Allergy Safety Policy

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CEO:	

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INTRODUCTION

Allergy is a medical condition in which the body reacts to normally harmless substances, such as food, insect sting, contact allergen (e.g. nickel) or an airborne allergen (e.g. Pollen). Many individuals with allergies to food or insect stings are at risk of anaphylaxis, a reaction that can progress rapidly and may cause death. Anaphylaxis typically affects the Airway/Breathing/Circulation ("ABC").

This policy outlines responsibilities and procedures for supporting pupils at all EPA Schools who have allergies and/or medically recognised sensitivities or triggers which have the potential to cause significant harm. It is supported by EPA First Aid & Medicines Policy, EPA Supporting Children with Medical Needs Policy, and specific local school policies (e.g. Asthma policies)

This policy is reviewed at least annually, or more frequently in response to local incident trends or updated statutory guidance. Serious incidents and near misses may also lead to a review depending on the root cause. This policy will be shared with staff during induction, and as and when it is updated. It is made available to Parents/Carers through each school's website. Alternatively, a hard copy will be provided upon request.

ALLERGIC CONDITIONS

Common allergic conditions include:

- Hay Fever (Allergic Rhinitis), triggered by allergens carried in the air (aeroallergens) such as pollen, house dust mite, animal fur/feathers, or mold. Symptoms include sneezing, a runny or stuffed nose, itchy or watery eyes.
- 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. Symptoms include itching, hives and dry, flaky skin. Reactions can be delayed, occurring many hours after contact.

- Food allergy, which can cause symptoms ranging from mild itching in the mouth to "whole body" reactions including anaphylaxis. Some food allergies do not cause immediate reactions but result in delayed gastrointestinal symptoms (e.g. stomach pain, vomiting, diarrhea) some hours later, sometimes occurring with an eczema flare. While 90% of food allergic reactions are caused by peanut/tree nuts, cow's milk, egg, wheat, fish/seafood and sesame, any food can cause an allergic reaction.
- Asthma in children is usually allergic in nature, meaning that it may be triggered by airborne allergens such as e.g. dust mite, animal dander or pollen. On average, there are two or three children with asthma in every classroom in the UK.
- Less common allergic conditions in children include allergies to insect stings (e.g. bee or wasp) and medicines.

Allergic reactions vary in severity: from mild local reactions (e.g. mild hay fever) to "whole body" reactions (common with food allergies) to more serious reactions like anaphylaxis. The most common causes of "whole body" allergic reactions, including anaphylaxis are:

- Food allergens;
- Insect stings (e.g. bee, wasp);
- Medication (e.g. antibiotics, pain medicines such as ibuprofen);
- Latex (e.g. rubber gloves, balloons, swimming caps).

Severe allergies are included in the Equality Act 2010. The act considers a person disabled if they have a physical or mental impairment that has a substantial and long-term negative effect on their ability to carry out normal daily activities.

COELIAC DISEASE AND FOOD INTOLERANCES

Coeliac disease is an autoimmune condition where the small intestine (gut) is hypersensitive to gluten in wheat and other gluten-containing grains. Coeliac disease is not an intolerance. Consuming gluten can cause significant illness (including abdominal pain and vomiting). Repeated exposure to gluten carries serious long term health risks. However, coeliac disease is not an allergy and cannot cause anaphylaxis. Support is

provided to individuals with coeliac disease under the 'Supporting children with medical needs' policy.

Food intolerance is a non-immune system reaction where the body struggles to digest specific foods, causing symptoms like abdominal pain, bloating and diarrhea. Food intolerances are not allergies and cannot cause anaphylaxis. Support is provided to individuals with food intolerances under the 'Supporting children with medical needs' policy.

EMERGENCY TREATMENT AND MANAGEMENT OF ANAPHYLAXIS

SYMPTOMS

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 the lips, face or eyes;
- Stomach pain or vomiting;
- Mild throat tightness;
- Sudden change in behaviour.

These symptoms are treated with antihistamines.

Mild reactions can worsen and become anaphylaxis, affecting the Airway/Breathing/Circulation (ABC), therefore anyone having experienced an allergic reaction, even mild, should be monitored for at least **60 minutes**, and **must not** be left alone. Symptoms of anaphylaxis:

- 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, persistent cough;
- CIRCULATION – dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness.

In extreme cases there could be a dramatic fall in blood pressure. The individual 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.

As soon as anaphylaxis is suspected, adrenaline must be administered without delay. Help must go to the person experiencing anaphylaxis. Always give adrenaline first and then seek medical help.

Anaphylaxis may rarely occur without a clearly identified allergen or without ingestion of a food trigger.

EMERGENCY ACTION

1. **Keep the individual where they are**, call for help and do not leave them unattended.
2. LIE the individual FLAT WITH LEGS RAISED – they can be propped up if struggling to breathe but this should be for as short a time as possible.
3. USE ADRENALINE DEVICE WITHOUT DELAY and note the time given. Auto Adrenaline Injectors (AAIs) should be given into the muscle in the outer thigh, or nasal into the nostril. Specific instructions vary by brand – always follow the instruction on the device.
4. CALL 999 and state ANAPHYLAXIS (ana-fil-axis).
5. If no improvement after 5 minutes, administer the second adrenaline device.
6. If no signs of life commence CPR.
7. Call parent/carer as soon as possible.

Whilst waiting for an ambulance, keep the individual 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 individuals must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can recur after treatment.

A pupil taken to hospital by ambulance will be accompanied by a member of staff until the pupil's parents arrive. Secondary schools may agree with the parent for the pupil to travel in the ambulance alone and for the parent to meet them there.

ROLES AND RESPONSIBILITIES

EPA TRUST (EPA)/Board of Trustees

As the employer, EPA Trust is responsible for all health and safety matters. The EPA Trust has a duty to ensure that their insurance arrangements provide cover for staff to act within the school of their employment; that the procedures outlined in this policy are followed, and that any necessary training is made available to staff.

The Board of Trustees will ensure that pupils with allergies are supported to enable the fullest participation possible in all aspects of school life. They will also ensure that any member of school staff who provides support to pupils with allergies are able to access information and other teaching support materials as needed.

The Board of Trustees receives regular information on Health & Safety, including compliance with training, risk assessments and serious incidents. Allergy-related risks will be reflected within the EPA strategic risk register.

Local Governing Bodies receive regular information on Health and Safety pertaining to their school, including information on allergy related risks, allergy incidents and near-misses, and compliance with allergy training, via the periodic Headteacher's report.

Procedures will be in place to cover any transitional arrangements between schools, the process to be followed upon reintegration or when pupils' needs change and arrangements for any staff training or support. For children starting at a new school, arrangements will be in place for the start of the relevant term. In other cases, such as a new diagnosis or children moving to a new school mid-term, every effort should be made to ensure that arrangements are put in place within 2 weeks.

THE ALLERGY LEAD

Each school has a named member of the Senior Leadership Team who is responsible for allergy safety within their respective school. This includes driving the implementation of the allergy safety policy and contributing to the review of this policy. Specific responsibilities include:

- Responsible for collecting allergy information during the enrolment process in line with this policy;
- Responsible for maintaining a register of students and staff with allergies, including whether they hold adrenaline, whether they have an Individual Healthcare Plan and whether they have an allergy action plan;
- Responsible for maintaining a school-wide allergy risk assessment;
- Responsible for communication about the policy, individuals who are on the allergy register, and the importance of reporting and recording near misses and incidents.
- Responsible for ensuring Individual Healthcare Plans are in place for children or young people who require them, and that these are communicated effectively;
- Responsible for communication with
    - EPA and local Governing Boards, to provide updates about the policy implementation;
    - Designated Safeguarding Leads to keep allergy safety as part of their roles;
    - EPA's central Facilities Team if a report under RIDDOR is needed;
    - Local catering providers, ensuring children and young people with allergies are provided with a safe meal;
    - Parents/Carers to enable input into Individual Healthcare Plans, to request Allergy Action Plans where appropriate, and to enable input into post incident or near miss review;
    - Individual children and young people to enable input into their Individual Healthcare Plans, and post incident or near miss review;
- Responsible for maintaining spare adrenaline devices, ensuring these are in-date and replacements are secured before current ones expire;
- Responsible for ensuring all staff undertake annual allergy awareness training, and that allergy awareness is included in induction for new staff, temporary staff,

supply staff and non-teaching staff;

- Responsible for ensuring an Action Plan is agreed and documented for any staff member with a declared allergy;
- Responsible for ensuring declared allergies for visitors and regular volunteers are communicated to enable a safe environment.

ALL STAFF

- Responsible for understanding their role in implementing this policy, recognizing the signs of allergic reactions and action swiftly in an emergency;
- Responsible for undertaking the training provided;
- Responsible for supporting the creation of Individual Healthcare Plans;
- Responsible for implementing Individual Healthcare Plans;
- Responsible for creating an inclusive curriculum, and adapting the curriculum to minimize risks;
- Responsible for completing risk assessments for curriculum activities involving food, trips and visits, including sports events;
- Responsible for building proactive relationships with parents/carers;
- Responsible for reporting near misses and incidents.

Staff who have pupils with allergies in their class should understand the nature of the condition, and when and where the child or young person may need extra attention. They should be aware of the likelihood of an emergency arising and what action to take if one occurs.

PARENTS AND CARERS

- Responsible for making sure that their child is well enough to attend school. Children should be kept at home when they are acutely unwell. If the child is not well enough to attend school parents/carers must phone the school each day of absence and leave a message detailing their child's condition;
- Responsible for providing the school with sufficient information to enable the school to create an Individual Healthcare Plan for their child or young person;

- Responsible for updating the school when reactions happen outside of school, or any changes to the allergy or management of the allergy;
- Responsible for ensuring the child or young person always has in-date medication and/or emergency devices with them at school.

OTHER HEALTH PROFESSIONALS

The school will receive support and advice as necessary from the following in conjunction with meeting the needs of pupils with medical needs:

- Local Health Authority
- School Health Service
- School Nurse
- General Practitioner (with the consent of the child's parents)
- Community Pediatrician

AWARENESS TRAINING

All staff, including teaching staff, support staff, catering staff and others who may oversee children or young people, including at breakfast or after school clubs, will be trained in allergy awareness and emergency response. Schools are responsible for ensuring that supply, cover, coaching, peripatetic and agency staff have received allergy awareness training and maintaining records of this.

All staff will be required to undertake training annually, recorded on SmartLog, which will ensure staff:

- Have an awareness of allergy, the risks it poses, how allergic reactions occur and how to manage them;
- Understand that allergy includes multiple conditions (food allergy, asthma, eczema, hay fever, others) which 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 recognize 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 the individual, or a school's spare adrenaline device);
- Understand the impact allergy can have on a child or young person's wellbeing;
- Understand the school's allergy 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).

Schools will maintain a record of allergy training for all staff, including supply, cover, temporary staff and relevant visitors. Training records will include induction as well as annual training.

EMERGENCY PREPAREDNESS

Schools will annually hold a practice response to anaphylaxis, similar to a fire drill, to test emergency arrangements, staff confidence and access to emergency medication. Outcomes will be recorded and incorporated into policy reviews, staff training and local allergy management procedures.

IDENTIFICATION OF INDIVIDUALS WITH ALLERGIES

Detailed medical information from parents/carers regarding known allergies, dietary restrictions, and treatment histories will be sought prior to the start of term, as part of the enrolment process, and confirmed annually via Arbor. Allergy information and existing healthcare plans will be requested from the child or young person's previous school, and consideration will be given as to whether any of the prior arrangements are suitable to implement. Schools will work with parents/carers and pupils where appropriate, to create a new Individual Healthcare Plan.

Schools will share Individual Healthcare Plans and relevant allergy information as part of a pupil's transition, in line with EPA's Privacy policies.

Pre-employment questionnaires will ask whether new staff have any allergies. If an allergy is declared, the staff member and Allergy Lead will agree and document an individual allergy action plan, including adjustments required, storage of emergency devices and agreed emergency action. This will be documented and a copy held on the personnel file, and a copy provided to the staff member.

Visitors and regular volunteers will be asked about allergies ahead of their visit. If an allergy is declared, the Allergy Lead will be notified and will communicate as appropriate (e.g. with caterers) to enable a safe environment.

INDIVIDUAL HEALTH CARE PLANS AND ALLERGY ACTION PLANS

ALLERGY ACTION PLANS

These are clinical documents that are created by a healthcare professional. They detail the allergy and required medication. Allergy Action Plans contain contact details for the parent/carer and must be signed by the parent/carer to show parental authority to administer medication including the administration of spare adrenaline devices. Updates to an Allergy Action Plan can only be made by the medical professional following a review which may be annually, or 5 yearly. Allergy Action Plans are issued to those individuals at risk of anaphylaxis. Allergy Action Plans must be attached to the school's Individual Healthcare Plan.

INDIVIDUAL HEALTHCARE PLANS (IHP's)

IHP's are an essential communication tool that provides clarity about the arrangements which need to be in place to ensure that the child or young person is fully included in school life. It will identify exact risk-mitigation measures that need to be followed. IHP's are school-owned documents, but will be co-created by the school, parents/carers and the child/young person. T

Those who may need to contribute to the IHP are:

- Allergy Lead

- Headteacher
- Parent/Carer
- Child (if sufficiently mature)
- Class teacher
- Teaching Assistant
- School health service, the child's GP or other health care professionals

IHP's will be reviewed annually, following an incident/near miss, or following receipt of an updated Allergy or Asthma Action Plan.

IHP's will be created where:

- A child or young person has an Allergy Action Plan issued by a medical professional;
- A child or young person has an Asthma Action Plan issued by a medical professional;
- A child or young person has a diagnosed allergy which requires active management (reasonable adjustments or the provision of medication) by the school, over and above what other children and young people require;
- A child or young person is awaiting formal diagnosis of an allergy;
- A child or young person has known triggers which have the potential to cause significant harm.

MINIMISING RISK AND EXPOSURE TO ALLERGENS

Minimising risk and exposure to allergens is central to ensuring that individuals with allergens are safe from harm. Even a small amount of allergen can cause a reaction. Whilst there are **14 key food allergens** that cause over 90% of reactions, any food can cause a reaction with serious consequences for the individual.

EPA Trust is allergy aware, ensuring that staff are actively aware of the risk posed by allergens, and that schools take steps to minimise the risk of exposure whilst also having robust emergency response plans in place. Allergy Leads will maintain a school wide

allergy risk assessment that seeks to minimise the risks of exposure to known allergens. The risk assessment will include:

- Identifying the food used within the curriculum and making adaptions to remove allergens that pose a risk for the whole group, not just the child or young person who has the allergy;
- Identify measures to manage the risks of exposure to a food allergen through food provided by the school and its catering team;
- Identify measures to manage risks of exposure to food allergens through food brought in by others (for example, parents, children or young people, staff);
- Putting in reasonable measures to manage the risk of exposure to allergens where there is a known allergy to airborne or contact allergens;
- Identifying non-food allergens within the environment and making adaptions to remove/reduce allergens that pose a risk (for example, Enhanced cleaning following therapy or school dog presence)
- Schools will consider environmental air quality, infection control measures and allergen exposure as part of health and safety arrangements.

Allergy risks will be included in relevant school risk assessments (e.g. external trips/visits, sports activities, crafts, cooking, music) to identify risks and plan control measures to minimise the risk of exposure.

Each school will minimise exposure risks by:

- All school staff allergy training every year;
- Educating Parent Teacher Association members about school expectations for allergy management;
- Educating children and young people in an age-appropriate way;
- Communicating with all visitors, temporary staff, supply staff and cover staff that they will be teaching a student with an allergy, and ensuring that they have been trained in allergy awareness and anaphylaxis emergency response;
- Working closely with parents/carers and health professionals to understand the pupil's allergy;
- Monitoring implementation of this policy;

- Establishing and maintaining high hygiene standards amongst staff, students and visitors.

FOOD PROVISION AND CATERING

Each school will manage the risk of food allergies and provide clear information on allergens in food provided by the school through:

- Ensuring the school catering facility/provider is compliant with the Food Standards Authority allergen management regulations;
- Ensuring the school catering facility/provider provides information on food allergens to parents/carers, and has this available for the child or young person to check independently;
- Providing information regarding individuals with allergies to the catering team in a timely manner to ensure that children and young people can eat safely;
- Enabling parents/carers to liaise with the catering company or school chef;
- Enabling identification of children and young people with allergies at the point of service. Each school will set out how this is achieved in their Allergy Management Plan;
- Ensuring that food is always labelled, including food used within the curriculum (e.g. cooking, science) as well as that from the school kitchen;
- Educating school staff on how to read labels for food allergens, and instructing staff on controls to prevent cross-contamination during the handling, preparation and serving of food;
- Teaching pupils not to share food, trade food or share utensils or food containers, with the reasons why.

Where food is not directly provided by the school

- Ensuring PTA events, as best practice, follow Food Standards Agency legislation for food labelling, and ensuring PTA members who are serving food have a basis awareness of allergen management (e.g. by completing the Food Standards Agency online food allergy training;
- Ensuring children's bottles and lunchboxes provided by parents are named;
- For example, food brought in as treats or to celebrate birthdays, parental

engagement and permission will be sought in advance to ensure inclusion and safety for children with allergies.

SCHOOL TRIPS AND SPORTING ACTIVITIES

Pupils with allergies are fully included in every trip, sporting event and extracurricular activity. For each activity, a risk assessment will be undertaken, which will address allergen exposure, access to emergency medication, transport and proximity to local emergency care, with control measures identified.

Staff supervising excursions will be aware of any medical needs, and relevant emergency procedures. All school staff attending the trip/excursion will be trained in the administration of adrenaline in an emergency. The trip leader will check that pupils have their medication including adrenaline devices with them before departure. Pupils will not be able to attend the excursion if they do not have their medication or emergency devices with them.

In conjunction with the Allergy Lead, the trip leader will review the risk assessment to determine whether spare adrenaline devices should be taken on the excursion. If an excursion requires spare adrenaline devices to be taken, the school will procure addition devices for this purpose, ensuring that pupils remaining at school still have access to spare emergency devices should the need arise.

The trip leader will ensure that, prior to the excursion, information relating to an individual's allergy is communicated appropriately to any host, for example, residential providers, host schools etc., and that the risks can be effectively managed (e.g. appropriate food provided).

If staff are concerned about whether they can provide for a pupil's safety, they will seek medical advice from the school health service or the child's GP.

MEDICATION AND ADRENALINE DEVICES

PRESCRIBED ADRENALINE DEVICES AND ASTHMA INHALERS

Those at risk of anaphylaxis are prescribed two adrenaline devices. Wherever possible, prescribed adrenaline devices and prescribed asthma inhalers should be kept with the individual at all times. This includes the journey to and from:

- School;
- Between classrooms;
- Lunch areas;
- Playground;
- Sports fields, sports halls, gyms;
- Breakfast or After School clubs;
- When on visits or trips.

Serious anaphylaxis is time critical. An adrenaline device needs to be administered **within 5 minutes.** Therefore, where the pupil is not able to carry the adrenaline device with them, for example due to age, the device must be stored in a central location that is always unlocked and accessible, including during extra-curricular activities or wrap around care. The same applies if the pupil is not able to carry their asthma inhaler with them. The pupil should know where their adrenaline device and/or asthma inhaler is stored.

Adrenaline devices must be stored at room temperature and should not be refrigerated or left in direct sunlight.

Parents/Carers are responsible for ensuring that their child or young person brings their medication (adrenaline devices and asthma inhalers) with them to school, including breakfast club and activities outside of normal hours. Parents/Carers are also responsible for ensuring the medication is in-date, obtaining replacements prior to expiry, and for disposing of out-of-date medication.

SELF-MANAGEMENT

Schools should help children and young people to understand how to manage their allergy, and ultimately, how to take responsibility for doing so themselves. Pupils who are able to self-manage their allergy will be encouraged to do so, whilst ensuring the appropriate level of supervision and support is provided. Decisions about self-management will be made on an individual basis by the Allergy Lead in discussion with the pupil, their parent and, where appropriate, relevant healthcare professionals. This will be documented in the IHP.

SPARE ADRENALINE DEVICES AND ASTHMA INHALERS

In line with statutory guidance, each school will hold spare adrenaline devices for use in emergency situations. These are not a replacement for a child or young person's prescribed devices, but may be used if a prescribed device fails, or if an individual is experiencing anaphylaxis for the first time due to an undiagnosed allergy. Each school will set out where spare devices are stored in their Allergy Management Plan, ensuring that

- Spare adrenaline devices are stored in pairs;
- Spare adrenaline devices are stored such that no child or young person is more than 5 minutes away from the devices;
- Spare adrenaline devices and asthma inhalers are not locked away, and can be accessed easily in an emergency;
- Spare adrenaline devices and asthma inhalers are clearly labelled to ensure no confusion with prescribed devices.

The Human Medicines (Amendment) Regulations 2017 does not require schools to obtain consent for the use of spare adrenaline devices. Where a pupil has prescribed adrenaline devices and an IHP, parental consent will be obtained for the use of spare devices, in case the need arises. However, in an emergency situation anyone – staff, volunteers or bystanders - may take reasonable action to save a life without checking prior consent has been given.

Consent is required for the use of a spare asthma inhaler and can only be used where an individual has been diagnosed with asthma and has been prescribed their own inhaler. Therefore, schools will only hold spare asthma inhalers if there is a need.

Adrenaline devices that are used will be given to the paramedics for disposal. Adrenaline devices that are out of date will be taken to the pharmacy for disposal.

If an incident occurs, and adrenaline is administered, the staff member will record the incident on SmartLog in line with the First Aid and Medicines Policy.

If adrenaline is administered to a member of staff or visitor, this will also be recorded on SmartLog.

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 placed at an immediate or 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.
All serious incidents and near misses will be recorded on SmartLog with full details of the incident, including:

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

A copy of the incident report will be shared with the pupil's parent/carer, as well as the pupil depending on maturity. For pupils aged 16 or over, information sharing following incidents will be undertaken in accordance with UK GDPR, safeguarding responsibilities and local school procedures.

An investigation will be undertaken following any serious incident or near miss as soon as possible to ensure any failings are identified. The 5-why approach will be used to determine the root cause of the incident or near miss. By asking why? up to 5 times, you can:

- Investigate the cause of the incident or near miss;
- Identify solutions to prevent the incident from occurring;
- Identify links between the root cause and good, and bad practice;
- Identify any weaknesses in relevant policies and/or action plans;
- Learn good practice lessons to improve safety.

The investigation including root causes will be shared with the Allergy Lead and attached to the incident record on SmartLog.

If a serious incident is subject to reporting under RIDDOR regulations, the central Facilities team will be responsible for providing that report to the Health and Safety Executive (HSE).

EPA schools operate as food businesses and therefore will record all food related allergen incidents and near misses on SmartLog. If a food-related incident is subject to reporting under Food Standards regulations, the Allergy Lead will be responsible for providing that report to the respective Local Authority.

Serious incidents and near misses will be investigated in a 'no blame' spirit, seeking to learn lessons and address any issues identified, so that individuals are better protected in the future. Findings will be considered when reviewing school allergy risk assessments, Individual Healthcare Plans, and allergy policies.

In some cases, the impact of exposure to an allergen may be delayed. If a pupil experiences a delayed allergic reaction, parents/carers should report this to the school, who will record the incident and follow the procedure as if the incident had been reported by a member of staff.

WELLBEING AND SUPPORT

Allergy safety is a priority, and actions to ensure that children and young people are supported, included and safe are embedded.

Children and young people with allergies can become anxious as a result of the risk of exposure to allergens, and the potential for anaphylaxis, which may be compounded by living with other conditions such as asthma or eczema.

Staff are alert to the signs of bullying, including allergy bullying, and will take swift action. Bullying and stigmatisation concerns will be taken seriously and dealt with sensitively and effectively. Schools set out how they monitor, prevent and address cases of bullying, along with strategies for pupil and parent/carer engagement, within their local Anti-Bullying polices.

Schools will involve pupils with allergies, and their parents/carers, and actively seek feedback when developing and reviewing the policy and arrangements for allergy management. This will be set out in the school's Allergy Management Plan.

SAFEGUARDING

A safeguarding referral may be needed if an incident highlighted concern that a child or young person might be an increased risk of being neglected, abused or exploited by people inside or outside of their family unit because of their medical condition. This might occur where relevant information about a child or young person's medical condition is not provided to the school, or where they are repeatedly sent to school without essential medication, thereby putting them at risk. Staff should refer to their local Dedicated Safeguarding Lead (DSL) and Safeguarding Policy.

CONFIDENTIALITY

In order to ensure children and young people receive the support they need to stay safe and be fully included in school life, information pertaining to a pupil's allergy will need to be shared with staff. Occasionally, circumstances may also require this information to be shared with others. EPA understands that health information is considered special category data under UK GDPR, and that this information is highly sensitive. EPA will only share allergy information for the purposes of safety and inclusion and will do so in a controlled and respectful way.

If information is withheld from staff, they cannot be held responsible if they act incorrectly in giving medical assistance but otherwise in good faith.

UNACCEPTABLE PRACTICE

EPA are clear about what constitutes unacceptable practice and are committed to ensuring that only good practice occurs. Should unacceptable practice occur, this will be identified and addressed using procedures set out in the Staff Conduct Policy. Unacceptable practice includes, but is not limited to:

- Preventing children and young people from easily accessing and administering their medication in line with what is agreed in their Individual Healthcare Plan (for example, prescribed adrenaline devices and asthma reliever inhalers) when and where necessary;
- Ignoring the views of the child or young person or their parents or carer;
- Ignoring medical evidence or the opinion and advice of healthcare professionals;

- Assuming that every child or young person with allergy requires the same support;
- Assuming that older children and young people do not require support, even if they are able to take increasing responsibility for managing their allergy;
- Assuming that a child or young person does not have an allergy because they do not yet have a diagnosis, for example while medical investigation is under way;
- Discriminating against children or young people with allergies by sending them home frequently for reasons associated with their allergy or prevent them from staying for normal school activities or extracurricular activities, including lunch;
- Sending a child or young person who becomes unwell to a school office or medical room without suitable supervision. In the case of an allergy emergency (e.g. anaphylaxis), help must come to the child or young person rather than the other way round;
- Penalising children or young people for their attendance record if their absences are related to their allergy, e.g. hospital appointments and health management. This includes excluding children and young people from rewards for 100% attendance where their non-attendance is the result of a medical condition or allergy. This should be reflected in attendance policies;
- Requiring parents or carers (or otherwise making them feel obliged) to attend the school, to administer medication or provide medical support to their child;
- Preventing children and young people from participating in or creating unnecessary barriers to them participating in any aspect of school life, including external visits and trips, e.g. by requiring parents to accompany the child.

COMPLAINTS

If parents or pupils are dissatisfied with the support provided, they should discuss their concerns

directly with the school. If, for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure. Making a formal complaint to the Department for Education should only occur if it comes within scope of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted.

INDIVIDUAL HEALTHCARE PLAN FOR ALLERGY	
Name:	Current photo
Date of birth	
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, including any curriculum activities requiring specific controls.* *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.* *Note any specific arrangements required when moving year group or school.*	
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**:
Signed by Allergy Lead:	**Date:**
Next planned review:	**Date**:

Medication needed while in school

Non-prescription medication:

Record any non-prescription medication (e.g. oral antihistamines) which the child or young person may require to manage their allergy in the education setting

Note whether it is emergency medication; where the medication is stored; and how and when the child or young person may need access

Note whether parental consent has been given for the allergy medication to be administered, and the date of consent.

Parental consent:	**Date**:

Prescription medication:

Record any prescription medication for allergy prescribed by a healthcare professional (e.g. adrenaline).

Note whether it is emergency medication; where the medication is stored; and how and when the child or young person may need access.

Note whether parental consent has been given for the allergy medication to be administered, and the date of consent.

Prescribed by:	**Date**:
Parental consent:	**Date**:

Use of "spare" adrenaline devices:

Note whether parental consent has been given to administer adrenaline (e.g. using "spare" adrenaline devices) in an emergency.

Parental consent:	**Date**:

Use of "spare" salbutamol inhaler:

If relevant (i.e. the child or young person is prescribed an asthma reliever inhaler), note whether consent has been given to use a "spare" salbutamol reliever inhaler.

Parental consent:	**Date**:

Care or Action Plans issued by healthcare professionals	
Allergy / Asthma Action Plan: *Attach any Action Plan to the IHP for use in an emergency.* *Note which healthcare professional issued the plan, their role and the date issued.*	
Issued by:	**Date**:
Care Plan: *Note where any relevant care plan can be found.* *Note what staff are responsible for delivering / supporting delivery of the care plan.* *Note which healthcare professional issued the plan, their role and the date issued.*	
Date:	**Date**:

ALLERGY MANAGEMENT PLAN

This document sets out how Cropredy C of E Primary School will implement the EPA Allergy Safety Policy.

The Allergy Lead

Cropredy C of E Primary School has appointed Katei Godsell as the designated Allergy Lead. Katie Godsell is a member of the Senior Leadership Team.
The Allergy Lead has undertaken a school-wide allergy risk assessment that seeks to minimise exposure to known allergens. This risk assessment is stored on Smartlog and all staff are required to state that they have read and understood the risk assessment.

All serious allergy incidents and near misses are reported to the Allergy Lead and EPA. Such incidents are investigated to determine root cause and to improve safety arrangements.
The Allergy Lead monitors compliance with the Allergy Safety Policy and provides information on compliance, including training, and serious incidents and near misses for inclusion in the Headteachers report to the Local Governing Body.

Spare Adrenaline and Inhaler Devices

Cropredy C of E Primary School holds spare adrenaline devices to be used for the purpose of saving a life. This might be, for example, a pupil presenting for the first time with anaphylaxis due to an undiagnosed allergy. Spare devices are not a replacement for a pupil's own adrenaline device. Pupils are expected to have their own prescribed devices with them for emergencies. However, a spare device will be used if a prescribed device fails or is unavailable.

Cropredy C of E Primary School holds:
300mcg x EpiPen x2 (For people with a body weight above 25kg)
150mcg Epipen Jr x 2 (For people with a body weight below 25kg)

These are located in:
The school office, on the white shelves, next to the Defibrillator.

Adrenaline devices are stored in a labelled box, in the office, next to the defibrillator, in a white box and labelled 'Emergency Anaphylaxis Kit'.

Cropredy C of E Primary School holds spare asthma inhaler and spacer devices to be used in an emergency. Spare asthma inhaler and spacer devices can only be administered if a pupil has already been diagnosed with asthma, and only if they have been prescribed their own inhaler device. Pupils are expected to have their own prescribed devices with them for emergencies. The spare device will only be used if the prescribed devices fail, or is unavailable, and only if parental consent has been obtained.

Cropredy C of E Primary School holds:

2 x Salamol inhalers

These are located in:
The school office, in a labelled box, on the white shelves, next to the Defibrillator.

Inhaler and Spacer devices are stored in a clear container and labelled 'Emergency Asthma Kit'.

Minimising Allergen Exposure Risks

Cropredy C of E Primary School will minimise allergen exposure risks through the following:

- All staff allergy awareness training;
- Conducting annual emergency response practice exercises to test emergency procedures;
- Educating pupils on allergies and anaphylaxis through assemblies with real life scenarios as examples, as well as through the PSHE curriculum (Healthy Me Jigsaw Unit), and through some year groups DT (such as Year 3 seasonal foods).
- Educating PTA members about school expectations for allergy management through an initial meeting with the Chair of the PTFA, outlinging changes which will come into effect through this policy, as well as food labelling for cake sales or events, signposting to Food Standards Agency training.

Catering Provision

Educaterers are responsible for providing school meals.

Parents can access weekly menus and allergen information via ParentPay. Parents will be informed as soon as possible of any menu substitutions made at short

Parents/Carers can contact Educaterers directly with any concerns or queries:
clairepalmer@educaterers.co.uk 01926 743434

Parents/Carers/Pupils wishing to have a tour of the kitchen should contact the School Office, office.3000@cropredy.oxon.sch.uk, 01295 750210

Cropredy C of E Primary School ensures that pupils with allergies can be identified during mealtimes through the following

- Coloured wristband (purple)
- List of pupils and description of allergies in the kitchen area

Food provided by others

Cropredy C of E Primary School will take appropriate measures to reduce the risk associated with food being brought in by others, including packed lunches, birthday treats and food provided for celebrations or parental engagement activities. All packed lunches should be clearly named and any food brought into school for sharing must be agreed with the school in advance. Children are told they should not share their foods at lunchtime. Parents and carers have been advised not to bring in

any food related items when celebrating a child's birthday, to reduce the risk of allergens being consumed by pupils. Where necessary, the school will provide guidance to parents and carers about suitable alternatives so that all children can participate safely and inclusively. Staff will ensure that information about pupils' allergies and dietary requirements is up to date and will communicate relevant information to those organising or providing food. Any food provided will be checked and handled in line with the school's food allergy and food safety procedures, with staff supervising children during food-related activities and celebrations.

Engagement

Cropredy C of E Primary School will engage with pupils and their parents/carers regarding allergies through the following;

- Enrolment process, seeking information on any known allergies
- Individual Healthcare Plan, seeking to understand the allergy, the triggers, the adjustments required and the effectiveness of those adjustments;