Falkland Primary School

Pupils with allergies policy

Safeguarding Statement

The school is committed to safeguarding children and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment.

Status	Date Approved	Next Review
Statutory	4 November 2026	November 2027

Falkland Primary School is committed to ensuring that arrangements are in place to support pupils with medical conditions. We aim to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

This policy will be published on the school's website and made readily available to staff, pupils and parents/carers. Key procedures for responding to an allergic reaction will be communicated to all staff and incorporated into staff induction/training.

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1. Aims

This policy aims to:

- Set out our school's approach to allergy management, including reducing the risk of exposure and the procedures in place in case of allergic reaction
- Make clear how our school supports pupils with allergies to ensure their wellbeing and inclusion
- Promote and maintain allergy awareness among the school community

2. Legislation and guidance

This policy is based on the Department for Education (DfE)'s guidance on allergies 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
- Equality Act 2010, including the duty to make reasonable adjustments where an allergy amounts to a disability.

3. Roles and responsibilities

We take a whole-school approach to allergy awareness.

The Headteacher has overall responsibility for ensuring that the school's allergy safety arrangements are implemented effectively and that sufficient trained staff are available to respond to allergic reactions.

3.1 Allergy lead

The nominated allergy lead is the school Inclusion Lead.

They're responsible for:

- Promoting and maintaining allergy awareness across our school community
- Recording and collating allergy and special dietary information for all relevant pupils however the medical information is collected via parental forms by administrative staff
- Ensuring:

- All allergy information is up to date and readily available to relevant members of staff
- Pupils with allergies requiring support have an up-to-date Allergy Action Plan (or IHP where appropriate), developed in partnership with parents/carers and an appropriate healthcare professional
- All staff receive an appropriate level of allergy 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

- Keeping stock of the school's adrenaline auto-injectors (AAIs)
- Regularly reviewing and updating the allergy policy

3.2 Inclusion Lead

The Inclusion lead is responsible for:

- Co-ordinating the paperwork and information from families
- Co-ordinating medication with families
- Checking spare AAIs are in date
- Informing staff of up-to-date guidance
- Organising training for all school staff

3.3 Teaching and support staff

All teaching and support staff are responsible for:

- Promoting and maintaining allergy awareness among pupils
- Maintaining awareness of our allergy policy and procedures
- Being able to recognise the signs of severe allergic reactions and anaphylaxis
- Attending appropriate allergy training as required
- Being aware of specific pupils with allergies in their care
- Carefully considering the use of food or other potential allergens in lesson and activity planning
- Ensuring the wellbeing and inclusion of pupils with allergies

3.4 Parents/carers

Parents/carers are responsible for:

- Being aware of our school's allergy 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 2 in-date adrenaline auto-injectors and any other medication, including inhalers, antihistamine etc., and making sure these are replaced in a timely manner
- Carefully considering the food they provide to their child as packed lunches and snacks, and trying to limit the number of allergens included
- Following the school's guidance on food brought in to be shared
- Updating the school on any changes to their child's condition

3.5 Pupils with allergies

These pupils are responsible for:

- Being aware of their allergens and the risks they pose *at an age appropriate level*
- Understanding how and when to use their adrenaline auto-injector
- If age-appropriate, carrying their adrenaline auto-injector on their person and only using it for its intended purpose

3.6 Pupils without allergies

These pupils are responsible for:

- Being aware of allergens and the risk they pose to their peers

3.7 Governing Board

The governing board has oversight of the school's allergy safety arrangements and will ensure that the school has an appropriate allergy safety policy, that it is reviewed at least annually, and that the arrangements set out in the policy are effectively implemented.

4. Assessing risk

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

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

5. Managing risk

5.1 Hygiene procedures

- Pupils are reminded to wash their hands before and after eating
- Key pupils have a set space to eat at and use a protective mat
- No open containers of dairy products are in the dinner hall or classrooms to reduce airborne allergens
- Any spillages on clothing the pupils must change into clean clothes to reduce allergens
- Sharing of food is not allowed
- Pupils have their own named water bottles
- Equipment in PE is cleaned before each session
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5.2 Catering

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

- Catering staff receive appropriate training and are able to identify pupils with allergies
- Pupils wear lanyards to identify their needs
- School menus are available for parents/carers to view with ingredients clearly labelled
- Where changes are made to school menus, we will make sure these continue to meet any special dietary needs of pupils
- Food allergen information relating to the 'top 14' allergens is displayed on the packaging of all food products, allowing pupils 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)
- Catering staff follow hygiene and allergy procedures when preparing food to avoid cross-contamination

5.3 Food restrictions

We acknowledge that it is impractical to enforce an allergen-free school. *However, we are a nut free school and expect* pupils and staff to avoid certain high-risk foods to reduce the chances of someone experiencing a reaction. These foods include:

- Packaged nuts
- Cereal, granola or chocolate bars containing nuts
- Peanut butter or chocolate spreads containing nuts
- Peanut-based sauces, such as satay
- Sesame seeds and foods containing sesame seeds

If a pupil brings these foods into school, the food may be confiscated and parents informed. An alternative snack will be offered.

5.4 Insect bites/stings

When outdoors:

- Shoes should always be worn
- Food and drink should be covered
- Pupils are not to sit near to bins when eating outside
- First Aid bags are on the playground at break and lunchtime

5.5 Animals

- All pupils will always wash hands after interacting with animals to avoid putting pupils with allergies at risk through later contact
- Pupils with animal allergies will not interact with animals

5.6 Support for mental health

Pupils with allergies will have additional support through:

- Regular check-ins with their class teacher
- Safeguarding records
- The school will consider the emotional wellbeing and social impact of living with an allergy. Where appropriate, pupils may receive additional pastoral support, regular check-ins or other support identified through their Allergy Action Plan/IHP. Any safeguarding concern will be managed through the school's safeguarding procedures.

5.7 Events and school trips

- For events, including ones that take place outside of the school, and school trips, no pupils with allergies will be excluded from taking part
- The school will plan accordingly for all events and school trips, and arrange for the staff members involved to be aware of pupils' allergies and to have received adequate training
- Appropriate measures will be taken in line with the schools AAI protocols for off-site events and school trips (see section 7.5).

6. Procedures for handling an allergic reaction

6.1 Identification of pupils with allergies and register of pupils with AAIs

When the school is notified that a pupil has an allergy or a medical condition that places them at risk of anaphylaxis, the procedures outlined in the school's **Supporting Pupils with Medical Conditions Policy** will be followed. The school will work with parents/carers and an appropriate healthcare professional to write Individual Healthcare Plan (IHP). For pupils with allergies, an up-to-date **Allergy Action Plan** will provide the medical guidance and parental consent required for the administration of emergency medication.

The Headteacher has overall responsibility for the development and oversight of IHPs, supported by the Inclusion Lead. Allergy Action Plans/IHPs will be reviewed at least annually, or sooner if there is evidence that the pupil's needs have changed. The pupil will be involved, wherever appropriate and according to their age and understanding, in discussions about their allergy management and the development and review of their Allergy Action Plan/IHP.

The school maintains a register of pupils who have been prescribed adrenaline auto-injectors (AAIs), or where a healthcare professional has provided written advice recommending the use of an AAI in the event of anaphylaxis. The register includes:

- Known allergens and risk factors for anaphylaxis
- Whether a pupil has been prescribed AAI(s), including the type and dose
- Whether parental consent has been provided for the use of the school's spare AAI, where applicable
- A current photograph of the pupil to enable prompt identification in an emergency

- The register is kept in yellow medical bags in classroom cupboards and can be checked quickly by any member of staff as part of initiating an emergency response
- Further register is kept in red folders in every classroom

6.2 Allergic reaction procedures

- As part of the whole-school awareness approach to allergies, all staff are trained in the school's allergic reaction procedure, and to recognise the signs of anaphylaxis and respond appropriately
- Staff are trained in the administration of AAIs to minimise delays in pupil's receiving adrenaline in an emergency
- If a pupil has an allergic reaction, the staff member will initiate the school's emergency response plan, following the pupil's allergy action plan
    - If an AAI needs to be administered, a member of staff will use the pupil's own AAI, or if it is not available, a school one

- If the pupil has no allergy action plan, staff will follow the school's procedures on responding to allergy and, if needed, the school's normal emergency procedures.
- The following steps have been taken from the NHS Guidance on Anaphylaxis:

What to do if you have anaphylaxis

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

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

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

Symptoms of anaphylaxis

Symptoms of anaphylaxis happen very quickly.

They usually start within minutes of coming into contact with something you're allergic to, such as a food, medicine or insect sting.

Symptoms include:

- swelling of your throat and tongue
- difficulty breathing or breathing very fast
- difficulty swallowing, tightness in your throat or a hoarse voice
- wheezing, coughing or noisy breathing
- feeling tired or confused
- feeling faint, dizzy or fainting
- skin that feels cold to the touch
- blue, grey or pale skin, lips or tongue – if you have brown or black skin, this may be easier to see on the palms of your hands or soles of your feet
- You may also have a rash that’s swollen, raised or itchy.

Call 999 if:

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

- your skin, tongue or lips turn blue, grey or pale (if you have black or brown skin, this may be easier to see on the palms of your hands or soles of your feet)
- you suddenly become very confused, drowsy or dizzy
- someone faints and cannot be woken up
- a child is limp, floppy or not responding like they normally do (their head may fall to the side, backwards or forwards, or they may find it difficult to lift their head or focus on your face)

You or the person who's unwell may also have a rash that's swollen, raised or itchy.

These can be signs of a serious allergic reaction and may need immediate treatment in hospital.

- A school AAI device will be used instead of the pupil's own AAI device if:
    - Medical authorisation and written parental consent have been provided, or
    - The pupil's own prescribed AAI(s) are not immediately available (for example, because they are broken, out-of-date, have misfired or been wrongly administered)
- If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent/carer arrives, or accompany the pupil to hospital by ambulance
- If the allergic reaction is mild (e.g. skin rash, itching or sneezing), the pupil will be monitored and the parents/carers informed

Serious incidents and near misses

- Any serious incident or near miss involving a pupil, member of staff or visitor with an allergy will be recorded as soon as reasonably practicable.
- Parents/carers will be informed and, where appropriate, the governing board will be notified.
- Following a serious incident or near miss, the school will review the circumstances, including whether the relevant policy, Allergy Action Plan/IHP, risk assessment, training and emergency procedures were adequate and followed.
- Lessons learned will be recorded and used to determine whether changes are required to the school's allergy safety arrangements, risk assessments, training or policies.

7. Adrenaline auto-injectors (AAIs)

7.1 Purchasing of spare AAIs

The allergy lead is responsible for buying AAIs and ensuring they are stored according to the guidance.

Insert procedures for buying spare AAIs. For example:

- The AAIs will be purchased from the local Pharmacy (Boots or Medisupplies)
- The Headteacher will request the purchase of the AAIs
- The school will hold two AAIs
- When it is possible to request the same brand, the school will do so and request Jext from ALK

The dosage required:

- Children under 6 years: a dose of 150micrograms (0.15 milligrams) of adrenaline and (based on Resuscitation Council UK's age-based criteria, see page 11 of the guidance)
- Children age 6-12 years: a dose of 300 micrograms, (0.3 milligrams) of adrenaline is used.

7.2 Storage (of both spare and prescribed AAIs)

The allergy lead will make sure all AAIs are:

- Stored at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature
- Kept in a safe and suitably central location to which all staff have access at all times, but is out of the reach and sight of children
- **Not** locked away, but accessible and available for use at all times
- **Not** located more than 5 minutes away from where they may be needed

Spare AAIs will be kept separate from any pupil's own prescribed AAI and clearly labelled to avoid confusion.

7.3 Maintenance (of spare AAIs)

SBM and Primary First Aider are responsible for checking monthly that:

- The AAIs are present and in date
- Replacement AAIs are obtained when the expiry date is near

7.4 Disposal

AAIs can only be used once. Once a AAI has been used, it will be disposed of in line with the manufacturer's instructions.

7.5 Use of AAIs off school premises

- Pupils at risk of anaphylaxis who are able to administer their own AAIs should carry their own AAI with them on school trips and off-site events
- AAIs should be carried in the Yellow medical bags.
- AAIs should always be with the pupil in the group, and/or group leader, accessible at all times on the coach/minibus and the venue they are attending

7.6 Emergency anaphylaxis kit

The school holds an emergency anaphylaxis kit. This includes:

- Spare AAIs
- Instructions for the use of AAIs
- Instructions on storage
- A checklist of injectors, identified by batch number and expiry date with monthly checks recorded
- A note of arrangements for replacing injectors

- A list of pupils to whom the AAI can be administered
- A record of when AAIs have been administered

8. Training

The school is committed to training all staff in allergy awareness and emergency response training. This includes:

- How to reduce and prevent the risk of allergic reactions
- How to spot the signs of allergic reactions (including anaphylaxis)
- The importance of acting quickly in the case of anaphylaxis
- Where AAIs are kept on the school site, and how to access them
- How to administer AAIs
- The wellbeing and inclusion implications of allergies

Training will be carried out annually by the allergy lead.

9. Links to other policies

This policy links to the following policies and procedures:

- Health and safety policy
- Supporting pupils with medical conditions policy
- First Aid policy