

THE IVORY FEDERATION

Propps Hall Junior, Infant and Nursery School / Springhead Infant and Nursery School / Rushcroft Primary School

ALLERGY SAFETY & ANAPHYLAXIS POLICY

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RATIONALE

We are committed to providing a safe and inclusive environment for all pupils, including those with allergies.

Allergic reactions can range from mild symptoms to anaphylaxis, a severe and potentially life-threatening allergic reaction requiring immediate treatment. Effective allergy management therefore requires both appropriate emergency procedures and a whole-school approach to identifying allergies, reducing avoidable risks and ensuring that pupils with allergies can participate fully in school life.

This policy has been developed in accordance with current statutory requirements and Department for Education guidance on allergy safety in schools. It should be read alongside each school's First Aid and Defibrillator Policy, Supporting Pupils with Medical Conditions arrangements, educational visits procedures and relevant food and catering procedures.

PURPOSE

This policy aims to:

- promote a whole-school approach to allergy safety;
- ensure pupils with allergies are identified and appropriately supported;
- reduce, as far as reasonably practicable, the risk of exposure to known allergens;
- ensure appropriate Individual Healthcare Plans (IHPs) are in place where required;
- ensure staff understand how to recognise and respond to allergic reactions and anaphylaxis;
- ensure adrenaline auto-injectors (AAIs) and other prescribed medication are readily accessible;
- enable pupils with allergies to participate safely and inclusively in school activities;
- establish clear arrangements for emergencies, incidents and near misses; and
- ensure allergy safety arrangements are regularly reviewed.

1. IDENTIFYING & RECORDING ALLERGIES

At the start of each school year and whenever a pupil joins the school, parents and carers are asked to provide information about medical conditions and allergies.

Parents and carers must inform the school of:

- the allergen or suspected allergen;
- the nature of previous reactions;
- any medical diagnosis;
- medication prescribed;
- emergency treatment required; and
- any subsequent changes to their child's condition or treatment.

Relevant information will be recorded on the school's medical needs register and shared with staff who need to know in order to keep the pupil safe.

Information will be handled in accordance with data protection requirements.

2. INDIVIDUAL HEALTHCARE PLANS

Where appropriate, a pupil with an allergy will have an Individual Healthcare Plan (IHP). The Pastoral Care Worker is responsible for coordinating the school's medical needs arrangements, including maintaining medical information and coordinating Individual Healthcare Plans (IHPs)

The plan will be developed in consultation with parents or carers and, where appropriate, the pupil and relevant healthcare professionals.

The IHP should identify, as appropriate:

- the pupil's allergy and known triggers;
- signs and symptoms of an allergic reaction;
- measures required to reduce risk;
- prescribed medication;
- where medication is stored;
- emergency procedures;
- arrangements for school activities and educational visits; and
- relevant emergency contact information.

IHPs will be reviewed at least annually and sooner where the pupil's needs or treatment change.

3. REDUCING THE RISK OF ALLERGEN EXPOSURE

The Federation recognises that it is not possible to create an entirely allergen-free environment. Schools will therefore take a proportionate and risk-based approach to reducing avoidable exposure.

Relevant staff will consider allergy risks when planning:

- meals and snacks;
- food preparation and tasting activities;
- cooking and curriculum activities;
- celebrations and special events;
- rewards involving food;
- breakfast and after-school provision;
- educational visits and residential; and
- other activities where food or known allergens may be present.

Staff will promote appropriate handwashing and cleaning arrangements where these contribute to reducing the risk of allergen exposure.

Schools will not make blanket claims that they are completely 'allergen-free' or 'nut-free'. Where particular controls are required for an individual pupil, these will be identified through appropriate risk assessment and/or the pupil's IHP.

4. CATERING AND FOOD

Schools will work with their catering provider (Orion) and parents or carers to ensure that relevant allergy information is communicated appropriately.

Catering staff will be made aware of pupils with identified food allergies where this is necessary for their role.

Food allergen information and dietary requirements will be managed in accordance with applicable food safety requirements and the catering provider's procedures.

Pupils with food allergies should be able to eat alongside their peers wherever this can be achieved safely.

5. INCLUSION

Having an allergy should not unnecessarily prevent a pupil from participating in school life.

Reasonable and proportionate arrangements will be made to enable pupils with allergies to participate in lessons, clubs, performances, celebrations, educational visits, residential visits and other school activities.

Staff will consider allergy safety as part of the planning and risk assessment for activities rather than routinely excluding a pupil because of their allergy.

6. ADRENALINE AUTO-INJECTORS & MEDICATION

Parents and carers of pupils who have been prescribed adrenaline auto-injectors (AAIs) are responsible for ensuring that the school has the required prescribed devices and that these are in date.

AAIs will:

- be clearly labelled for the pupil;
- remain in their original packaging;
- be readily accessible in an emergency;
- be stored in accordance with the manufacturer's instructions; and
- accompany the pupil on off-site activities and educational visits.

The Pastoral Care Worker will oversee the safe storage of pupils' allergy medication and ensure that medication and AAIs are checked regularly and remain in date.

Where a pupil has other prescribed allergy medication, this will be stored and administered in accordance with the pupil's IHP and the school's arrangements for medicines.

7. SPARE EMERGENCY ADRENALINE AUTO-INJECTORS

Each school holds spare emergency adrenaline auto-injector provision.

Spare AAIs will be stored safely but remain readily accessible in an emergency. Appropriate checks will be undertaken to ensure that devices remain in date and ready for use.

The school's spare AAI may be used in an emergency for a pupil who is known to be at risk of anaphylaxis, in accordance with the pupil's Individual Healthcare Plan/emergency allergy plan and current Department for Education guidance.

Where anaphylaxis is suspected in a pupil who is not previously known to be at risk, or where the usual authorisation arrangements are not in place, staff must call 999 immediately, state that anaphylaxis is suspected and follow the emergency call handler's instructions, including advice regarding administration of the school's spare AAI. In an exceptional life-threatening emergency, adrenaline may be administered for the purpose of saving life.

8. STAFF TRAINING AND AWARENESS

All staff will receive appropriate allergy and anaphylaxis awareness training. Training is currently delivered by the Oldham School Nursing Team.

Training will include:

- understanding allergies and anaphylaxis;
- recognising the signs and symptoms of an allergic reaction;
- understanding when an allergic reaction may be becoming anaphylaxis;
- knowing how to summon emergency assistance;
- understanding the importance of prompt administration of adrenaline where required;
- awareness of AAI and their use; and
- understanding the school's allergy safety procedures.

Practical training using AAI trainer devices will be provided as appropriate.

Training will be refreshed annually and following significant changes to guidance or where an incident identifies a need for further training.

Relevant information about individual pupils will also be communicated to staff who work with or supervise them.

9. RECOGNISING AN ALLERGIC REACTION

Allergic reactions can present in different ways and may involve one or more body systems. Symptoms may include:

- swelling of the lips, face or eyes;
- hives, rash or flushing;
- tingling or itching in the mouth;
- abdominal pain, nausea or vomiting;
- difficulty breathing, wheezing or persistent coughing;
- swelling of the tongue or throat;
- difficulty swallowing or speaking;
- sudden weakness, dizziness or collapse; or
- loss of consciousness.

Anaphylaxis is a medical emergency.

Staff should follow the pupil's emergency allergy plan/IHP where one is available and their current allergy and anaphylaxis training.

10. EMERGENCY RESPONSE

Where anaphylaxis is suspected:

- **call 999 immediately and state that anaphylaxis is suspected;**
- administer an adrenaline auto-injector without delay where indicated, following current training, the device instructions and, where available, the pupil's emergency allergy plan/IHP;
- ensure the pupil is appropriately positioned and is not left alone;
- arrange for the pupil's parent or carer to be contacted;
- continue to monitor the pupil and follow instructions from the emergency services; and
- administer a further dose of adrenaline where required in accordance with current emergency guidance.

A pupil who has received adrenaline must receive emergency medical assessment.

Used AAIs should be given to the ambulance crew where appropriate, with the time of administration communicated to them.

11. EDUCATIONAL VISITS AND OFF-SITE ACTIVITIES

Allergy safety will be considered as part of the planning and risk assessment for educational visits and off-site activities.

The group leader will ensure that:

- relevant staff know which pupils have allergies;
- the pupil's prescribed medication and AAls accompany them;
- medication remains readily accessible;
- an appropriate member of staff understands the pupil's emergency arrangements; and
- relevant information is communicated to external providers where necessary.

Pupils should not be unnecessarily excluded from visits because of an allergy.

12. INCIDENTS AND NEAR MISSES

Allergy-related incidents will be appropriately recorded. Serious incidents and significant near misses will be reviewed by senior leaders to establish:

- what happened;
- whether existing arrangements were followed;
- whether any additional controls are required;
- whether an IHP or risk assessment needs to be amended; and
- whether further communication or staff training is required.

Relevant learning will be shared with staff as appropriate.

13. COMMUNICATION

Allergy safety is a shared responsibility.

Relevant information will be communicated to staff, including temporary, supply and other adults working with pupils, where this is necessary to protect a pupil's safety.

Parents and carers will be expected to work in partnership with the school and to keep medical and contact information up to date.

Age-appropriate information will be provided to pupils to help develop understanding of allergies, respectful behaviour and the importance of not sharing food where this could place another pupil at risk.

14. LINKS WITH OTHER POLICIES AND PROCEDURES

This policy should be read alongside:

- each school's First Aid and Defibrillator Policy;
- arrangements for Supporting Pupils with Medical Conditions;
- Educational Visits procedures;
- Safeguarding/Child Protection Policy;
- Health and Safety Policy

15. CONCLUSION

The implementation of this policy will support a safe and inclusive approach to allergy management across the Federation, ensuring that appropriate arrangements are in place to reduce risk and respond effectively to allergic reactions and anaphylaxis.

The Executive Headteacher and governing bodies are responsible for ensuring that appropriate allergy safety arrangements are in place. Implementation will be monitored through the Federation's existing safeguarding, health and safety and medical needs arrangements.

This policy will be reviewed annually, and sooner where there are changes to legislation or statutory guidance, or where learning from an incident indicates that changes are required.