Student Allergy Policy

Welland Park Academy

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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 students 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 students 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
- Benedict's Law

3. Roles and responsibilities

We take a whole-school approach to allergy awareness.

3.1 The governing board

The governing board is responsible for ensuring:

- Risks relating to students with allergy are included in the risk register and actively managed
- The school has an allergy safety policy which sets out:
    - Arrangements to reduce the risk of individuals coming into contact with their known allergens
    - Emergency response plans for cases of anaphylaxis

The governing board delegates the day-to-day implementation of this policy to the allergy safety lead.

3.2 Allergy lead

The nominated allergy lead is Emma Ferreri Assistant Principal for Attendance and Behaviour The First Aid Coordinator has delegated responsibility for some of the day-to-day tasks involved in the management of this policy.

They're responsible for:

- Implementing this allergy safety policy
- Reviewing the allergy safety policy at least annually, updating it when needed, and making sure it is published
- Promoting and maintaining allergy awareness across our school community
- Developing and reviewing arrangements for the safe storage and disposal of adrenaline devices (AD)
- Ensuring:
    - All allergy information is up to date and readily available to relevant members of staff
    - All students who require support with allergies have an up-to-date individual healthcare plan (IHP)
    - All students with a known food or insect sting allergy have up-to-date allergy action plans issued by a medical professional
    - All staff receive regular allergy awareness 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
- Serious incidents and 'near misses' relating to allergy safety are recorded and reported as appropriate, and to consider and share with staff:
    - What lessons there are to learn
    - Any potential changes to the medical conditions and/or allergy safety policies and/or to any student's IHP

3.3 Principal

The principal is responsible for:

- Deciding (in discussion with the parents/carers and any relevant healthcare professionals) whether a student's allergy can be managed through the adjustments made under the school's medical conditions policy or whether an IHP is required to specify arrangements that reflect the student's circumstances

3.4 First Aid Coordinator

The first aid coordinator is Jenny Goulborn, along with Jemma Linnell, Academy Business Manager, and are responsible for:

- Co-ordinating the paperwork and information from families
- Co-ordinating medication with families
- Checking spare AAIs are in date
- Any other appropriate tasks delegated by the allergy lead

3.5 Teaching and support staff

All teaching and support staff are responsible for:

- Promoting and maintaining allergy awareness among students
- 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 students 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 students with allergies
- Reporting any allergic reaction or case of anaphylaxis to the allergy safety lead

3.6 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

3.7 Students with allergies

These students are responsible for:

- Being aware of their allergens and the risks they pose
- 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

3.8 Students without allergies

These students are responsible for:

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

Older students might also be expected to support their peers and staff in the case of an emergency.

4. Identifying individuals at risk

Allergy is a spectrum of different allergic diseases. Reactions occur when a susceptible person is exposed to something (an "allergen") they are allergic to. Common allergic conditions include:

- Hay fever (allergic rhinitis), triggered by allergens carried in the air, such as pollen, house dust mite, animal fur/feathers, or mould
- Skin allergies (e.g. eczema, contact dermatitis, contact urticaria/hives) caused by contact with allergens including house dust mite, pollen and substances like nickel, latex and some chemicals
- Food allergy, which can cause symptoms ranging from mild itching in the mouth to "whole body" reactions including anaphylaxis
- Asthma which may be triggered by airborne allergens
- Allergy to insect stings and medicines

4.1 Identifying students at risk

The school asks parents to complete an Allergy Management Risk Assessment if their child is at risk of anaphylaxis which will identify risk factors and ways to manage them.

We will:

- For new starters, send a form to all parent/carers of students after their place at the school has been confirmed, but before their first school year starts, to confirm any allergy the student has and whether they carry medication. Where a student has a new diagnosis and/or has moved to the school mid-term, we will send a form and put arrangements in place within 2 weeks
- Send a reminder to parents/carers at the start of each year asking them to update their child's medical information as necessary via Edulink

We ask that parents/carers proactively inform us by either phone call to the school 01858 464795 or an email to adminoffice@wellandparkacademy.com if their child's medical needs change during the school year.

4.2 Identifying staff and visitors at risk

Arrangements for identifying staff and visitors with known allergies:

- New staff to provide details of their allergies in advance of their start date
- Visitors to provide details of their allergies in advance of their visit where possible

4.3 Individual healthcare plans (IHP)

Students should have an IHP if they:

- Have an allergy which has a functional impact on them in the school environment
- They are at risk of harm as a result of their allergy; and
- Require arrangements which are additional to or different from those made generally

It is not necessary for a student to have a formal diagnosis of allergy for them to have an IHP. Healthcare professionals may decide that it is more appropriate to accept that the child shows symptoms, rather than proceeding to a formal diagnosis.

The IHP will set out the additional and/or different arrangements that will be in place for supporting the student. The school will make every effort to make sure that arrangements are put in place within 2 weeks, or by the beginning of the relevant term for students who are new to our school.

Not all children with an allergy will require an IHP. Some allergies will have little or no impact on the student while they are at school, or pose no risk to the student. Some allergies will not require arrangements which are additional to or different from those made generally.

The principal is responsible for deciding (in discussion with the parents/carers and any relevant healthcare professionals) whether a student's allergy can be managed through the adjustments made under the school's medical conditions policy or whether an IHP is required to specify arrangements that reflect the student's circumstances.

The school will consider the following principles:

- If the arrangements or support which a student requires would be available to any student as part of normal policies, an IHP may not be required
- If the student only needs non-prescription medication and the school's medical conditions policy would permit them to carry and administer it, an IHP may not be required

IHPs will be reviewed at least annually and more frequently if the student's needs have changed. Where a student moves on to a new school or college, their IHP will be shared as part of the transition.

4.4 Allergy and asthma action plans

All students who have a known allergy to a food or insect stings should be issued with an appropriate allergy action plan by their healthcare professional.

All students who have asthma should be issued with an asthma action plan by their healthcare professional.

The plans include medical and parental consent for staff to administer emergency medicines, including adrenaline for anaphylaxis or reliever inhaler in the event of an asthma attack.

The allergy action plan and/or asthma action plan should be attached to the student's IHP. Whenever the allergy action plan is updated, the student's IHP should be reviewed to incorporate it.

4.5 Register of students with known allergies

- The school maintains a register of students who have a known allergy. The register includes:
    - Known allergens and risk factors for anaphylaxis
    - Whether a student has been prescribed ADs (and if so, what type and dose)
    - Where a student has been prescribed an AD, whether parental consent has been given to administer emergency medication
    - A photograph of each student to allow a visual check to be made (with parental consent)

Where the school has been informed of students with known allergies there is a printed register located in the front office along with the Individual Health Plans. Information for students with allergies is also provided to catering staff via the tills and they are alerted if a student tries to purchase an item that may have allergens contained in them. Forms are completed by parents for food technology and science lessons to ensure teachers and support are aware of student allergies for practical lessons.

5. Assessing risk

The school asks parents to complete an Allergy Management Risk Assessment if their child is at risk of anaphylaxis which will identify risk factors and ways to manage them for participation in the following activities and lessons:

- 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 student at risk of an allergic reaction will also be carried out where a visitor requires a guide dog.

The risk assessments are held in the school office but are made available to all staff when necessary. The Head of Science and the Head of Design Technology shares a communication to all parents with a list of all ingredients and chemicals that are used in cooking and science throughout the year so that parents and students can let them know if they have any concerns or allergies. This can then be managed on an individual basis by the students, parents and teachers.

6. Managing risk

6.1 Hygiene procedures

- Students are reminded to wash their hands before and after eating
- Sharing of food is not allowed
- Students have their own named water bottles

6.2 Catering

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

- Catering staff receive appropriate training and are able to identify students with allergies
- 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 students
- Food allergen information relating to the 'top 14' allergens is displayed on the packaging of all food products, allowing students 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
- Where food is provided by the school, staff will understand how to read labels for food allergens
- The school will engage with caterers to understand the controls in place to ensure that food service complies with relevant requirements
- Tills have visual alerts for students with allergies purchasing items in the canteen.

6.3 Food restrictions

We acknowledge that it is impractical to enforce an allergen-free school. However, we would like to encourage students 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 student brings these foods into school, they may be asked to eat them away from others to minimise the risk, or the food may be confiscated.

6.4 Insect bites/stings

When outdoors:

- Shoes should always be worn
- Food and drink should be covered
- If anyone thinks they have been stung or bitten they can seek medical help from a first aider.

6.5 Animals

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

6.6 Support for mental health

Students with allergies can seek additional support through:

- Pastoral care
- Regular check-ins with their [class teacher/form tutor/etc.]
- First Aiders

6.7 Events and school trips

- No students with allergies will be excluded from taking part
- The school will plan accordingly for all visits and trips, and arrange for the staff members involved to be aware of students' allergies and to have received appropriate training
- The school will conduct a risk assessment for any student at risk of anaphylaxis taking part in a school trip

- Students at risk of anaphylaxis should have their own ADs with them
- Staff trained to administer adrenaline in an emergency will be present on the school trip
- Appropriate measures will be taken in line with the school's AD protocols for off-site events and school trips (see section 8.5)

7. Procedures for handling an allergic reaction

- All staff are trained to recognise the signs of both mild and severe allergic reactions (known as anaphylaxis) and respond appropriately
- Staff are trained in the administration of adrenaline to minimise delays in an emergency
- If the student has an allergy action plan, this must be followed
- A spare school AD device will only be used if:
    - The student does not have a prescribed AD
    - The student's prescribed AD are not available or misfire

7.1 Register of students with AAIs

- The school maintains a record of students who have been prescribed AAIs or where a doctor has provided a written plan recommending AAIs to be used in the event of anaphylaxis. The register includes:
    - Known allergens and risk factors for anaphylaxis
    - Whether a student has been prescribed AAI(s) (and if so, what type and dose)
    - Where a student has been prescribed an AAI, whether parental consent has been given for use of the spare AAI, which may be different to the personal AAI prescribed for the student
    - A photograph of each student to allow a visual check to be made (this will require parental consent)
- The paper register is kept in the front office and on the student database and can be checked quickly by any member of staff as part of initiating an emergency response

Allowing all students to keep their AAIs with them will reduce delays and allows for confirmation of consent without the need to check the register.

7.2 Allergic reaction procedures

- The school's normal emergency procedures which are as follows:

Anaphylaxis

Anaphylaxis is a life-threatening allergic reaction that happens very quickly. It can be caused by food, medicine or insect stings. Call 999 if you think you or someone else is having an anaphylactic reaction.

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.

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.

- A school AAI device will be used instead of the student's own AAI device if:
    - Medical authorisation and written parental consent have been provided, or
    - The student'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 student needs to be taken to hospital, staff will stay with the student until the parent/carer arrives, or accompany the student to hospital by ambulance
- If the allergic reaction is mild (e.g. skin rash, itching or sneezing), the student will be monitored and the parents/carers informed

8. Adrenaline Devices (ADs), including Adrenaline auto-injectors (AAIs)

8.1 Prescribed ADs

Students who are prescribed ADs are encouraged to keep them near or on their person at all times including when travelling to or from the school and on school trips. It is recommended that two devices are carried at all times. Students with prescribed ADs should take them home with them at the end of each school day, and parents are responsible for ensuring that they are in date.

8.2 Purchasing of spare AAIs

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

Please note: current regulations only allow schools to purchase adrenaline auto-injectors (AAIs) as spare devices. Non-injectable adrenaline devices (nasal spray) may be prescribed to individuals but cannot currently be stocked as a spare device. If an individual who is prescribed nasal adrenaline suffers anaphylaxis, a school's spare AAIs may be used in an emergency. Schools can purchase an emergency asthma reliever inhaler which can only be used if the student's prescribed inhaler is not available and where written consent has been obtained.

8.3 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. **Two spare AAIs are located at the front office and four inside the dining hall.**

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

8.4 Maintenance (of spare AAIs)

The Allergy Lead and First Aid Coordinator are responsible for checking monthly that:

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

8.5 Disposal

ADs can only be used once. Once an AD has been used, it will be disposed of in line with the manufacturer's instructions.

8.6 Using spare ADs in an emergency situation without prior consent

The Human Medicines (Amendment) Regulations 2017 do not require consent to have been obtained for spare adrenaline devices to be used in an emergency.

The school will obtain advance consent from parents/carers or students for spare adrenaline devices to be used, so that in an emergency, consent can be assumed to be in place.

However, in an emergency situation, anyone may take reasonable action to save a life without checking whether prior consent has been given. This avoids potentially fatal delays in treatment.

8.7 Use of ADs off school premises

- Students 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

The Trip Leader should conduct a risk-assessment for any student at risk of anaphylaxis taking part in a school trip off school premises, in much the same way as they already do so with regards to safe-guarding etc. Students at risk of anaphylaxis should have their AAI with them, and there should be staff trained to administer AAI in an emergency. The Trip Leader may wish to consider whether it may be appropriate, under some circumstances, to take spare AAI(s) obtained for emergency use on some trips.

9. Serious incidents and 'near misses'

A **serious incident** is any event relating directly to a medical condition (including allergy) in which a student, member of staff or visitor with a medical condition or allergy is harmed or is placed at an immediate and significant risk of harm, including situations requiring emergency medication, urgent clinical intervention or attendance by emergency services.

A **'near miss'** is an event relating directly to a medical condition (including allergy) that did not result in harm but had the clear potential to do so – for example, where an error, omission, or system failure could reasonably have led to a serious incident had circumstances been only slightly different.

9.1 Incident recording

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

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

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

9.2 Incident reporting

The parents/carers of a student aged up to 16 should be notified of the incident or 'near miss' as soon as possible. In the case of a student aged 16 and over, the school will confirm that the student agrees that their parents/carers should be informed.

The school will share the report with the student's parents, the student or the individual involved.

They will be given the opportunity to discuss what happened and to contribute their views to the consequent lessons learned review. The school will then confirm what we have learnt from the incident and outline any actions we are taking as a result.

In some cases, the impact of exposure to an allergen at school may be delayed and not recognised until the student is at home. This means that incident reporting is not limited to staff – the student, parents/carers or others (such as healthcare professionals) will need to report to the school if there has been an incident with a delayed reaction.

Staff will always share the incident report with the Principal and Allergy Lead. The allergy safety lead will consider whether the allergy safety arrangements in place were appropriate or if changes are needed to this policy and/or the student's IHP. Any learning will be shared appropriately with staff so they can act on them and reduce the chance of an incident reoccurring.

The school will also share the report with other agencies in the following circumstances:

- With the Health and Safety Executive (HSE): incidents which arise directly out of the way the school carried out a work activity which results in death or immediate hospitalization. For example, where a student has suffered harm after consuming an allergen due to incorrect preparation of food by a member of staff. [See how to make a RIDDOR report]
- To the local authority: any allergen-related food safety incidents. [See how to report a food safety issue]

In the event that the incident or 'near miss' was related to the delivery of a care plan or action plan issued by a healthcare professional, the relevant healthcare professional will be notified.

10. Allergy awareness

10.1 Staff training

The school ensures that all staff expected to be present during times when students are scheduled to be on site receive allergy awareness training at least annually. New starters will complete this training as part of their induction.

This includes permanent staff, temporary staff, supply teachers, peripatetic staff, agency workers and regular volunteers. It also includes catering staff and others who may oversee students at breakfast or after-school clubs. It does not include contractors carrying out work with no student-facing role such as builders, electricians or other ad hoc maintenance personnel.

The school has access to 'training pens' from EpiPen and Jext so staff can practice safely and be familiar with the differences.

The school will conduct allergy safety drills. This is a simulated case of anaphylaxis to test out how staff respond, without risk to any individual. The results of the drill will be recorded and used to inform the ongoing review of this policy.

Allergy awareness training will ensure that all staff:

- 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/carers
    - How to locate and administer emergency medication
    - How to use the medication/device in an emergency
- Understand the impact allergy can have on a student'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')

10.2 Awareness of allergy safety policy

This allergy safety policy will be published on the school's website and shared with parents/carers at the start of the school year.

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

11. Wellbeing

Students with allergies can experience bullying and may also suffer from anxiety and depression relating to their allergy.

Students with allergies will have additional support, where needed through:

- Pastoral care
- Regular check-ins with their form tutor
- Reassurance that steps are being taken to minimise the risks of exposure to allergen and that robust measures are in place in the event of anaphylaxis

The school will respond to any instance of bullying in line with its behavior policy.

11.1 Wellbeing support following an incident or 'near miss'

The school recognises that an incident or a ‘near miss’ is a serious event with a potential impact not only on the student but their family, those involved in responding. and any witnesses. The school will provide support to those involved.

The school will support staff involved in any incident or ‘near miss’.

See section 9 of the policy for more detail on incidents and ‘near misses’.

12. Information sharing

Information about an individual’s health is considered special category data under UK GDPR. It will therefore be handled in line with our data protection policy.

13. Monitoring arrangements

This policy will be monitored by the allergy safety lead.

It will be reviewed and approved annually by the allergy safety lead, or more frequently if a serious incident or ‘near miss’ identifies an area for improvement.

14. Links to other policies

This policy links to the following policies and procedures:

- Health and safety policy
- Supporting students with medical conditions policy
- School food policy
- The first aid policy