Allergy Safety Policy

Yew Tree Primary School

Date of Policy:	September 2026
Responsibility:	School Business Manager
Review Date:	September 2027
Consultation:	This policy was developed in consultation with staff and governors following DfE Allergy Safety in Schools guidance & LA guidance.

ETHOS STATEMENT

It is the aim of the Governing Body of Yew Tree Primary School to support the implementation of policies and procedures which develop the skills our pupils need to achieve our vision of:

"Learning without limits"

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1. STATEMENT OF INTENT

Yew Tree Primary strives to ensure the safety and wellbeing of all members of the school community. For this reason, this policy is to be adhered to by all staff members, parents/carers and pupils, with the intention of minimising the risk of anaphylaxis occurring whilst at school.

In order to effectively implement this policy and ensure the necessary control measures are in place, parents/carers are responsible for working alongside the school in identifying allergens and potential risks, in order to ensure the health and safety of their children.

The school does not guarantee a completely allergen-free environment; however, this policy will be utilised to minimise the risk of exposure to allergens, encourage self-responsibility, and plan for an effective response to possible emergencies.

2. INTRODUCTION

An allergy is a reaction of the body's immune system to substances that are usually harmless. The reaction can cause minor symptoms such as itching, sneezing or rashes but sometimes causes a much more severe reaction called anaphylaxis.

Anaphylaxis is a serious, life-threatening allergic reaction. The whole body is affected often within minutes of exposure to the allergen, but sometimes it can be hours later. Causes can include foods, insect stings, and drugs.

Most healthcare professionals consider an allergic reaction to be anaphylaxis when it involves difficulty breathing or affects the heart rhythm or blood pressure. Anaphylaxis symptoms are often referred to as the ABC symptoms (Airway, Breathing, Circulation).

It is possible to be allergic to anything which contains a protein, however most people will react to a fairly small group of potent allergens.

Common UK Allergens include (but are not limited to):-
Peanuts, Tree Nuts, Sesame, Milk, Egg, Fish, Latex, Insect venom, Pollen and Animal Dander.

This policy sets out how Yew Tree Primary School will support pupils with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in school life.

For the purpose of this policy, the following definitions apply:

Allergy – is a condition in which the body has an exaggerated response to a substance. This is also known as hypersensitivity.

Allergen – is a normally harmless substance that triggers an allergic reaction for a susceptible person.

Allergic reaction – is the body's reaction to an allergen and can be identified by, but not limited to, the following symptoms:

Hives
Generalised flushing of the skin
Itching and tingling of the skin
Tingling in and around the mouth
- Burning sensation in the mouth
- Swelling of the throat, mouth or face

- Feeling wheezy
- Abdominal pain
- Rising anxiety
- Nausea and vomiting
- Alterations in heart rate
- Feeling of weakness

Anaphylaxis – is also referred to as anaphylactic shock, which is a sudden, severe and potentially life-threatening allergic reaction. This kind of reaction may include the following symptoms:

- Persistent cough
- Throat tightness
- Change in voice, e.g. hoarse or croaky sounds
- Wheeze (whistling noise due to a narrowed airway)
- Difficulty swallowing/speaking
- Swollen tongue
- Difficult or noisy breathing
- Chest tightness
- Feeling dizzy or feint
- Suddenly becoming sleepy, unconscious or collapsing
- For infants and younger pupils, becoming pale or floppy

3. LEGAL FRAMEWORK

This policy has due regard to all relevant legislation and guidance including, but not limited to, the following:

- Children and Families Act 2014
- The Human Medicines (Amendment) Regulations 2017
- The Food Information (Amendment) (England) Regulations 2019 (Natasha's Law)
- Department of Health 'Guidance on the use of adrenaline auto-injectors in schools'
- DfE 'Supporting pupils at school with medical conditions'
- DfE 'Allergy guidance for schools'

This policy will be implemented in conjunction with the following school policies and documents:

- Health and Safety Policy
- School Food Policy
- Medical Needs & Medication Policy
- Educational Visits Policy
- Allergen and Anaphylaxis Risk Assessment

Yew Tree Primary School will raise awareness of this policy, with all stakeholders, at each update and through ongoing communication and information linked to developing an allergy awareness culture.

4. ROLES & RESPONSIBILITIES

The Governing Board is responsible for:

- Ensuring that policies, plans and procedures are in place to support pupils with allergies and those who are at risk of anaphylaxis and that these arrangements are sufficient to meet statutory responsibilities and minimise risks.
- Ensuring that the school's approach to allergies and anaphylaxis focusses on, and accounts for, the needs of each individual pupil.
- Ensuring that staff are properly trained to provide the support that pupils need, and that they receive allergy and anaphylaxis training at least annually.
- Monitoring the effectiveness of this policy and reviewing it on an annual basis, and after any incident where a pupil experiences an allergic reaction.

The Head Teacher (delegated to School Business Manager) is responsible for:

- The development, implementation and monitoring of this policy and related policies.
- Ensuring that parents/carers are informed of their responsibilities in relation to their child's allergies.
- Ensuring that all relevant risk assessments, e.g. to do with food preparation, have been carried out and controls to mitigate risks are implemented.
- Ensuring that all designated first aiders are trained in the use of adrenaline auto-injectors (AAIs) and the management of anaphylaxis.
- Ensuring that all staff members are provided with information regarding allergic reactions and anaphylaxis, including the necessary precautions and how to respond.
- Liaising with catering staff to ensure they are aware of pupils' allergies (added by parents/carers to School Grid but also potential undisclosed allergies) and act in accordance with the school and catering company's policies regarding food and hygiene, allergens & anaphylaxis.

The School Nursing Team is responsible for:

- Ensuring that there are effective processes in place for medical information to be regularly updated and disseminated to school.
- Seeking up-to-date medical information about each pupil as required, including information regarding any allergies, to support the development of Individual Healthcare Plans (IHPs).
- Contacting parents/carers for required medical documentation regarding a pupil's allergy.

All Staff Members are responsible for:

- Attending relevant training regarding allergens and anaphylaxis.
- Being familiar with and implementing pupils' individual healthcare plans (IHPs) as appropriate.
- Responding immediately and appropriately in the event of a medical emergency.
- Reinforcing effective hygiene practices, including those in relation to the management of food (ensuring any food related activities are risk assessed).
- Monitoring all food supplied to pupils by both the school and parents/carers.
- Ensuring that pupils do not share food and drink in order to prevent accidental contact with an allergen.
- Demonstrating an allergy aware nature in all activities, e.g. consideration of empty food boxes used in DT/junk modelling.

The Kitchen Manager/Cook is responsible for:

- Monitoring the food allergen information when preparing food.
- Reporting any non-conforming food labelling to the supplier and/or catering company, where necessary.
- Ensuring the practices of kitchen staff comply with food allergen labelling laws and that training is regularly reviewed and updated.
- Recording incidents of non-conformity, either in allergen labelling, use of ingredients or safe staff practice, in an allergen incident log (inc. sharing information with the school as necessary).
- Acting on entries to the allergen incident log and ensuring the risks of recurrence are minimised.

The Kitchen Staff are responsible for:

- Ensuring they are fully aware of the rules surrounding allergens, the processes for food preparation in line with policy, and the processes for identifying pupils with specific dietary & medical requirements (inc. allergies).
- Ensuring they are fully aware of whether each item of food served contains any of the main 14 allergens, as is a legal obligation, and making sure this information is readily available for those who may need it.
- Ensuring that the required food labelling is complete, correct, clearly legible, and is either printed on the food packaging or attached via a secure label.
- Reporting to the Kitchen Manager/Cook if food labelling fails to comply with the law.

All Parents/Carers are responsible for:

- Notifying the school of their child’s allergens, the nature of the allergic reaction, what medication to administer, specified control measures and what can be done to prevent the occurrence of an allergic reaction.
- Maintaining up-to-date allergen information on School Grid if their child has lunch provided by the school catering company.
- Keeping the school up-to-date with their child’s medical information.
- Providing written consent for the use of a spare AAI.
- Providing the school with written medical documentation, including instructions for administering medication as directed by the child’s doctor.
- Raising any concerns they may have about the management of their child’s allergies with the appropriate staff member.

All Pupils are responsible for:

- Ensuring that they do not exchange food with other pupils.
- Avoiding food which they know they are allergic to, as well as any food with unknown ingredients.
- Notifying a member of staff immediately in the event they believe they are having an allergic reaction, even if the cause is unknown, or have come into contact with an allergen.
- Treating individuals with allergies respectfully at all times, ensuring they are able to maintain dignity and be as fully included in activities as possible.

5. FOOD ALLERGIES & ALLERGEN LABELLING

Parents/carers will provide the school (and catering company where necessary) with a written list of any foods that their child may have an adverse reaction to, as well as the necessary action to be taken in the event of an allergic reaction, such as any medication required.

Information regarding all pupils' food allergies will be collated on our Management Information System (MIS) upon entry to the school/when information is shared. Our Assistant SENDCO, in collaboration with the administrator responsible for medication, shall also review a centralised allergy awareness record at least every half term. This shall include checks against School Grid (the system used by the catering company) to ensure effective sharing of information with all stakeholders.

When using food within the curriculum, making changes to school meal menus or substituting food products, the school will ensure that pupils' special dietary needs continue to be met by:

- Checking any product changes with all food suppliers
- Asking caterers to read labels and product information before use
- Using the Food Standards Agency's allergen matrix to list the ingredients in all meals.
- Ensuring allergen ingredients remain identifiable (inc. by only allowing pre-packed foods to be used in school cookery sessions, e.g. no home made products).

Kitchen staff will have a full list of allergens and will avoid using them within the menu where possible. Where meals include allergens or traces of allergens, staff will be aware and will ensure this is served in accordance with allergy information for pupils from their computer system (i.e. they are followed down the servery).

The school will ensure that there are always dairy- and gluten-free options available for pupils with allergies and intolerances.

To ensure that catering staff can appropriately identify pupils & staff with dietary needs, we utilise a computerised system which includes the individual's name alongside any allergy information. In the event of an IT failure, the school office will provide an appropriate list of information and staff will be deployed to manually check meal service.

All food tables will be disinfected before and after being used and anti-bacterial wipes and/or cleaning fluid will be used when cleaning tables. Boards and knives used for fruit and vegetables will be a different colour to the rest of the kitchen knives in order to remind kitchen staff to keep them separate.

Any sponges or cloths that are used for cleaning will be colour-coded according to the areas that they are used to clean, e.g. a red sponge for an area which has been used for raw meat, to prevent cross-contamination.

There will be a set of kitchen utensils that are only for use with the food and drink of the pupils at risk. There will also be a set of kitchen utensils with a designated colour. These utensils will be used only for food items that contain bread and wheat related products. Food items containing bread and wheat will be stored separately.

The catering company selected by the school is responsible for ensuring that the school's policies are adhered to at all times, including those in relation to the preparation of food, taking into account any allergens.

Learning activities which involve the use of food, such as food technology lessons, will be planned in accordance with pupils' IHPs, taking into account any known allergies of the pupils involved.

Food Allergen Labelling

The school/catering company will adhere to allergen labelling rules for pre-packed food goods, in line with the Food Information (Amendment) (England) Regulations 2019, also known as Natasha's Law.

The school will ensure that all food is labelled accurately, that food is never labelled as being 'free from' an ingredient unless staff are certain that there are no traces of that ingredient in the product, and that all labelling is checked before being offered for consumption.

The relevant staff, e.g. catering team and teaching staff involved in the delivery of food based activities in lessons, will be trained prior to storing, handling, preparing, cooking and/or serving food to ensure they are aware of their legal obligations. Training will be reviewed on an **annual** basis, or as soon as there are any revisions to related guidance or legislation.

Food Labelling

Food goods classed as 'pre-packed for direct sale' (PPDS) will clearly display the following information on the packaging:

- The name of the food
- The full ingredients list, with ingredients that are allergens emphasised, e.g. in bold, italics, or a different colour

The school will ensure that allergen traceability information is readily available for individuals to review during any food based activities. Allergens will be tracked using the following method:

- Allergen information will be obtained from the supplier and recorded, upon delivery, in a food allergen log stored in the kitchen
- Allergen tracking will continue throughout the school's handling of allergen-containing food goods, including during storage, preparation, handling, cooking and serving
- The food allergen log will be monitored for completeness on a weekly basis by the kitchen manager
- Incidents of incorrect practices and incorrect and/or incomplete packaging will be recorded in an incident log and managed by the Kitchen Manager

Declared Allergens

The following allergens will be declared and listed on all PPDS foods in a clearly legible format:

- Cereals containing gluten and wheat, e.g. spelt, rye and barley
- Crustaceans, e.g. crabs, prawns, lobsters
- Nuts, including almonds, hazelnuts, walnuts, cashews, pecan nuts, brazil nuts and pistachio nuts
- Celery
- Eggs
- Fish
- Peanuts
- Soybeans
- Milk
- Mustard
- Sesame seeds
- Sulphur dioxide and sulphites at concentrations of more than 10mg/kg or 10mg/L in terms of total sulphur dioxide
- Lupin
- Molluscs, e.g. mussels, oysters, squid, snails

The above list will apply to foods prepared on site, e.g. sandwiches, salad pots and cakes, that have been pre-packed prior to them being offered for consumption.

The kitchen staff will be vigilant when ensuring that all PPDS foods have the correct labelling in a clearly legible format, and that this is either printed on the packaging itself or on an attached label. Food goods with incorrect or incomplete labelling will be removed from the product line, disposed of safely and no longer offered for consumption.

Any abnormalities in labelling will be reported to the kitchen manager immediately, who will then contact the relevant supplier where necessary. The Kitchen Manager will be responsible for monitoring food ingredients, packaging and labelling on a weekly basis and will contact the supplier immediately in the event of any anomalies.

Changes to Ingredients and Food Packaging

The catering team will ensure that communication with suppliers is robust and any changes to ingredients and/or food packaging are clearly communicated to kitchen staff and other relevant members of staff.

Following any changes to ingredients and/or food packaging, all associated documentation will be reviewed and updated as soon as possible.

6. ANIMAL ALLERGIES

Pupils with known allergies to specific animals will have restricted access to those that may trigger a response. In the event of an animal on the school site, staff members will be made aware of any pupils to whom this may pose a risk and will be responsible for ensuring that the pupil does not come into contact with the specified allergen.

The school will ensure that any pupil or staff member who comes into contact with the animal washes their hands thoroughly to minimise the risk of the allergen spreading.

7. SEASONAL ALLERGIES

The term ‘seasonal allergies’ refers to common outdoor allergies, including hay fever and insect bites. Precautions regarding the prevention of seasonal allergies include ensuring that grass within the school premises is not mown whilst pupils are outside during play and lunchtime (to limit the number of children this might impact).

Pupils with severe seasonal allergies may be provided with an indoor supervised space to spend their break and lunchtimes in, avoiding contact with outside allergens, where necessary. Staff members will monitor pollen counts, making a professional judgement (engaging with pupils and parents/carers as appropriate) as to whether the pupil should stay indoors. Pupils will be encouraged to wash their hands after playing outside.

Pupils with known seasonal allergies may be encouraged to bring an additional set of clothing to school to change in to after playing outside, with the aim of reducing contact with outdoor allergens, such as pollen.

Staff members will be diligent in the management of wasp, bee and ant nests on school grounds and in the school’s nearby proximity, reporting any concerns to the site team.
The site team are responsible for ensuring the appropriate removal of wasp, bee and ant nests on and around the school premises.

Where a pupil with a known allergy is stung or bitten by an insect, medical attention will be given immediately.

8. IDENTIFICATION inc. INDIVIDUAL HEALTHCARE PLANS (IHPs) & ALLERGY/ASTHMA ACTION PLANS

Upon entry to the school, all individuals (staff & pupils) have the opportunity to declare medical information in the 'new starter' paperwork they are asked to complete. This includes information about allergies. The school keeps a centralised record of any individuals (staff or pupils) who have known allergies and this will include details of whether or not that individual has an individual healthcare plan (IHP) and/or allergy action plan. The relevant section of this register will also be included in class medical bags (with pupil photos) so there is shared knowledge of allergies. The school's catering team has a computerised system for ordering of meals and management of allergens (see section about food allergies above).

Individuals are reminded to update any details about medical needs (inc. allergies) through regular communication throughout the year. Where a pupil has transferred from another school, and an IHP or allergy action plan is already in place, staff should proactively seek this information. Arrangements for supporting individuals with allergies should be established prior to a pupil/staff member starting or, if their care needs develop whilst already at the school, every effort should be made to ensure arrangements are in place within two weeks of notification. For visitors, information about allergies should be sought in advance wherever possible (and will be asked about via our Inventry signing in system).

Not all children with an allergy will require an IHP. Some allergies will have little or no impact on the child or young person while they are at school nor will pose a risk to the pupil. Some allergies will not require arrangements which are additional to or different from those made generally. IHPs are not necessary for all individuals managing allergies. However, pupils should have an IHP if:

- they have an allergy which has a functional impact on them in school;
- they are at risk of harm as a result of their allergy; and
- they require arrangements which are additional to or different from those made generally.

The IHP will set out the additional and/or different arrangements that will be in place in school for supporting the pupil with their medical condition or allergy, including in emergency situations. Where a pupil has been issued with an allergy and/or an asthma action plan by a healthcare professional, it should be attached to their IHP.

A pupil might not require any specific support with their allergy for long stretches of time. This does not make an IHP unnecessary. If a severe allergic reaction or anaphylaxis is triggered, the IHP will be needed to signpost to the relevant clinical plan so that the right emergency response is put in place. Similarly, pupils whose allergy requires flexibility and "reasonable adjustments" should have them captured through an IHP.

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 individual shows symptoms, rather than proceeding to a formal diagnosis. Yew Tree Primary School is, therefore, guided by the functional impact and risk of harm, regardless of whether an allergy is diagnosed or suspected. Where a pupil requires specific arrangements to be put in place to manage allergies, or to avoid triggers which pose risks to their health, these should be recorded on an IHP so that they can engage effectively in education and be fully included in the life of the school.

Further details and guidance, around the creation of and approach to IHPs is available in the DfE Allergy Safety in Schools statutory guidance available HERE.

Yew Tree Primary School has adopted the DfE's model template for IHPs (see appendices). However, if this is updated in the future, the school should make reference to the requirements of an IHP outlined in the DfE's guidance linked above.

It is essential that IHPs are personalised around the pupil and their current needs:

- The school should always discuss the circumstances with the pupil themselves (where appropriate) and with their parents/carers. This is essential to understand the impact the allergy has on the individual – in particular the impact on their health, education and wellbeing. The same condition can have very different effects on individuals. Strong co-production with the pupil and their parents/carers is crucial to establish confidence that the allergy will be well managed, thereby reducing or avoiding anxiety.
- The school should refer to the advice provided by the healthcare professionals involved in providing care to the child or young person. This can include letters or advice from a GP, consultant or community nurse. It will also include care plans and allergy action plans issued by healthcare professionals and any instructions for prescribed medication (for example adrenaline devices) which may to be administered while the child or young person is in education. The school will need identify arrangements that need to be in place, taking account of advice from the relevant healthcare professionals. This may include school-level adjustments and emergency response arrangements, alongside arrangements involving health services, where support falls under NHS responsibility
- Where an allergy is suspected but no advice is available from a healthcare professional, the school should not dismiss the pupils' needs or the information they receive. They should put arrangements in place to support them based on the best assessment that can be made of the likely risk to the pupil's health, education and wellbeing. They should then seek further advice from healthcare professionals.
- The school may also wish to seek advice from school nursing teams on how best to support pupils with specific allergies. In some cases (especially rare, complex or multi-system conditions), advice should also be sought from clinicians with relevant specialist knowledge. The local authority's Designated Medical Officer and/or Designated Clinical Officer may be able to help identify and engage with relevant specialists if necessary.

Allergy/Asthma Action Plans

Pupils who have a known allergy to a food or insect stings should be issued with an appropriate allergy action plan by their healthcare professional. Allergy action plans are medical documents designed to facilitate an emergency response to reactions including anaphylaxis, by people without any special medical training or equipment other than access to an adrenaline device (e.g. AAI "pen"). The relevant healthcare professional is responsible for determining the content of each child or young person's allergy action plan. The healthcare professional may wish to draw on the British Society for Allergy and Clinical Immunology (BSACI) allergy action plans available HERE.

Pupils with asthma should be provided with an asthma action plan by the relevant healthcare professional. This provides everything staff need to know about a pupil's asthma in one place, including information about their triggers, symptoms, medicines to be used if they have asthma symptoms and when to seek emergency help when they have an asthma attack. Asthma+Lung UK provides template asthma action plans, which are available HERE, for use by healthcare professionals.

Allergy and/or asthma action plans should be attached to the child or young person's IHP where one has been created. The plans include medical and parental consent for staff to administer emergency medicines, such as adrenaline for anaphylaxis or reliever inhaler in the event of an asthma attack. Action plans are reviewed and updated by healthcare professionals at regular intervals. Whenever an updated action plan becomes available, the pupil's IHP should be reviewed to incorporate it even if it is not due to be reviewed at that time.

The relevant healthcare professional responsible for the child or young person's allergy management should adhere to the Care Quality Commission requirements around sharing care plans with other providers responsible for care. This should always be in line with local data sharing agreements. The child or young person and their parents should always be involved in decisions about sharing health information.

9. EMERGENCY TREATMENT & MANAGEMENT OF ANAPHYLAXIS

What to look for:
Symptoms usually come on quickly, within minutes of exposure to the allergen.

Mild to moderate allergic reaction symptoms may include:

- a red raised rash (known as hives or urticaria) anywhere on the body
- a tingling or itchy feeling in the mouth
- swelling of lips, face or eyes
- stomach pain or vomiting
- sudden change in behaviour

More serious symptoms are often referred to as the ABC symptoms and can include:

- **AIRWAY** - swelling in the throat, tongue or upper airways (tightening of the throat, hoarse voice, difficulty swallowing).
- **BREATHING** - sudden onset wheezing, breathing difficulty, noisy breathing.
- **CIRCULATION** - dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness.

The term for this more severe reaction is anaphylaxis. In extreme cases there could be a dramatic fall in blood pressure. The person may become weak and floppy and may have a sense of something terrible happening. This may lead to collapse and unconsciousness and, on rare occasions, can be fatal.

If the pupil has been exposed to something they are known to be allergic to, then it is more likely to be an anaphylactic reaction.

Anaphylaxis can develop very rapidly, so a treatment is needed that works rapidly. Adrenaline is the mainstay of treatment, and it starts to work within seconds.

What does adrenaline do?

- It opens up the airways
- It stops swelling
- It raises the blood pressure

As soon as anaphylaxis is suspected, adrenaline must be administered without delay.

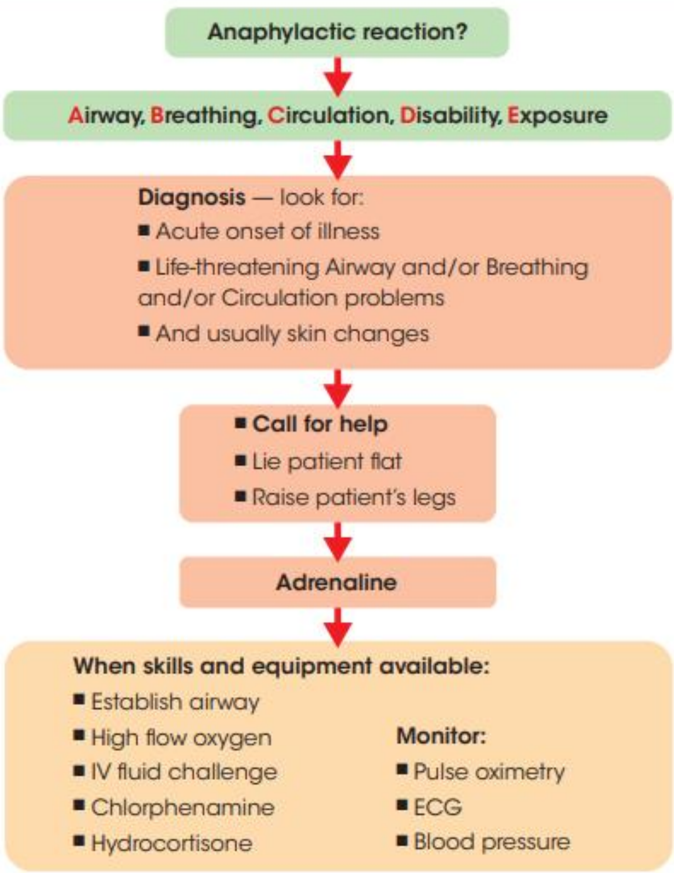
ACTION:

- Keep the child where they are, call for help and do not leave them unattended.
- **LIE CHILD FLAT WITH LEGS RAISED** – they can be propped up if struggling to breathe but this should be for as short a time as possible.

- **USE ADRENALINE AUTO-INJECTOR WITHOUT DELAY** and note the time given. AAIs should be given into the muscle in the outer thigh. Specific instructions vary by brand – always follow the instructions on the device.
- CALL **999** and state **ANAPHYLAXIS (ana-fil-axis).**
- If no improvement after 5 minutes, administer second AAI.
- If no signs of life commence CPR.
- Call parent/carer as soon as possible.

Whilst you are waiting for the ambulance, keep the child where they are. Do not stand them up, or sit them in a chair, even if they are feeling better. This could lower their blood pressure drastically, causing their heart to stop.

All pupils must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can reoccur after treatment.



10. ADRENALINE AUTO-INJECTORS (AAIs)

People at risk of anaphylaxis are usually prescribed self-administered adrenaline for use in an emergency. This would either be in the form of an adrenaline auto-injector (AAI) or a non-injectable nasal adrenaline device. Clinical advice recommends that people at risk of anaphylaxis carry two devices with them at all times, regardless of the type of device, since two doses of adrenaline may be required. Where an individual is required to have access to any form of self-administered adrenaline, or any other allergy medication, this will be detailed in the centralised allergy register.

Pupils who have prescribed AAI devices will have these are stored in a suitably safe and easily accessible location in their classrooms. These will also be held by the trip/group lead during any off-site activities and available for any curriculum activities outside of the classroom (e.g. PE, dining etc).

All staff have access to AAI devices within red medical bags in each classroom, but these are accessible to pupils and those who require them will know where they are. AAI devices are not locked away anywhere where access is restricted. All spare AAI devices will be clearly labelled to avoid confusion with any device prescribed to a named pupil.

In line with manufacturer's guidelines, all AAI devices are stored at room temperature in line with manufacturer's guidelines, protected from direct sunlight and extreme temperature.

Under The Human Medicines (Amendment) Regulations 2017 the school is able to purchase AAI devices without a prescription, for emergency use on pupils who are at risk of anaphylaxis, but whose device is not available or is not working. The school purchases spare AAIs from a Kitt Medical and these are stored, in an appropriately stored device, outside the main office.

The school will only hold one brand of AAI (i.e. those provided through Kitt Medical) to avoid confusion with administration and training.

The school's AAI kit will contain information about which dosage to administer, in accordance with age-based criteria, relevant to the age of pupils at risk of anaphylaxis, to ensure the correct dosage requirements are adhered to. These are as follows:

- For pupils under age 6: 0.15 milligrams of adrenaline
- For pupils aged 6-12: 0.3 milligrams of adrenaline

Spare AAIs are stored as part of an emergency anaphylaxis kit which, supported by the Kitt Medical portal, includes the following:

- One or more AAIs
- Instructions on how to use the device(s)
- Instructions on the storage of the device(s)
- Manufacturer's information
- A checklist of injectors, identified by the batch number and expiry date, alongside records of monthly checks
- A note of the arrangements for replacing the injectors
- A list of pupils to whom the AAI can be administered
- An administration record

Spare AAIs are not located more than five minutes away from where they may be required. At Yew Tree Primary School, the emergency anaphylaxis kit(s) can be found outside of the main school office. Similarly, emergency inhalers are also held in the main school office.

If a pupil has been prescribed non-injectable adrenaline devices (nasal spray) but it is not available, the school's "spare" ADs may be used instead.

The following staff members are responsible for maintaining the emergency anaphylaxis kit(s) provided by Kitt Medical:

- **Ashleigh Fisher (Administrator responsible for medication management)**
- **Danielle Elkin-Ranger (School Business Manager)**

The above staff members conduct a monthly check of the emergency anaphylaxis kit(s) to ensure that:

- Spare AAI devices are present and have not expired.
- Replacement AAIs are obtained when expiry dates are approaching.

The following staff member is responsible for overseeing the protocol for the use of spare AAIs, its monitoring and implementation, and for maintaining the Register of AAIs: **Danielle Elkin-Ranger.**

Any used or expired AAIs are disposed of after use in accordance with manufacturer's instructions.

Used AAIs may also be given to paramedics upon arrival, in the event of a severe allergic reaction, in accordance with this policy.

A sharps bin is utilised (available in the SBM office) where used or expired AAIs are disposed of on the school premises.

Where any AAIs are used, the following information will be recorded on the AAI Record:

- Where and when the reaction took place
- How much medication was given and by whom

11. ACCESS TO SPARE AAIs

A spare AAI can be administered as a substitute for a pupil's own prescribed AAI, if this cannot be administered correctly, without delay.

Spare AAIs are only accessible to pupils for whom medical authorisation and written parental consent has been provided – this includes pupils at risk of anaphylaxis who have been provided with a medical plan confirming their risk, but who have not been prescribed an AAI.

Consent will be obtained as part of the introduction or development of a pupil's IHP.
If consent has been given to administer a spare AAI to a pupil, this will be recorded in their IHP.

The school maintains a centralised register of allergies which includes details of pupils to whom spare AAIs can be administered (outlined in an IHP). This includes the following:

- Name of pupil
- Class
- Known allergens
- Risk factors for anaphylaxis
- Whether medical authorisation has been received
- Whether written parental consent has been received
- Dosage requirements

Parents/carers are required to provide consent on an annual basis (i.e. each time an IHP is reviewed) to ensure the register remains up-to-date. Parents/carers can withdraw their consent at any time by writing to the Head Teacher.

The member of staff responsible for managing IHPs, alongside the member of staff responsible for managing pupil medication (inc. the centralised allergy register) shall check the register is up-to-date on a half-termly basis.

They will also update the register relevant to any changes in consent or a pupil's requirements and shall ensure copies of the register are held in each classroom, which are accessible to all staff members.

Safer Travel

If a pupil walks to/from school independently, as part of the Safer Travel scheme which is available for pupils in Y5 or Y6, arrangements for access to appropriate medication must be discussed with parents/carers and detailed in the pupil's IHP. It is important that the pupil is involved in conversations about this so they are appropriately prepared for managing any allergic reactions outside of school. These details should also explicitly state who/how information will be recorded and shared if a pupil experiences an allergic reaction outside of school time.

School Trips

The Head Teacher will ensure a risk assessment is conducted for each school trip to address pupils with known allergies attending any school trips or off-site educational activities. All activities on the school trip will be risk assessed to see if they pose a threat to any pupils with allergies and alternative activities will be planned where necessary to ensure the pupils are included.

The school will speak to the parents of pupils with allergies where appropriate to ensure their co-operation with any special arrangements required for the trip. A designated adult will be available to support the pupil at all times during a school trip. If the pupil has been prescribed an AAI, at least one adult trained in administering the device will attend the trip. The pupil's medication will be taken on the trip and stored securely/appropriately so that it is accessible to the pupil in line with the arrangements outlined for in school activities. If a pupil does not have access to their prescribed medication, for any reason, they may not be allowed to attend the trip as it would not be safe to do so.

A member of staff will be assigned responsibility for ensuring that the pupil's medication is carried at all times throughout the trip.

Under some circumstances, a spare AAI may be taken on the trip where it is appropriate to do so (i.e. as an emergency where it may be required and a pupil's own medication is not available). However, this should not cause a lack of spare AAI devices on the school site.

Where the venue or site being visited cannot assure appropriate food can be provided to cater for pupils' allergies, the pupil will take their own food or the school will provide a suitable packed lunch.

12. SUPPLY, STORAGE & CARE OF MEDICATION

Depending on their level of understanding and competence, pupils will be encouraged to take responsibility for their own AAIs where appropriate. However, this will be not kept on their person but available (within easy access to them/staff) in a red drawstring medication bag for each class. This bag has the class name printed on the outside and all medication contained is clearly labelled and identifiable. This bag **MUST** accompany the child wherever they go (e.g. stored in class but taken to PE, outside at lunchtimes, to clubs and any off-site activities etc).Under no circumstances should these bags ever be locked away.

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

- Two AAIs i.e. EpiPen® or Jext®
- An up-to-date allergy action plan (where there is a known allergy)
- Antihistamine as tablets or syrup (if included on allergy action plan)
- Spoon if required
- Asthma inhaler (if included on allergy action plan).

It is the responsibility of the child's parents/carers to ensure that the anaphylaxis kit is up-to-date and clearly labelled, however **Ashleigh Fisher** (administrator responsible for medication) will check medication kept at school on a half-termly basis and send a reminder to parents/carers if medication is approaching expiry.

Parents can subscribe to expiry alerts for the relevant AAIs their child is prescribed, to make sure they can get replacement devices in good time.

Older Children and Medication

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

Storage & Disposal

AAIs should be stored at room temperature, protected from direct sunlight and temperature extremes. AAIs are single use only and must be disposed of as sharps. Used AAIs can be given to ambulance paramedics on arrival or can be disposed of in a pre-ordered sharps bin. Sharps bins to be obtained from and disposed of by a clinical waste contractor/specialist collection service and/or pharmacy. The sharps bin is kept in the SBM office.

13. MEDICAL ATTENTION & SUPPORT

Once a pupil's allergies have been identified, if an IHP is required, a meeting will be set up between the pupil's parents/carers, the Assistant SENDCO and any other relevant staff members/professionals necessary, in which the pupil's allergies will be discussed and a plan of appropriate action/support will be developed.

All medical attention, including that in relation to administering medication, will be conducted in accordance with school's policy on medication. Parents/carers will provide the school with any necessary medication, ensuring that this is clearly labelled with the pupil's name, class, expiration date and instructions for administering it. Pupils may not be able to attend school or educational visits without any life-saving medication that they may have, such as AAIs.

All members of staff involved with a pupil with a known allergy are aware of the location of emergency medication and the necessary action to take in the event of an allergic reaction. Any specified support which the pupil may require will be outlined in their IHP. All staff members providing support to a pupil with a known medical condition, including those in relation to allergens, will be familiar with the pupil's IHP.

Jacoba Wilkes (Assistant SENDCO) is responsible for working alongside relevant staff members and parents/carers in order to develop IHPs for pupils with allergies, ensuring that any necessary support is provided and the required documentation is completed, including risk assessments being undertaken.

She also has overall responsibility for ensuring that IHPs are implemented, monitored and communicated to the relevant members of the school community.

14. CULTURE & STAFF TRAINING

All staff present during times when pupils are scheduled to be on site should receive allergy awareness training. This includes permanent & temporary staff, peripatetic staff, agency workers and regular volunteers. It also includes third party staff, e.g. catering staff and those running after school clubs but does not include contractors or those on site with no pupil facing role.
The level of detail within the training will vary depending on the contextual circumstances, e.g. level of 'independent' contact with pupils and risk associated with activity (i.e. peripatetic music teachers working with children inside for instrumental lessons has a different risk factor compared to an after-school club leader delivering food related activities).

Therefore, as a general rule, training has been organised into the following tiers:

TIER 1 – LOW RISK:
All visitors/staff working under supervision of permanent staff and/or with limited contact with pupils in low-risk scenarios (e.g. social workers attending for a meeting with a child, short term supply staff) will receive allergy awareness training via information available upon entry and in the environment (e.g. posters, visitors handbook etc). ***NB: where visitors/staff are working with children with known allergies, even in a low-risk situation, they will be informed of the IHP in place.***

TIER 2 – MEDIUM RISK:
All visitors/staff working at the school on a regular or long-term basis but with support and guidance of permanent staff in medium-risk scenarios (e.g. peripatetic music teachers, ITT students & club leaders in activities not involving food or allergens etc) will receive allergy awareness training as outlined at tier 1 as well as receive a formal induction which outlines the Allergy Safety Policy further.

TIER 3 – HIGH RISK:
All visitors/staff working at the school on a permanent or long-term basis where they work independently with pupils in high-risk scenarios (e.g. club leaders in activities involving food or allergens, catering staff, staff & visitors whose work may involve supervision of those working at tiers 1 or 2 etc) will receive allergy awareness training as outlined in the previous tires as well as annual allergy awareness training (see below).

Annual Training
Staff members will receive appropriate training and support relevant to their level of responsibility, in order to assist pupils with managing their allergies. There is a core entitlement that all individuals identified as working at tier 3 will receive but there will be occasions where staff will also receive enhanced training (e.g. where a pupil has a complex allergy or frequent allergic reactions).

The school will arrange *allergy awareness* training and *emergency response* training on an **annual** basis (alternating between online training and in-person training on a bi-annual basis). This training includes how to administer an AAI, and the sequence of events to follow when doing so.

In addition, those who receive Paediatric First Aid (PFA) or First Aid at Work training will also receive additional input regarding the management of allergies as part of this training.

The relevant staff, e.g. catering staff and those responsible for overseeing food-based curriculum delivery, will be trained on how to identify and monitor the correct food labelling and how to manage the removal and disposal of PPDS foods that do not meet the requirements set out in Natasha's Law.

The relevant members of staff will be trained on how to consistently and accurately trace allergen-containing food routes through the school, from supplier delivery to consumption.

Allergy awareness training should ensure that those accessing it should:

- Have an awareness of allergy, the risks it poses, how allergic reactions can occur and how to manage it;
- Understand that allergy includes multiple conditions (food allergy, asthma, eczema, hay fever, others), which can co-exist;
- Understand the difference between food allergy, coeliac disease and food intolerance;
- Know where to find information on allergy triggers;
- Can identify the range of symptoms of allergic reactions;
- Understand and can recognise anaphylaxis;
- Know how to respond in an emergency, including:
    - calling emergency services and informing parents;
    - how to locate and administer emergency medication (adrenaline for anaphylaxis, asthma
    - reliever inhaler for an asthma attack).
    - training on how to use the medication/device in an emergency (whether prescribed to a given person or a school's "spare" adrenaline devices);
- Understand the impact allergy can have on a child or young person's wellbeing;
- Understand the school'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").

Wellbeing

An aim of the allergy awareness culture at the school is not simply to ensure compliance but also to ensure that pupils feel supported in managing their allergies. Many individuals with allergies may become anxious as a result of the risk of exposure to allergens and the potential for anaphylaxis, which may be compounded by living with difficult-to-control asthma or eczema. Therefore, Yew Tree aims to provide a setting which offers both support and reassurance of the steps taken to minimise risk.

It is also recongised that pupils may also be bullied as a result of their allergies. This can include peers deliberately excluding individuals from activities due to known allergens or denigrating/ making fun of the need to avoid allergens.

Consequently, the staff & leaders at the school will utilise their training & knowledge to create a positive allergy awareness culture by:

- ensuring regular communication to pupils, parents/carers and staff about allergies, ensuring ongoing awareness and the appreciation for the severity of potential risk.
- proactively engaging with new starters with known allergies, setting out the school's policy and support available.
- inviting new starters with known allergies to have a tour of the kitchen and/or dining room so they can meet key staff and get used to the mealtime environment.
- introducing 'allergy champion' roles for staff & pupils where necessary and appropriate (i.e. a named member of staff who can act as a key contact for individuals with allergies) in order to offer support to those managing allergies.

15. ALLERGY AWARENESS & NUT BANS

Yew Tree Primary School takes every effort to be a 'nut free' school but is clear that this does not remove the risk of anaphylaxis. This is because nuts are only one of many allergens that could affect pupils, and no school could guarantee a truly allergen free environment for a child living with food allergy. Instead, we encourage a culture of allergy awareness and education.

A 'whole school awareness of allergies' is a much better approach, as it ensures teachers, pupils and all other staff are aware of what allergies are, the importance of avoiding the pupils' allergens, the signs & symptoms, how to deal with allergic reactions and to ensure policies and procedures are in place to minimise risk.

16. MINIMISING RISK OF EXPOSURE (inc. RISK ASSESSMENT)

The procedures within this policy are designed to minimise the risk of any individual coming into contact with known allergens. However, beyond the specific procedures outlined, leaders intend this policy to be a vehicle for driving an allergy awareness culture so that any risk is also minimised through a vigilance which is created.

Pupils with allergies should not be prevented from taking part in activities alongside their peers simply because of the risk of coming into contact with one of their allergens. Therefore, as part of the allergy awareness culture which should exist, staff would need to find alternatives for the whole group which do not exclude individuals where necessary. When planning activities, as examples, staff should consider:

- old food boxes or packaging may contain traces of allergens;
- some products contain wheat flour, including "play dough";
- some glues contain milk, wheat or soya;
- bird feed may contain nuts and sesame.

Yew Tree Primary School will conduct a detailed individual risk assessment, where it has been identified as part of an IHP, that this may be necessary for pupils with allergies, to help identify any gaps in our systems and processes for keeping allergic children safe.

School and individual risk assessments can be downloaded for free from:
https://www.anaphylaxis.org.uk/downloads-form/safer-schools-download

17. REPORTING, REVIEW & INFORMATION SHARING

This policy shall should be reviewed at least annually. However, it may be reviewed earlier where incidents of 'near misses' suggest areas for improvement. When updating the policy, the Governing Board should be made aware of any incidents or 'near misses' have impacted practice so that there is an open approach to lessons learned.

Any review should take account of any incidents and 'near missed' and should seek to learn lessons from them. This is essential where incidents suggest that policies or procedures may leave individuals with allergies at risk.

In the event of a serious incident and/or 'near miss', the Head Teacher and/or School Business Manager shall review the circumstances by collecting relevant information/statements from all necessary individuals. This shall be recorded on the pupil's safeguarding record (CPOMS). This will enable the school to share information related to the incident with any relevant staff quickly and efficiently. This will also allow the relevant member of staff to consider any updates required for an

IHP, in light of the information noted, and to **share information with parents/carers** as soon as possible.

The information shared in the CPOMS record should include:

- **who** was affected;
- **what** happened, **when** and **where**;
- **why** the incident occurred (as far as is known);
- **how** staff and students responded; **what** was done to support the individual; whether **emergency services** were called;
- **how** the incident concluded.

Any first aid administered should also be detailed in the school's first aid log. Parents/carers should also be guided to share information about incidents or 'near misses' which occur at home/outside of the school setting reciprocally so that the IHP and any plans/procedures in school can be updated accordingly.

Parents/carers should be given the opportunity to discuss what happened and to contribute their views to the consequent lessons leaned review. Following this review, the school should confirm, in writing, what it has learned from the incident and outline any actions it is taking as a result.

The review notes, and any related communication, should be shared with the member of staff responsible for overseeing pupils with medical conditions (inc. allergies). In addition, it may also be necessary to share the report with other agencies:

- schools acting as food businesses must report any allergen-related food safety incidents to their local authority (Report a food safety issue).
- schools must report incidents which arose directly from the way they undertook a work activity which resulted in death or immediate hospitalisation to the Health and Safety Executive (RIDDOR – incident reporting in schools (accidents, diseases and dangerous occurrences)).
- in the event that the incident or "near miss" related to the delivery of a care plan or action plan issued by a healthcare professional, the relevant healthcare professional should be notified.
- schools would need to make a safeguarding referral, to the relevant professionals, only when an incident highlighted a concern that a pupil might be at increased risk of being neglected, abused or exploited by persons inside or outside of their family unit because of their medical condition.

Information Sharing

Information concerning an individual's medical conditions (including allergy) can be deeply personal. Nevertheless, Yew Tree Primary School will need to hold, use and share this information in order to ensure the individual receives the support they need to stay safe and be included in education.

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 pupil'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 a pupil's confidence in practitioners and can be embarrassing for individuals who may not want to be singled out.

Appendix A: Model process for developing Individual Healthcare Plans (IHPs)

A CYP comes onto roll of school, college or EY setting. Parents or the young person identify they have allergy. Advice and instruction from relevant healthcare professionals (e.g. Allergy Action Plan) is provided.

OR

A CYP already on the roll of the school, college or EY setting is identified as having a allergy (including a new diagnosis) or develops an allergy.

↓

School, college or setting considers the advice or instruction provided by relevant healthcare professionals. They meet the CYP and their parents to discuss the circumstances, the impact of the allergy and consider whether an Individual Healthcare Plan (IHP) is required. If necessary, the school, college or setting seeks advice from relevant healthcare professionals.

↓

If the allergy has a functional impact on the CYP or poses a risk to them, the school, college or EY setting should discuss what supportive arrangements may be required with the CYP and their parents and should draw up an IHP to specify them.

If healthcare professionals have provided advice or instruction (e.g. an Allergy Action Plan, their IHP will refer to it.

↓

IHP is shared with the CYP, their parents and those staff who need to be aware of its contents.

↓

School, college or setting delivers the arrangements set out in the IHP.

↓

IHP is reviewed at least annually. Any serious incident, "near miss" or change in circumstances (including changes in instructions or advice from relevant healthcare professionals such as changes to care plan, action plan or medication) should prompt review of the IHP.

↓

Amended IHP is shared with the CYP, their parents and those staff who need to be aware of its contents. School, college or setting delivers the revised arrangements.

Appendix B: Proforma for Individual Healthcare Plans (IHPs) **NAME – Individual Healthcare Plan for allergy**	
Date of birth:	Current photo
Year / class:	
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**:

Appendix B: Communication for Safer Travel pupils requiring medication

Medication Arrangements
for Year 5 and Year 6 Parents/Carers
For pupils with emergency medication in school who walk home independently

YEW TREE PRIMARY SCHOOL
Learning Without Limits

Dear Parent/Carer,

As part of our ongoing review of our arrangements for pupils with medical conditions, including asthma and allergies, we are contacting Year 5 and Year 6 parents/carers where your child has emergency medication in school and walks home independently.

Benedict's Law and updated guidance

Following the introduction of Benedict's Law and the updated guidance around allergy safety in schools, we are reviewing our existing arrangements to ensure that pupils with medical conditions are appropriately supported and that consideration is given to their needs when they are becoming more independent.

Medication in school

Your child's medication is currently kept securely in school in accordance with our usual medication procedures.

What we are asking you to do

As your child has emergency medication in school and walks home independently, we would ask you to consider what arrangements you have in place for them regarding their medication once they have left the school premises and are no longer under the supervision of school staff.

Please consider

- Whether your child knows what to do if they experience symptoms or require their medication while travelling home.
- Whether they have access to any medication they may need when away from school.

This email is intended to raise awareness and encourage parents/carers to consider whether their child's current arrangements remain appropriate as they become more independent.
It does not mean that medication currently held in school needs to be taken home.

If you feel that your child's arrangements need to be reviewed, or there is anything the school needs to be aware of, please contact the school office.

Thank you for your continued support.