Article 3: Adults must do what's best for me

Allergy Safety Policy

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An academy within:

"Learning together, to be the best we can be"

1. Purpose & Scope

1.1. **Fountaindale School** is committed to keeping pupils, staff and visitors with allergies safe, included and able to participate fully in school life. This policy sets out the school's arrangements for identifying allergy needs, reducing exposure to known allergens, responding promptly to allergic reactions and anaphylaxis, and learning from incidents and near misses.

1.2. This school-level policy is designed for adoption and local adaptation by each academy.

2. Principles

2.1. This is an allergy-specific policy. It should be read as a school-level policy sitting under, and expanding on, Section D.6.1 Allergy Management of the Nexus Multi Academy Trust Health & Safety Policy, which remains the Trust's main health and safety policy. It should be read alongside, but does not replace, the school's Medical Conditions Policy, Medicines in School Policy, Educational Visits procedures, safeguarding arrangements, and catering and food safety procedures.

2.2. The school will publish this Allergy Safety Policy on its website and review it at least annually, or sooner following any significant allergy-related incident, near miss, change in statutory guidance, change in law, or change to school arrangements.

3. Recognition

3.1. When the school becomes aware that a pupil has an allergy (through pre-admission meetings, annual reviews and allergy questionnaires, staff concerns, or parent contact), or may be at risk of an allergic reaction, the school will record the information promptly on the allergy register, notify relevant staff on a need-to-know basis, liaise with parents/carers, and put proportionate safety arrangements in place before the pupil attends, wherever practicable.

3.2. Where a formal diagnosis has not yet been made, or where information is incomplete, the school will take reasonable protective action based on the information available from parents/carers, healthcare professionals and previous settings, while seeking further evidence as needed.

3.3. The school will consider the needs of pupils with food, insect venom, animal and environmental allergies. Asthma, coeliac disease and food intolerance will be managed through the school's wider medical, health and dietary arrangements where applicable, with allergy-specific controls added where needed.

3.4. Annual allergy questionnaires are sent to staff regarding their known allergens and whether they carry medication. On sign-in, visitors are asked to make reception staff aware of any allergies.

4. Allergy Action Plans

4.1. Pupils with diagnosed allergies, or those assessed as being at risk of anaphylaxis, will have an allergy-specific action plan. Where the school already holds an Individual Healthcare Plan for that pupil, the allergy action plan may sit within, or be attached to, that plan. The plan will be developed with parents/carers, the pupil where appropriate, and relevant healthcare professionals, and will record the pupil's allergens, likely symptoms, prescribed medication, emergency response and any reasonable adjustments needed in school.

4.2. Plans will be reviewed at least annually, and sooner where the pupil's needs change, medication changes, a reaction or near miss occurs, new information is received from parents or healthcare professionals, or the school's arrangements change.

4.3. Allergy action plans will be accessible to staff who need them and will be used to inform classroom practice, supervision, mealtimes, educational visits, off-site activities, transport, wraparound care and emergency response.

4.4. Where appropriate, an allergy profile may be created to support day-to-day communication. This may include the pupil's photograph, allergens, usual symptoms, prescribed medication, emergency action and any

reasonable adjustments. Allergy information will be shared securely with staff who need it, including lunchtime staff, supply staff, educational visit leads and relevant wraparound-care staff.

4.5. Parents/carers are expected to provide prescribed allergy medication in date, labelled and in original packaging, including two prescribed adrenaline auto-injectors where these have been prescribed. Personal adrenaline auto-injectors must be readily available to the pupil and staff at all times and must accompany the pupil on educational visits and off-site activities.

4.6. The school will store spare pairs of adrenaline auto-injectors for emergency use in accordance with current statutory guidance, medicines legislation and local procedures. These are stored centrally in the medical treatment room emergency anaphylaxis kit which is accessible from all indoor areas of school within a minute. Checks are made on expiry dates and any expired or used AAIs are replaced.

4.7. Spare devices are not a substitute for a pupil's own prescribed devices, but are available where a device is not available, not working, out of date, or where emergency use is required to save life, including for a person experiencing anaphylaxis who does not have a previous diagnosis.

4.8. The school will take reasonable steps to reduce allergy risk across the school environment. The school cannot guarantee an allergen-free environment, but will put proportionate controls in place for known risks.

5. Roles And Responsibilities

5.1. All staff have a role in allergy safety. Staff must understand how allergy information is shared in school, know where pupil medication and spare adrenaline auto-injectors are kept, recognise signs of an allergic reaction or anaphylaxis, and respond immediately in line with training and the pupil's Allergy Action Plan where one is in place.

5.2. Parents/Carers are responsible for:

- Providing the school with sufficient and up-to-date information about their child's allergy, symptoms, triggers, medication and emergency arrangements.
- Participating in the development and review of their child's allergy action plan or allergy section within an existing Individual Healthcare Plan.
- Providing prescribed allergy medication, including adrenaline auto-injectors where prescribed, in date, labelled and in original packaging.
- Ensuring they or another nominated adult is contactable at all times and contact information is kept up-to-date.

5.3. The Headteacher is responsible for:

- Promoting this policy with the whole staff team, parents/carers, students and external partners.
- Ensuring the school's allergy safety arrangements reflect current statutory guidance on allergy safety in schools and the Trust Health & Safety Policy.
- Ensuring sufficient staff are trained and confident to recognise allergic reactions, respond to suspected anaphylaxis and access prescribed and spare adrenaline auto-injectors without delay.
- Overseeing the development, implementation, monitoring and review of allergy action plans and associated allergy safety arrangements.
- Ensuring all relevant staff are informed of pupils' needs and have access to appropriate information in line with data protection requirements.
- Monitoring the effectiveness of this policy and associated procedures.

5.4. All Staff are responsible for:

- Knowing which pupils they teach, supervise or support have allergies, and following the pupil's Allergy Action Plan and local arrangements.
- Taking reasonable steps to reduce avoidable exposure to known allergens during lessons, activities, visits, clubs, supervision, mealtimes and transitions.
- Responding immediately to suspected allergic reactions or anaphylaxis, including calling for help, accessing medication and following emergency procedures.
- Reporting allergy-related incidents, near misses, concerns or changes in information without delay.
- Following agreed allergen-management, food-service, cleaning, supervision and communication arrangements, including checking special dietary information, avoiding avoidable cross-contamination and escalating any uncertainty before food is provided.

- Considering allergy safety when planning educational visits, clubs, transport and activities beyond the normal school day, including medication access, communication, supervision, food provision and emergency arrangements.
- Ensuring allergy information is handled confidentially and shared only with staff and partners who need it to keep pupils safe.

6. Emergency Procedures

6.1. Any suspected anaphylaxis must be treated as a medical emergency. Staff should call for help, administer adrenaline without delay where indicated, dial 999 and state "anaphylaxis", keep the pupil under observation, contact parents/carers and follow the pupil's Allergy Action Plan where one is in place.

6.2. Where symptoms suggest airway, breathing or circulation involvement, or where staff are in doubt, adrenaline should be given promptly in line with training and guidance. If symptoms do not improve after five minutes, a second adrenaline auto-injector should be administered if available.

6.3. A pupil who has been given adrenaline must be taken to hospital by ambulance, even if symptoms appear to improve. Staff will remain with the pupil until responsibility is transferred to parents/carers or medical professionals.

6.4. Following any use of an adrenaline auto-injector, serious allergic reaction or near miss, the school will record the incident, notify parents/carers, inform the Trust in line with local reporting arrangements, review what happened, identify lessons learned and update plans, controls or training where required.

7. Training

7.1. All staff and regular volunteers that work with children, will receive allergy awareness training appropriate to their role. This will include recognition of mild, moderate and severe allergic reactions, emergency response, use of adrenaline auto-injectors, location of medication and

spare devices, communication arrangements, reasonable adjustments and incident reporting.

7.2. Training will be completed on induction, refreshed at least annually, and repeated sooner where guidance changes, a serious incident or near miss occurs, or pupil needs require it. Staff with specific responsibilities for pupils with allergy will receive additional information linked to the pupil's allergy action plan, including practical arrangements for medication access, supervision, communication and activities beyond the classroom.

7.3. 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,

7.4. Training records will be retained locally so the school can demonstrate that staff have received appropriate allergy awareness and emergency-response training.

8. Minimising Risk

8.1. Fountaindale will minimise the risk of individuals coming into contact with their known allergens through:

- Manage the risks of exposure to a food allergen through ensuring that the catering and class teams are aware of pupil allergens.
- Raise awareness of the risks of exposure to a food allergen through food brought in by others through annual allergy training, posters around school
- An expectation that staff planning any activity should consider the risk of exposure to allergens, for example in craft, science, musical or cooking activities, or where activities involve animals.
- Specific risk assessments to manage the risks of exposure to allergens in individuals with an allergy when planning external visits or trips so that allergies do not affect participation
- Provide clear information on allergens in food provided

- Promote the wellbeing of children and young people, since the risk posed by allergy (and the possibility of anaphylaxis) can be a significant cause of anxiety.
- Ensure that any bullying of children and young people with allergy will be addressed

Monitoring, Review and Complaints

8.2. The Senior Leadership Team monitors the implementation of this policy and associated allergy safety procedures, including training completion, allergy action plans, spare adrenaline auto-injector checks, incident records, near misses and lessons learned.

8.3. The policy is formally reviewed at least every year and published on the school website. It will also be reviewed sooner following changes in legislation or statutory guidance, a serious allergic reaction, use of an adrenaline auto-injector, a significant near miss, or changes to school arrangements.

8.4. Parents/carers with a concern about the school's allergy safety arrangements should discuss this with the Headteacher in the first instance. If unresolved, the matter will be handled in accordance with the school's Complaints procedure.