Redborne Upper School

Allergy Policy

This policy will be monitored annually by the Deputy Head: Pastoral (Kirsty Wheeler).

This policy will be evaluated and reviewed every year by the senior leadership team.

This policy is available on the school website, on request to parents and carers, the LA and Ofsted through the Head teacher.

Date approved by governors: October 2026

Date of union consultation:

Date for Review: October 2027

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School acknowledgement

This policy aims to:

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

Allergy Policy

1. Legislation and guidance

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

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

2. Roles and responsibilities

The governing board

2.1 The governing board is responsible for ensuring:

- Risks relating to pupils with allergy are included in the risk register and actively managed

2.2 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

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

Allergy safety lead

2.4 The nominated allergy safety lead is Kirsty Wheeler.

2.5 They're responsible for:

- Implementing this allergy safety policy
- Reviewing the allergy safety policy at least annually, updating it when needed, and making sure it is published
- Promoting and maintaining allergy awareness across our school community
- Developing and reviewing arrangements for the safe storage and disposal of adrenaline devices (AD)

2.6 The medical lead is Beverley Allen.

2.7 They're responsible for:

- 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

2.8 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

First Aid/ reception staff

2.9 Bev Allen and Gemma Vyse are responsible for:

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

Teaching and support staff

2.10 All teaching and support staff are responsible for:

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

Parents/carers

2.11 Parents/carers are responsible for:

- Being aware of our school's allergy safety policy
- Providing the school with up-to-date details of their child's medical needs, dietary requirements, and any history of allergies, reactions and anaphylaxis
- If required, providing their child with 2 in-date adrenaline auto-injectors and any other medication, including inhalers, antihistamine etc., and making sure these are replaced in a timely manner
- Following the school's guidance on food brought in to be shared
- Updating the school on any changes to their child's condition

Pupils with allergies

2.12 If age-appropriate, these pupils are responsible for:

- Being aware of their allergens and the risks they pose

- Carrying their AD, and spare, on their person only using it for its intended purpose. In the case of a public examination, this will be kept in a clear plastic bag on the invigilator's desk.
- Understanding how and when to use their AD

Pupils without allergies

2.13 All pupils are responsible for being aware of allergens and the risk they pose to their peers

3. Identifying individuals at risk

3.1 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

3.3 The school's arrangements for identifying pupils with known allergies follows the used to identify pupils with other medical conditions, as set out in our policy for supporting pupils with medical conditions.

3.4 For new starters, parent/carers complete an online form after their place at the school has been confirmed to confirm any allergy the pupil has and whether they carry medication. Where a pupil has a new diagnosis arrangements are put in place as soon as possible.

3.5 Send a reminder to parents/carers at the start of each year asking them to update their child's medical information as necessary via our MIS' parent portal.

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

Identifying staff and visitors at risk

3.7 New staff are asked to provide details of their allergies in advance of their start date

3.8 Visitors are asked to provide details of their allergies in advance of their visit

Individual healthcare plans (IHP)

3.9 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

3.10 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.

3.11 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.

3.12 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.

3.13 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.

3.14 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

3.15 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.

Allergy and asthma action plans

3.16 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.

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

3.18 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.

3.19 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.

Register of pupils with known allergies

3.20 The school maintains a register of pupils who have a known allergy.

3.21 The register includes:

- Known allergens and risk factors for anaphylaxis
- Whether a pupil has been prescribed AAIs (and if so, what type and dose)
- Where a pupil has been prescribed an AAI, whether parental consent has been given to administer emergency medication
- A photograph of each pupil to allow a visual check to be made

3.22 The register is kept in Bromcom and can be checked quickly by any member of staff as part of initiating an emergency response.

3.23 Students carry their AAIs with them which can reduce delays and allows for confirmation of consent without the need to check the register.

4. Assessing risk

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

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

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

5. Minimising risk

Hygiene procedures

5.1 Measures to prevent contamination taken include:

- Pupils are encouraged to wash their hands before and after eating
- The canteens provide sufficient supplies of cutlery, napkins and food containers to avoid any sharing.

Catering

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

5.3 Catering staff receive appropriate training and are able to identify pupils with allergies via the Eventpos system.

5.4 The school will engage with catering staff in the canteen to understand the controls in place to ensure that food service complies with relevant requirements.

5.5 School menus are available for parents/carers, on request. Ingredients and allergen information are available on request from the catering manager.

5.6 Where changes are made to school menus, we will make sure these comply with legislation, and continue to meet any special dietary needs of pupils.

5.7 Food allergen information is displayed on the packaging of all food products, allowing pupils and staff to make safer choices. Allergen information labelling will follow all legal requirements that apply to naming the food and listing ingredients, as outlined by the Food Standards Agency (FSA).

5.8 Catering staff follow hygiene and allergy procedures when preparing food to avoid cross-contamination.

Insect bites/stings

5.9 Measures to reduce risk when outdoors include:

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

Animals

5.10 All pupils will always wash hands after interacting with animals to avoid putting pupils with allergies at risk through later contact

5.12 Pupils with animal allergies will not interact with animals

Visits and trips

5.13 No pupils with allergies will be excluded from taking part

5.14 The school will plan accordingly for all visits and trips, and arrange for the staff members involved to be aware of pupils' allergies and to have received appropriate training

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

5.16 Pupils at risk of anaphylaxis should have their own ADs with them

5.17 Staff trained to administer adrenaline in an emergency will be present on the school trip

5.18 Appropriate measures will be taken in line with the school's AD protocols for off-site events and school trips

6. Procedures for handling an allergic reaction

6.1 All staff are trained to recognise the signs of both mild and severe allergic reactions (known as anaphylaxis) and respond appropriately

6.2 Staff are trained in the administration of adrenaline to minimise delays in an emergency. If an AD device has been used, the member of staff administering it will immediately call the emergency services.

6.3 If the pupil has an allergy action plan, this must be followed

6.4 A spare school AD device will only be used if:

- The pupil does not have a prescribed AD
- The pupil's prescribed AD are not available or misfire

7. Adrenaline devices (ADs)

Prescribed ADs

7.1 Pupils who are prescribed AAI's are encouraged to keep them near or on their person at all times including when travelling to or from the school and on school trips.

7.2 It is recommended that two devices are carried at all times.

7.3 Pupils with prescribed AAI's should take them home with them at the end of each school day, and parents are responsible for ensuring that they are in date.

7.4 The school keeps spare AAI's in a number of key locations for use in emergency situation.

They should be:

- accessible at all times
- **No more than** 5 minutes away from where they may be needed
- Kept at room temperature (in line with manufacturer's guidelines)
- protected from direct sunlight and extremes of temperature

7.5 When on school trips, trip organisers will ensure spare AAI's are brought on the trip and that those directly supervising the student have them at all times.

7.7 A copy of the students care plan plan is kept on Bromcom and hard copies are kept with the first aid lead.

7.8 Pupils and parents/carers to take individually prescribed AAI's home (for example, at the end of the day for the journey home) and for checking that they remain in date.

7.9 Records will be kept of which pupils have been prescribed AAI's (and an allergy action plan) on Bromcom.

Spare ADs and inhalers

7.10 The allergy safety lead is responsible for sourcing spare AAI's and ensuring they are stored according to the guidance.

7.11 Procedures for buying spare AAI's.

- AAI's will be sourced from Cheesemans Pharmacy, Ampthill.
- The school holds 9 spare AAI's
- The brand of AAI's are purchased are EPipen.
- The dosage required will be based on Resuscitation Council UK's age-based criteria, see page 11 of the AAI guidance.

7.12 Spare AAI's will be stored in various locations These are:

North and South Reception

North, South, and Sixth Form canteens

Catering classrooms x 2

The Hub

7.13 Spare AAIs will be kept:

- Separate from any pupils' prescribed medication and clearly labelled to avoid confusion

7.14 Bev Allen is responsible for:

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

Disposal

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

7.16 Using spare AAI's 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.

Use of ADs off school premises

7.17 Pupils at risk of anaphylaxis who are able to administer their own adrenaline should carry their own AAI'swith them on school trips and off-site events

7.18 Spare AAI's, for emergency use on school trips and off-site events, will also be taken by the trip leader and given to staff with oversight of students at risk.

8. Serious incidents and 'near misses'

8.1 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.

8.2 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

8.3 The school will record serious incidents and 'near misses' relating to allergy safety as soon as is feasible. The incident will be recorded on AssessNet 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

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

Incident reporting

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

8.6 In the case of a pupil aged 16 and over, the school will confirm that the pupil agrees that their parents/carers should be informed.

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

8.8 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.

8.9 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.

8.10 Staff will always share the incident report with the Medical Lead. The allergy safety lead will consider whether the allergy safety arrangements in place were appropriate or if changes are needed to this policy and/or the 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.

8.11 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.

8.12 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.

9. Allergy awareness

Staff training

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

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

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

9.5 Allergy awareness training will ensure that all staff:

- Have an awareness of allergy, the risks it poses, how allergic reactions can occur and how to manage it
- Understand that allergy includes multiple conditions (food allergy, asthma, eczema, hay fever, others), which can co-exist
- 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')

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

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

10. Wellbeing

10.1 Pupils with allergies can experience bullying and may also suffer from anxiety and depression relating to their allergy. Pupils with allergies will have additional support through:

- Pastoral care
- Regular check-ins with their form tutor
- Reassurance that steps are being taken to minimise the risks of exposure to allergen and that robust measures are in place in the event of anaphylaxis
- Support from School Nurse Team if required.

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

10.3 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.

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

11. Information sharing

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

12. Monitoring arrangements

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

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