Allergy Safety Policy

Fairisle Junior School

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1. Aims

This policy aims to:

- Set out our school's approach to allergy safety, including reducing the risk of exposure and the procedures in place in case of allergic reaction
- Make clear how our school supports children with allergies to ensure their wellbeing and inclusion
- Promote and maintain allergy awareness among the school community
- Develop an ethos of 'allergy safety is a responsibility of everyone'.

2. Responsibilities

Allergy safety is a responsibility of everyone in the school. However, there are additional responsibilities for the following people:

The governing body

The governing body is responsible for ensuring:

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

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

Allergy safety lead

The nominated allergy safety lead is the assistant head teacher

They're responsible for:

- Implementing this allergy safety policy
- Reviewing the allergy safety policy at least annually, updating it when needed, and making sure it is published
- Deciding (in discussion with the parents/carers and any relevant healthcare professionals) whether a child's allergy can be managed through the adjustments made under the school's

medical conditions policy or whether an IHP is required to specify arrangements that reflect the child's circumstances

- Promoting and maintaining allergy awareness across our school community
- Developing and reviewing arrangements for the safe storage and disposal of adrenaline devices (AD)
- Ensuring:
    - All allergy information is up to date and readily available to relevant members of staff
    - All children who require support with allergies have an up-do-date individual healthcare plan (IHP)
    - All children with a known food or insect sting allergy have up-to-date allergy action plans issued by a medical professional
    - All staff receive regular allergy awareness training
    - All staff are aware of the school's policy and procedures regarding allergies
    - Relevant staff are aware of what activities need an allergy risk assessment
    - Serious incidents and 'near misses' relating to allergy safety are recorded and reported as appropriate, and to consider and share with staff:
        - What lessons there are to learn
        - Any potential changes to the medical conditions and/or allergy safety policies and/or to any child's IHP

Office Staff

The office staff are responsible for:

- Checking spare adrenaline auto-injectors (AAI)s are present and in date on a monthly basis
- Making sure that replacement AAIs are obtained when expiry dates approach
- Ensure any allergy medication kept in the office is clearly labelled and accessible in case of emergency
- Regularly updating the staffroom board with information about children with allergies
- Ensuring each class has an up-to-date list with photos of children with allergies
- Ensuring teachers of children who require support with allergies have a copy of an up-do-date individual healthcare plan (IHP)

The school business manager is responsible for:

- Ensuring annual allergy and anaphylaxis training is completed by all staff in the school who work with our children.
- Ensuring all new starters receive the allergy and anaphylaxis training prior to commencing work at our school.

Teaching and support staff

All teaching and support staff are responsible for:

- Promoting and maintaining allergy awareness among children
- Maintaining awareness of our allergy safety policy and procedures
- Being able to recognise the signs of severe allergic reactions and anaphylaxis
- Being aware of specific children with allergies in their care
- Reducing the risk to children with known allergies coming into contact with known allergens
- Ensuring the wellbeing and inclusion of children with allergies
- Reporting any allergic reaction or case of anaphylaxis to the allergy safety lead

Parents/carers

Parents/carers are responsible for:

- Being aware of our school's allergy safety policy
- Providing the school with up-to-date details of their child's medical needs, dietary requirements, and any history of allergies, reactions and anaphylaxis
- If required, providing their child with two in-date adrenaline auto-injectors and any other medication, including inhalers, antihistamine etc., and making sure these are replaced in a timely manner
- Following the school's guidance on food brought in to be shared: parents and guardians must not send external food items, including birthday treats, sweets, or baked goods, for individual consumption or sharing into school
- Ensure children do not bring any food into school that contains nuts e.g. for their lunch
- Updating the school on any changes to their child's condition

Children with allergies

If age-appropriate, the children are responsible for:

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

Children without allergies

These children are responsible for:

- Being aware of allergens and the risk they pose to their peers
- Following the school's guidance on food brought in to be shared: parents and guardians must not send external food items, including birthday treats, sweets, or baked goods, for individual consumption or sharing into school.

3. Culture

3.1 Awareness Training

The school ensures that all staff expected to be present during times when children are scheduled to be on site receive allergy awareness training at least annually. New starters will complete this training as part of their induction.

This includes permanent staff, temporary staff, supply teachers, peripatetic staff, agency workers and regular volunteers. It also includes catering staff and others who may oversee children at breakfast or after-school clubs. First aiders will also receive this training. Staff will use the National College platform to confirm the completion of relevant training and a record of this will be kept by the school.

Training does not include contractors carrying out work with no child-facing role such as builders, electricians or other ad hoc maintenance personnel.

The school has written a critical response plan, which sets out what adults should do if a severe allergic reaction happens in school. This has been shared with all adults.

The school will conduct allergy safety drills annually. This is a simulated case of anaphylaxis to test out how staff respond, without risk to any individual. The results of the drill will be recorded and used to inform the ongoing review of this policy. The school has purchased 'training pens' from EpiPen and Jext so staff can practise safely and be familiar with the differences. These will also be used during allergy safety drills.

The school has a grab bag for evacuations and other emergencies, which includes: all allergy action plans, asthma care plans, IHPs and a register of all children with allergies. It also contains a spare inhaler and two spare epipens.

Allergy awareness training will ensure that all staff:

- Have an awareness of allergy, the risks it poses, how allergic reactions can occur and how to manage it
- Understand that allergy includes multiple conditions (food allergy, asthma, eczema, hay fever, others), which can co-exist
- Understand the difference between food allergy, coeliac disease and food intolerance
- Know where to find information on allergy triggers
- Can identify the range of symptoms of allergic reactions
- Understand and can recognise anaphylaxis
- Know how to respond in an emergency, including:
    - Calling emergency services and informing parents/carers
    - How to locate and administer emergency medication
    - How to use the medication/device in an emergency
- Understand the impact allergy can have on a child's wellbeing
- Understand the school's allergy safety policy
- Know how to check whether an individual is on the record of those with known allergy, and how to use an allergy or asthma action plan
- Understand their responsibilities in reducing the risk of individuals with known allergy coming into contact with their known allergens

- Understand how to report an allergic reaction or case of anaphylaxis (whether an incident or a 'near miss')

3.2 Wellbeing

Children with allergies can experience bullying and may also suffer from anxiety and depression relating to their allergy.

If a child experiences bullying about their allergy, the school will:

- Respond in line with its behaviour policy
- Ensure the child receives regular check-ins with their class teacher
- Provide pastoral care if needed

If a child is worried or anxious about their allergy, the school will:

- Reassure them that steps are being taken to minimise the risks of exposure to allergen and that robust measures are in place in the event of anaphylaxis
- Ensure the child receives regular check-ins with their class teacher
- Provide pastoral care if needed

Wellbeing support following an incident or 'near miss'

The school recognises that an incident or a 'near miss' is a serious event with a potential impact not only on the child but their family, those involved in responding. and any witnesses. The school will provide support to those involved.

The school will support staff involved in any incident or 'near miss'.

See section 5.5 of the policy for more detail on incidents and 'near misses'.

3.3 Minimising the Risk

Hygiene procedures

- Children are reminded to wash their hands before and after eating
- Sharing of food, food containers, and food utensils is not allowed
- Children have their own named water bottles, and lunch boxes provided to children with food allergies will be clearly labelled with the name of the child for whom they are intended
- Where food is not directly provided by the school, parental engagement and permission will be sought in advance for example when doing food tasting as part of the DT curriculum

Food Allergy

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

- Catering staff receive appropriate training and are able to identify children with allergies
- The school will engage with caterers to understand the controls in place to ensure that food service complies with relevant requirements
- School menus are available for parents/carers and children to view with ingredients clearly labelled, and catering staff are available to discuss the provision of allergy safe meals with parents/carers

- Where changes are made to school menus, we will make sure these comply with legislation, and continue to meet any special dietary needs of children
- Food allergen information relating to the 'top 14' allergens is displayed on the packaging of all food products, allowing children and staff to make safer choices. Allergen information labelling will follow all legal requirements that apply to naming the food and listing ingredients, as outlined by the Food Standards Agency (FSA)
- Where food is provided by the school, staff will understand how to read labels for food allergens
- Catering staff follow hygiene and allergy procedures when preparing food to avoid cross-contamination

Insect bites/stings

When outdoors:

- Shoes should always be worn
- When eating outside, food and drink should be put in closed containers when children have finished eating
- Bins on the playground will be regularly emptied to deter wasps
- If children are on a trip that involves walking through long grass, trousers should be worn.

Visits and trips

- No child with allergies will be excluded from taking part
- The school will plan accordingly for all visits and trips, and arrange for the staff members involved to be aware of children' allergies and to have received appropriate training
- The school will conduct a risk assessment, which will include any child at risk of anaphylaxis taking part in a school trip and appropriate actions that will be taken to minimise any risk identified
- Children at risk of anaphylaxis should have their own ADs with them wherever possible. If an activity means they cannot carry it, the group lead will hold the bag while the activity is completed and will return it to the child after the activity is completed
- Staff trained to administer adrenaline in an emergency will be present on the school trip
- Appropriate measures will be taken in line with the school's AD protocols for off-site events and school trips (see section 5.4)

4. Individual Children

4.1 Identification

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

- Hay fever (allergic rhinitis), triggered by allergens carried in the air, such as pollen, house dust mite, animal fur/feathers, or mould
- Skin allergies (e.g. eczema, contact dermatitis, contact urticaria/hives) caused by contact with allergens including house dust mite, pollen and substances like nickel, latex and some chemicals
- Food allergy, which can cause symptoms ranging from mild itching in the mouth to "whole body" reactions including anaphylaxis
- Asthma which may be triggered by airborne allergens
- Allergy to insect stings and medicines

4.2 Identifying children at risk

We will:

- For new starters, send a form to all parents/carers of children after their place at the school has been confirmed, but before their first school year starts, to confirm any allergy the child has and whether they carry medication. Where a child has a new diagnosis and/or has moved to the school mid-term, we will send a form and put arrangements in place within 2 weeks
- Send a reminder to parents/carers at the start of each year asking them to update their child's medical information as necessary. We ask that parents/carers proactively inform us by either phone call to the school 02380773415 or an email to admin@fjslive.net if their child's medical needs change during the school year
- Key medical information is displayed for all staff in the staffroom. Only adults who regularly work in our school are allowed in the staffroom. Other visitors are not allowed to enter the staffroom and will use alternative facilities

4.2 Identifying staff and visitors at risk

We will identify staff and visitors with known allergies by:

- Asking new staff to provide details of their allergies in advance of their start date
- Asking visitors to provide details of their allergies when they arrive at the school using the sign in system
- Asking existing staff to update their information with any allergies they may have now or if they are diagnosed with one in the future

4.4 Individual healthcare plans (IHP)

Children should have an IHP if they:

- Have an allergy which has a functional impact on them in the school environment
- They are at risk of harm as a result of their allergy; and
- Require arrangements which are additional to or different from those made generally

It is not necessary for a child to have a formal diagnosis of allergy for them to have an IHP. Healthcare professionals may decide that it is more appropriate to accept that the child shows symptoms, rather than proceeding to a formal diagnosis.

The IHP will set out the additional and/or different arrangements that will be in place for supporting the child. The school will make every effort to make sure that arrangements are put in place within 2 weeks, or by the beginning of the relevant term for children who are new to our school.

Not all children with an allergy will require an IHP. Some allergies will have little or no impact on the child while they are at school, or pose no risk to the child. Some allergies will not require arrangements which are additional to or different from those made generally.

The headteacher is responsible for deciding (in discussion with the parents/carers and any relevant healthcare professionals) whether a child's allergy can be managed through the adjustments made under the school's medical conditions policy or whether an IHP is required to specify arrangements that reflect the child's circumstances.

The school will consider the following principles:

- If the arrangements or support which a child requires would be available to any child as part of normal policies, an IHP may not be required
- If the child only needs non-prescription medication and the school's medical conditions policy would permit them to carry and administer it, an IHP may not be required

IHPs will be reviewed at least annually and more frequently if the child's needs have changed. Where a child moves on to a new school, their IHP will be shared as part of the transition.

4.5 Allergy and asthma action plans

All children who have a known allergy to a food or insect stings should be issued with an appropriate allergy action plan by their healthcare professional.

All children who have asthma should be issued with an asthma action plan by their healthcare professional.

The plans include medical and parental consent for staff to administer emergency medicines, including adrenaline for anaphylaxis or reliever inhaler in the event of an asthma attack.

The allergy action plan and/or asthma action plan should be attached to the child's IHP. Whenever the allergy action plan is updated, the child's IHP should be reviewed to incorporate it.

4.6 Register of children with known allergies

The school maintains a register of children who have a known allergy on Medical Tracker. The register includes:

- Known allergens and risk factors for anaphylaxis
- Whether a child has been prescribed ADs (and if so, what type and dose)
- Where a child has been prescribed an AD, whether parental consent has been given to administer emergency medication
- A photograph of each child to allow a visual check to be made (with parental consent)

The register is available to teachers on Medical Tracker and a printed copy of medical needs is displayed in the staffroom as well as a copy being available in the grab bag. It can be checked quickly by any member of staff as part of initiating an emergency response

By allowing children to keep their ADs with them, delays are reduced and allows for confirmation of consent without the need to check the register.

4.7 Prescribed adrenaline devices (ADs)

A record is kept of children who are prescribed ADs. These children are encouraged to keep them near or on their person at all times including when travelling to or from the school and on school trips. The school provides bum bags for the children to carry their medication in. They carry two devices at all times. Children with prescribed ADs take them home with them at the end of each school day, and parents are responsible for ensuring that they are within their expiration date.

If a child cannot keep their ADs with them in the classroom (due to age or other considerations), then the devices will be stored:

- In a named box in the school office that is unlocked and accessible at all times (and is no more than 5 minutes away from where it may be needed
- At room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature
- With the child's group leader if the child is attending a visit or trip

A copy of the child's allergy action plan is kept alongside their medication, as it includes instructions on how it should be used in an emergency.

Parents will be responsible for:

- Collecting individually prescribed ADs home at the end of the day for the journey home and for checking that they remain in date. They will then need to sign them in at the office the next day.

Assessing the risk

The school will conduct a risk assessment for any child at risk of anaphylaxis taking part in:

- Lessons such as food technology
- Science experiments involving foods
- Crafts using food packaging
- Off-site events and school trips
- Any other activities involving animals or food, such as animal handling experiences or baking

A risk assessment for any child at risk of an allergic reaction will also be carried out where a visitor requires a guide dog.

5. School-wide

5.1 Spare ADs and inhalers

Please note: current regulations only allow schools to purchase adrenaline auto-injectors (AAIs) as spare devices. Non-injectable adrenaline devices (nasal spray) may be prescribed to individuals but cannot currently be stocked as a spare device. If an individual who is prescribed nasal adrenaline

suffers anaphylaxis, a school's spare AAIs may be used in an emergency. Schools can purchase an emergency asthma reliever inhaler which can only be used if the child's prescribed inhaler is not available and where written consent has been obtained.

The allergy safety lead is responsible for sourcing spare ADs and an emergency asthma reliever inhaler and ensuring they are stored according to the guidance.

- ADs will be sourced from Selles Medical - https://www.sellesmedical.co.uk/
- We have seven pairs of ADs in school - one pair permanently remains in the school office and the other six pairs will be used for school trips.
- We have one pair of Mylan ADs and six pairs of Jext ADs
- The dosage we use is 300mg - the recommended dose for junior school children and adults.

Spare ADs will be stored:

- In the school office that is unlocked and accessible at all times. There is no unsupervised access to children.
- **No more than** 5 minutes away from where they may be needed
- At room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature

Spare AAIs will be kept:

- In pairs, in case a second one is necessary
- Separate from any child prescribed ADs and clearly labelled to avoid confusion

Shirley Bailey and Nina Cookson are responsible for:

- Checking monthly that spare ADs (and the emergency asthma reliever inhalers) are present and in date
- Obtaining replacement spare ADs when the expiry date is near

Disposal

ADs can only be used once. Once an AD has been used, it will be disposed of in line with the manufacturer's instructions in a sharps bin.

5.2 Procedures for handling an allergic reaction

- All staff are trained to recognise the signs of both mild and severe allergic reactions (known as anaphylaxis) and respond appropriately
- Staff are trained in the administration of adrenaline to minimise delays in an emergency
- If a child is having an allergic reaction, an adult must remain with them at all times. The child **MUST NOT** be moved
- If the child has an allergy action plan, this must be followed
- A spare school AD device will only be used if:
    - The child does not have a prescribed AD
    - The child's prescribed AD are not available or misfire
    - A child is having an undiagnosed anaphylaxis reaction

5.3 Using spare ADs in an emergency situation without prior consent

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

The school will obtain advance consent from parents/carers for spare adrenaline devices to be used, so that in an emergency, consent can be assumed to be in place.

However, in an emergency situation, anyone may take reasonable action to save a life without checking whether prior consent has been given. This avoids potentially fatal delays in treatment.

5.4 Use of ADs off school premises

Children at risk of anaphylaxis who are able to administer their own adrenaline should carry their own ADs with them on school trips and off-site events. If a child is participating in an activity where they cannot carry their AD, their group leader will be responsible for holding this and returning it to the child at the end of the activity.

The school will have six pairs of ADs in school for use on trips. Each group leader will carry a pair of spare ADs with them in case of emergency.

Each group leader will be have received allergy training and will know how to recognise the symptoms of anaphylaxis and how to respond in an emergency

5.5 Serious incidents and 'near misses'

A **serious incident** is any event relating directly to a medical condition (including allergy) in which a child, 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.

The school will record serious incidents and 'near misses' relating to allergy safety as soon as is feasible. The incident will be recorded on Medical Tracker, including the following information:

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

The school will approach serious incidents and 'near misses' in a 'no blame' spirit of seeking to learn lessons.

The parents/carers of a child aged up to 16 should be notified of the incident or 'near miss' as soon as possible.

The school will share the report with the child's parents, the child or the individual involved.

They will be given the opportunity to discuss what happened and to contribute their views to the consequent lessons learned review. The school will then confirm what we have learnt from the incident and outline any actions we are taking as a result.

In some cases, the impact of exposure to an allergen at school may be delayed and not recognised until the child is at home. This means that incident reporting is not limited to staff – the child, parents/carers or others (such as healthcare professionals) will need to report to the school if there has been an incident with a delayed reaction.

Staff will always share the incident report with the allergy safety lead, who will consider whether the allergy safety arrangements in place were appropriate or if changes are needed to this policy and/or the child's IHP. Any learning will be shared appropriately with staff so they can act on them and reduce the chance of an incident reoccurring.

The school will also share the report with other agencies in the following circumstances:

- With the Health and Safety Executive (HSE) using RIDDOR: incidents which arise directly out of the way the school carried out a work activity which results in death or immediate hospitalisation. For example, where a child has suffered harm after consuming an allergen due to incorrect preparation of food by a member of staff.
- To the local authority: any allergen-related food safety incidents.

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

5.6 Information sharing

Information about an individual's health is considered special category data under UK GDPR. It will therefore be handled in line with our data protection policy.

5.7 Awareness of allergy safety policy

This allergy safety policy will be published on the school's website and shared with parents/carers at the start of the school year.

All staff will be made aware of and understand the policy as part of annual allergy awareness training.

This policy will be monitored by the allergy safety lead.

It will be reviewed and approved annually by the allergy safety lead, or more frequently if a serious incident or 'near miss' identifies an area for improvement.

Children will understand allergies through annual assemblies focussing on: the difference between an allergy and a choice or a preference; being aware of allergens and the risks they can pose to peers and the need to follow the school's policy on bringing food into school.

6. References to other policies

This policy is based on the Department for Education (DfE)'s statutory guidance on allergy safety in schools and supporting pupils with medical conditions at school, the Department of Health and

Social Care's guidance on using emergency adrenaline auto-injectors in schools, and the following legislation:

- The Food Information Regulations 2014
- The Food Information (Amendment) (England) Regulations 2019

This policy links to the following policies and procedures:

- Health and safety policy
- Supporting pupils with medical conditions policy
- School food policy
- Data protection policy
- Behavior policy