Grace Academy Solihull

Allergy Safety Policy

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1. Aims

This policy aims to:

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

2. Legislation and guidance

This policy is based on the Department for Education (DfE)'s statutory guidance on allergy safety in schools and supporting pupils with medical conditions at school, the Department of Health and Social Care's guidance on using emergency adrenaline auto-injectors in schools, and the following legislation:

- The Food Information Regulations 2014
- The Food Information (Amendment) (England) Regulations 2019

3. Roles and responsibilities

3.1. The Board of Trustees

3.1.1. The Board of Trustees is responsible for ensuring that each school in the Trust 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

3.1.2. The Board of Trustees delegates responsibility to the Local Governing Body (LGB) for:

- Ensuring risks relating to pupils with allergy are included in the academy/school risk register and actively managed
- Monitoring of the implementation of the policy

3.1.3. The Board of Trustees delegates the day-to-day implementation, and the annual review of academy specific information of this policy to the allergy safety lead.

3.2. Allergy safety lead

3.2.1. The nominated allergy safety lead is Katie Seazell.

3.2.2. 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 pupils who require support with allergies have an up-do-date individual healthcare plan (IHP)
    - All pupils 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 pupil's IHP

3.3. Headteacher/Principal

3.3.1. The Headteacher/Principal is responsible for:

- Deciding (in discussion with the parents/carers and any relevant healthcare professionals) whether a pupil's allergy can be managed through the adjustments made under the school's medical conditions policy or whether an IHP is required to specify arrangements that reflect the pupil's circumstances
- To delegate the day to day running and oversight to the Academy's Allergy Lead.
- To review the policy alongside governors

3.4. Named responsible school staff

3.4.1. Claire Williams, Tony Rogers are responsible for:

- Checking spare Adrenaline Auto-Injectors (AAIs) are present and in date on a monthly basis
- Making sure that replacement AAIs are obtained when expiry dates approach

3.5. Teaching and support staff

3.5.1. All teaching and support staff are responsible for:

- Promoting and maintaining allergy awareness among pupils
- Maintaining awareness of our allergy safety policy and procedures
- Being able to recognise the signs of severe allergic reactions and anaphylaxis
- Being aware of specific pupils with allergies in their care
- Reducing the risk to pupils with known allergies coming into contact with known allergens
- Ensuring the wellbeing and inclusion of pupils with allergies
- Reporting any allergic reaction or case of anaphylaxis to the allergy safety lead

3.6. Parents/carers

3.6.1. Parents/carers are responsible for:

- Being aware of our school's allergy safety 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
- 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. Pupils with allergies

3.7.1. If age-appropriate, these pupils are responsible for:

- Being aware of their allergens and the risks they pose
- Carrying their AD on their person and only using it for its intended purpose

- Understanding how and when to use their AD

3.8. Pupils without allergies

3.8.1. These pupils are responsible for being aware of allergens and the risk they pose to their peers

3.8.2. Older pupils 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 pupils at risk

4.1.1. The Academy relies on parents to give full information about the student’s condition in writing and preferably with supporting information on the condition, student needs and what the school needs to know to support the student by the hospital/GP etc. this should be duly signed by a parent with parental responsibility and provide the medication needed. Any students who have an allergy, where the Academy have been made aware, will have a Health Care Plan.

4.1.2. We will:

- For new starters, send a form to all parent/carers of pupils after their place at the school has been confirmed, but before their first school year starts, to confirm any allergy the pupil has and whether they carry medication. Where a pupil 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 which is undertaken by the medical TA.

4.1.3. We ask that parents/carers proactively inform us by either phone call to the school 01213294600 or an email to info@graceacademy.org.uk for the attention of Claire Williams if their child’s medical needs change during the school year.

4.2. Identifying staff and visitors at risk

4.2.1. Set out your school’s arrangements for identifying staff and visitors with known allergies, such as:

- Asking new staff to provide details of their allergies in advance of their start date
- Where possible asking visitors to provide details of their allergies in advance of their visit
- For new staff, information on allergies will be gathered as part of their recruitment and induction process.

For visitors to the site, an allergy declaration will be signed upon signing into the Academy. If a serious allergy is declared a designated member of staff will explain allergy procedures to the visitor. This information will be shared with the person who is receiving the visitors.

- Individual healthcare plans (IHP)

4.3. Individual healthcare plans (IHP)

4.3.1. Pupils should have an IHP if they:

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

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

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

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

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

4.3.6. The school will consider the following principles:

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

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

4.4. Allergy and asthma action plans

4.4.1. All 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.

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

4.4.3. 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.

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

4.5. Register of pupils with known allergies

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

- Known allergens and risk factors for anaphylaxis
- Whether a pupil has been prescribed ADs (and if so, what type and dose)
- Where a pupil has been prescribed an AD, whether parental consent has been given to administer emergency medication
- A photograph of each pupil to allow a visual check to be made. We will ensure that the appropriate consent is in place for this.

4.5.2. The register is kept in a location easily accessible to staff and in areas where food is served or handled and can be checked quickly by any member of staff as part of initiating an emergency response

4.5.3. Where it is appropriate to do so, we will allow all pupils to keep their ADs with them which will reduce delays and allows for confirmation of consent without the need to check the register.

5. Assessing risk

5.1. The school will conduct a risk assessment for any pupil at risk of anaphylaxis taking part in:

- Lessons such as food technology
- Science experiments involving foods
- Crafts using food packaging
- Off-site events and school trips
- Any other activities involving animals or food, such as animal handling experiences or baking

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

6. Minimising risk

Our school's approach to risk reduction is in line with our local context.

6.1. Hygiene procedures

To minimise contamination, the following procedures will take place*:*

- Pupils are reminded to wash their hands before and after eating
- Within lessons where food is being handled, pupils will be reminded of good hygiene practices and encouraged to follow these.

6.2. Catering

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

- Catering staff receive appropriate training and are able to identify pupils with allergies
- The school will engage with caterers to understand the controls in place to ensure that food service complies with relevant requirements
- School menus are available for parents/carers and pupils to view with ingredients clearly labelled, and catering staff are available to discuss the provision of allergy safe meals with parents/carers
- Where changes are made to school menus, we will make sure these comply with legislation, and continue to meet any special dietary needs of pupils
- Food allergen information relating to the 'top 14' allergens is displayed on the packaging of all food products, allowing pupils and staff to make safer choices. Allergen information labelling will follow all legal requirements that apply to naming the food and listing ingredients, as outlined by the Food Standards Agency (FSA)
- Where food is provided by the school, staff will understand how to read labels for food allergens
- Catering staff follow hygiene and allergy procedures when preparing food to avoid cross-contamination

6.3. Insect bites/stings

Procedures for preventing and dealing with insect bites/stings. For example:

When outdoors:

- Shoes should always be worn
- Food and drink should be covered

6.4. Animals

Hygiene procedures for managing allergies to animals such as dogs, if relevant for your school context. For example:

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

6.5. Visits and trips

- No pupils 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 pupils' allergies and to have received appropriate training
- The school will conduct a risk assessment for any pupil at risk of anaphylaxis taking part in a school trip
- Pupils 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 pupil has an allergy action plan, this must be followed
- A spare school AD device will only be used if:
    - The pupil does not have a prescribed AD
    - The pupil's prescribed AD are not available or misfire

In the case of an allergic reaction, care plans will be followed. If an AD is needed, this will be communicated to first aid via an email labelled 'URGENT'. 999 will be called and first aid will attend immediately with a spare AD.

8. Adrenaline devices (ADs)

We follow the Department of Health and Social Care's Guidance on using emergency adrenaline auto-injectors in schools. Our school's procedures for ADs are:

8.1. Prescribed ADs

8.1.1. Pupils 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. Pupils 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.

8.1.2. If a pupil cannot keep their ADs with them in the classroom (due to age or other considerations), then the devices will be stored in the medical office on the ground floor. If pupils are travelling to or from School, supervised by staff, or on a trip or visit, then the AD will be held by the key member of staff for the pupil at that time.

Details of where prescribed ADs will be stored.

They should be:

- In an appropriate central location that is unlocked and accessible at all times
- **No more than** 5 minutes away from where they may be needed (larger schools may require ADs to be stored in multiple locations, such as near the dining area and playground)
- Kept at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature

8.1.3. A copy of the pupil's allergy action plan is kept alongside their medication, as it includes instructions on how it should be used in an emergency.

- Pupils and parents/carers to take individually prescribed ADs home (for example, at the end of the day for the journey home) and for checking that they remain in date
- How records will be kept of which pupils have been provided with prescribed adrenaline (and an allergy action plan)
- At the end of each Academic Year, ADs will be taken home by each student and returned at the start of the new Academic Year.
- Where pupils are not carrying their own AD on their person, parents will be encouraged to collect these daily and return the following day. Where pupils are accompanied on their journey to or from the Academy by a member of staff, this member of staff will carry the AD and hand over to parents

8.2. Spare ADs and inhalers

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 pupil's prescribed inhaler is not available and where written consent has been obtained.

8.2.1. The allergy safety lead is responsible for sourcing spare ADs [and an emergency asthma reliever inhaler] and ensuring they are stored according to the guidance.

8.2.2. Procedures for buying spare ADs:

- ADs are sourced through pharmacy online and KITT medical.
- There are 4 ADs stored across the School in addition to the four stored in the main reception as part of the KITT.
- The brand and dosage we have are Jext 150 mg (for under 6 years of age and under 30kg/4.7st) Jext 300 mg (over 6 years of age and over 30kg/4.7st)

8.2.3. Spare ADs will be stored:

- Reception
- DVC - Medical Area
- GAP
- ARC
- In an appropriate central location that is unlocked and accessible to **staff only** at all times
- **No more than** 5 minutes away from where they may be needed
- Kept at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature

8.2.4. Spare AAIs will be kept:

- In pairs, in case a second one is necessary
- Separate from any pupils' prescribed ADs and clearly labelled to avoid confusion

8.2.5. Claire Williams and Tony Rogers are responsible for:

- Checking monthly that spare ADs and the emergency asthma reliever inhaler are present and in date
- Obtaining replacement ADs when the expiry date is near

8.3. Disposal

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

8.4. Using spare ADs in an emergency situation without prior consent

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

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

8.4.3. 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.

8.5. Use of ADs off school premises

8.5.1. Pupils at risk of anaphylaxis who are able to administer their own adrenaline should carry their own ADs with them on school trips and off-site events

8.5.2. The arrangements for taking spare ADs for emergency use on school trips and off-site events are: Pupils with their own AD will be expected to take these on a trip or offsite event. A spare AD will also be taken in the trip first aid kit.

9. Serious incidents and 'near misses'

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

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

9.1. Incident recording

9.1.1. The school will record serious incidents and 'near misses' relating to allergy safety as soon as is feasible. The incident will be recorded in line with the school's standard procedures for reporting accidents, including the following information:

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

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

9.2. Incident reporting

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

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

9.2.3. 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.

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

9.2.5. Staff will always share the incident report with Katie Seazell. 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 pupil's IHP. Any learning will be shared appropriately with staff so they can act on them and reduce the chance of an incident reoccurring.

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

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

9.2.7. 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

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

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

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

10.1.4. The school will conduct allergy safety drills annually. 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.

10.1.5. 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 pupil'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')

During the induction process, staff will complete the anaphylaxis and asthma training provided by The National College.

All staff will complete update training annually, provided by The National College.

When using agency and cover staff, agencies will be expected to provide evidence that their staff have completed anaphylaxis training before starting their role.

10.2. Awareness of allergy safety policy

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

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

10.2.3. 10.2.3 All pupils will receive annual assemblies on anaphylaxis and allergy safety.

Useful resources from Allergy School for students.

11. Wellbeing

Pupils with allergies can experience bullying and may also suffer from anxiety and depression relating to their allergy. We will consider the procedures that can be put in place to support their mental health and wellbeing, in line with our school's behaviour policy and other measures in place to prevent bullying.

Pupils with allergies will have additional support 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 behaviour policy.

11.1. Wellbeing support following an incident or 'near miss'

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

11.1.2. The school will support staff involved in any incident or 'near miss'.

11.1.3. 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

13.1. This policy will be monitored by the allergy safety lead.

13.2. 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 local procedures policy
- Medical and Health Policy
- Data protection policy
- Behaviour policy