



THE OLYMPUS ACADEMY TRUST

Allergy Safety Policy

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Amendment History

Version	Amendment Date	Author	Amendment Summary
0.1	July 26	LTo	New policy drafted in line with Benedicts Law

Related Policies

- First Aid Policy
- Supporting Learners with Medical Conditions Policy
- Anti-bullying Policy

Introduction

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 Charborough Road Primary School will support learners with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in school life. Charborough Road 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.

At Charborough Road Primary School the Senior member of staff and Designated Allergy Lead with responsibility for the implementation and review of the Allergy Safety Policy is the SENCO.

At Charborough Road Primary School the governor/member of the School Improvement Committee with responsibility for the implementation and review of the Allergy Safety Policy is/are the Safeguarding Governor.

This policy will be reviewed at least annually. This policy may 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.

Roles and responsibilities

Parent Responsibilities

- On entry to the school, it is the parent's responsibility to inform reception staff/ Designated Allergy Lead/SENCO of any allergies via the form issued as part of induction. This information should include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication.
- **Parents** are to supply a copy of their child's Allergy/Asthma Action Plan (British Society for Allergy and Clinical Immunology (BSACI) plans preferred) to school. If they do not currently have an Allergy Action Plan 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. The Allergy Action Plan will be kept updated accordingly.

Staff Responsibilities

- **All staff** will complete allergy awareness and anaphylaxis training via the National College e-learning platform. Training is provided for all staff on a yearly basis and on an ad-hoc basis for any new members of staff. **Designated Allergy Lead** keeps a log of training completed and ensure staff have signed to say they have read and understood this policy and signed to say they have.
- **All staff** must be aware of the learners 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. This is communicated via the medical needs register. This is communicated to Agency Staff through the class medical information pack and agency staff sign to say they have read and understood (see Appendix 3).
- **All staff** leading educational visits will ensure they carry all relevant emergency supplies. **Visit leaders** will check that all learners with medical conditions, including allergies, carry their medication. Learners unable to produce their required medication will not be able to attend the excursion.
- The **Designated Allergy Lead** will ensure that the up-to-date Allergy Action Plan is kept with the learner's medication.
- It is the parent's responsibility to ensure all medication is in date however the **Designated Allergy Lead** will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.
- The **Designated Allergy Lead** keeps a register of learners who have been prescribed an adrenaline auto-injector (AAI) and a record of use of any AAI(s) and emergency treatment given.
- **Reception staff** will ask any visitors to the school, whether they have any allergies that they should be aware of.

Learner Responsibilities

- **Learners** are encouraged to have a good awareness of their symptoms and to let an adult know as soon as they suspect they are having an allergic reaction.
- **Learners** who are trained and confident to administer their own AAI's will be encouraged to take responsibility for carrying them on their person at all times.

Culture

Awareness training

The **Designated Allergy Lead** and staff member (2) responsible for co-ordinating staff anaphylaxis training and the upkeep of the school's Allergy Safety Policy is: the SENCO.

All staff that are present when learners are on site will complete online National College Allergy Awareness and Anaphylaxis and Asthma training at the start of every new academic year, as well as ensuring they are familiar with the Allergy Safety Policy and associated Appendices. Training is also available on an ad-hoc basis for any new members of staff or cover staff. **All staff** will sign to confirm they have attended and understood the training and policy and this will be kept as record.

The training will ensure that 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;
 - 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").

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

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

Many children and young people with allergies may become anxious as a result of the risk of exposure to allergens and the potential for anaphylaxis, which may be compounded by living with difficult-to-control asthma or eczema. Charborough Road Primary School will work collaboratively with our families to ensure they feel supported and that they are reassured that steps are being taken to minimise the risks of exposure to allergens and that robust measures are in place in the event of anaphylaxis.

Any form of bullying will not be tolerated and the school's response and actions to bullying are outlined in the Anti-bullying policy.

At Charborough Road Primary School, we aim to support our learner's wellbeing, as well as raise awareness in the following ways:

- Regular communication to children, young people, parents and staff about allergy, ensuring ongoing awareness and appreciation of the severity of the potential risks.
- Proactive engagement with new joiners with known allergy, setting out the school, college or setting's policies and the support available.
- Inviting new joiners with allergy to have a tour of the kitchen and canteen so they can meet staff and get used to the mealtime environment. This may reduce anxiety and helps everyone to get to know one another, which will support staff to identify children and young people with allergy, intolerances and coeliac disease in the dining hall.
- Introducing "allergy champion" roles for staff and learners (not just within the catering team). Acting as a point of contact for children, young people and staff with allergy, they can share feedback and support new joiners or anxious children and young people.

Minimising risk

Children and young people will not be prevented from taking part in activities alongside their peers simply because of a risk of coming into contact with one of their allergens. Where an activity would involve most children and young people using a material which might contain an allergen known to affect one of the group (for example), alternatives will be found for the whole group which do not exclude individuals.

Reducing the risk of allergen exposure in learners with food allergy

- Bottles, other drinks and lunch boxes provided by parents or the school for children with food allergies should be clearly labelled with the name of the child for whom they are intended.
- School caterers must provide information on food allergens to parent/carers and have this available for the child to be able to check independently. Catering staff are available to meet with parents/carers to discuss provision of allergen safe meals.
- The **Designated Allergy Lead** is the SENCO and they are aware of, and engage with, caterers to understand the controls in place to ensure that food service conforms with legislation.
- Where food is provided by the school, school staff are 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.
- Where food is not directly provided by the school (e.g. brought in as treats or to celebrate birthdays) parental engagement and permission will be sought in advance to ensure inclusion and safety for children with allergy.
- Implement policies to avoid trading and sharing of food, food utensils or food containers.
- Unlabelled food poses a potentially greater risk of allergen exposure than packaged food with precautionary ("may contain") labelling suggesting a risk of contamination with allergen. This applies to foods used within the classroom curriculum (e.g. cooking) as well as that from the school kitchen or canteen.
- Use of food in crafts, cooking classes, science experiments and special events (e.g. fetes, assemblies, cultural events) will be considered and alternatives used when needed.
- In arts/craft, an appropriate alternative ingredient will be substituted (e.g. wheat-free flour for play dough or cooking). Food containers (egg cartons, yoghurt pots etc) can also be contaminated with food: use alternative, non-food containers for craft activities, where

possible. If essential to the activity, e.g. junk modelling, ensure that all materials used are free from any allergens that might pose a risk for a specific child.

- When planning out-of-school activities such as sporting events, excursions (e.g. restaurants and food processing plants), educational visits or camps, we will consider the catering requirements of the child with food allergies and emergency planning (including access to emergency medication and medical care).

Food allergy **School catering**

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 in three weekly cycles on the school website with all ingredients listed and allergens available upon request, from the Catering Manager.

The **Designated Allergy Lead** will inform the Catering Manager of learners with food allergies. The school will ensure that all pupil allergies are clearly identified, recorded and communicated to relevant staff, including the Catering Manager. Upon receipt of medical evidence and parental notification of an allergy, the school will update the pupil's Individual Healthcare Plan (where required) and notify the Catering Manager without delay so that appropriate allergen controls and meal arrangements can be implemented. Any changes to a pupil's allergy status, dietary requirements or emergency care plan will be communicated promptly to the Catering Manager and catering team to ensure the safety and inclusion of all pupils with allergies.

Parents/carers are encouraged to meet with the Catering Manager to discuss their child's needs.

The school adheres to the following Department of Health guidance recommendations:

- Bottles, other drinks and lunch boxes provided by parents for learners 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, parents should check the appropriateness of foods by speaking directly to the catering manager.
- The learner should be taught to also check with catering staff, before purchasing food or selecting their lunch choice.
- 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.
- Food should not be given to primary school age food-allergic children without parental engagement and permission (e.g. birthday parties, food treats).
- 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.

Individual children and young people **Identification**

The school is committed to maintaining a safe and inclusive environment for all individuals with allergies, including pupils, staff, volunteers, contractors and regular visitors. In line with **Benedict's Law** and the Department for Education's Allergy Safety in Schools statutory guidance, the school will have clear procedures to identify individuals with allergies, record relevant information, communicate risks appropriately and ensure suitable emergency arrangements are in place. [\[gov.uk\]](http://gov.uk), [\[allergyschool.org.uk\]](http://allergyschool.org.uk)

Gathering Information

Information regarding allergies will be collected through a range of sources, including:

- Admission and enrolment forms.
- Medical information forms completed by parents/carers.
- Discussions with the child or young person and their family.
- Information received from a previous educational setting.
- Individual Healthcare Plans (IHPs), Allergy Action Plans and medical professionals.
- Staff health declarations and occupational health information where appropriate.
- Information voluntarily provided by regular visitors, volunteers or contractors when relevant to their safety while on site.

Parents/carers are responsible for informing the school of any diagnosed allergy, changes to allergy status, prescribed medication, or alterations to emergency treatment plans as soon as possible.

Allergy Register

The school will maintain a central **Allergy Register** containing details of all pupils and staff known to have allergies. Where appropriate, the register will include:

- Name and year group/class or staff role.
- Known allergen(s).
- Severity of allergy.
- Typical signs and symptoms of an allergic reaction.
- Details of any prescribed medication, including adrenaline auto-injectors (AAIs).
- Location of emergency medication.
- Whether the individual carries their own medication.
- Details of any Individual Healthcare Plan (IHP) and/or Allergy Action Plan.
- Emergency contact information.

The Allergy Register will be reviewed regularly and updated whenever new information is received.

Identification of Learners with Allergies

Pupils with allergies will be clearly identified through the school's agreed systems. This may include:

- Medical alerts on the school's management information system.
- Class allergy information sheets accessible to relevant staff.
- Individual Healthcare Plans and Allergy Action Plans.
- Information provided to catering staff, wraparound care staff and educational visit leaders.
- Appropriate risk assessments for activities, trips and events.

The method of identification will be proportionate and designed to maintain the pupil's dignity whilst ensuring their safety.

Sharing Information

The Allergy Register will be accessible to staff who require the information to safeguard individuals with allergies. This may include:

- Senior leaders.
- Teaching and support staff.

- *First aiders.*
- *Catering staff.*
- *Lunchtime supervisors.*
- *Breakfast and after-school club staff.*
- *Educational visits leaders.*
- *Supply staff, where appropriate.*

Relevant information will be shared in accordance with data protection requirements and on a need-to-know basis. Staff will receive information necessary to protect individuals from allergen exposure and to respond effectively in an emergency.

Medication

Individuals with prescribed allergy medication, including AAI's, will be encouraged and supported to have immediate access to their medication at all times where appropriate. The school will record:

- *The type of medication prescribed.*
- *Whether the individual carries their own medication.*
- *The agreed storage location of any spare medication.*
- *Expiry dates and replacement arrangements.*

The school will ensure that staff are aware of the location of emergency medication and the procedures for responding to an allergic reaction or anaphylaxis. [\[gov.uk\]](http://gov.uk), [\[allergyschool.org.uk\]](http://allergyschool.org.uk) This approach ensures that all individuals with allergies are identified, supported and protected through a consistent whole-school system that promotes safety, inclusion and effective communication.

Individual Healthcare Plans (IHP)

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.

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 IHP should be reviewed to incorporate it.

In some cases, children and young people will have or be suspected of having allergy where no clinical advice is available. This may be the case where symptoms have newly emerged or where the process of diagnosis is still under way. In such cases we will put arrangements in place to support the learner based on the best assessment that can be made of the likely risk to the child or young person's health, education and wellbeing.

IHPs must be kept as "live" documents, since they may need to be updated to reflect changes in the allergy, new advice from healthcare professionals and changes to care plans or medication. This will be at least annually.

Please see Appendix 2 – Creating and reviewing an Individual Healthcare Plan

Prescribed adrenaline

Depending on their level of understanding and competence, learners will be encouraged to take responsibility for and to carry their own two AAls on them at all times (in a suitable bag/container).

For younger children or those not ready to take responsibility for their own medication, there should be an anaphylaxis kit which is kept safely, not locked away and accessible to all staff. The plans for storage, will be discussed and agreed with families and recorded on the ICHP.

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

- Two AAls i.e. EpiPen® or Jext® or Emerade®
- An up-to-date allergy action plan
- Antihistamine as tablets or syrup (if included on allergy action plan)
- Spoon if required
- Asthma inhaler (if included on allergy action plan).

It is the responsibility of the child's parents to ensure that the anaphylaxis kit is up-to-date and clearly labelled, however the **Designated Allergy Lead** 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 AAls their child is prescribed, to make sure they can get replacement devices in good time.

Older children and teenagers should, whenever possible, assume responsibility for their emergency kit under the guidance of their parents. However, symptoms of anaphylaxis can come on very suddenly, so school staff need to be prepared to administer medication if the young person cannot.

Storage - AAls should be stored at room temperature, protected from direct sunlight and temperature extremes.

Disposal - AAls are single use only and must be disposed of as sharps. Used AAls can be given to ambulance paramedics on arrival or can be disposed of in a pre-ordered sharps bin. Sharps bins to be obtained from and disposed of by a clinical waste contractor/specialist collection service/local authority (delete as appropriate). The sharps bin is kept in the Office.

School-wide policies

“Spare” adrenaline/asthma inhaler devices

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

These are stored in a clear container colour pack/container, clearly labelled ‘Emergency Anaphylaxis Adrenaline Pen’, along with any spare asthma inhalers/relievers and are kept safely, not locked away and accessible and known to all staff.

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.

Charborough Road Primary School holds 2 spare pens/inhalers which are kept in the following location/s:

School Office

The **Designated Allergy Lead** is responsible for checking the spare medication is in date on a monthly basis and to replace as needed. Written parental permission for use of the spare AAI is included in the learner’s allergy action plan. 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.

The school will monitor expiry dates of all spare adrenaline auto-injectors and arrange for replacements before devices expire. Any spare AAI that is used in an emergency will be replaced as soon as possible. Used and expired AAI will be disposed of safely as sharps in accordance with local medicines management procedures and will never be placed in general waste. Records of use, replacement and disposal will be maintained by the designated member of staff. This will be recorded on the Allergy Register.

Educational Visits and Excursions

Staff leading educational visits will ensure they carry all relevant emergency supplies. Trip leaders will ensure that a risk assessment has been completed and also check that all learner’s with medical conditions, including allergies, carry their medication (where appropriate). Learner’s unable to produce their required medication will not be able to attend the excursion. Spare AAI devices may be taken on trips and excursions, as long as this does not leave the school short, as per the guidance.

All the activities on the school trip will be risk assessed to see if they pose a threat to allergic learners 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 should be arranged. Staff at the venue for an overnight school trip should be briefed early on that an allergic child is attending and will need appropriate food (if provided by the venue).

Sporting Excursions - Allergic children should have every opportunity to attend sports trips to other schools. Charborough Road Primary School will ensure that the P.E. teacher/s are fully aware of the situation. The school being visited will be notified that a member of the team has an allergy when arranging the fixture. A member of staff trained in administering adrenaline will accompany the team. If another school feels that they are not equipped to cater for any food-allergic child, the school will arrange for the child to take alternative/their own food.

Serious incidents and “near misses”

Children and young people may be at heightened risk of harm as a result of their allergy. If not treated quickly, anaphylaxis can be fatal. This is why it is so important for schools to be active and conscious in managing the risks associated with allergy.

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

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

Staff in schools, colleges and early years settings should be reassured that mistakes, hesitation, or imperfect technique do not amount to serious and wilful misconduct. The expectation is simply that staff act reasonably, to the best of their ability, in an emergency.

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

“Near misses” are as important as actual incidents, since they may highlight weaknesses in policies, procedures, training or communication or arrangements which, if not addressed, might have serious consequences in the future. While the “near miss” may not have led to harm, they are a warning that, if circumstances had been different, serious harm could have occurred.

Following any serious incident or “near miss” involving a child, young person, member of staff or visitor with a medical condition or allergy, Charborough Road Primary School, will record what happened; report it as appropriate; and consider what lessons can be learned. If the “near miss” is discovered following the school day, this will be reported to the Allergy Lead.

The following information will be recorded in the accident book:

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

The report should be shared with the learner’s parents, the young person or the individual involved, as soon as possible. They should be given the opportunity to discuss what happened and to contribute their views to the consequent lessons learned review. The school setting should then confirm what it has learned from the incident and should outline any actions it is taking as a result.

The report will also be shared with the school's designated leader responsible for medical conditions so that they can consider any necessary changes to the appropriate policies, arrangements or ICHP. It may also be necessary to share the report with other relevant bodies/agencies (e.g. relevant healthcare professional or the Health and Safety Executive - RIDDOR)

As part of the school review, the designated leader will consider:

- Could the school reasonably have foreseen an incident of this nature?
- Might the incident or near miss have been avoided through reasonable preventative steps? If so, what steps might have been taken?
- Were the circumstances of the incident covered by a policy (for example a medical conditions policy, allergy safety policy) and/or a plan (for example an Individual Healthcare Plan or a care or action plan issued by a healthcare professional) which set out how to respond to an incident of this nature?
- If so, was the policy and/or plan followed? If the policy and/or plan was not followed, are there staff training, capability or even disciplinary issues to consider?
- Was the policy or plan adequate? If the policy and/or plan was not adequate, what changes might be required?
- Should the school and/or Trust's policies be changed as a consequence?

Charborough Road Primary School will consider its impact not only on the individual and their family, but also on those involved in responding and any children or young people who may have witnessed it and support those involved appropriately.

The fact that there has been an incident relating to the management of a child or young person's medical condition (including allergy) would not in and of itself warrant a referral to local safeguarding partners. A safeguarding referral would only be needed where an incident highlighted concern that the child or young person might be at an increased risk of being neglected, abused or exploited by persons inside or outside of their family unit because of their medical condition. This might occur where relevant information about a child or young person's medical condition or allergy is not provided to a school where they are repeatedly sent without essential medication, thereby putting the individual at risk.

Reporting allergen-related food safety incidents

Schools' catering provider should record and review all allergen incidents and near-misses and, where appropriate, seek advice from their local authority environmental health team or Primary Authority. A legal duty to notify competent authorities arises where a food business has reason to believe that unsafe food (for example, food that is injurious to health, such as food containing an undeclared allergen) has left its immediate control and may pose a risk to consumers, in line with Article 19 of Regulation (EC) 178/2002.

Information sharing

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

Charborough Road Primary School will share the information regarding allergies in the following way:

Allergy information will be shared only with staff and other individuals who need the information to safeguard the health and wellbeing of the individual concerned, with access restricted to relevant details and managed in accordance with UK GDPR, the Data Protection Act 2018 and the school's data protection procedures.

Awareness of the Allergy Safety Policy

The Allergy Safety Policy is published on the school website. All staff are aware of and understand the policy, this forms part of our annual allergy awareness training.

The school will consider setting out how awareness of allergy safety will be raised among children and young people. 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.

There is a requirement for allergy risk assessment before lettings and community use of premises.

Appendix 1 – Supporting Allergy Information

Allergy safety

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

Anaphylaxis typically affects the Airway/Breathing/Circulation ("ABC").

Allergic conditions

Common allergic conditions include:

- Hay Fever (Allergic Rhinitis), triggered by allergens carried in the air ("aeroallergens"), such as pollen, house dust mite, animal fur/feathers, or mould. Symptoms include sneezing, a runny or stuffed nose, itchy or watery eyes.
- Skin allergies (e.g. eczema, contact dermatitis, contact urticaria/hives) caused by contact with allergens including house dust mite, pollen and substances like nickel, latex and some chemicals. Symptoms include itching, hives and dry, flaky skin. Reactions can be delayed, occurring many hours after contact.
- Food allergy, which can cause symptoms ranging from mild itching in the mouth to "whole body" reactions including anaphylaxis (see below). Some food allergies do not cause immediate reactions, but result in delayed gastrointestinal symptoms (e.g. stomach pain, vomiting, diarrhoea) some hours later, sometimes occurring with an eczema flare. While 90% of food allergic reactions

are caused by peanut/tree nuts, cow's milk, egg, wheat, fish/seafood and sesame, any food can cause an allergic reaction.

- Asthma in children is usually allergic in nature, meaning that it may be triggered by airborne allergens such as e.g. dust mite, animal dander or pollen. On average, there are two or three children with asthma in every classroom in the UK.
- Less common allergic conditions in children include allergy to insect stings (e.g. bee, wasp) and medicines.

Allergic reactions vary in severity: from mild local reactions (e.g. mild hay fever) to "whole body" reactions (common with food allergy) to more serious reactions like anaphylaxis. In general, most allergic reactions are not severe. Even for food allergy, most allergic reactions do not affect the Airway/Breathing/Circulation ("ABC") and can be treated with a non-drowsy oral antihistamine (available over-the-counter for those aged over 6 years) or local treatments such as nose sprays or eye drops.

However, some children and young people are at risk of anaphylaxis and require emergency medication (e.g. self-administered adrenaline).

The most common causes of "whole body" allergic reactions – including anaphylaxis – are:

- food allergens;
- insect stings (e.g. bee, wasp);
- medication (e.g. antibiotics, pain medicines such as ibuprofen);
- latex (e.g. rubber gloves, balloons, swimming caps).

Even for food allergy, the vast majority of anaphylaxis reactions require the person to have eaten the food, although less severe allergic reactions can happen through skin or other contact. Anaphylaxis reactions due to skin contact are very rare.

Rarely, anaphylaxis may occur without obvious exposure to an allergen, for example, after exercise or in people with an underlying "mast cell" disorder such as mast cell activation syndrome (MCAS). Such individuals should have a personalised plan provided by a healthcare professional to assist the school/educational setting.

What types of allergy are in scope

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

Asthma, food allergy, eczema and seasonal rhinitis (hay fever) are all forms of allergy.

Schools will need to consider what arrangements should be put in place to support children and young people with allergy, for example:

- Children and young people with food allergy
- Children and young people at risk of anaphylaxis (usually allergic to food or bee/wasp sting)
- Children and young people with allergic rhinitis (hay fever), allergic eye disease or eczema, who may need to be given treatments for their condition in school (e.g. eczema creams, nasal sprays, eye drops), particularly if they have more severe allergic disease or need adaptations e.g. with sport
- Children and young people with eczema or asthma, who may need additional precautions (e.g. avoiding sand pits, some swimming pools)
- Children and young people with more severe allergy to animal fur, who may

need to take avoidance measures (e.g. exposure to pets in school, visits to petting zoos)

Some children and young people have medically recognised sensitivities or triggers which may not meet the clinical definition of allergy but may nonetheless result in serious or potentially life-threatening reactions (for example mast cell disorders or other systemic hypersensitivity conditions). Any known trigger with the potential to cause significant harm should be identified and managed. In such scenarios, the relevant healthcare professional should provide them with a medical letter explaining potential triggers to be avoided, and how to manage any reaction.

Allergy and the Equality Act

The Equality Act 2010 places statutory duties on schools, local authorities and other education providers, intended to prohibit discrimination and promote equality for all including those who are disabled. Under the Act, a person is disabled if they have a physical or mental impairment that has a substantial and long-term negative effect on their ability to carry out normal day-to-day activities.

Case-law (*Wheeldon v Marston's plc* ET/1313364/2012) has established that severe allergy can fall within this definition. Seasonal rhinitis (such as hay fever) is explicitly excluded from the definition of disability, unless it aggravates the effect of another health condition.

Asthma

Asthma is the most common long-term condition among children and young people and one of the leading causes of school absence. Asthma remains among the top 10 causes of emergency hospital admissions among children and young people in the UK. There were 54 child deaths due to asthma and 19 from anaphylaxis between April 2019 and March 2023, as set out in the National Child Mortality Database Report on Asthma and Anaphylaxis. All of the children who died from anaphylaxis and had known allergies were also diagnosed with asthma. All of the children who died due to asthma were exposed to air pollution above WHO guidelines.

Asthma exacerbations are typically precipitated by identifiable triggers. In individuals with allergic asthma, exposure to airborne allergens such as pollen, house dust mite debris, pet dander and mould spores is a common trigger of worsening symptoms and exacerbations in sensitised people. Viral respiratory infections (such as rhinovirus, flu, RSV, and COVID-19), allergen exposure, and air pollution are recognised as among the most common contributors to acute asthma exacerbations, with evidence of synergistic interactions that can increase severity in sensitised children. Exercise and cold air can also cause symptoms. Common symptoms include coughing, wheezing and breathlessness out of proportion to effort, and a tight chest. An asthma attack occurs when symptoms are severe, and breathing becomes difficult.

Poor air quality worsens asthma and increases asthma attacks, and those in deprived areas with poorer nutrition suffer increased negative health effects from poor air quality. Clean air is a core asthma control measure. Good ventilation, air quality monitoring and supplemental HEPA air filtration are essential, especially when ventilation is limited and outdoor air is polluted. Systematically integrating and embedding clean indoor air into legal health and safety duties, policies, procedures and practices will reduce pressure on staff and ensure consistency and support without too much extra work.

Children and young people known to have asthma should have their own reliever inhaler at school to treat symptoms and for use in the event of an asthma attack. If they are able to manage their asthma themselves they should keep their inhaler on them, and if not, it should be easily

accessible to them. In some cases children and young people with suspected asthma will be prescribed a reliever inhaler before they receive a formal diagnosis.

Following amendment in 2014, the Human Medicines Regulations 2012 permit schools to buy an emergency asthma reliever inhaler (salbutamol inhaler device and spacer), without a prescription, for use in emergencies. The inhaler can be used if the child or young person's prescribed inhaler is not available (for example, because it is broken or empty). Guidance is available on Emergency asthma inhalers for use in schools. It is recommended that schools keep emergency asthma reliever inhalers alongside "spare" adrenaline devices.

Further information is available through Asthma schools posters – Asthma + Lung UK, including information on asthma action plans.

Coeliac disease

Coeliac disease is an autoimmune condition where the small intestine (gut) is hypersensitive to gluten in wheat and other gluten-containing grains (e.g. rye, barley). It is not an intolerance. Consuming gluten can cause significant illness (including abdominal pain and vomiting shortly after eating) which may be prolonged and result in absence from school for several days. Repeated exposure to gluten carries serious long term health risks. However, such events are not "allergic" and should not be treated as an allergic reaction. Coeliac disease cannot cause anaphylaxis, although anaphylaxis can occur in some with coeliac disease if they also have an allergy.

Effective management of coeliac disease depends on strict and consistent avoidance of gluten and robust cross-contamination controls – similar to the measures needed for a child or young person with food allergy to wheat. Schools, colleges and early years settings need to support children and young people with coeliac disease, normally through dietary avoidance. This will be arranged as part of the school, college or setting's wider medical conditions policy and would not fall in scope of the allergy safety policy.

Food intolerances

Food intolerance is a non-immune system reaction where the body struggles to digest specific foods, causing symptoms like abdominal pain, bloating and diarrhoea for hours or days after eating. Unlike food allergies, intolerances cannot cause anaphylaxis. They are usually managed by identifying specific triggers, for example lactose intolerance or non-coeliac gluten sensitivity.

Schools need to support children and young people with food intolerance, normally through dietary avoidance. This will be arranged as part of the school medical conditions policy and would not fall in scope of the allergy safety policy.

Allergic reactions

Allergic reactions occur when a susceptible person is exposed to something (an "allergen") they are allergic to. Most allergic reactions do not affect the Airway/Breathing/ Circulation ("ABC") and can be treated with an oral antihistamine. The features of an allergic reaction are shown in Figure 2.

Allergic reactions are unpredictable. Most reactions do not result in anaphylaxis. However, when anaphylaxis occurs, reactions usually start off as less severe (e.g. skin rash, vomiting) but then become anaphylaxis – so someone having a reaction should always be monitored (e.g. in a first aid room) for at least 60 minutes afterwards, just in case the reaction gets worse.

Symptoms of a mild to moderate allergic reaction (not anaphylaxis) include:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Mild throat tightness
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

Mild reactions can worsen and become anaphylaxis, affecting the Airway/Breathing/Circulation (“ABC”):

Figure 1:

SIGNS OF ANAPHYLAXIS (a potentially life-threatening allergic reaction)

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

Anaphylaxis reactions involve the Airway/Breathing/Circulation (“ABC”). Reactions usually progress quickly and can be life-threatening – so anaphylaxis always requires an immediate emergency response. The features of an anaphylaxis reaction are shown in Figure 2.

The vast majority of anaphylaxis reactions require the individual to have eaten food to which they are allergic. Contact through skin or the air tends to produce less severe allergic reactions. Anaphylaxis reactions solely due to skin contact are very rare. As noted above, anaphylaxis may rarely occur without a clearly identified allergen or without ingestion of a food trigger. Emergency planning should therefore be based on the individual child or young person’s documented triggers and clinical history, rather than any assumption over whether the person has eaten a trigger food.

Anaphylaxis

Anaphylaxis reactions to food usually begin within 30 minutes of eating the trigger food, but can sometimes occur 4-6 hours later (e.g. allergy to mammalian meat). They typically affect the breathing (A and B, i.e. mimic an asthma attack) rather than the Circulation (blood pressure).

Once started, anaphylaxis reactions progress quickly. Investigations into fatal anaphylaxis show that there is only a 20–30-minute window of opportunity during which steps can be taken to prevent death. Giving emergency adrenaline immediately and calling Emergency Services (999) is essential. Anaphylaxis always requires an emergency response.

Anaphylaxis can occur without any other signs (such as a skin rash) being present. Always consider anaphylaxis in someone with a known food allergy who has sudden difficulty in breathing. Giving adrenaline in this context is very safe and may be lifesaving.

Recognise the signs of anaphylaxis

A AIRWAYS - Tightening of the throat - Hoarse voice - Difficulty swallowing - Swollen tongue	B BREATHING - Sudden wheezing - Difficult or noisy breathing - Persistent cough	C CIRCULATION - Persistent dizziness - Pale or floppy - Suddenly sleepy - Collapse/unconscious
---	---	---

If any one (or more) of these signs are present: **Don't delay**

- 1

Lie flat with legs raised (if breathing is difficult, allow to sit)

✓
✓
✗
- 2

Give adrenaline device without delay
 (use the school's spare device if needed)

Scan this code for instructions on how to use adrenaline devices
- 3

Immediately dial 999 for ambulance
 and say **ANAPHYLAXIS** (ana-fill-axis)

After giving adrenaline:

- Stay with person until ambulance arrives, do NOT stand them up.
 - Keep them lying down, even if things seem to be getting better.
- Phone parent/emergency contact.

✓
✗

If no improvement after 5 minutes, give another dose of adrenaline using a second device, if available.

Commence CPR at any time if there are no signs of life

ALWAYS GIVE ADRENALINE DEVICE FIRST if someone has **SEVERE AND SUDDEN BREATHING DIFFICULTY** (including wheeze, persistent cough or hoarse voice).
THEN SEEK MEDICAL HELP. Anaphylaxis can occur without skin symptoms

Figure 2: Management of anaphylaxis

Responding to an allergic reaction and anaphylaxis

Mild to moderate allergic reactions which do not involve Airway/Breathing/Circulation can be treated with oral antihistamines. For a child or young person, telephone their parent or emergency contact to tell them about the reaction. Do not leave the child or young person unattended. The child or young person does not normally need to be sent home or require urgent medical attention. They should be observed in a safe place for at least 60 minutes after reaction, as mild reactions can sometimes develop into anaphylaxis.

Anaphylaxis commonly occurs alongside mild symptoms or signs, such as an itchy mouth or skin rash. Anaphylaxis can also occur on its own, without a skin rash or other mild signs being present.

Anaphylaxis (i.e. any reactions which involve the Airway/Breathing/Circulation) must be treated promptly with emergency adrenaline (see figure 2). The individual's prescribed adrenaline device – for example an adrenaline auto-injector (AAI) or nasal adrenaline device – should be used if it is available. If not, a “spare” adrenaline device can be used (see below). If in doubt whether the reaction is anaphylaxis, treat with adrenaline. Always dial 999 to request an ambulance if someone is experiencing anaphylaxis. The emergency (‘999’) operator can provide advice over the telephone if needed.

Always stay with someone having an allergic reaction for at least one hour.

- If in doubt, always treat for anaphylaxis
- If the child or young person has a Allergy Action Plan issued by a healthcare professional, it should be followed
- Treatment of anaphylaxis is with a dose of adrenaline (e.g. an AAI “pen” or nasal adrenaline device)

Action in an emergency

If an individual (whether a child, young person, member or staff or visitor) experiences a life-threatening medical emergency, anyone – staff, volunteers or bystanders – may take reasonable action to save their life. The law recognises that rescuers act under extreme pressure.

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

Staff in schools, colleges and early years settings should be reassured that mistakes, hesitation, or imperfect technique do not amount to serious and wilful misconduct. The expectation is simply that staff act reasonably, to the best of their ability, in an emergency.

Food allergy and asthma

Many food-allergic children also have asthma. “Wheeze” is a common symptom of asthma and also happens during food-induced anaphylaxis. The Allergy Action Plan may include instructions to give a reliever medicine (e.g. using a salbutamol inhaler) after giving a dose of adrenaline if the person is still wheezing. Many schools keep an emergency asthma reliever inhaler containing a salbutamol inhaler device and spacer. The Department of Health and Social Care (DHSC) has published guidance on Emergency asthma inhalers for use in schools. Never give the reliever inhaler instead of adrenaline to treat anaphylaxis.

Learning from anaphylaxis deaths in schools

One in five anaphylaxis deaths among school-aged children in the UK happen in school. Key learnings from these events are listed below.

- Always give adrenaline immediately to treat anaphylaxis. If in doubt, give adrenaline. Delays in giving adrenaline are associated with fatal outcomes.
- NEVER let a person having anaphylaxis stand or walk around: always bring help and medicines to the person, and not the other way round.
- Always dial 999.
- Give a further dose of adrenaline if there is no improvement after 5 minutes.
- If someone known to have asthma and food allergy suddenly gets difficulty

in breathing, always consider anaphylaxis. Giving adrenaline in this context is very safe and may be lifesaving.

- Children and young people may be at risk of anaphylaxis while travelling to or from school, college or their early years settings. If they have been prescribed adrenaline devices, they should carry these devices with them at all times, including while travelling to or from school.

Appendix 2 – Creating and reviewing an Individual Healthcare Plan

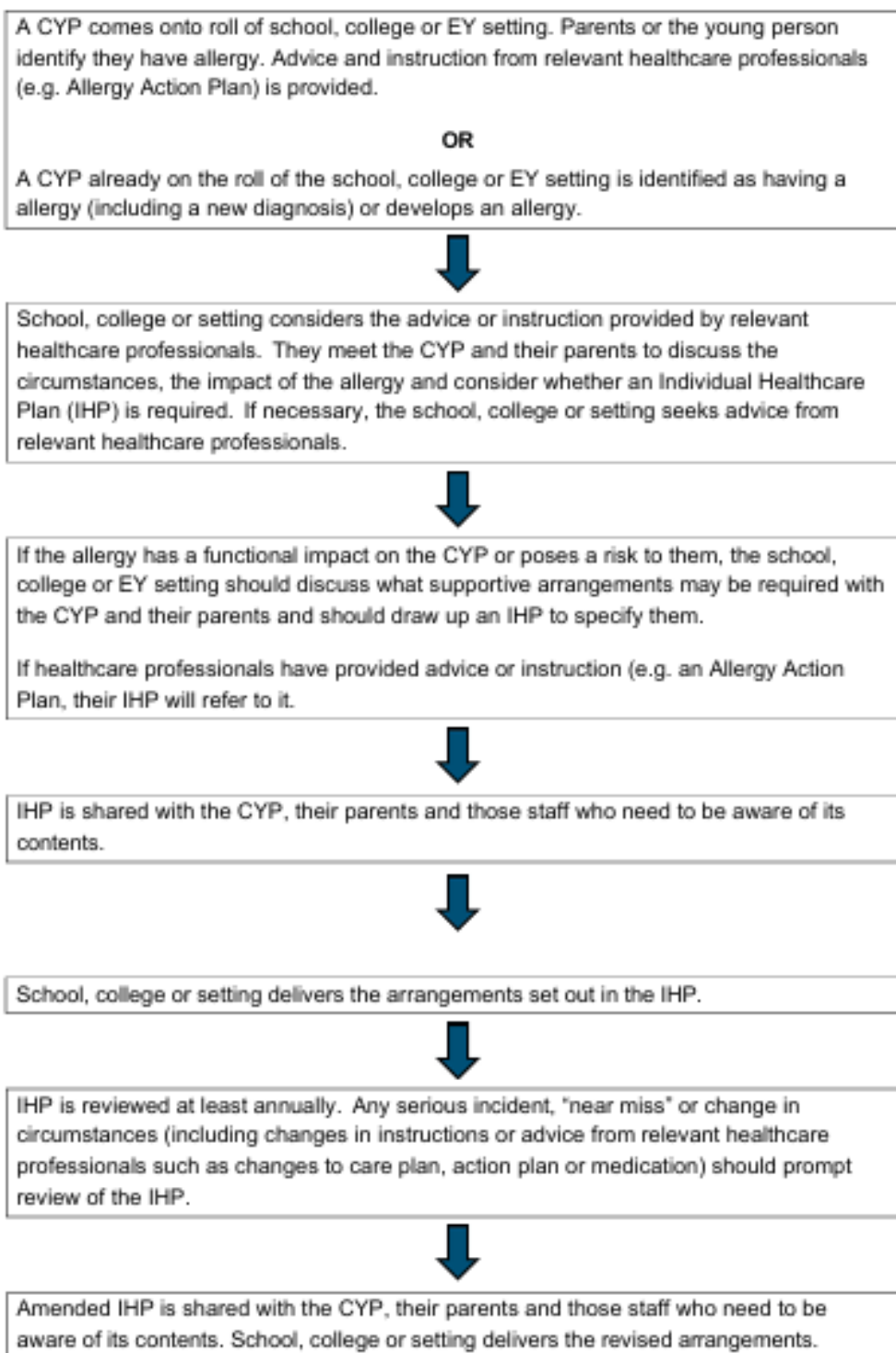


Figure 3: flow chart for creating and reviewing Individual Healthcare Plans

Appendix 3 – Staff and agency declaration

ALLERGY SAFETY POLICY: STAFF SUMMARY

Allergy Safety at Charborough Road Primary School

We are committed to ensuring that all learners with allergies are safe, fully included, and able to participate in all aspects of school life. Allergic reactions can range from mild symptoms to life-threatening anaphylaxis and require prompt recognition and action.

All staff must:

- Complete annual Allergy Awareness and Anaphylaxis and Asthma training.
- Be familiar with learners who have known allergies.
- Know where Allergy Action Plans and emergency medication are stored.
- Understand how to recognise and respond to allergic reactions and anaphylaxis.
- Follow individual healthcare plans (IHPs) and Allergy Action Plans.

Allergy Safety Policy Staff Declaration

I confirm that:

- ☐ I have read and understood the school's Allergy Safety Policy.
- ☐ I understand my responsibilities in supporting learners with allergies and medical needs.
- ☐ I am aware that an allergic reaction, including anaphylaxis, can occur at any time and may require immediate action.
- ☐ I know how to access relevant Individual Healthcare Plans (IHPs), Allergy Action Plans and the Medical Needs Register.
- ☐ I understand the location of emergency allergy medication, including adrenaline auto-injectors (AAIs).
- ☐ I understand the school's procedures for responding to an allergic reaction or suspected anaphylaxis.
- ☐ I am aware of the learners within my area of responsibility who have known allergies and understand the control measures in place to minimise risk.
- ☐ I understand my responsibility to report allergy-related incidents and near misses in line with school procedures.

☐ I understand that allergy information is confidential and will only be shared appropriately.

I agree to follow the requirements of the Allergy Safety Policy at all times.

Staff Name: _____

Signature: _____

Date: _____

School: _____

Academic Year: _____

Training Completed Date: _____

Reviewed By: _____