The Dales School
North Yorkshire

Health & Safety Allergens Policy & Procedures

Appendix 14

Person responsible: Sharon Kettlebrough
Adopted and reviewed by the Governing Body: October 2026
Review Date: October 2027

The Dales School is an allergy-aware school**.** We recognise that allergic reactions can be serious and, in some cases, life-threatening. We are committed to a whole-school approach that promotes inclusion and wellbeing, reduces the risk of allergic reactions, and ensures a prompt and effective response in the event of an emergency.

The school acknowledges that effective allergy management depends on strong leadership, appropriate training and collaborative working with pupils, parents/carers, and healthcare professionals. We are committed to supporting pupils with allergies so that they can participate safely and fully in all aspects of school life.

We cannot guarantee an allergen-free environment; instead, we raise awareness, minimise risk, where appropriate, promote self-management and plan for emergencies. The intent of this policy is to minimise the risk of anyone suffering allergy-induced anaphylaxis whilst at school.

The school recognises that serious allergic reactions, including anaphylaxis, may occur in individuals with no previously known allergy. This policy and emergency arrangements therefore apply to all pupils, staff, visitors and volunteers.

This Policy should be read alongside our policies on Supporting Pupils with Medical Conditions, Safeguarding, Equality, Mental Health and Educational Visits.

Training and Drills

The school is committed to ensuring that all staff receive regular and appropriate training to support the safe and effective management of allergies and anaphylaxis.
Allergy and Anaphylaxis Training:

- All staff will receive allergy and anaphylaxis training at least annually, to ensure they have a clear understanding of allergies and their role in keeping pupils safe.
- Training will include, as a minimum:
    - An understanding of what an allergy is, including common allergens and the potential seriousness of allergic reactions;
    - Measures to reduce the risk of an allergic reaction occurring, including everyday control measures and good practice;
    - How to recognise the signs and symptoms of an allergic reaction, including anaphylaxis, and how to respond appropriately;
    - Where adrenaline auto-injectors are stored, including both:
        - pupils' prescribed medication; and
        - the school's spare adrenaline auto-injectors,
          and how these can be accessed quickly in an emergency;
    - The importance of inclusion for pupils with allergies, including:
        - the impact of allergies on mental health and wellbeing; and
        - awareness of, and prevention of, allergy-related bullying;
    - An overview of food labelling requirements, to support safe food handling and supervision;
    - New staff will complete training as part of their induction.
    - Agency supply staff will be asked to read basic induction training; where they will be regularly working with someone with a known risk of anaphylaxis, they will be asked to complete the online training that contracted staff complete
    - Class based staff undergo annual training on how to support a pupil with asthma
    - The school nursing team will also provide an additional annual update for any staff working directly with any pupil who has an Adrenaline Auto-Injectors

Anaphylaxis Drills

- The school will carry out an anaphylaxis drill at least once per year.
- The drill will include:
  - a simulated scenario involving a pupil or member of staff experiencing an allergic reaction; and
  - testing the whole school response, including communication, access to medication and emergency procedures.
- The results of the drills are recorded and used to inform the ongoing review of the allergy safety policy.
- The outcomes of the drill will be reviewed, and any lessons learned will be used to improve procedures, training or arrangements as required.

Inclusion, Wellbeing and Anti-Bullying

The school recognises that allergies can have a significant impact on a pupil's mental health and emotional wellbeing. Pupils with allergies may experience anxiety, stress or low mood related to managing risk, and may be more vulnerable to bullying or social exclusion. To support pupils effectively, the school will ensure that:

- No pupil with allergies is excluded from participating in school activities, whether on the school premises or during educational visits, trips or residential activities.
  Where necessary, activities will be adapted and reasonable adjustments made to enable safe and inclusive participation.
- Pupils with allergies are offered appropriate pastoral support, which may include regular check-ins from a class lead or other pastoral staff, particularly where anxiety or wellbeing concerns are identified.
- The views and experiences of pupils with allergies are considered in advance of wider school discussions, communications or initiatives relating to allergies or allergy awareness, to ensure messaging is sensitive, proportionate and supportive.
- Bullying or harassment related to allergies is not tolerated and will be addressed promptly in line with the school's Anti-Bullying Policy and behaviour procedures.
- Staff remain alert to the emotional and social impact of living with an allergy, and will raise concerns through appropriate safeguarding, pastoral or wellbeing channels where additional support may be required.

An incident or a "near miss" with the potential to put a life at risk is a serious event. The school, will consider its impact not only on the individual and their family, but also on those involved in responding and any pupil who may have witnessed it.

Risk Management in Daily Practice

Catering and Food Allergen Management

The school is committed to providing **safe, inclusive and appropriate food** for pupils, staff and visitors, including those with food allergies.

A normally harmless substance that can trigger an allergic reaction (e.g., foods, medications, insect venom, latex, animal dander, pollens) However, there are 14 allergens that must be highlighted in UK food law:

- celery;
- cereals containing gluten;
- crustaceans;
- egg;
- fish;
- lupin;
- milk;
- molluscs;
- mustard;
- peanuts;
- tree nuts;
- soya;
- sulphites/sulphur dioxide;
- sesame.

Food containing any of the 14 specified allergens will be clearly identified, and additional ingredient information will be made available on request. Where pupils or staff have allergies to foods outside the main 14 allergens, additional control measures and communication processes will be implemented and documented as required.

In addition, to support this commitment, the school will ensure that:

- Appropriate due diligence is undertaken when appointing **catering providers**, including consideration of their arrangements for allergen management, food safety and staff training.
- Robust procedures will be in place to identify pupils with food allergies at the point of food service. These procedures will include at least two methods of identification, for example:
    - a visual check by a member of staff familiar with the pupils with allergies; and
    - access to photographs of pupils with food allergies.
      Clear contingency arrangements will be documented to ensure continuity where usual staff are absent. These arrangements are particularly important in early years and primary settings, where pupils may be less able to manage risk independently.
- Where reasonably practicable, the catering team will provide a range of suitable meal options for pupils and staff with food allergies, to support inclusion and choice.
- Any changes to ingredients or recipes that may affect allergen content will be communicated promptly to relevant staff. Responsibility for this communication will rest with the catering provider in liaison with the Designated Allergy Lead (or nominated school contact).
- Early Years settings will comply with the statutory Early Years Foundation Stage (EYFS) framework, including the *Safer Eating* requirements. The school will ensure that EYFS-specific procedures for managing food allergies are implemented.
- Anyone preparing or handling food for individuals with allergies will follow robust food hygiene, food safety and allergen management procedures, including controls to prevent cross-contamination.
- Pre-packed food for direct sale (PPDS) will comply with current legislation (Natasha's Law), with full ingredient lists and allergen information displayed on the packaging.
- The school's approach to foods with precautionary allergen labelling (e.g. "may contain") will be clearly defined and communicated to pupils, parents/carers and staff.
- Food provided as part of a cooking lesson will follow the same allergen management procedures, or equivalent controls where arrangements differ.
- Any additional catering controls (for example, avoiding the use of nuts as an ingredient or restricting certain foods) will be clearly documented and communicated.
- Where food is sold on or off site, such as through scone shop or happy cafe, the school will ensure that:
    - allergen information is available;
    - reasonable measures are in place to support pupils in avoiding their allergens; and
    - any agreed food restrictions are applied consistently.
- Where food is provided by staff for staff consumption, it is good practice to follow allergy safety procedures

Food Brought into School and Off-Site Activities

The school recognises that food brought into school or consumed during school-related activities can present a risk to pupils with food allergies. Clear arrangements are therefore in place to manage these risks while supporting inclusion and participation.

The school will set out and communicate clear expectations regarding food brought onto the school site or taken on school-organised activities, including educational visits, sporting fixtures and residential trips.

Food brought in by pupils, parents/carers or visitors,

- For birthdays and celebrations, must be shop bought and provided in its original packaging, displaying ingredients;
- fundraising or parent/carer events, must comply with the school's allergen management arrangements and any specific guidance or restrictions in place.

Where food is provided for whole-school or class-based events, staff will:

- consider the needs of pupils with allergies in advance;
- ensure suitable alternatives are available; or
- use non-food alternatives where this provides a safer and more inclusive option.

Parents/carers are expected to follow school guidance when providing food for any school-related purpose and to avoid bringing in food that could pose a foreseeable risk to pupils with known allergies.

- **For school trips, sporting fixtures and residential activities**, allergy risks associated with food will be:
  - identified as part of the risk assessment process;
  - managed through appropriate planning and communication; and
  - supported by clear arrangements for access to medication and emergency response.
- **All arrangements relating to food brought into school will balance safety with inclusion**, ensuring that pupils with allergies are not excluded from activities unnecessarily and that reasonable adjustments are made in line with the school's duties under the Equality Act 2010.

Food bans or restrictions

The Dales School is an Allergen Aware school. We have students with a wide range of allergies to different foods, so we encourage a considered approach to bringing in food. The school may restrict or prohibit certain foods where this is necessary to reduce the risk to pupils with allergies. Any such restrictions will be proportionate, clearly communicated and kept under regular review.

We try to restrict peanuts and tree nuts as much as possible on the site. All food coming onto school premises or taken on a school trip should be checked to ensure peanuts and tree nuts are not an ingredient in another product. Common foods that contain these goods as an ingredient include: packaged nuts, cereal bars, chocolate bars, nut butters, chocolate spread, sauces.

Food Hygiene Expectations for Pupils

Good food hygiene practices play an important role in reducing the risk of allergen exposure and supporting the health and safety of all pupils, particularly those with food allergies. The school expects that:

- Pupils will wash their hands thoroughly before and after eating, including before snacks and meals, to reduce the risk of cross-contamination.
- Staff are aware that sharing, swapping or throwing food can present a significant risk to pupils with food allergies.
- Water bottles, lunch boxes and packed lunches should be clearly labelled, to support identification and reduce the risk of accidental allergen exposure.
- Where pupils have access to kitchens or food preparation areas, the school will have clear procedures in place to:
  - minimise the risk of cross-contamination;

- ensure appropriate cleaning and hygiene standards;
- manage the safe storage of food, including separation of allergenic foods where necessary; and
- provide appropriate supervision, in line with pupils' age and capability.

These expectations support a safe, inclusive and respectful environment and apply across the school day, including during clubs and activities.

Allergy Considerations in Activity Planning and Risk Assessment

Allergens can be present in a wide range of activities and environments, including in ways that may not be immediately obvious. The school recognises the importance of proactively identifying and managing these risks:

- All staff, including visiting staff, volunteers and external providers, must consider allergies when planning and delivering activities and ensure that relevant risks are identified and addressed through appropriate risk assessments.
- Allergy considerations must be incorporated into risk assessments for all activities, including, but not limited to:
  - Classroom activities, such as:
    - arts and crafts involving food packaging or food products;
    - science experiments where allergens may be present; and
    - food technology, cooking or tasting activities.
  - Special events and celebrations, such as cultural days, fundraising events or themed activities where food may be shared or displayed.
- Where food is provided as part of an activity, staff must:
  - ensure that safe alternatives are available for pupils with allergies; or
  - consider using non-food alternatives that allow all pupils to participate safely.
- The inclusion of pupils with allergies must be considered alongside safety at all times. Pupils should not be excluded from activities because of their allergy. Where necessary, activities should be adapted or reasonable adjustments made to enable safe participation.
- When ordering resources, all staff must take account of any known allergies. Product ingredients and specifications should be checked with every purchase, even for items bought previously, as manufacturers may change ingredients or formulations at any time.

Insect stings

The school recognises that insect stings (for example from bees or wasps) can pose a serious risk to individuals with a known insect venom allergy. Where pupils or staff have a known insect venom allergy, reasonable steps will be taken to reduce exposure. This may include encouraging individuals, where age-appropriate, to:

- Avoid walking barefoot or wearing open footwear outdoors, and to keep arms and legs covered where reasonably practicable;
- Avoid wearing strong perfumes, scented cosmetics or hair products, which may attract insects; and
- Keep food and drinks covered when outdoors, particularly during warmer months.
- The school will ensure that the school grounds are monitored for wasp or bee nests, with responsibility assigned to the Site Manager.
- Any identified nests will be risk assessed and managed appropriately, including arranging professional removal where necessary.
- Pupils and staff are expected to report sightings of wasp or bee nests to a member of staff immediately and to avoid the area.

Animal Allergy Management

The school recognises that animal allergies are most commonly triggered by dander (flakes of

skin), saliva or urine, rather than animal fur alone. Appropriate controls will therefore be implemented to reduce the risk of allergic reactions while supporting safe and inclusive participation. To limit the risk of an allergic reaction, the school will ensure that:

- Pupils with a known animal allergy are supported to avoid contact with the animal(s) to which they are allergic, in line with their Healthcare Plan and age-appropriate expectations.
- Any visit involving animals is subject to a risk assessment prior to the visit, which will:
    - identify pupils or staff with known animal allergies;
    - assess the level of risk; and
    - set out appropriate control measures.
- Areas accessed by animals are cleaned thoroughly after contact, to reduce residual allergens in the environment. Where practicable the animal will remain outside
- All pupils, staff and visitors who come into contact with animals wash their hands thoroughly after contact, and before eating or handling food.

School trips, curriculum activities or enrichment experiences that involve contact with animals will be carefully risk assessed as part of the visit planning process. Where necessary, alternative arrangements or reasonable adjustments will be made to enable pupils with animal allergies to participate safely.

Allergy Rhinitis/Hay Fever

The school recognises that seasonal pollen allergies (hay fever) and persistent nasal allergies caused by indoor allergens, such as house dust mites, can affect pupils' health, wellbeing and ability to participate fully in school life. To support pupils with pollen-related or indoor allergen allergies, the school will:

- Encourage parents/carers to inform the school of any diagnosed seasonal or persistent allergies, and to provide relevant medical information where symptoms may impact learning or wellbeing.
- Record relevant information within the pupil's Healthcare Plan (where required), including any prescribed medication and agreed control measures.
- Support pupils to access prescribed medication, such as antihistamines or nasal sprays, in line with school procedures and parental consent.

Managing Seasonal Pollen (Hay Fever)

During periods of high pollen levels, the school will take reasonable steps to reduce exposure, which may include:

- Encouraging pupils to wash their hands and face after outdoor activities, particularly during peak pollen seasons.
- Keeping windows closed where practicable during high pollen periods, while ensuring adequate ventilation is maintained.
- Allowing reasonable adjustments, such as reducing outdoor exposure where symptoms are severe and this is supported by medical advice.
- Supporting pupils who experience symptoms such as itchy eyes, sneezing, headaches or fatigue, which may affect concentration and learning.
- Regular checking of the pollen forecast Pollen forecast - Met Office, Pollen forecast - GOV.UK

Managing Indoor Allergens

To reduce exposure to indoor allergens, such as house dust mites, the school will:

- Maintain appropriate cleaning regimes, including regular vacuuming and dusting of classrooms and shared areas.
- Ensure soft furnishings and carpets are cleaned and maintained appropriately.
- Take reasonable steps to ensure classrooms and learning spaces are well ventilated and

dry, to discourage allergen build-up.
- Avoid the use of fragranced products such as air fresheners, reed diffusers, essential oils, plug-in air fresheners etc.

Asthma
It is vital that pupils with allergies keep their asthma well controlled, because asthma can exacerbate allergic reactions

Adrenaline Pens (AAIs) – Storage, Access and Spares

The school will ensure that adrenaline auto-injectors (AAIs) are stored and managed safely, whilst remaining readily accessible in an emergency.

Where auto-injectors have been prescribed to a pupil the following arrangements apply:
- Pupils who have been prescribed adrenaline auto-injectors **must** have both of them in school whilst they are on site. They will be signed in and out of school as per the schools medicine management protocols and staff working with them will ensure that they are easily accessible in the event of an emergency.
- In the event of an emergency, where practicable, the pupils prescribed auto-injectors pens will be used first, however, in the event of an emergency the spare auto-injectors will also be requested in case of one or both of the prescribed auto-injectors failing.
- The school will clearly define its approach to the storage and carrying of adrenaline auto-injectors, taking account of pupils' age, maturity and capability.

Spare Adrenaline Auto-Injectors
In accordance with government guidance, the school maintains a supply of **spare Adrenaline Auto-Injectors (AAIs)** for emergency use. These may be administered when a pupil is believed to be experiencing anaphylaxis and their prescribed AAI is unavailable, inaccessible, out of date, or otherwise unsuitable. The spare AAI may also be used in an emergency for an individual who has no known history of anaphylaxis but is exhibiting symptoms indicative of a severe allergic reaction.

The school currently holds:
- One pair of 150 micrograms of AAIs for pupils under 6
- One pair of 300 micrograms of AAIs for anyone over the age of 6

The AAIs are stored in the staffroom, within a document holder to right as you walk through the door. There is a list within the 150 micrograms holder with pupils aged under 6, anyone not on that list will should have the 300 micrograms administered.

- Adrenaline auto-injectors will be stored in accordance with manufacturer's guidance, including:
  - being kept at moderate temperatures;
  - avoiding exposure to direct sunlight; and
  - not being stored near heat sources (e.g. radiators).
- Used or expired adrenaline auto-injectors will be disposed of safely as sharps, by either handing to the paramedics, sending home to families (where prescribed) or taken to a locally pharmacy.

Upon receipt of a new AAI, a calendar reminder will be set and sent to the Admin team and LMT at least one month prior to its expiry date to allow time for reordering. Should an AAI be used, it will be replaced at the earliest opportunity to ensure an adequate supply is maintained. In addition, half termly spot checks will be undertaken by the admin team to confirm that the AAIs are in place.

Identification of those who have allergies

Pupils who have allergies

The Lead SEND Practitioner (LSP) is typically the first point of contact for new pupils. As part of the home visit process, the LSP will establish whether the pupil has any allergies or special dietary requirements. Such needs may also be identified through the pupil's Education, Health and Care Plan (EHCP), liaison with previous settings, or information provided by the school nurse.

Once identified, the LSP will work in partnership with the Designated Allergy Lead, the School Nursing Team and Class Lead to ensure that appropriate arrangements are in place at the earliest opportunity, including ensuring that appropriate medication and control measures are in place where a child or young person with an allergy is attending an event without parental or carer supervision.

Where a pupil requires a school meal, parents/carers will be signposted to the school's catering provider so that an appropriate and safe meal plan can be developed in accordance with the pupil's dietary needs and medical requirements.

Information, Documentation and Communication

Allergy Register

The school will maintain an up-to-date register of pupils with diagnosed allergies. The register will include:

- pupils with a history of anaphylaxis;
- pupils who have been prescribed adrenaline auto-injectors; and
- pupils with a clinically diagnosed allergy where adrenaline auto-injectors have not been prescribed.

The allergy register will be used to support effective allergy management, risk assessment and communication with relevant staff, and will be reviewed and updated regularly to reflect changes in pupil medical information.

Individual Health Care Plans (IHCP)

Many pupils at The Dales School have Healthcare Plans (HCPs) in place to support a range of medical conditions, including allergies and other health needs. Where a Healthcare Plan is not already in place, or where a formal HCP is not required, an Individual Healthcare Plan (IHCP) will be developed to ensure that the pupil's specific allergies are appropriately identified and supported.

Pupils should have an Individual Health Care Plan if:

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

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).

The ICHP is not a clinical document, but an essential communication tool that provides a description of how the school will respond to information and advice they have received concerning a pupil's medical condition or allergy. These arrangements should be developed in partnership with the family to ensure there is a clear understanding of the support required and

how the pupil will be fully included in all aspects of school life. The plan should outline any additional or alternative arrangements that will be implemented to support the pupil's medical condition or allergy, including the procedures that will be followed in emergency situations. A template document is included at the end of this policy.

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.

Information sharing
A pupil'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.

Allergy Wall
The Allergy Wall is located in the staffroom next to the document holders holding the AAIs and displays laminated information for pupils with identified allergies.

Staff and visitors with allergies
Staff members, including regular supply staff, who have an allergy been prescribed an Adrenaline Auto-Injector (AAI) may, if they wish, include their details on the Allergy Wall. However, regardless of whether their information is displayed, staff must ensure that their class team is aware if they have been prescribed an AAI and the location of it. Prescribed AAIs should be brought into school and remain readily accessible at all times.

Visitors are welcome to share details of any allergies they have with the staff team they are working with.

Educational Visits and Sports Fixtures

The school will ensure that appropriate arrangements are in place to manage allergies and anaphylaxis safely during educational visits, sporting fixtures and off-site activities. To support this, the school will ensure that:

- The member of staff leading the visit or activity holds an up-to-date list of pupils with allergies, together with details of their prescribed medication and emergency arrangements.
  All staff accompanying the visit must be made aware of pupils with allergies and the control measures in place.
- Allergy risks are identified and addressed within the visit risk assessment, including consideration of:
  - activities undertaken;
  - food provision; and
  - the environment or venue being visited.
- Catering arrangements for visits are planned in advance, with appropriate controls in place to ensure pupils with allergies are provided with safe meals or alternatives.
- Parents/carers, and pupils where appropriate, may be consulted during the planning process, particularly where:
  - the visit involves food provision;
  - the pupil's allergy presents a higher level of risk; or
  - the visit includes an overnight stay or residential element.

- Where packed lunches or catered meals are provided, allergen information will be clearly labelled. The school will have clear arrangements in place to ensure that pupils and staff with allergies outside of the “main 14” allergens are also provided with safe food. These arrangements will be documented and communicated to relevant staff.
- Where pupils attend sporting fixtures or events hosted by another school or organisation, details of dietary requirements and allergies will be shared in advance to support the provision of a safe meal.
- Arrangements for access to medication and emergency response will be clearly planned and communicated, including ensuring that prescribed medication is readily accessible at all times.

Adrenaline Auto-Injectors on Off-Site Activities
No pupil who has been prescribed adrenaline auto-injectors will attend an off-site activity without access to two of their own devices. The visit or trip leader is responsible for checking that this requirement has been met prior to departure. Adrenaline auto-injectors will be kept readily accessible at all times during off-site activities, including during travel. Devices must not be stored in the hold of a coach or vehicle or left unattended in changing rooms, bags or other inaccessible locations.

Adrenaline auto-injectors will be protected from extreme temperatures, in line with manufacturer’s guidance, and will not be exposed to excessive heat, cold or direct sunlight.

All staff accompanying pupils on off-site activities will be made aware of pupils with allergies, and will be appropriately trained to recognise the signs and symptoms of an allergic reaction, including anaphylaxis and respond in accordance with the pupil’s Allergy Action Plan and school procedures.

As part of the visit risk assessment, consideration will be given to taking spare adrenaline auto-injectors (where held by the school) on off-site activities.

Incident Reporting and Learning

We log all allergic reactions and near-misses, investigate causes, share learning, and update risk controls, training and plans as needed. For pupil related incidents, this will be recorded on CPOMs, for all other incidents, this will be recorded on a C4C form.

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

Not all serious incidents and “near misses” will result in an immediate emergency situation. In some cases, the impact may be delayed. The consequences might not become apparent until the pupil is back at home – and in some cases might not be seen for several days. It is therefore important that incident reporting is not limited to staff in the school setting. The pupil’s parents or others (for example healthcare professionals) may be the ones to identify that there has been an incident.

The school’s designated leader responsible for medical conditions and/or allergy will need to consider what lessons to learn and whether changes are required to the school’s medical

conditions and/or allergy safety policies and/or to the arrangements in the pupil's Individual Healthcare Plan. Any learning should be shared appropriately with staff so they can act on them, reducing the chance of an incident reoccurring.

It may also be necessary to share the report with other agencies. HSE's guidance on Incident reporting in schools (accidents, diseases and dangerous occurrences) is clear that a child or young person being taken to hospital because of a medical condition (e.g. an asthma attack or epileptic seizure) would not be reportable, as it did not result from a work activity. However the actions leading to the incident or near miss may be reportable.

Roles and responsibilities

Designated Allergy Lead (DAL)

The Designated Allergy Lead is Sharon Kettleborough

Key responsibilities include:

- Ensuring the safety, inclusion and wellbeing of pupils and staff with allergies, so that no individual is disadvantaged or placed at unnecessary risk due to their allergy.
- Providing strategic oversight and leadership for allergy management across the school, including decision-making in relation to reasonable adjustments, control measures and responses to identified risks.
- Promoting, championing and modelling good allergy awareness and safe practice throughout the school community.
- Acting as the overarching point of contact for staff, pupils, parents and carers in relation to allergy-related concerns, queries or incidents.
- Ensuring that allergy information is accurately recorded, kept up to date and effectively communicated to all relevant staff. While responsibility for collation or administration of this information may be delegated (for example, to a school nurse, SEND lead or administrator), overall responsibility remains with the school.
- Ensuring staff, pupils and parents/carers are aware of the school's Allergy and Anaphylaxis Policy and related procedures. Training is completed annually and as part of the induction process; this is recorded on the central training record and also on individual staff PRDs.
- Overseeing the provision and management of spare adrenaline auto-injectors.
- Ensuring that all allergic reactions, incidents and near-misses are recorded and reviewed. Where required, incidents will be reported to the appropriate authority (e.g. under RIDDOR). The circumstances will be investigated and lessons learned shared to prevent recurrence.
- Regularly reviewing and updating the Allergy and Anaphylaxis Policy, or sooner where there are changes in legislation, guidance, pupil needs or following a significant incident.
- Ensuring that an anaphylaxis emergency drill is carried out at least once per year, with outcomes reviewed and any required improvements implemented.

The Named Governor is Andrew Rickard

Provides oversight and assurance that systems, training, records and reviews are effective.

Parents/carers

Parents and carers play a vital role in supporting the safe and effective management of allergies and anaphylaxis within the school. Their responsibilities include:

- Being aware of and understanding the school's Allergy and Anaphylaxis Policy and related procedures, and supporting the school in promoting the safety, inclusion and wellbeing of pupils with allergies.
- Providing the school with accurate, timely and comprehensive information about their child's medical needs, by liaising with the designated school contact (e.g. the School Nurse, Healthcare Team or Designated Allergy Lead).

- Informing the school promptly of any changes to their child's medical condition, allergy status, prescribed medication or medical advice.
- Adhering to any food restrictions, controls or guidance implemented by the school when providing food for their child, including packed lunches, snacks, birthday treats or food supplied for fundraising or social events.
- Ensuring that information provided to the school about allergies or intolerances is medically accurate, and not reporting preferences, lifestyle choices or non-medical dietary requirements as allergies or intolerances.

Parents/carers of pupils with allergies
In addition to the points above, the parents and carers of children with allergies should:

- Work with the school to complete an Individual Healthcare Plan (IHCP) and provide an accompanying Allergy Action Plan, completed and signed by an appropriate healthcare professional where required.
- Provide the school, or their child (where age-appropriate), with prescribed medication, including two clearly labelled adrenaline auto-injectors where these have been prescribed; and any other required medication, such as antihistamines (with a suitable measuring device), inhalers or topical treatments.
- Ensure that all medication supplied is in date, correctly labelled and replaced promptly when used or approaching expiry.
- Ensure their child has access to their allergy medication on the journey to and from school, including two adrenaline auto-injectors where prescribed.
- Inform the school immediately of any changes to their child's allergy status, medical condition or prescribed treatment, and ensuring that relevant documentation (including the IHP and Allergy Action Plan) is updated accordingly.

Managing Allergic Reactions

Action in an emergency
If an individual (whether a pupil, 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. This includes administering adrenaline when an individual is suffering anaphylaxis. Staff 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.

Allergic reactions can vary: The school recognises that allergic reactions are unpredictable and may vary in severity from one episode to another. Reactions can be influenced by factors such as illness, stress or hormonal changes.

- A person may not react in the same way each time, even to the same allergen.
- Allergic reactions are not always progressive. They do not necessarily develop from mild to moderate to severe; in some cases, reactions can be life-threatening within minutes.
- Staff must therefore treat all suspected allergic reactions seriously and follow school procedures.

Mild to moderate allergic reactions and possible symptoms
Symptoms of a mild to moderate allergic reaction may include:

- Swollen lips, face or eyes;
- Itchy or tingling mouth;
- Hives or an itchy skin rash;
- Abdominal pain;
- Vomiting; and/or
- Changes in behaviour (particularly in younger children).

Response to Mild or Moderate Reactions

If a pupil displays symptoms of a mild to moderate allergic reaction, staff should:

- Stay with the pupil and provide reassurance;
- Call for assistance;
- Follow the pupil's allergy plan
- Locate the pupil's medication, including adrenaline auto-injectors;
- Administer antihistamine, if prescribed and authorised;
- Record the time symptoms began and medication was given;
- Inform parents/carers as soon as practicable; and
- Continue to closely monitor the pupil, as symptoms may escalate.

Serious allergic reactions (Anaphylaxis)

Although anaphylaxis is uncommon, it is always a medical emergency and must be treated as time-critical.

- Anaphylaxis usually occurs within 20 minutes of exposure to an allergen but may begin up to 2–3 hours later.
- A person who has never previously had an allergic reaction, or who has only experienced mild reactions in the past, can still experience anaphylaxis.
- While most people recover fully with prompt treatment, anaphylaxis can be fatal in rare cases.

Recognising Anaphylaxis

Staff should use the **A–B–C approach** to recognise the signs of anaphylaxis:

A – Airway

- Persistent cough;
- Hoarse voice;
- Difficulty swallowing; or
- Swollen tongue.

B – Breathing

- Difficult or noisy breathing;
- Wheezing; or
- Persistent cough.

C – Circulation

- Persistent dizziness;
- Pale, clammy or floppy appearance;
- Drowsiness or confusion;
- Collapse or loss of consciousness.

Responding to an Allergic Reaction/Anaphylaxis

If anaphylaxis is suspected, staff should:

- Act immediately and follow the pupil's Allergy Action Plan, where one is in place

- Adrenaline must be given immediately and not be delayed while awaiting further symptoms or confirmation.
- Treat the pupil where they are, unless they are in immediate danger.
  The pupil should be:
  - laid flat with their legs raised to improve blood flow; If breathing is difficult, allow them to sit upright with legs outstretched.
  - medication should be brought to them.
    Do not make the pupil stand or walk.
- Use the pupil's own prescribed adrenaline auto-injector if it is immediately available. While trained staff should administer adrenaline wherever possible, in an emergency, any person is permitted to administer adrenaline to save life. Radio for the spare AAIs to be brought to you in event the prescribed AAIs failing.
- Do not remove clothing, but avoid injecting through thick seams, zips, buttons or objects in pockets.
- Administer adrenaline into the upper outer thigh, in accordance with the manufacturer's instructions.
- If the pupil's own adrenaline auto-injector is unavailable, misfires or cannot be used, a spare adrenaline auto-injector should be used.
- Record the time the adrenaline was given and call 999 immediately (or ask another person to do so while adrenaline is administered). State clearly that *anaphylaxis is suspected and adrenaline has been given*.
- Stay with the pupil and do not allow them to stand or move, even if they begin to feel better.
- Contact the pupil's emergency contact as soon as practicable.
- If there is no improvement or symptoms worsen after 5 minutes, administer a second adrenaline auto-injector using a different device. Call 999 again and inform them that a second dose has been given.
- Commence CPR if required, in line with training.
- Do not move the pupil once adrenaline has been administered, even if symptoms appear to improve, until assessed by a medical professional or paramedic.
- Hand used adrenaline auto-injectors to the paramedics on arrival

If anaphylaxis is suspected in a pupil who does not have a known allergy, prescribed adrenaline or an Allergy Action Plan:

- lay the pupil flat with their legs raised;
- call 999 immediately and state that *anaphylaxis is suspected*;
- inform the emergency call handler that the school holds spare adrenaline auto-injectors; and
- follow the instructions given by the call handler.

Aftercare

- **Any person who has received adrenaline for suspected anaphylaxis must be taken to hospital**, even if symptoms appear to have resolved.

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 dose 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**

Policy Review and Monitoring

This policy is publicly available and communicated to staff, parents/carers and pupils. It will be reviewed at least annually by the Designated Allergy Lead. Additional reviews will be undertaken whenever incidents or near misses indicate potential areas for improvement. Each review will evaluate all reported events and seek continual learning from them to strengthen safety measures. This process is crucial when any incident suggests that current policies or procedures may inadequately protect individuals with allergies.

NAME – Individual Healthcare Plan for allergy	
Date of birth:	Current photo
Base:	
Emergency contacts:	
Staff who need to be aware:	
Allergy: *Note what allergy the child or young person has.* *Note any known allergens.* *Note whether the child or young person is likely to be aware that they are having an allergic reaction and whether they can alert others.*	
How the allergy is managed: *Note any care or action plans or prescribed medication issued by healthcare professionals.* *If the allergy can be partly or wholly managed by practical adjustments (for example avoidance of known allergens), note them here.* *Note the extent to which the child or young person is able to take responsibility for managing their allergy*	.
Impact on education: *Indicate the potential harm which might come to the child or young person if their allergy is not managed properly.* *Indicate how the allergy may impact on the child or young person's learning.* *Indicate how the allergy may impact on the child or young person's emotional wellbeing.* *If relevant, note any interaction between allergy and SEN.*	
Arrangements for support: *Give details of the specific support or adaptations which the school, college or early years setting will put in place, within its educational remit.* *Outline measures to reduce the risk of contact with known allergens.* *Give details of the specific support or adaptations to manage food allergy at meal and snack times.* *Note arrangements for maintaining educational progress where absence or missed learning occurs due to allergy.*	
Visits and trips: *Give details of any arrangements or procedures which may be required for school trips or other activities outside of the normal timetable that will ensure the child can participate.* *Note any requirement for a risk assessment and prompts for specific issues which should be considered.*	
Emergency response: *Where an Action Plan issued by a healthcare professional covers emergency response, refer to it and ensure it is attached.* *Otherwise summarise the signs or symptoms which would indicate an emergency.* *Set out what to do in an emergency, including whom to contact.* *If relevant, note where "spare" adrenaline devices are located.*	
Last discussed with parents:	**Date**
Issued by:	**Date**:
Next planned review:	**Date**:

NAME – Individual Healthcare Plan for allergy Annex: Medication needed while in school		
Non-prescription medication: *Record any non-prescription medication (e.g. oral antihistamines) which the child or young person may require to manage their allergy in the education setting* *Note whether it is emergency medication; where the medication is stored; and how and when the child or young person may need access* *Note whether parental consent has been given for the allergy medication to be administered, and the date of consent.*		
Parental consent:		**Date**:
Prescription medication: *Record any prescription medication for allergy prescribed by a healthcare professional (e.g. adrenaline).* *Note whether it is emergency medication; where the medication is stored; and how and when the child or young person may need access.* *Note whether parental consent has been given for the allergy medication to be administered, and the date of consent.*		
Prescribed by:		**Date**:
Parental consent:		**Date**:

NAME – Individual Healthcare Plan for allergy Annex: Care or Action Plans issued by healthcare professionals		
Allergy / Asthma Action Plan: *Attach any Action Plan to the IHP for use in an emergency.* *Note which healthcare professional issued the plan, their role and the date issued.*		
Issued by:		**Date**:
Care Plan: *Note where any relevant care plan can be found.* *Note what staff are responsible for delivering / supporting delivery of the care plan.* *Note which healthcare professional issued the plan, their role and the date issued.*		
Date:		**Date**: