BADSLEY PRIMARY SCHOOL

Allergy and Anaphylaxis Policy

Policy Date	September 2026	**Review Date**	September 2027
GB Responsible	Full Governing Board	**Written by**	V Somerset/ S Sharpe
Approved	Aut 1 meeting – 13.10.2026	**Website**	Yes

Growing Together; Aiming High

Purpose
To minimise the risk of any pupil suffering a serious allergic reaction whilst at school or attending any school related activity. To ensure staff are properly prepared to recognise and manage serious allergic reactions should they arise.

The named staff members responsible for co-ordinating staff allergy and anaphylaxis training and the upkeep of the school's policy are:-

- Victoria Somerset
- Sharon Sharpe

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1. Introduction/Aims

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

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

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

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

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

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

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:

Children's Wellbeing and Schools Act 2026

The Food Information Regulations 2014

The Food Information (Amendment) (England) Regulations 2019

3. Roles and responsibilities

The governing board

The governing board is responsible for:

- Ensuring 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
- Reviewing and approving the allergy safety policy at least annually
- Taking steps to ensure the allergy safety policy is:
    - Generally known within the school and to parents of pupils at the school

- At least once a year, brought to the attention of all pupils, parents/carers, staff and volunteers
- Published on the school's website

- Ensuring risks relating to pupils with allergies are included in the risk register and actively managed

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

Allergy Safety Lead

The nominated allergy safety lead is Mark Windle (DSL) Sharon Sharpe (SBM) and Victoria Somerset.

They're responsible for:

- Implementing this allergy safety policy
- Contributing to the review of the allergy safety policy
- Promoting and maintaining allergy awareness across our school community
- Developing and reviewing arrangements for the safe storage and disposal of adrenaline devices.
- 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

Headteacher

The headteacher 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.

Staff Responsibilities

- All staff will complete allergy awareness and anaphylaxis training. This includes members of the Senior Leadership team, class teachers, teaching assistants, lunchtime supervisors and staff working in the school office.
- Training is provided for all staff on a yearly basis and on an ad-hoc basis for any new members of staff.
- A central training record is kept.
- Staff must be aware of the pupils in their care (regular or cover classes) who have known allergies as an allergic reaction could occur at any time and not just at mealtimes. Any food-related activities must be supervised with due caution.
- Staff leading school trips will ensure they carry all relevant emergency medication. Trip leaders will check that all pupils with medical conditions, including allergies, have their medication. Pupils unable to produce their required medication will not be able to attend.
- Class teachers will ensure that the up-to-date Allergy Action Plan is kept with the pupil's medication.
- It is the parent's responsibility to ensure all medication is in date however school staff will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.
- Badsley Primary School keeps a register of pupils who have been prescribed an adrenaline auto-injector (AAI) and a record of use of any AAI(s) and emergency treatment given.

Parent Responsibilities

- On entry to the school, it is the parent's responsibility to inform school of any allergies. This information should include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication.
- Parents are to supply a copy of their child's Allergy Action Plan (BSACI plans preferred) to school. If they do not currently have an Allergy Action Plan this should be developed as soon as possible in collaboration with a healthcare professional e.g. School nurse/GP/allergy specialist.
- Parents are responsible for ensuring any required medication is supplied, in date and replaced as necessary.
- Parents are requested to keep the school up to date with any changes in allergy management. The Allergy Action Plan will be kept updated accordingly.

Pupil Responsibilities

- Pupils are encouraged to have a good awareness of their symptoms and to let an adult know as soon as they suspect they are having an allergic reaction.

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

Identifying pupils at risk

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.

We ask that parents/carers proactively inform us by either phone call to the school 01709 828665 or speak to a member of staff directly if their child's medical needs change during the school year.

Identifying staff and visitors at risk

- Asking new staff to provide details of their allergies in advance of their start date.
- Asking visitors to provide details of their allergies in advance of their visit.

Individual Allergy Healthcare Plans (IHP)

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

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.

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.

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.

The headteacher 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.

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

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.

Individual Allergy Healthcare Plans are designed in co-ordination with parents/ carers. These plans function as individual healthcare plan are for children with allergies who require different arrangements, providing medical and parental consent for schools to administer medicines in the event of an allergic reaction, including consent to administer a spare adrenaline auto-injector where appropriate. The Individual Healthcare Plan (IHP) sets out the additional and/or different arrangements that will be in place in the school for supporting the child with their allergy, including in emergency situations.

Allergy and asthma action plans

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.

All pupils 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 pupil's IHP. Whenever the allergy action plan is updated, the pupil's IHP should be reviewed to incorporate it.

Record of individuals with known allergies

The school maintains an electronic record of all individuals who have a known allergy. The record includes:

- Known allergens and risk factors for anaphylaxis
- Symptoms of a reaction
- Whether a pupil has an Individual Healthcare Plan and/or an Allergy Action Plan
- A photograph of each individual (photographs of pupils will require parental consent)

There is an additional paper record which is kept centrally in the office.

We allow all pupils where age appropriate to keep their auto injectors with them to reduce delays, and this allows for confirmation of consent without the need to check the record.

5. Assessing risk

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

- Lessons involving cooking
- 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 pupil at risk of an allergic reaction will also be carried out where a visitor requires a guide dog.

6. Minimising risk

Hygiene procedures

- Pupils are reminded to wash their hands before and after eating
- Sharing of food, food containers, and food utensils is not allowed
- Pupils have their own named water bottles, and lunch boxes provided to pupils with food allergies will be clearly labelled with the name of the child for whom they are intended
- Where food is not directly provided by the school, parental engagement and permission will be sought in advance

Catering

All food businesses (including school caterers) must follow the Food Information Regulations 2014 which states that allergen information relating to the 'Top 14' allergens must be available for all food products.

The designated member of staff will inform the Catering Manager/Cook of pupils with food allergies once medical evidence is received. Parents/carers meet with the Catering Manager (Riverside Catering) ,the school Cook in Charge and the designated member of school staff to discuss their child's needs.

At Badsley Primary there are systems in place to identify children who have allergies so they can be identified whilst in the canteen. Children wear a lanyard. The head cook has information regarding all children's special dietary requirements along with a photograph of each child.

The school adheres to the following Department of Health guidance recommendations:

- Bottles, other drinks and lunch boxes provided by parents for pupils with food allergies should be clearly labelled with the name of the child for whom they are intended.
- Where food is provided by the school, staff should be educated about how to read labels for food allergens and instructed about measures to prevent cross contamination

during the handling, preparation and serving of food. Examples include: preparing food for children with food allergies first; careful cleaning (using warm soapy water) of food preparation areas and utensils.
- Food should not be given to primary school age food-allergic children without parental engagement and permission (e.g. birthday parties, food treats).
- Use of food in crafts, cooking classes, science experiments and special events (e.g. fetes, assemblies, cultural events) needs to be considered and may need to be restricted/risk assessed depending on the allergies of particular children and their age.

Insect bites/ stings

Badsley Primary recognises that insect stings, particularly from bees and wasps, can cause allergic reactions of varying severity. Parents and carers must inform the school of any known allergy to insect stings so that appropriate risk assessments and individual healthcare plans can be put in place where necessary. Staff must be aware of pupils who are at risk of an allergic reaction and understand the signs and symptoms of both mild and severe reactions.

Non-severe allergic reactions: If a pupil experiences a mild or localised reaction following an insect sting, such as redness, pain, itching or swelling around the sting site, a member of staff will provide appropriate first aid, including applying a cold compress to the affected area. Parents or carers will be contacted to inform them of the incident and the pupil's symptoms. Any medication will only be administered in accordance with parental consent, the pupil's individual healthcare plan and the school's medicines procedures. The pupil will be monitored closely for any worsening or additional symptoms. If symptoms become more severe or there is any concern about the pupil's condition, appropriate emergency action will be taken.

Severe allergic reactions: Staff must be alert to signs of anaphylaxis, including difficulty breathing, swelling of the tongue or throat, dizziness, collapse or sudden deterioration. If anaphylaxis is suspected, staff must follow the pupil's Allergy Action Plan, administer their prescribed adrenaline auto-injector without delay in accordance with their training and the emergency plan, and call 999. A second dose should be given if indicated by the emergency plan and current guidance. Parents or carers must be informed as soon as possible. The pupil must receive emergency medical assessment even if their symptoms improve following treatment.

The school will take reasonable steps to minimise the risk of insect stings, particularly during outdoor activities, school trips and eating outdoors, while ensuring that pupils can participate safely in school life.

Animals

- 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

School Visits

Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils with medical conditions, including allergies, carry their medication. Pupils unable to produce their required medication will not be able to attend the excursion.

All the activities on the school trip will be risk assessed to see if they pose a threat to pupils with allergies and alternative activities will be planned to ensure inclusion.

Overnight school trips should be possible with careful planning and a meeting for parents with the lead member of staff planning the trip should be arranged. Staff at the venue for an overnight school trip should be briefed early on if a child with allergies is attending and will need appropriate food (if provided by the venue).

Sporting Excursions

Children with allergies should have every opportunity to attend sports trips to other schools. The school will ensure that staff are fully aware of the situation. The school being visited will be notified that a member of the team has an allergy when arranging the fixture. A member of staff trained in administering adrenaline will accompany the team. If another school feels that they are not equipped to cater for children with food allergies, the school will arrange for the child to take alternative/their own food.

Extra curricular clubs/ activities

The school will ensure that pupils with allergies are appropriately supported when attending extra-curricular clubs, activities and events, both on and off the school premises.

Staff responsible for clubs and activities will be made aware of any relevant pupil allergies and the procedures to follow in the event of an allergic reaction. Where appropriate, staff will have access to the pupil's individual healthcare plan and emergency medication.

Parents/carers will be informed of any arrangements relating to allergies where this is necessary. Risk assessments will be completed for activities where there may be an increased risk of exposure to allergens, and appropriate control measures will be put in place.

The school will ensure that supply, cover, volunteer and external staff involved in extra-curricular activities are provided with relevant allergy information and understand their responsibilities before supervising pupils with allergies.

Wrap-around Care - Breakfast/ After School Club

Details of any child's food allergies, intolerances, dietary requirements or relevant medical needs must be collected as part of the registration process, before the child attends any breakfast club or after-school club.

Parents/carers are responsible for providing accurate and up-to-date information about their child's allergies, intolerances and medical needs. The school will ensure that this information is shared with the staff responsible for the relevant club and that appropriate arrangements are in place to support the child's health and safety.

Any changes to a child's medical needs or allergy information must be communicated to the school promptly and the relevant records updated accordingly.

Wraparound care staff must have direct and immediate access to each child's Individual Healthcare Plan (IHP) and Allergy Action Plan during every breakfast club and after-school club session.

Staff must be familiar with the relevant plans and understand the actions required to manage the child's allergy or medical needs, including the appropriate response in the event of an allergic reaction.

The school will ensure that plans are kept up to date and that any changes to a child's medical needs or allergies are communicated promptly to all relevant wraparound care staff.

All food provided by the school, including food served during breakfast clubs, after-school clubs and other school activities, must have appropriate allergen information available. Information relating to the **14 legally recognised allergens** must be clearly communicated to staff and, where appropriate, parents/carers.

Staff involved in ordering, preparing, serving or handling food understand the risks associated with food allergies and cross-contamination. Appropriate food hygiene and allergen awareness training is completed by relevant staff.

Measures must be in place to minimise the risk of cross-contamination, particularly when preparing or serving food for pupils with known allergies. Staff must follow the child's Individual Healthcare Plan and Allergy Action Plan when providing food or supervising mealtimes.

Any concerns regarding allergen information, food preparation or potential cross-contamination must be reported promptly to the appropriate member of staff and addressed before food is provided to the child.

7. Emergency Treatment and Management of Anaphylaxis

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

Mild to moderate allergic reaction symptoms may include:

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

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

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

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

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

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

What does adrenaline do?

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

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

Action:

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

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

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

8. <u>Supply, storage and care of medication</u>

Depending on their level of understanding and competence, pupils will be encouraged to take responsibility for and to carry their own **two** AAIs on them at all times in a suitable bag/container and no more than 5 minutes away from them.

For younger children or those not ready to take responsibility for their own medication, there is an anaphylaxis kit (rucksack) which is kept safely, in the child's classroom and not locked away and **accessible to all staff.**

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

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

It is the responsibility of the child's parents to ensure that the anaphylaxis kit is up-to-date and clearly labelled, however school staff will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.

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

Storage
AAIs should be stored at room temperature, protected from direct sunlight and temperature extremes.

Disposal
AAIs are single use only and must be disposed of as sharps. Used AAIs can be given to ambulance paramedics on arrival.

9. 'Spare' adrenaline auto-injectors in school

Badsley Primary School has purchased spare **AAIs for emergency use in children who are risk of anaphylaxis,** but their own devices are not available or not working (e.g. because they are out of date).

These are clearly labelled, kept safely, not locked away and **accessible and known to all staff.**

Badsley Primary School holds a Kitt Medical box which is kept in the following location:

- School Reception

The Kitt Medical Box contains Jext AAIs – 2 x 150mcg and 2 x 300mcg

The school holds several orange Kitt Medical keys with which they can access the medication, and also holds a spare key in an 'Emergency Break to Access' box in case immediate access is required in an emergency. All accessories are provided by Kitt Medical.

- **Children under 6 years:** A dose of **150 micrograms (0.15 mg)** is used (e.g., using a 150-microgram device).
- **Children aged 6 to 12 years:** A dose of **300 micrograms (0.3 mg)** is used (e.g., using a 300-microgram device).

Sharon Sharpe/ Victoria Somerset are responsible for checking the spare medication is in date on a monthly basis and to replace as needed.

Written parental permission for use of the spare AAIs is included in the pupil's allergy action plan where appropriate.

Using spare auto adrenaline injectors 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 pupils 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.

If anaphylaxis is suspected **in an undiagnosed individual** call the emergency services and state you suspect ANAPHYLAXIS. Follow advice from them as to whether administration of the spare AAI is appropriate.

10. 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.

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, 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

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

Incident reporting

The parents/carers of a pupil aged up to 16 should be notified of the incident or 'near miss' as soon as possible.

The school will share the report with the pupil's parents, the pupil 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 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.

Staff will always share the incident report with **Sharon Sharpe**. 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.

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 hospitalisation. For example, where a pupil has suffered harm after consuming an allergen due to incorrect preparation of food by a member of staff.

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.

Where appropriate, information from the review is used to update or amend the child's individual healthcare plan, ensuring that any identified risks or changes in their needs are reflected and that appropriate measures are in place to support their health and safety.

11. Allergy Awareness

Staff Training

The named staff members responsible for co-ordinating staff allergy awareness and anaphylaxis training and the upkeep of the school's policy are:-

- Victoria Somerset
- Sharon Sharpe

Staff members responsible for coordinating training via the Kitt Medical Portal, where online training is available at any time. There is no limit on the number of staff who complete it, nor the number of times they complete it. The training will be completed annually by all staff members

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.

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.

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')

New Staff Induction

All new staff are required to complete allergy awareness training as part of the school's staff induction process. This training must be completed at the earliest opportunity and before staff undertake duties where they may be responsible for pupils with allergies.

The school will maintain a record of completed training and ensure that any identified training requirements are followed up.

Supply and Cover Staff

The school will ensure that supply, temporary and cover staff receive appropriate allergy awareness information before undertaking duties within the school. Where required, staff will be directed to complete the school's allergy awareness training.

Relevant information regarding pupils with known allergies, including the appropriate procedures to follow in the event of an allergic reaction, will be made available to staff who require it. The school will ensure that arrangements are in place so that pupils with allergies are appropriately supported when regular staff are absent.

Students

Students are required to make contact with the school prior to their placement. At the first point of contact with a member of school staff, whether by email, telephone or in person, students must disclose any known allergies, medical conditions or other relevant medical needs that may need to be considered during their placement.

This information will enable the setting to make any necessary arrangements to support the student's health, safety and wellbeing while they are on placement.

Emergency preparedness

Badsley Primary School will annually hold a practice response to anaphylaxis, review how the practice went, and update policy and procedures accordingly. Throughout the year, staff will be reminded of key aspects of the policy, such as:

- how to find out who has an allergy;
- the storage of spare adrenaline; and
- practice with adrenaline trainer devices.

Badsley Primary Primary School will communicate key messages regarding risk reduction leading up to festivals, trips and end-of-term celebrations. During fire drills and lockdown practices. Badsley Primary School will ensure that a pupil's adrenaline device is with them.

The emergency Kitt Medical box, containing spare adrenaline auto-injectors, along with the school's emergency inhaler and spacer, must also be taken outside during outdoor activities and kept readily accessible in case of an emergency.

Awareness of the Allergy Policy

The school will ensure that the Allergy Policy is communicated effectively to all members of the school community and is readily accessible.

The policy will be published on the school website and made available to staff, parents/carers and other relevant members of the school community.

All staff will be made aware of the policy and their responsibilities in relation to supporting pupils with allergies. Allergy awareness will form part of the school's annual allergy awareness training, ensuring that staff understand the procedures they must follow to reduce the risk of allergic reactions and respond appropriately in an emergency.

New staff will be introduced to the policy as part of their induction. Relevant temporary, supply, agency and external staff will also be provided with appropriate information about the school's allergy procedures before working with pupils.

The school will regularly review the policy and communicate any significant updates or changes to staff and parents/carers as appropriate.

Badsley Primary School promotes age-appropriate awareness of allergies and allergy safety among children and young people. This helps pupils to understand the importance of respecting allergies, avoiding known allergens and knowing how to seek help if a child becomes unwell.

Allergy awareness is included within relevant lessons, assemblies, PSHE, health and wellbeing activities and other appropriate school activities. Information will be presented in a way that is suitable for the age and understanding of the pupils.

Where a child or young person has been prescribed an adrenaline auto-injector, consideration will be given to appropriately informing their close friends or peers about how to recognise that they may need help and how to seek assistance from a member of staff in an emergency.

12. Wellbeing

Pupils with allergies can experience bully

Pupils with allergies will have additional support through:

- Pastoral care
- Regular check-ins with their class teacher and support staff
- 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.

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 pupil 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'.

Inclusion and safeguarding

Badsley Primary School is committed to ensuring that all children with medical conditions, including allergies, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

Allergy awareness and nut bans

Badsley Primary School supports the approach advocated by Anaphylaxis UK towards nut bans/nut free schools. They would not necessarily support a blanket ban on any particular allergen in any establishment, including in schools. This is because nuts are only one of many allergens that could affect pupils, and no school could guarantee a truly allergen free environment for a child living with a food allergy. They advocate instead for schools to adopt a culture of allergy awareness and education.

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

13. Monitoring arrangements

The arrangements set out in this policy will be monitored by the allergy safety lead.

The governing board will review and approve this policy annually, or more frequently if a serious incident or 'near miss' identifies an area for improvement.

14. Useful Links

- Anaphylaxis UK Safer Schools Programme - https://www.anaphylaxis.org.uk/education/safer-schools-programme/

- AllergyWise for Schools (including certificate) online training - https://www.allergywise.org.uk/p/allergywise-for-schools1

- BSACI Allergy Action Plans - https://www.bsaci.org/professional-resources/resources/paediatric-allergy-action-plans/

- Spare Pens in Schools - http://www.sparepensinschools.uk

- Department for Education Supporting pupils at school with medical conditions - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf

- Department of Health Guidance on the use of adrenaline auto-injectors in schools -
- https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf

- Food allergy quality standards (The National Institute for Health and Care Excellence, March 2016) https://www.nice.org.uk/guidance/qs118

- Anaphylaxis: assessment and referral after emergency treatment (The National Institute for Health and Care Excellence, 2020) https://www.nice.org.uk/guidance/cg134?unlid=22904150420167115834