



ALLERGY SAFETY POLICY 2026-2027

That all may have life - life in all its fullness

Our Mission Statement

The aim of our school is excellence in education in accordance with the teachings of the church.

We recognise that everyone is unique and has something to offer and we seek to develop each child's potential in a learning community where all are respected. We want every child to achieve and experience success.

Working in partnership with children, their parents, our parish and the wider community, we promote Christ's teaching as found in the Gospel so that 'all may have life, life in all its fullness'.

We aim to ensure this is done by;

- Praying together
- Living and working together as a loving, caring and forgiving community
- Valuing the experience and diversity of every person in our community
- Encouraging the children to achieve of their best – mentally, emotionally and spiritually
- Helping all in our community to experience the joy of learning and working together

Purpose

St Margaret Clitherow Primary School is committed to providing a safe, inclusive and supportive environment for every pupil, including children living with food allergies, intolerances and other medical conditions.

The purpose of this policy is to reduce the risk of accidental exposure to allergens, ensure that staff understand their responsibilities, and ensure that appropriate action is taken promptly if a child experiences an allergic reaction.

The school recognises that a severe allergic reaction (anaphylaxis) can be life-threatening and that appropriate preparation, communication and emergency response are essential.

Legal and statutory framework

The school will have regard to relevant UK legislation and statutory guidance, including:

- **The Children and Families Act 2014**, including the requirements relating to supporting pupils with medical conditions.
- The **Equality Act 2010**, which may provide protection for pupils whose allergies amount to a disability.
- Relevant Department for Education statutory guidance, including Supporting pupils at school with medical conditions.
- Food safety and allergen requirements applicable to food provided by the school.

Allergy Safety Lead:

The nominated allergy safety lead is Ms D Webb (Headteacher) and Mrs N Sahota (SAO)

They are 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.
- Promoting and maintaining allergy awareness across the school.
- Developing and reviewing arrangements for the safe storage and disposal of adrenaline devices.
- Deciding (in discussion with the parents/carers and any relevant healthcare professionals) whether a pupil's allergy can be managed through the adjustments made under the school's medical conditions policy or whether an IHP is required.
- All staff receive regular allergy awareness training.
- Serious incidents and near misses relating to allergy safety are recorded and reported as appropriate and to consider and share with staff.

Responsibilities of the school

The school will:

- Maintain a confidential register of pupils with known allergies.
- Ensure relevant staff are informed about pupils with allergies and understand the appropriate response.
- Develop an Individual Healthcare Plan for pupils where this is appropriate.
- Ensure emergency medication is stored safely and is readily accessible.
- Take reasonable steps to prevent pupils being exposed to known allergens.
- Consider allergy risks during school meals, food preparation, cooking, classroom activities, celebrations, trips, residential visits and after-school activities.
- Communicate relevant information to catering staff, lunchtime supervisors, teachers, support staff and other adults responsible for pupils.
- Review arrangements following any allergic reaction or significant incident.

Responsibilities of parents and carers

Parents/carers should:

- Inform the school immediately of any diagnosed allergy.
- Provide accurate and up-to-date information about the child's allergy and known triggers.
- Provide prescribed emergency medication, including x2 adrenaline auto-injectors and inhalers where required.
- Ensure medication is within its expiry date and replace it when necessary.
- Work with the school to complete or update an Individual Healthcare Plan (IHP), where appropriate.
- Inform the school of any changes to the child's condition, medication or emergency treatment.
- Ensure that the child understands, where age appropriate, how to reduce the risk of exposure and how to seek help.

Medication and adrenaline auto-injectors

Where a pupil has been prescribed an adrenaline auto-injector (AAI), the school will ensure that:

- The medication is readily accessible to appropriately trained staff.
- Staff know where the medication is kept.
- Relevant staff understand how and when it should be administered.
- Parents/carers are informed of the school's arrangements.
- Medication is checked periodically for expiry and condition.
- Emergency medication accompanies the pupil when required for educational visits and activities away from the usual classroom.

Recognising an allergic reaction

Symptoms can include:

- Swelling of the lips, mouth, throat or tongue.
- Difficulty breathing, wheezing or persistent coughing.
- Difficulty speaking or swallowing.
- Dizziness, collapse or loss of consciousness.
- Pale, clammy or unusually floppy appearance.
- Widespread hives or rash.
- Vomiting or abdominal symptoms, particularly when occurring with other symptoms.

Staff must treat a suspected severe allergic reaction as a medical emergency.

Spare ADs and inhalers

Please note: current regulations only allow schools to purchase adrenalina auto-injectors (AAIs) as spare devices. Non injectable adrenalina devices (nasal spray) may be prescribed to individuals but cannot currently be stocked as a spare device. If an individual who is prescribed nasal adrenalina 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 pupil's prescribed inhaler is not available and where written consent has been obtained.

The SAO is responsible for sourcing spare ADs and ensuring they are stored according to the guidance.

The school maintains a supply of spare adrenalina devices (ADs) for use in emergencies through the use of All-in-One Anaphylaxis Kits.

The school is equipped with a wall-mounted Kitt, this is located in the open area, which contains emergency medication and can be accessed using one of four keys stored within an emergency break glass key box.

The Kitt contains one trainer adrenalina pen for staff training purposes, together with two 300mcg and two 150mcg adrenalina pens, which are automatically replenished to ensure that stocks remain available and in date.

Spare AD may be used in accordance with current legislation and school procedures when a pupil is known to be at risk of anaphylaxis and their prescribed device is unavailable, or where a second dose is required.

Staff receive training in the location and use of the Anaphylaxis Kits and the emergency procedures to be followed in the event of a severe allergic reaction.

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.

Using spare ADs in an emergency without prior consent

The **Human Medicines 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.

Emergency response

If a pupil is suspected of experiencing anaphylaxis, staff will follow the child's Individual Healthcare Plan and the school's emergency procedures.

The general response will include:

- Administer the pupil's prescribed adrenaline auto-injector without delay where indicated.
- Call 999 and state that the child is experiencing anaphylaxis.
- Follow the emergency operator's instructions.
- Use a second adrenaline auto-injector after 5 minutes if the child's symptoms have not improved, where a second device is available and in accordance with current guidance. (located outside the open area)
- Keep the pupil under continuous supervision and do not allow them to stand or walk unnecessarily.
- Inform the parent/carers as soon as reasonably practicable.
- Record the incident and review the pupil's healthcare arrangements following the event.

Food and allergen management

The school will take reasonable precautions to minimise the risk of accidental allergen exposure.

Pupils should not share food, drinks, cutlery or food containers.

Staff supervising food-related activities will consider individual allergies before an activity takes place. Where necessary, alternative ingredients or activities will be provided.

The school will ensure that appropriate allergen information is available for food supplied by the school or its catering provider, in accordance with applicable food law.

Parents/carers will be informed of arrangements for school meals and should notify the school of any changes to their child's allergy requirements.

No treats to be brought on to school premises for special occasions.

Serious Incidents and Near Misses

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 a serious incident had circumstances been only slightly different.

Incident Recording:

The school will record serious incidents and near misses relating to allergy safety as soon as it is feasible. The incident will be recorded in the accident book, including the following information:

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

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

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

The school will share the report with pupils parents and the pupil of 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 pupil is at home. This means that incident reporting is not limited to staff - the pupil, parents / carers or others 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 headteacher and SAO. The allergy safety leads will consider whether the allergy safety arrangements in place were appropriate or if changes are needed to this policy and or the pupils 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): incidents which arise directly out of the way the school carried out a work activity which results in death or immediate hospitalization. For example, where a pupil 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.

Staff training

The school ensures that all staff expected to be present during times when pupils 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 pupils at breakfast or after-school clubs. It does not include contractors carrying out work with no pupil-facing role such as builders, electricians or other ad hoc maintenance personnel.

The school has purchased 'training pens' so staff can practise safely and be familiar with the differences.

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

Register of pupils with known allergies

The school maintains a register of pupils who have a known allergy. The register includes:

- Known allergens and risk factors for anaphylaxis
- Whether a pupil has been prescribed ADs (and if so, what type and dose)
- Where a pupil has been prescribed an AD, whether parental consent has been given to administer emergency medication
- A photograph of each pupil to allow a visual check to be made
- The medical handbook is kept and can be checked quickly by any member of staff as part of initiating an emergency response. (Copy to be kept in: Office, staffrooms, school kitchen, classrooms)

The school will conduct a risk assessment for any pupil 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

Individual healthcare plans (IHP)

Pupils 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 pupil 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 pupil. 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 pupils 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 pupil while they are at school, or pose no risk to the pupil. 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 pupil'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 pupil's circumstances.

The school will consider the following principles:

- If the arrangements or support which a pupil requires would be available to any pupil as part of normal policies, an IHP may not be required
- If the pupil 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
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IHPs will be reviewed at least annually and more frequently if the pupil's needs have changed. Where a pupil moves on to a new school or college, their IHP will be shared as part of the transition.

Trips and educational visits

Before an educational visit, staff will consider the needs of pupils with allergies and ensure that:

- Emergency medication is taken on the visit.
- Complete a risk assessment
- Responsible adults know which pupils have allergies.
- Staff know how to respond to an allergic reaction.
- Suitable food arrangements are made where necessary.
- Emergency procedures and access to medical assistance have been considered.

No pupil should be excluded from an educational activity solely because they have an allergy where reasonable adjustments can be made to enable them to participate safely.

Confidentiality and communication

Information about a child's medical condition will be handled sensitively and shared only with staff and other individuals who need the information to keep the child safe. Parents/carers will be kept informed about significant changes to the school's allergy arrangements affecting their child.

Review

This policy will be reviewed regularly and following any significant allergic reaction or change in relevant legislation or statutory guidance.