathe (you may become very wheezy or feel like you're choking or gasping for air)
- your throat feels tight or you're struggling to swallow
- your 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)
- you 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 (anaphylaxis). Anaphylaxis needs immediate treatment in hospital.

What to do if you have anaphylaxis

Follow these steps if you think you or someone you're with is having an anaphylactic reaction:

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

Do not stand or walk at any time, even if you feel better.

How to use an adrenaline auto-injector

There are different types of adrenaline auto-injectors and each one is given differently.

- [EpiPen instructions \(EpiPen website\)](#)
- [Jext instructions \(Jext website\)](#)