Allergy Safety Policy

Policy Code:	HS8
Policy Start Date:	September 2026
Policy Review Date:	September 2027

Please read this policy in conjunction with the policies listed below:

- HR6 Data Protection Policy
- HR29 Staff Code of Conduct
- HR33 Records Management Policy
- HR34 Health and Wellbeing Policy for Staff
- HS2 Medical Treatment Policy
- HS4 First Aid Policy
- HS5 Health and Safety Policy
- SW4 Student Behaviour & Discipline Policy
- SW5 Safeguarding & Child Protection Policy
- SW6 Anti-Bullying Policy
- SW9 Parental Communications and Complaints Policy
- SW11 Educational Visits Policy
- SW17 Safeguarding Adults Policy

Contents

1 Policy Statement

1.1 This policy outlines The Priory Federation of Academies Trust's (the Trust's) approach to allergy management, including how the Trust community will work to reduce the risk of allergic reactions and the procedures in place to respond should one occur.

1.2 This policy has been written in line with the following guidance:

- Allergy safety in schools (DfE);
- Equality Act 2010;
- Supporting Pupils at School with Medical Conditions (DfE);
- Human Medicines (Amendment) Regulations 2017;
- Early Years Foundation Stage (EYFS) Statutory Framework;
- Food Information Regulations 2014 and associated allergen legislation;
- Natasha's Law (Food Information (Amendment) (England) Regulations 2019);
- Anaphylaxis UK guidance; and
- Allergy UK guidance.

1.3 References to the Trust or an Academy within this policy specifically include all nursery, primary, secondary and special academies within the Trust, as well as Priory Apprenticeships and Lincolnshire ITT.

1.4 This policy does not form part of any member of staff's contract of employment, and it may be amended at any time.

1.5 This policy, and any referenced procedures, are designed to provide a safe environment for all individuals. Where any procedure/arrangement differs, this will be specified.

2 Roles, Responsibilities and Implementation

2.1 The Education & Standards Committee has overall responsibility for the effective operation of this policy and for ensuring compliance with the relevant statutory framework. This committee delegates day-to-day responsibility for operating the policy and ensuring its maintenance and review to the Director of Safeguarding.

2.2 This policy is approved by the Education & Standards Committee before being ratified at the next available Trust Board meeting. Approval and ratification is minuted, with records kept by the Clerk to Trustees.

2.3 Leaders and Managers have a specific responsibility to ensure the fair application of this policy and all staff are responsible for supporting colleagues and ensuring its success.

2.4 The Trust adopts a whole-school approach to allergy management. Effective allergy management requires the active participation of all members of the Trust community, each of whom has a role in reducing risk and promoting the safety, wellbeing and inclusion of pupils with allergies.

3 Aims

3.1 To protect, where possible, individuals with allergies from avoidable exposure to allergens.

3.2 To ensure appropriate measures are in place to respond to allergic reactions and anaphylaxis if needed.

3.3 To ensure inclusion of pupils with allergies in all activities.

3.4 To ensure compliance with statutory duties and best practice.

4 What is an Allergy?

4.1 An Allergy occurs when a person reacts to a substance that is usually considered harmless. It is an immune system response and instead of ignoring the substance, the body produces histamine which can trigger an allergic reaction. Allergy is a spectrum of different allergic diseases. Reactions occur when a susceptible person is exposed to something (an allergen) they are allergic to. Asthma, food allergy, drug allergy, insect venom allergy, eczema and seasonal rhinitis (hay fever) are all forms of allergy.

4.2 Whilst most allergic reactions are mild, causing minor symptoms, some can result in anaphylaxis.

Definitions

4.3 **Anaphylaxis:** a severe, potentially life-threatening allergic reaction that can occur within seconds or minutes of exposure to an allergen.

4.4 **Allergen:** a normally harmless substance that triggers an allergic reaction in some people.

4.5 **Adrenaline Auto-Injector (AAI):** a single-use device that contains a pre-measured dose of adrenaline. Adrenaline auto-injectors are used to treat anaphylaxis by injecting adrenaline directly into the upper, outer thigh muscle.

Adrenaline auto-injectors are commonly referred to as AAIs, adrenaline pens or by the brand name EpiPen, Jext etc. The Trust has standardised the use of KITT Medical adrenaline auto-injectors for emergency spare AAI provision across its settings.

4.6 **Allergy Action Plan:** A document completed by a healthcare professional that details an individual's allergy and associated treatment plan. A child can also be issued with an 'Asthma Action Plan'.

4.7 **Designated Allergy Lead:** A member of the Senior Leadership Team (SLT) at each site who is responsible for allergy management within the setting.

4.8 **Individual Medical Care Plan (IMCP):** a document outlining a pupil's medical conditions, treatment requirements, risks and emergency procedures. The plan should be developed by the academy in partnership with parents/carers, healthcare professionals and, where appropriate, the pupil. An IMCP should be read in conjunction with their Allergy Action Plan/Asthma Action Plan (where available). Please note, where required, a member of staff will have a medical risk assessment.

Allergic conditions

4.9 Common allergic conditions include:

- asthma;
- bee, wasp (insect) and venom allergy;
- food allergy (while any food can cause an allergic reaction, 90% of food allergic reactions are caused by peanut/tree nuts, cow's milk, egg, wheat, fish/seafood and sesame);
- hay fever (allergic rhinitis);
- medicine allergy; and
- skin allergies, e.g., eczema contact dermatitis, contact urticaria/hives.

4.10 The most common cause 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; and
- latex, e.g., rubber gloves, balloons, swimming caps.

4.11 In the UK, food law identifies 14 food allergens that are some of the more common foods linked to serious allergic reactions. These are:

- celery;

- cereals containing gluten (wheat, barley and oats);
- crustaceans (such as prawns, crab and lobster);
- eggs;
- fish;
- lupin;
- milk;
- molluscs (such as mussels and oysters);
- mustard;
- peanuts;
- sesame;
- soybeans;
- sulphur dioxide and sulphites (at concentrations above ten parts per million); and
- tree nuts (such as almonds, hazelnuts, walnuts, Brazil nuts, cashews, pecans, pistachios and macadamia nuts).

4.12 Whilst rare, anaphylaxis may occur without obvious exposure to an allergen, for example, after exercise or in people with an underlying "mast cell" disorder such as mast cell activation syndrome (MCAS).

Types of allergy in scope

4.13 Settings will consider what arrangements should be in put in place to support individuals with an allergy, including:

- those with a food allergy;
- those at risk of anaphylaxis (usually allergic to food or bee/wasp sting);
- those with allergic rhinitis (hay fever), allergic eye disease or eczema, particularly for pupils who may need to be given treatments for their condition in school, e.g., eczema creams, nasal sprays, eye drops, particularly if they have more severe allergic disease or need adaptations, e.g., with sport;
- those with eczema or asthma, who may need additional precautions, e.g., avoiding sand pits, swimming pools; and
- those with more severe allergy to animal fur, who may need to take avoidance measures, e.g., exposure to pets in school, visits to petting zoos.

4.14 Any known trigger with the potential to cause significant harm should be identified and managed.

4.15 In line with DfE guidance, food intolerances and coeliac disease do not fall within the scope of this policy. If required, they will be managed in line with the Trust's HS2 Medical Treatment Policy.

Asthma

4.16 Asthma is a major noncommunicable disease (NCD), affecting both children and adults, and is the most common chronic disease among children. Inflammation and narrowing of the small airways in the lungs cause asthma symptoms, which can be any combination of cough, wheeze, shortness of breath and chest tightness.

4.17 It is vital that individuals with allergies keep their asthma well controlled, as asthma can increase the severity of allergic reactions and anaphylaxis. Where a pupil has both asthma and a severe allergy, asthma management will form part of the Individual Medical Care Plan review process and any relevant educational visit risk assessments. For staff, this will be managed through a medical risk assessment.

4.18 Each setting will:

- ensure that buildings have good ventilation, and will monitor air quality;
- encourage pupils to carry their prescribed reliever inhaler with them where age, maturity and capability permit, and if not ensure that it is always readily accessible;
- ensure that pupils have access to their inhalers during lessons, breaktimes, sporting activities, educational visits and whilst participating in off-site activities;
- maintain an emergency salbutamol inhaler and spacer device, where permitted, in accordance with current legislation and Trust procedures;
- require parents/carers to provide in-date prescribed inhalers and notify the academy of any changes to their child's asthma management;
- undertake regular checks to ensure that inhalers held on site are present, clearly labelled and within their expiry date; and
- ensure that pupils with both asthma and severe allergies have Individual Medical Care Plans and that the link between asthma and anaphylaxis is clearly identified within risk assessments and care plans.

4.19 Staff who require a prescribed reliever inhaler on site should adhere to the guidance set out in HS2 Medical Treatment Policy.

5 Inclusion and Wellbeing

5.1 Allergies can have a significant impact on an individual's wellbeing. Pupils with allergies may experience anxiety, stress or reduced confidence relating to their condition and may be more vulnerable to bullying, teasing or social exclusion. They can also become anxious because of exposure to allergens and the potential for anaphylaxis.

5.2 The Trust will take reasonable steps to promote the inclusion, wellbeing and safety of pupils with allergies. This includes:

- no pupil with allergies will be excluded from participating in an academy activity, whether on the academy site or during an educational visit, unless there is no reasonably practicable way to manage the associated risks safely;
- proactively engaging with new joiners with a known allergy, to ensure they understand the setting's approach and what is in place to support them;
- providing opportunities for pupils to tour and/or 'walk-through' an area/routine where they may be anxious about, for example, meeting catering staff and talking through the mealtime environment and how food is labelled;
- pupils with allergies may require additional pastoral support, which may include regular check-ins with their Class Teacher, Form Tutor, Head of Year, Pastoral Manager or other appropriate member of staff;
- the views and needs of pupils with allergies will be considered when planning allergy awareness initiatives, educational activities and wider discussions relating to allergies;
- bullying, teasing, discrimination or exclusion relating to an allergy will be treated seriously and managed in accordance with the Trust's SW6 Anti-Bullying Policy; and
- pupils with allergies will be encouraged and supported to participate fully in academy life, including extracurricular activities, educational visits and sporting events.

5.3 Staff complete an 'Employment Health Declaration' when they join the Trust. Where health conditions are declared, a member of the HR Team will work with the individual to provide appropriate support in the workplace, which can include wellbeing support if needed. Staff are encouraged to inform HR if anything changes with regards to their health.

6 Designated Allergy Lead

6.1 The Designated Allergy Lead at each academy is a named member of the Senior Leadership Team (SLT) and reports to the Headteacher. They are responsible for:

- ensuring the safety, inclusion and wellbeing of pupils and staff with allergies;
- taking decisions relating to allergy management across the academy;
- promoting and embedding allergy awareness across the academy;
- acting as the primary point of contact for staff, pupils and parents/carers with concerns or questions about allergy management;
- ensuring allergy information is accurately recorded, kept up to date, and communicated appropriately;

- ensuring all staff receive appropriate training, have a good awareness of allergies, and understand their role in allergy management;
- reviewing the academy's stock of spare adrenaline auto-injectors to ensure the correct dosage is available, devices are stored appropriately, and staff know where they are located; and
- maintaining records of allergic reactions and near misses, ensuring incidents are investigated, lessons learned are communicated, and statutory reporting requirements are met where applicable.

6.2 The Designated Allergy Lead will monitor allergy management arrangements at regular intervals and report findings and any identified concerns to the SLT, and the Trust's Central Services Team if appropriate.

6.3 The Designated Allergy Lead will ensure that Individual Medical Care Plans (IMCPs) and medication for pupils with a known allergy are managed in line with the DfE guidance and the Trust's HS2 Medical Treatment Policy (working with the Medical Lead if this role is fulfilled by a different individual).

7 Admissions Team

7.1 The Admissions Team is often the first point of contact for prospective pupils and parents/carers and may therefore be the first to become aware of an allergy or special dietary requirement. The Admissions Team will work closely with the Designated Allergy Lead and the Medical Lead (if separate) to ensure that:

- allergy and special dietary information are identified and recorded at the earliest possible opportunity (at the start of the relevant school term or within 2 weeks for a mid-year entry);
- clear procedures are in place for communicating allergy and dietary information promptly to relevant staff;
- information about site procedures for allergy management, including this policy, is made available for staff, pupils, parents/carers and visitors; and
- appropriate arrangements are made for the provision, storage and accessibility of emergency medication (in line with HS2 Medical Treatment Policy).

7.2 Staff complete an 'Employment Health Declaration' when they join the Trust. Where health conditions are declared, a member of the HR Team will work with the individual to provide appropriate support in the workplace, which can include a medical risk assessment. Staff are encouraged to inform HR if anything changes with regards to their health.

7.3 This information should be shared promptly to ensure that appropriate support, risk assessments and control measures can be implemented as required.

8 Staff

8.1 All staff, including teaching staff, support staff and temporary or occasional staff (for example sports coaches, music teachers, and those running breakfast and after-school clubs), are responsible for:

- promoting and embedding allergy awareness across the setting;
- reading, understanding and implementing this policy and related procedures, and seeking support where required;
- being aware of pupils (and, where relevant, staff) with allergies and understanding the nature of their allergies;
- considering the risks that activities may pose to pupils with allergies and assessing whether the use of any allergen is necessary and appropriate;
- ensuring that pupils always have access to their prescribed medication, or, where medication is being carried on their behalf, ensuring it remains readily accessible;
- being able to recognise and respond to an allergic reaction, including anaphylaxis, following appropriate training. Whilst the Trust is responsible for ensuring staff receive annual training, any member of staff who is aware that they have not completed allergy training within the previous 12 months should notify their Line Manager;
- participating in allergy awareness training as required, and at least annually;
- always giving due regard to the safety, wellbeing and inclusion of pupils with allergies, and preventing and responding to allergy-related bullying in accordance with the Trust's SW6 Anti-Bullying Policy;
- forwarding any information received directly from parents/carers regarding allergies, allergens or medication to the Designated Allergy Lead without delay; and
- ensuring that pupils have their medication and Individual Medical Care Plan available when leaving the site for educational visits, sporting fixtures or other off-site activities.

8.2 Information will be provided to contractors, volunteers, agency staff and organisations using academy premises when they sign in.

8.3 Staff with an allergy are encouraged to declare this on their 'Employment Health Declaration' when they join the Trust. This enables appropriate support to be put into place by the HR Team, if required. Staff are responsible for informing HR if anything changes with regards to their health during their employment.

9 Parents/Carers

9.1 All parents and carers, whether their child has an allergy or not, are responsible for:

- being aware of and understanding this policy;
- providing the setting with accurate and up-to-date medical information for their child(ren) through the setting's Admission Form, and notifying the setting without delay if anything changes;
- notifying the setting of clinically diagnosed or professionally identified allergies and intolerances, and not reporting personal preferences or dietary choices as allergies or intolerances; and
- complying with any food restrictions, allergy management arrangements or guidance issued by the setting when providing food, including packed lunches, snacks, ingredients for food technology lessons and items for fundraising or celebratory events (see Section 16 for further information).

10 Parents/Carers of Children with Allergies

10.1 In addition to the responsibilities outlined above, parents and carers of children with allergies should:

- work with the setting to complete an Individual Medical Care Plan and provide the setting with an Allergy Action Plan/Asthma Action Plan and any other documents provided by a healthcare professional that may assist the setting, if available;
- if required, adhere to the guidance set out in HS2 Medical Treatment Policy with regards to bringing medication into the setting;
- ensure all medication remains in-date and is replaced before its expiry date;
- ensure their child has access to their allergy medication, including adrenaline auto-injectors where prescribed, when travelling to and from the academy;
- inform the setting without delay of any changes to their child's allergy, medical condition or treatment, and ensure that all relevant documentation is updated accordingly; and
- support their child to understand their allergy diagnosis, advocate for themselves, and take reasonable steps to reduce the risk of an allergic reaction, for example by avoiding foods or substances to which they are allergic and practicing safe allergy management behaviours

11 Pupils

11.1 All pupils should:

- adhere to the measures put into place by the academy to support individuals with allergies;
- follow the academy's rules regarding food, snacks and allergens; and
- behave responsibly and never share food, drinks or eating utensils with pupils who have allergies without the permission of a member of staff.

12 Pupils with Allergies

12.1 In addition to the responsibilities outlined for all pupils, pupils with allergies are responsible for:

- understanding their allergies and how to minimise personal risk, where age- and capability-appropriate;
- avoiding known allergens as far as is reasonably practicable;
- informing a member of staff immediately if they feel unwell, believe they have been exposed to an allergen, or suspect they may be experiencing an allergic reaction;
- carrying medication (including AAIs) with them at all times, where age- and capability-appropriate, and as agreed within their Individual Medical Care Plan;
- understanding how and when to use their adrenaline auto-injector and being familiar with the symptoms that may require its use;
- informing their parents/carers and the Academy if replacement medication may be required;
- speaking to the Designated Allergy Lead or another appropriate member of staff if they have concerns regarding allergy management arrangements, procedures or risk controls;
- taking reasonable responsibility for communicating their allergy to others, where appropriate and where age and capability allow;
- ensuring, where age- and capability-appropriate, that their emergency medication accompanies them on journeys to and from the academy and during all off-site activities; and
- participating, where appropriate, in discussions and reviews relating to their Individual Medical Care Plan and allergy management arrangements.

13 Documentation

Register of pupils with an allergy

13.1 Each setting will maintain a register of pupils with diagnosed allergies. This includes pupils who have a history of anaphylaxis, those who have been prescribed adrenaline auto-injectors (AAIs), and pupils with diagnosed allergies who have not been prescribed adrenaline auto-injectors. This will be held in each setting's management information system.

13.2 This register is composed using information collected from parents/carers through the setting's Admission Form. Parents/Carers are reminded to update the setting as soon as possible if anything changes with regards to their child's medical information. If applicable, an academy may also collect information from the child's previous setting through the transition process. However, this

information will always be checked with parents/carers to ensure it remains up to date.

13.3 The register is used to ensure that appropriate support, risk assessments, communication and emergency arrangements are in place for affected pupils.

13.4 The register will be updated whenever the setting is informed of a change to a pupil's allergy status or treatment requirements.

Register of staff with an allergy

13.5 Health information for staff is obtained from the 'Employment Health Declaration' which staff complete upon joining the Trust, and any updates provided by staff during their employment.

Individual Medical Care Plans (IMCP)

13.6 Children and young people may need an Individual Medical Care Plan for an allergy if:

- they have an allergy which has a functional impact on them in their 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.

13.7 The information contained within this plan should include:

- known allergens and any identified risk factors for allergic reactions;
- a history of previous allergic reactions, including any episodes of anaphylaxis;
- details of any medication, including dosage and administration requirements;
- an up-to-date photograph of the pupil; and
- a copy of the pupil's Allergy Action Plan and/or Asthma Action Plan (if available).

13.8 Further information about IMCPs can be found in HS2 Medical Treatment Policy.

Risk Assessment

13.9 Allergens can be present in a wide range of activities and environments, including situations where they may not be immediately obvious. Staff, including visiting staff, must consider allergies during the planning of all activities and

ensure that allergy-related risks are included within risk assessments where appropriate. This may include:

- classroom activities, such as crafts involving food packaging, science experiments where allergens are present, food technology lessons, or cooking activities;
- bringing animals into the setting, for example dogs or egg-hatching projects, which may present allergy risks;
- running activities or clubs where snacks, refreshments or food treats may be provided. Safe alternatives should be available, and consideration should be given to using non-food rewards where appropriate;
- planning special events, celebrations and cultural days where food may be present; and
- the provision of food brought into the academy, including birthday cakes and food used to celebrate events.

13.10 Where appropriate, staff with an allergy will have a medical risk assessment in place, which will be written and implemented with the support of the HR Team.

13.11 The safety, wellbeing and inclusion of individuals with allergies must be considered when planning and delivering activities. Individuals with allergies should not be excluded from activities unless there is no reasonably practicable way to manage the associated risk safely. Where necessary, activities should be adapted to enable participation.

13.12 The Trust will fulfil its obligations under the Equality Act 2010 by considering and implementing reasonable adjustments for individuals with allergies and associated medical conditions. Where an individual's allergy constitutes a disability under the Equality Act 2010, the setting will make reasonable adjustments to prevent them from being placed at a substantial disadvantage.

14 Training

14.1 The Trust is committed to ensuring that all staff receive annual training to develop and maintain a good understanding of allergies and allergy management. All new staff will receive allergy awareness training as part of their induction.

14.2 This training will include:

- understanding what an allergy is;
- understanding how to reduce the risk of an allergic reaction occurring;
- recognising and responding to an allergic reaction, including anaphylaxis;
- knowing where adrenaline auto-injectors (AAIs), including both prescribed and spare devices, are stored and how to access them in an emergency;

- understanding the importance of the inclusion of individuals with allergies, the impact that allergies can have on mental health and wellbeing, and the risks associated with allergy-related bullying; and
- understanding food allergen labelling requirements.

14.3 Additionally, each setting will deliver further training for staff (and pupils where appropriate) to consider any contextualised information relevant for the setting. This may include opportunities for staff to use a training adrenaline auto-injector.

15 Identification

15.1 As identified in Section 13, each setting will maintain a register of pupils and staff with diagnosed allergies.

15.2 Where necessary, settings will keep a list of individuals with a known allergy in places where food may be served or handled, including food technology, science, craft and art classrooms. These lists will be kept in areas accessible to staff only, and if it is necessary to include staff, for example, they work within that area, it will be done with their agreement.

15.3 Each setting will maintain robust procedures for identifying pupils with food allergies during mealtimes. These may include staff awareness systems, pupil photographs (accessible only to relevant staff), colour-coded indicators, place settings or other suitable identification methods. At least two methods of identification should be in place wherever practicable. One method should ideally involve a visual check by a member of staff familiar with the pupil's dietary requirements. Appropriate contingency arrangements should also be documented to ensure continuity during staff absences. Each setting will ensure these methods are shared with staff and visitors (where appropriate).

15.4 Whilst staff will be responsible for managing their own allergies, any support that may be needed to help them will be identified through the medical risk assessment.

15.5 Visitors to any Trust site will be asked to inform a member of the reception team if they have an allergy and/or asthma. If required, this will be shared with appropriate staff to ensure suitable safe provision for the individual whilst they are on site.

16 Food Provision

Catering

16.1 The Trust is committed to providing safe meals and refreshments for pupils, staff and visitors, including those with food allergies.

16.2 The Trust will ensure that:

- appropriate due diligence is undertaken regarding allergen management when appointing catering providers and catering staff;
- all catering staff and other staff involved in the preparation, handling or serving of food receive appropriate food safety, allergen awareness and anaphylaxis training;
- where catering facilities, kitchens, food technology rooms or other food preparation areas are operated, suitable procedures are in place to minimise the risk of allergen exposure and cross-contamination;
- reasonable measures are taken to reduce the risk of cross-contamination during the storage, preparation, cooking and serving of food. These measures may include the segregation of allergenic ingredients where practicable, the use of dedicated equipment or utensils where required, effective cleaning procedures, clear food labelling and the provision of accurate allergen information;
- food storage areas are organised to minimise the risk of accidental contact between allergenic and non-allergenic foods;
- anyone preparing food for individuals with allergies follows the Trust's food safety, hygiene and allergen management procedures;
- the catering team works with staff to identify pupils with allergies and understand their dietary requirements;
- the catering team endeavours to provide a suitable range of meal options for pupils and staff with allergies;
- food provided through breakfast clubs, after-school clubs and other academy-run activities follows the same allergen management procedures;
- dietary information, including any known allergies, is requested in advance of any event where catering is being provided (including for externals);
- Pre-packed for Direct Sale (PPDS) food complies with the Food Information (Amendment) (England) Regulations 2019 (commonly known as Natasha's Law) and displays the required allergen information; and
- where changes are made to ingredients or recipes, relevant information is communicated promptly to pupils and staff.

16.3 Food containing any of the 14 allergens specified in UK food information legislation will be clearly identified, and additional ingredient information will be available on request.

16.4 Products carrying Precautionary Allergen Labelling (PAL), such as "may contain" or "produced in a factory handling" statements, will be assessed on an individual basis for pupils and staff with allergies. Such products will not automatically be regarded as safe for individuals with the relevant allergy.

16.5 Each setting will follow the guidance contained within Individual Medical Care Plans and Allergy Action Plans/Asthma Action Plans (where available) and, where necessary, seek advice from parents/carers and healthcare professionals before providing such products. Staff must not assume that products carrying precautionary allergen warnings present a low risk and must always follow agreed allergy management arrangements.

16.6 The Trust adopts a nut-aware approach and does not knowingly include nuts or nut-containing ingredients within catering menus unless a suitable risk assessment has determined that their use can be managed safely.

Early Years Foundation Stage (EYFS)

16.7 Settings operating Early Years Foundation Stage (EYFS) provision will comply with the requirements of the current DfE guidance, *Early years foundation stage statutory framework*.

16.8 In EYFS settings:

- up-to-date information regarding children's allergies, intolerances and dietary requirements will be maintained;
- Individual Medical Care Plans and Allergy Action Plans/Asthma Action Plans (where available) will be developed and reviewed in partnership with parents/carers and healthcare professionals, where appropriate;
- staff will be informed of children with allergies and trained to recognise allergic reactions and anaphylaxis and follow established emergency procedures;
- a suitably trained member of staff holding a current Paediatric First Aid qualification will supervise children whilst eating in accordance with EYFS requirements;
- food preparation and serving arrangements will minimise the risk of allergen exposure and cross-contamination; and
- a designated member of staff will be responsible for checking food and drink provided to children with identified dietary requirements.

Food Brought into the Academy

16.9 Where necessary to safeguard an individual, or a group of individuals, with severe allergies, settings may restrict or prohibit specific foods following an appropriate risk assessment. Any such restrictions will be clearly

communicated and must be complied with by all members of the setting community. The Trust recognises that restricting specific food items may help to reduce risk for some individuals, however, such measures cannot eliminate risk entirely and may be difficult to enforce consistently. For this reason, any restrictions implemented by a setting will be regarded as a risk-management measure only and will not be considered to create an allergen-free environment. The Trust promotes an approach based on allergen awareness, risk reduction, shared responsibility and ongoing vigilance by staff, pupils, parents/carers and visitors.

16.10 Food brought onto Trust premises, provided at Trust events, or taken on educational visits, residentials, sports fixtures and other Trust activities must be carefully managed to minimise the risk of allergen exposure. This includes:

- food intended for sharing, including birthday cakes, sweets, treats, and refreshments provided at events, parent functions, fundraising activities and similar occasions, must not be brought into the setting without prior approval;
- homemade cakes or other food items intended for sharing may be restricted or prohibited where allergen information cannot be verified;
- food sold or provided through tuck shops, fundraising activities, parent-teacher events, school fairs and similar events must have allergen information available;
- staff organising events involving food must consider the needs of pupils, staff and visitors with allergies and ensure suitable alternatives are available where reasonably practicable;
- food taken on educational visits, residential trips, sports fixtures and other off-site activities must be risk assessed in advance. Relevant allergy information, Individual Medical Care Plans, emergency medication and supervision arrangements must accompany the visit as required;
- any concerns regarding food brought into the setting should be referred to the Designated Allergy Lead before the food is distributed or consumed; and
- each setting will regularly communicate its expectations regarding food brought onto Trust premises to pupils, parents/carers, staff and visitors to help maintain a safe environment for all.

16.11 Where individuals bring food onto site for their own consumption, e.g., a packed lunch, or ingredients to be used in a food technology lesson, it is requested that:

- any food not in packaging is placed within a container that has a sealed/closeable lid;
- any food which may leak, e.g., dressings, dips, is placed in a leak-proof container; and
- items such as containers and bottles are labelled with the individual's name.

16.12 For safety, individuals are asked not to share their food (including cooking ingredients), containers or utensils with others.

16.13 Where pupils prepare food as part of the curriculum, staff will undertake appropriate risk assessments and ensure that known allergies are considered when planning activities.

Food Hygiene

16.14 In order to promote good food hygiene practices:

- individuals are encouraged to wash their hands before and after eating;
- sharing or swapping food is not advised; and
- throwing food is not permitted.

17 Insect Stings

17.1 The Trust recognises that insect stings can cause severe allergic reactions, including anaphylaxis, in some individuals. Reasonable measures will be taken to minimise the risk of insect stings and to support pupils and staff with known insect venom allergies.

17.2 Individuals with a known allergy to insect stings should, where reasonably practicable:

- avoid walking barefoot outdoors and wear appropriate footwear when on Trust grounds;
- wear clothing that covers the arms and legs when outdoors, where practicable;
- avoid the use of strong perfumes, aftershaves, scented cosmetics and other fragranced products that may attract insects;
- keep food and drinks covered when eating outdoors; and
- exercise caution around flowering plants, waste bins, outdoor eating areas and other locations where insects may congregate.

17.3 The Headteacher, Site Manager, Estates Team, or other designated responsible person will arrange for the regular monitoring of the site's grounds and buildings for wasp, bee and other insect nests and will ensure that any identified nests are assessed and managed appropriately.

17.4 All pupils, staff and visitors should avoid disturbing insects or nests and must report the location of any suspected wasp, bee or other insect nest to a member of staff immediately. Areas containing active nests may be restricted until appropriate action has been taken.

18 Animals

18.1 Animal allergies are most commonly caused by exposure to animal dander (flakes of skin), saliva or urine.

18.2 Precautions to minimise the risk of an allergic reaction include:

- individuals with a known animal allergy should avoid contact with the animal to which they are allergic;
- where an animal is brought onto a site, an appropriate risk assessment will be completed in advance of the visit;
- areas visited by animals will be cleaned appropriately following the visit;
- anyone who has contact with an animal should wash their hands thoroughly afterwards;
- where an animal is permanently or regularly housed on a site, for example in a classroom, pupils, parents/carers and staff will be informed, and appropriate adjustments and control measures will be considered where necessary; and
- educational visits involving animals will be carefully risk assessed, taking account of any pupils or staff with known animal allergies.

19 Allergic Rhinitis (Hay Fever)

19.1 Reasonable measures will be taken to minimise exposure to known allergens, where practicable. This may include maintaining clean learning environments, taking allergy needs into account when planning outdoor activities, for example, using alternative facilities indoors if there is a high pollen count.

19.2 Staff should be aware that symptoms of allergic rhinitis may affect a pupil's comfort, concentration and wellbeing, particularly during periods of high pollen count.

20 Educational Visits and Sports Fixtures

20.1 Guidance for staff leading, or supporting, educational visits and/or sports fixtures is available in the Trust's HS2 Medical Treatment Policy and SW11 Educational Visits Policy.

21 Adrenaline Devices (ADs)

21.1 People at risk of anaphylaxis are usually prescribed self-administered adrenaline for use in an emergency. Currently two types of adrenaline devices are licensed for use:

- an adrenaline auto-injector (AAI); and

- a non-injectable nasal adrenaline device.

21.2 Clinical advice recommends that people at risk of anaphylaxis **carry two devices with them at all times**, regardless of the type of device, since two doses of adrenaline may be required.

21.3 Individuals need to have rapid access to their devices at all times – this includes when travelling to and from school/work, around the site, for example, in the lunch area, playground and sports fields or when on visits or trips. Whilst each site is different, all settings within the Trust will adhere to the following:

- pupils will be encouraged to keep their ADs with them in their bags, ensuring they have access to them at all times;
- if a pupil cannot keep their ADs with them, then the devices should be stored in an appropriate central location that is unlocked and accessible at all times (any consideration of location must factor in that anaphylaxis always requires an immediate emergency response – adrenaline should be administered within five minutes); and
- staff will keep their ADs with them whilst on site;
- if necessary, "spare" ADs should be used instead.

21.4 For both pupils and staff who have prescribed ADs, the Individual Medical Care Plan (for pupils) and risk assessment (for staff) should clearly state where the ADs are stored whilst on site, and the arrangements for any off-site activities, including educational visits and sports fixtures.

21.5 Each setting will maintain a supply of spare AAIs in accordance with current Government guidance. The Trust has standardised its emergency spare AD provision through Kitt Medical, who provide adrenaline auto-injector (AAI) options for all age groups across the Trust. The locations of spare AAIs will be clearly signposted throughout each setting, and communicated to staff through induction, training and refresher briefings.

21.6 The decision to take spare AAIs on off-site activities will be determined through the risk assessment process and recorded by the Visit/Activity Leader as part of the visit documentation.

22 Responding to an Allergic Reaction/Anaphylaxis

22.1 If a pupil and/or member of staff has a known allergy with an Individual Medical Care Plan (IMCP) in place (with an Allergy Action Plan/Asthma Action Plan if available) or risk assessment, then this should be followed in the event that an individual has been exposed to an allergen, is having an allergic reaction or anaphylaxis.

22.2 Allergic reactions are unpredictable. Most reactions do not result in anaphylaxis. However, when anaphylaxis occurs, reactions usually start off as less severe, e.g., skin rash, vomiting, but then become anaphylaxis. As such, someone having a reaction should always be monitored for at least 60 minutes afterwards, just in case the reaction gets worse.

22.3 Symptoms of a mild to moderate allergic reaction (not anaphylaxis) include:

- swollen lips, face or eyes;
- itchy/tingling mouth;
- mild throat tightness;
- hives or itchy skin rash;
- abdominal pain or vomiting; and/or
- sudden change in behaviour.

22.4 In the event that an individual displays symptoms of a mild to moderate allergic reaction, this will be managed in line with the Trust's HS4 First Aid Policy, and the individual will be monitored for at least 60 minutes. In line with the policy, parents/carers (or the emergency contact for staff) must be contacted and informed.

22.5 Mild reactions can worsen and become anaphylaxis, affecting the **A**irway/**B**reathing/**C**irculation (ABC).

A - Airways: swelling in the throat, tongue or upper airways (tightening in the throat, hoarse voice, difficulty swallowing);
B - Breathing: sudden onset wheezing, breathing difficulty, persistent cough, noisy breathing;
C - Circulation: dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness.

22.6 Anaphylaxis always requires an emergency response. Anaphylaxis may rarely occur without a clearly identified allergen or without ingestion of a food trigger – emergency planning, therefore, should be based on the individual's documented triggers and clinical history, rather than any assumption over whether the person has eaten a trigger food.

22.7 **If any one (or more) of the signs of anaphylaxis (ABC) are present, the following action should be taken without delay:**

1. **Lie the individual flat with their legs raised (if breathing is difficult, allow them to sit);**
2. **Give adrenaline device without delay (use the spare if needed);**
3. **Immediately dial 999 for ambulance and say anaphylaxis (ana-fill-axis).**

Always give adrenaline first, then seek medical help.

After giving adrenaline:

- Stay with the individual until the ambulance arrives, do NOT stand them up;
- Keep them lying down, even if things seem to be getting better;
- Phone parent/carer/emergency contact.

If no improvement after 5 minutes, give another dose of adrenaline using a second device, if available.

Commence CPR at any time if there are no signs of life.

If in doubt, always treat for anaphylaxis.

22.8 Many food-allergic individuals also have asthma. “Wheeze” is a common symptom of asthma and also happens during food-induced anaphylaxis. An individual’s Allergy Action Plan/Asthma Action Plan may include instructions to give a reliever medicine, e.g., a salbutamol inhaler, after giving a dose of adrenaline if the person is still wheezing. Never give the reliever inhaler instead of adrenaline to treat anaphylaxis.

23 Reporting, Investigation and Learning from Incidents

23.1 Each setting will report allergic reactions, suspected allergic reactions, anaphylaxis incidents, use of adrenaline auto-injectors (AAIs), and allergy-related near misses using the Trust’s Accident, Incident & Near Miss Reporting Form (through SharePoint).

23.2 For pupils, if an allergic reaction, suspected allergic reaction or anaphylaxis incident occurs, parents/carers will be notified without delay, in line with HS2 Medical Treatment Policy. Staff will also update relevant documentation as appropriate, e.g., Record of medicine administered to a child. If required, the Trust will release any records to health professionals to support the ongoing medical care of the pupil. This will be done in line with HR6 Data Protection Policy.

23.3 For staff, if appropriate the individual's emergency contact will be informed.

23.4 Following any significant allergic reaction, a review must take place to ascertain whether risk assessments, Individual Medical Care Plans, Allergy Action Plans, Asthma Action Plans, staff training, supervision arrangements and catering controls were appropriate, and if they were adhered to. If required, documents may be updated with the involvement of key individuals. A review will also identify any lessons learned.

23.5 As part of training and staff briefings, relevant lessons learned will be shared staff, as appropriate, whilst maintaining confidentiality.

23.6 If required, an investigation may need to be carried out by the Designated Allergy Lead, in conjunction with the Trust's Estates Team or another appropriate senior member of staff. The Designated Allergy Lead should work with the Trust's Health & Safety and Compliance Coordinator to determine if an investigation is needed.

23.7 The Trust's Estates Team will review trends and patterns in allergy incidents at least annually to identify opportunities for improvement/development.

23.8 If necessary, serious incidents will be reported in accordance with Trust procedures, including to relevant external agencies if required.

23.9 Records will be retained in accordance with the Trust's HR33 Records Management Policy.

23.10 Following any use of an adrenaline auto-injector, a debrief will be undertaken to review the response, identify learning points, replenish emergency medication, and update procedures or training requirements as necessary.

24 Safeguarding

24.11 A safeguarding referral may be needed where an incident highlights a concern that the child or young person may be at an increased risk of being neglected, abused or exploited by persons inside or outside their family unit because of their medical condition. This might occur where relevant information about a pupil's medical condition is not provided to the Trust, or where they are repeatedly sent without essential medication. Any staff must report their concerns about a child to the safeguarding team, in line with the procedures set out in the Trust's SW5 Safeguarding and Child Protection Policy.

25 Policy Change

25.1 This policy may only be amended or withdrawn by the Priory Federation of Academies Trust.