The Mead Infant and Nursery School

Allergy Safety Policy

Bourne Education Trust
Transforming schools... changing lives

Aims

1. The aims of our allergy safety policy are to:
   - Ensure the safety of all pupils with allergies
   - Ensure that staff and governors are aware of their responsibilities with regards to allergy safety
   - Provide a framework for responding to an incident and recording and reporting the outcomes.

Legislation and guidance

2. This policy is based on the Department for Education *Allergy safety in schools* statutory guidance and references the following legislation:
   - Section 100 of the Children and Families Act 2014 which places a duty on governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils at their school with medical conditions (excepting those who are "young children" from birth until the 1st September following their fifth birthday and subject to the requirements of the EYFS). In meeting the duty, the governing body, proprietor or management committee must have regard to statutory guidance on *Supporting pupils with medical conditions at school*
   - Section 34 of the Children's Wellbeing and Schools Act 2026 which amends this by placing a further requirement on LA-maintained schools, academies and PRUs to have allergy safety policies, publish them and keep them under review.
   - The duty of care under section 3 of the Children Act 1989 for any person with the care of a child to do all that is reasonable for the purposes of safeguarding or promoting the welfare of the child
   - The duties to safeguard and promote the welfare of pupils and students under sections 20 and 175 of the Education Act 2002 and associated statutory guidance Keeping Children Safe in Education.
   - The duty of the employer under section 2 of the *Health and Safety at Work Act 1974* to take reasonable steps to ensure that employees are not exposed to risks to their health and safety.
   - The duties under the *Equality Act 2010* to provide equality of opportunity for all, including those who are disabled.

- *The Special Educational Needs and Disability (SEND) SEND code of practice*: 0 to 25 years.
- *The Early Years Foundation Stage* (EYFS) statutory framework.
- RIDDOR, which state that some accidents must be reported to the Health and Safety Executive (HSE), and set out the timeframe for this and how long records of such accidents must be kept
- *The Social Security (Claims and Payments) Regulations* which set out rules on the retention of accident records
- The common law duty of care which requires schools, educational settings, and other persons responsible for children and young people to take reasonable care to avoid acts or omissions which could reasonably be foreseen to cause injury or harm. This includes taking appropriate steps to identify, assess and manage allergy-related risks and to respond appropriately in the event of an allergic reaction.

Accountability and assurance

3. Each Bourne Education Trust school will name a member of the Senior Leadership Team as their Allergy Safety Lead. This member of staff will be responsible for the implementation and monitoring of this policy.

4. The Allergy Safety Lead will undertake an annual review of allergy management arrangements, including staff training, Individual Healthcare Plans, spare adrenaline devices, incidents and near misses, and report findings to the Headteacher and governing body.

5. The Allergy Safety Lead will summarise all the key school information in Appendix 1 and ensure that all relevant parties are aware of their roles and responsibilities within this policy and its implementation.

Awareness Training

6. All staff will undergo allergy awareness and emergency response annual training using the Trust approved method of e-learning. This is to cover all staff present during times when pupils are scheduled to be on site.

7. The Allergy Safety Lead will ensure that all school staff know where to find school specific information on allergy triggers, how to find and check pupil information, where appropriate emergency medication is stored, know how to use such medication/devices and how to report incidents and near misses.

8. The Allergy Safety Lead will ensure that this is included in induction training for all new staff, and that appropriate training is also provided to external support contractors such as cleaners, caterers and sports coaches where applicable.

Wellbeing

9. Parents/carers are responsible for informing the school of allergies, supplying in-date medication, updating medical information and participating in IHP reviews. Pupils should, where appropriate, carry medication, avoid sharing food and report symptoms immediately.

10. Allergy risks can be a source of anxiety and/or bullying for pupils. All Bourne Education Trust schools will follow their behaviour policies, ensuring that a zero-tolerance approach to bullying is in place and all pupils know how to raise a concern.

11. Allergy risks should be managed appropriately as per this policy and should not exclude any pupils from taking part in an activity or event.

Minimising Risk

12. Schools will minimise the risk of individuals coming into contact with their known allergens by:
    - Ensuring that contracted catering includes rigorous allergen management as part of its contractual duties and that this is subject to regular auditing.
    - Addressing allergy management as part of all risk assessments for off site trips and visits and all non-curriculum events where others may bring food to site.
    - Addressing allergy management as part of all risk assessments and planning for any curriculum subject that may lead to exposure, such as but not limited to: cooking and food activities, scientific experiments and activities involving animals.
    - Ensuring that if any pupils have known contact or airborne allergies that reasonable measures are put in place as part of an Individual Healthcare Plan.
    - Ensuring that if any school activities are being led by an external provider, such as sports coaching, that they have an appropriate risk assessment in place, and that the school has fully briefed the provider on allergy management and this is documented.

Individual People

13. The Allergy Safety Lead will ensure that pupils and staff with known allergies are identified through the school's admission, recruitment and induction processes. Contractors, volunteers and visitors should notify the school of any allergy-related needs where these require reasonable adjustments or emergency planning. For new pupils and staff this will be done at the point of pre-start data collection. This information will include:
    - Their known allergens
    - What medication they require

- Whether they carry their own medication

Individual Healthcare Plan (IHP)

14. An IHP is required for each pupil if:
    - They have an allergy which has a functional impact on them in their school
    - They are at risk of harm as a result of their allergy and / or
    - They require arrangements which are additional to or different from those made generally
15. The IHP template can be viewed at Appendix 2. This will set out the additional and/or different arrangements that will be in place to support the pupil, including in an emergency situation.
16. The IHP will be completed in conjunction with the pupil and their legal guardian(s) and the Allergy Safety Lead will ensure that this is completed as soon as practically possible for each pupil.
17. Where pupils have an existing Allergy Action Plan and/or Asthma Action Plan issued by a Healthcare professional, the IHP should refer to or attach it.
18. All information provided will be handled in accordance with the Bourne Education Trust Data Protection Policy
19. IHP will be shared with all staff who have responsibility for the pupil and need to be aware of the arrangements, including teaching staff, support staff, first aiders, catering staff and relevant wraparound or extracurricular providers.
20. The IHP will be used to inform risk assessments for educational visits, residential visits, curriculum activities and any other relevant school activities.
21. The IHP will be reviewed at least annually, or sooner if there is a change to the pupil's medical needs, treatment, medication, educational provision, or following any allergy-related incident or near miss.
22. Archived securely in accordance with the Trust's records retention schedule when it is no longer required.

Prescribed Adrenaline

23. Following administration of adrenaline, staff must call 999 immediately and the pupil must be taken to hospital, even if symptoms improve.

24. All those who are prescribed adrenaline devices must have rapid access to them at all times, as in the case of anaphylaxis, adrenaline should be administered within five minutes.
25. Schools will discuss with the pupil and their legal guardian(s) the best method of achieving this, include pupils keeping devices on them at all times (including at lunch, sports fields where applicable and for journeys to and from school)
26. Schools will keep a record on Smartlog of all pupils with prescribed adrenaline devices and ensure this includes their expiry dates

Spare adrenaline devices

27. All primary schools will hold a minimum of two spare adrenaline devices that are of the appropriate dosage for the age range on site. All secondary schools will hold a minimum of four (stored in two pairs) spare adrenaline devices that are of the appropriate dosage for the age range on site.

28. All devices must be within less than a five-minute range of all pupils, at all times and schools should consider this when planning locations for storage.
29. All devices must be readily available and not locked away. They will be clearly labelled as 'spare' so that they are not confused with any others, and they will be logged on Smartlog as to their location and expiry date. The Allergy Safety Lead is responsible for ensuring these are kept in date and replenished as appropriate.

Trips and Visits

30. Community users, lettings and external providers should be considered within allergy risk management where food or allergens may be present.

31. All pupils with known allergies should be considered as part of a trip/visit risk assessment. This risk assessment will contain information on how they will access adrenaline if required, and that trip staff are trained to administer adrenaline in an emergency situation
32. Additional consideration should be given to any trip or visit of a residential nature, or that includes food provided by a third party.

Reporting incidents and near misses

33. Following any significant allergy incident, the school should complete a debrief, review the Individual Healthcare Plan and update risk assessments where required.

34. All incidents and near misses must be recorded on Smartlog using the standard accident reporting template, following the steps as per the Record-Keeping and reporting section of the Bourne Education Trust First Aid Reporting and Accident Reporting Policy

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Appendix 1 – School Specific Information for coordinating Allergy Safety

School Name	The Mead Infant and Nursery School
Headteacher	Tracy Creasey
Allergy Safety Lead	Tracy Creasey
Lead First-Aider	Jade Anderson
Educational Visit Coordinator	Angela Bedford
Catering Provider contact details	
PE Lead	Emma Kirby
Location of spare adrenaline injectors 1	School Office
Location of spare adrenaline injectors 2	School Office
Nearest Local Pharmacy	Nima Pharmacy, Stoneleigh Broadway
Nearest Accident and Emergency Hospital	St Helier or Epsom Hospitals

Appendix 2 – Individual Healthcare Plan template

NAME – Individual Healthcare Plan for allergy	
Date of birth:	Current photo
Year / class:	
Emergency contacts:	
Staff who need to be aware:	

Allergy:

Note what allergy the child or young person has.

Note any known allergens.

Note whether the child or young person is likely to be aware that they are having an allergic reaction and whether they can alert others.

How the allergy is managed:

Note any care or action plans or prescribed medication issued by healthcare professionals.

If the allergy can be partly or wholly managed by practical adjustments (for example avoidance of known allergens), note them here.

Note the extent to which the child or young person is able to take responsibility for managing their allergy.

Impact on education:

Indicate the potential harm which might come to the child or young person if their allergy is not managed properly.

Indicate how the allergy may impact on the child or young person's learning.

Indicate how the allergy may impact on the child or young person's emotional wellbeing.

If relevant, note any interaction between allergy and SEN.

Arrangements for support:

Give details of the specific support or adaptations which the school, college or early years setting will put in place, within its educational remit.

Outline measures to reduce the risk of contact with known allergens.

Give details of the specific support or adaptations to manage food allergy at meal and snack times.

Note arrangements for maintaining educational progress where absence or missed learning occurs due to allergy.

Visits and trips:

Give details of any arrangements or procedures which may be required for school trips or other activities outside of the normal timetable that will ensure the child can participate.
Note any requirement for a risk assessment and prompts for specific issues which should be considered.

Emergency response: *Where an Action Plan issued by a healthcare professional covers emergency response, refer to it and ensure it is attached.* *Otherwise summarise the signs or symptoms which would indicate an emergency.* *Set out what to do in an emergency, including whom to contact.* *If relevant, note where "spare" adrenaline devices are located.*	
Last discussed with parents:	**Date**
Issued by:	**Date**:
Next planned review:	**Date**:

NAME – Individual Healthcare Plan for allergy Annex: Medication needed while in school / college / setting	
Non-prescription medication: *Record any non-prescription medication (e.g. oral antihistamines) which the child or young person may require to manage their allergy in the education setting* *Note whether it is emergency medication; where the medication is stored; and how and when the child or young person may need access* *Note whether parental consent has been given for the allergy medication to be administered, and the date of consent.*	
Parental consent:	**Date**:
Prescription medication: *Record any prescription medication for allergy prescribed by a healthcare professional (e.g. adrenaline).* *Note whether it is emergency medication; where the medication is stored; and how and when the child or young person may need access.* *Note whether parental consent has been given for the allergy medication to be administered, and the date of consent.*	
Prescribed by:	**Date**:
Parental consent:	**Date**:
Use of "spare" adrenaline devices: *Note whether parental consent has been given to administer adrenaline (e.g. using "spare" adrenaline devices) in an emergency.*	
Parental consent:	**Date**:
Use of "spare" salbutamol inhaler: *If relevant (i.e. the child or young person is prescribed an asthma reliever inhaler), note whether consent has been given to use a "spare" salbutamol reliever inhaler.*	
Parental consent:	**Date**:

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