St Faith's

Church of England
Infant and Nursery School

# Allergy Safety Policy

Our inclusive St Faith's family strives to enable all to achieve their full potential and inspire a community of hope and friendship. We seek excellence by ensuring a safe, respectful and flourishing learning community, where differences are celebrated and our genuine love and high expectations make a difference to all. "Aspire not to have more, but to be more." (Oscar Romero)

As a Church School, the distinctive Christian values of respect, compassion, trust, justice, friendship and community are promoted through the experiences we offer to all our pupils, to give pupils the knowledge, skills and understanding that they require to lead confident, healthy and independent lives. We promote the teaching and understanding of fundamental British values in order to prepare pupils for life in modern Britain. We positively teach the values of democracy, the rule of law, individual liberty, mutual respect for and tolerance of those with different faiths and beliefs and for those without faith. Teaching the fundamental British values helps the children to become informed, active and responsible citizens.

This policy outlines the purpose, nature and management of **Allergy Safety** in school. It reflects the consensus of opinion of all staff members. It is based on current practice and has the full agreement of the governing body. The implementation of this policy is the responsibility of the Head teacher, teaching staff and support staff. It is our collective responsibility to raise awareness, that all policies are known, understood and used in an appropriate way.

This document outlines what should be included in an allergy safety policy, in line with the statutory guidance.

Section 34 of the Children's Wellbeing and Schools Act 2026 requires that LA maintained schools, academies and PRUs must have an allergy safety policy.

A named member of the senior leadership team in each school, college or early years setting should have responsibility for allergy safety, including driving the implementation of the allergy safety policy and contributing to or leading review of the policy. Our named member of staff in school is Mrs Palmer, SENDCo. In Mrs Palmer absence it is Mrs Konrath, Headteacher. Our named Governor for Allergy Safety is Laura Rigby.

Our Allergy Safety Policy is reviewed at least annually. Policies are reviewed more frequently, particularly where incidents or "near misses" suggest areas for improvement. Any review takes account of any incidents and "near misses" and we seek to learn lessons from them. This is essential where incidents suggest that policies or procedures may leave individuals with allergy at risk.

Our Governing Body ensures that allergy safety policies are readily accessible to parents and staff. Policies are published on the school's website and be made available in hard copy on request.

## Culture

### Awareness training

All staff present during times when pupils are scheduled to be on site receive allergy awareness training. This includes permanent staff, temporary staff, supply teachers, some after school club providers (where relevant) and regular volunteers. It includes lunchtime staff and our Fireflies Wraparound Care staff, who oversee children and young people at breakfast and our after-school club. It does not include contractors carrying out work with no pupil-facing role such as builders, electricians or other ad hoc maintenance personnel.

New staff also undertake the training. This is done as face to face and followed by online training through the Allergy School. When they do the online training another member of staff is with them, to ensure they are clear of our school procedures. Supply staff that are in school for the occasional day or as a one off do not do the training, but they always have a paid member of staff with them. Students on a placement also carry out the training.

*Allergy awareness training ensures 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;*
    - *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 a given person or a school's "spare" adrenaline devices);*
- *Understand the **impact** allergy can have on a child or young person's wellbeing;*
- *Understand the school, college or setting'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").*
- *Understand that a child with no previous allergies can have an anaphylactic reaction.*

*Training under this guidance should be understood as allergy awareness and emergency response training. It should not be read as replacing any separate clinical governance, competency or delegation arrangements that may be needed where a child or young person requires individual healthcare support beyond school-level allergy safety arrangements.*

## Wellbeing

The **wellbeing** of children and young people with allergy is always promoted, since the risk posed by allergy (and the possibility of anaphylaxis) can be a significant cause of anxiety.
The children who have allergies wear a yellow lanyard at meal times and during the wraparound care. This highlights their need and makes all children and staff aware of them. The lanyards are also worn on any educational visits. Their medication travels around school with them too, giving them the reassurance that it is nearby.
The other children in school, without allergies, are made aware of why some children wear a yellow lanyard at lunchtime. Any negatives actions or behaviours towards the children with an allergy will be addressed and our Social and Emotional Policy adhered to.

## Minimising risk

At St Faith's we minimise the risk of individuals (whether children, young people, staff or visitors) coming into contact with their known allergens. This includes:

- Managing the risks of exposure to a food allergen through food provided by the school or Good Lookin Cookin (GLC):
    - Children with an allergy or intolerance to dairy drink their milk separately. Children are monitored carefully to ensure that they don't take another child's dairy product, especially in the EYFS.

    - Food tasting in the classroom is controlled and all ingredients in food products checked
    - Food provided by GLC is packaged separately by GLC.
    - Children with allergies wear a yellow lanyard at lunchtime.
    - Children with allergies are served first at lunchtime and their food is served on yellow plates.
    - When serving the food for children with an AAI, the lunch team change their gloves beforehand.
    - At our wraparound care, the children with allergies wear lanyards and are served on yellow plates.
- We are a nut free school, and no children bring nuts or nut products into school in their lunch boxes. If they do accidentally, they are removed and the parent/carer informed.
- Children are not allowed to share food with others at lunch time or snack time, including those with lunch boxes.
- Children should only bring in fruit for their snack time, and they are not allowed to share their snack. Children with any fruit allergies e.g. mango are known to class staff.
- Measures to manage the risks of exposure to a food allergen through food brought in by others (for example parents, children and young people or staff).
- Where children and young people have known allergy to airborne or contact allergens, reasonable measures are in place to manage the risk of the child being exposed to such allergens.
- Staff planning any activity consider the risk of exposure to allergens, for example in craft, science, musical or cooking activities, or where activities involve animals. This may be tasting food items or having food items in provision e.g. in tuff trays. Parents and carers are informed in advance of any such activity that may affect their child and any measures taken are discussed and agreed.
- Packaging that has contained a nut product are not used in school e.g. a chocolate box or cereal box.
- Children with an allergy have an Individual Health Care Plan (IHCP). This is specific to their allergy, and includes care requirements, support, how to recognise a reaction and what to do in a medical emergency.
- Children with allergies are named on an Educational Visit risk assessment and they wear their yellow lanyard.

### Food allergy

As parents/carers book the school meals directly through GLC, parents / carers are made aware of all allergens for the hot school meals and cold boxes when they book the meals.
It is the responsibility of the parent/carer to liaise with GLC regarding the school meals.
When food is provided for the curriculum, class staff speak with the parent/carer to check the list of allergens. If certain foods are hard to get hold of, parents/carers may be asked to provide the food required.

## Individual children and young people

### Identification

When children enrol in school, we request all medical information from the parent/carer. There is a clear section for them to identify any allergies, symptoms and medical attention required. The School Administrator collates a confidential medical list at the beginning of every school year, which is updated routinely throughout the year. This is circulated to all staff. The SENDCo will then request further information for the IHCP. She also ensures that the child has the necessary medication in school and that 2 AAI's are provided, if they have one.

All staff in school are made aware of all children with allergies. Necessary staff have a copy of the IHCP and have signed to say that they have read it, including the Midday Controller, Office Staff, Class staff, the Head and SENDCo. The parent / carer also signs and agrees the completed IHCP. It is the responsibility of the named member of staff e.g. Midday Controller, Class Teacher, shares the IHCP with the rest of the team.

Staff are asked to submit a form with their own medical information, including allergies. Information about allergies is shared with the whole staff team, to make everyone aware of their symptoms and medication required. This information is reviewed annually by the School Business Manager.

When students attend school for a block placement, they are also asked to submit a form with their own medical information, including allergies. Information about allergies is shared with the staff team that they are working with, to make relevant aware of their symptoms and medication required.

### Individual Health Care Plans

Children and young people have an Individual Health Care Plan (IHCP) if:

- they have an allergy which has a functional impact on them in their school, college or setting;
- they are at risk of harm as a result of their allergy **and**
- they require arrangements which are additional to or different from those made generally.

*The IHCP sets out the additional and/or different arrangements that will be in place in the school for supporting the child with their medical condition or allergy, including in emergency situations.*

*Children with an allergy who require specific support arrangements will have them documented through an **Individual Healthcare Plan**. This includes children whose allergies require flexibility and "reasonable adjustments", as well as those who require medication (either proactively or in an emergency situation).*

*Where children and young people have an **Allergy Action Plan** and/or **Asthma Action Plan** issued by a healthcare professional, the IHCP will refer to or attach it. Whenever an updated Action Plan becomes available, the child or young person's Individual Health Care Plan is reviewed to incorporate it.*

### Prescribed adrenaline

At St Faith's we ensure that all children who are prescribed adrenaline devices (AAI's) have rapid access to their devices **at all times**, fully aware that in a case of anaphylaxis, adrenaline should be administered within five minutes. This includes in the lunch area, playground, at the wraparound care or when on visits or trips.
We ensure:

- Arrangements are made for children and parents/carers to take individually prescribed adrenaline devices home as required (for example at the end of the day for the journey home)
- All AAI's are taken to the hall at lunchtime and to the wraparound care, before and after school, as required;
- All AAI's are checked by the SENDCo every big term to be confirmed they remain in date;
- Records for children who have been provided with prescribed adrenaline devices are kept centrally on Arbor and on their IHCP's. Times when medication has been administered or any 'near-misses' are recorded on CPOMS and reported to parents/carers.

## School-wide policies

### "Spare" adrenaline devices

At St Faith's, "spare" adrenaline devices will be used and managed in the following ways:

- "Spare" adrenaline devices should be used when a child show signs of anaphylaxis. They may have trouble breathing, wheezing, throat swelling, dizziness;
- Our "spare" adrenaline devices are located in the school office;
- Our "spare" adrenaline devices are stored at the appropriate temperature, in easy reach of adults but out of reach of children;
- Our "spare" adrenaline devices and salbutamol inhalers are checked to confirm that they are in date and replaced annually by the School Business Manager;
- We replace "spare" adrenaline devices when they are used or go out of date (ensuring safe disposal of adrenaline autoinjectors as they contain a needle).

All schools should ensure that no child or young person is more than five minutes from adrenaline devices. Our AAI's are kept centrally ensuring that it will be no more than 2 minutes from any adult in school. Adrenaline devices should always be stocked and stored in pairs.

*When storing "spare" adrenaline devices:*

- *"Spare" adrenaline devices must be readily accessible and not locked away;*
- *In the event of an anaphylaxis, adrenaline should be administered as soon as possible. In practice, this should be no more than five minutes, i.e. adrenaline devices must be able to be brought to the person having anaphylaxis within 5 minutes. Schools should consider how to achieve this as part of their allergy safety policy. In larger schools, more than one set of "spare" adrenaline devices may be needed (for example one near the central dining area and another near the playground);*
- *"Spare" adrenaline devices should be stored in pairs, so that if a second one is necessary it is on hand rather than needing to be obtained from elsewhere on site;*
- *"Spare" adrenaline devices should be clearly labelled, to avoid any confusion with adrenaline devices prescribed to a named person. Some schools choose to have a clearly marked "emergency anaphylaxis kit" containing the spare adrenaline devices, any emergency asthma reliever inhaler and spacers and instructions for their use.*

## Visits and trips

When planning an educational visit or trip, the children with allergies are named on the risk assessment, as well as having their own IHCP.
All adults supporting on the visit will be made aware of the children with allergies and what those allergies are, including food allergies and others e.g. allergy to penicillin, dust.
Children with food allergies will wear their yellow lanyards. Children with an allergy that isn't food related e.g. dust, penicillin will also wear a lanyard when on an educational visit.
All medication, including the AAI's for key children, will be taken on the visit and will remain near the child at all times.
All staff going on the trip will have allergy training and all volunteers will be made aware of all allergies. (Regular volunteers will have carried out the allergy training).
The school spare adrenalin devices will remain in school. Enquiries will be made with the visit provider e.g. Rand Farm to find out if they have any spare devices, should they be required.

## Serious incidents and "near misses"

At St Faith's we record, report and respond to serious incidents or "near misses" involving allergy safety using CPOMS.

*In some cases, the impact of exposure to an allergen while in an education setting may not be recognised until the child or young person is back at home. It is therefore important that the child or young person, their parents or others (for example healthcare professionals) can report that there has been an incident.*

## Information sharing

At St Faith's we share information about the children with an allergy with all staff. This is in line with our data protection policy.

*A child or young person's health information is considered special category data under UK GDPR, which means it is highly sensitive and has additional legal protections. Schools have a lawful basis to hold, use and share a child's special category health data when this is necessary, but it should always be done in a controlled and respectful way, because unnecessary sharing can reduce children's confidence in practitioners and can be embarrassing for children and young people who may not want to be singled out.*

## Awareness of the allergy safety policy

Our allergy safety policy is published on the school's website and shared with all staff, Governors, parents and carers. All staff are aware of and understand the policy, as part of annual allergy awareness training.

An awareness of allergy safety is raised among our children, at an age-appropriate level. Where children are prescribed adrenaline devices, their class and their friends are made more aware of how to seek help in an emergency.

## Safeguarding procedures

At St Faith's we have a positive culture of safeguarding, with effective policies and procedures in place. Our safeguarding procedures are outlined in our Child Protection and Safeguarding Policy, which can be found on our website https://stfaithscofe.secure-primarysite.net/safeguarding-information-and-policies/.

| | |
|---|---|
| Reviewed and approved by the governing body on: | October 2026 |
| Signed: (Chair of Governors) | Dr Emile Van Der Zee |
| Signed: (Head) | Mrs Amanda Konrath |
| Signed: (SENDCo) | Mrs Hayley Palmer |
| Review Date: | October 2027 |