Welton Primary School

2026-27 Allergy Safety Policy

Supporting pupils with allergies, anaphylaxis risk, asthma and allergy-related conditions

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Approved By:	Chair of Governor
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1. Purpose

Welton Primary School is committed to safeguarding and promoting the welfare, health and wellbeing of all pupils, including those with allergies and allergy-related conditions.

This policy sets out how the school will:

- Identify and support pupils with allergies.
- Reduce the risk of exposure to known allergens.
- Promote inclusion and participation.
- Respond effectively to allergic reactions and anaphylaxis.
- Ensure staff are appropriately trained.
- Meet statutory requirements relating to allergy safety and supporting pupils with medical conditions.

This policy should be read alongside:

- Supporting Pupils with Medical Conditions Policy
- Safeguarding and Child Protection Policy
- Health and Safety Policy
- Educational Visits Policy
- First Aid Policy
- Behaviour Policy
- Anti-Bullying Policy
- Data Protection Policy
- East Riding Food Safety Management System Standard Operating Procedures

2. Scope

This policy applies to:

- All pupils.
- All staff.
- Governors.
- Volunteers.
- Agency and supply staff.
- Visitors.
- Contractors who work directly with pupils.

3. Definitions

Allergy

An allergy is a medical condition in which the body's immune system reacts abnormally to substances that are normally harmless, known as allergens. Allergies may relate to foods, medicines, insect stings, contact allergens or airborne allergens.

Coeliac disease and intolerances

The guidance states these are managed under the medical conditions policy.

Anaphylaxis

Anaphylaxis is a severe and potentially life-threatening allergic reaction affecting the airway, breathing and/or circulation. Anaphylaxis requires an immediate emergency response and prompt administration of adrenaline.

Individual Healthcare Plan (IHP)

An Individual Healthcare Plan (IHP) is a school document describing the arrangements that will be put in place to support a pupil with an allergy whilst they are in education. It sets out the support, adaptations and emergency procedures required to keep the pupil safe, included and able to access education.

Allergy Action Plan

An Allergy Action Plan is a clinical document issued by a healthcare professional. It provides instructions for recognising and responding to allergic reactions and anaphylaxis, including the use of prescribed emergency medication. Allergy Action Plans will normally be attached to a pupil's Individual Healthcare Plan where they have been provided.

Asthma Action Plan

An Asthma Action Plan is a clinical document issued by a healthcare professional which provides guidance on a pupil's asthma, triggers, medication, symptoms and emergency response arrangements. Where relevant, Asthma Action Plans will be attached to a pupil's Individual Healthcare Plan.

Near Miss

A near miss is an event relating to allergy safety that did not result in harm but had the clear potential to do so. Near misses will be recorded, reviewed and used to identify learning and improvements to policy, practice and procedures.

Serious Incident

A serious incident is any event relating directly to an allergy or medical condition in which a child, member of staff or visitor is harmed or placed at significant risk of harm, including incidents requiring emergency medication, emergency services attendance or urgent medical intervention.

Examples

- *Jonah has a severe food allergy. He suffered an anaphylaxis reaction while at school and was given adrenaline, as required by his Allergy Action Plan, before being taken to hospital. This is a serious incident.*
- *Rachel has a severe food allergy. She was served food containing one of her known allergens. She queried this. Catering staff confirmed that the food did contain the allergen and a different option was provided. This is a "near miss".*
- *William has a food allergy. He was exposed to one of his known allergens through cross-contamination from another child's food and suffered a mild allergic reaction. This was not a significant incident or a "near miss".*

Nevertheless, the school, college or setting should consider whether lessons can be learned from the incident.

4. Leadership and Governance

The Governing Body recognises its responsibility for ensuring effective arrangements are in place to support pupils with allergies and to minimise allergy-related risks.

The Headteacher will appoint a named member of the Senior Leadership Team to act as the Allergy Safety Lead.

The Allergy Safety Lead will:

- Oversee implementation of this policy.
- Maintain oversight of pupils with allergies.
- Coordinate staff training.
- Monitor incidents and near misses.
- Ensure appropriate Individual Healthcare Plans are in place.
- Liaise with healthcare professionals, families and catering providers.
- Lead policy review and improvement activity.

The Governing Body will receive periodic reports regarding:

- Allergy safety arrangements.
- Significant incidents.
- Near misses.
- Training compliance.
- Policy review outcomes.

In addition, Governors will monitor implementation of the school's Allergy Safety Policy through reviewing the risk register and visiting school; speaking to staff, pupils and parents.

5. Identification of Pupils with Allergies

We will maintain an up-to-date register of pupils with known allergies.

Information may be gathered from:

- Admissions information.
- Asking parents to update all medical information at least annually.
- Parents/carers can update information on Arbor at any time.
- Previous educational settings.
- Healthcare professionals.
- Individual Healthcare Plans -updated and checked by parents at least annually
- Allergy Action Plans and Asthma Action Plans – checked updated at least annually.

We will also seek to identify relevant allergy information relating to staff, volunteers and regular visitors where appropriate.

5a. Identification of Visitors/Volunteers with Allergies

- Usually, visitors to school are required to sign in at the main office.
- The entry system will ask visitors prior to entering if they have any allergies or medical needs, they would like to make the school aware of.
- A daily record will be made by office staff who are in receipt of appropriate training in case of an emergency.
- For events such as stay and learn, the school will write to families once a term to remind them that if family members have allergies they would like the school to be aware to inform the class teacher on arrival.

6. Individual Healthcare Plans (IHPs)

An Individual Healthcare Plan will normally be developed where:

- A pupil's allergy has a functional impact on school life.
- The pupil is at risk of harm because of the allergy.
- Arrangements are required which are additional to or different from those ordinarily available.

The IHP will normally include:

- Known allergens.
- Signs and symptoms.
- Emergency procedures.
- Medication arrangements.
- Meal-time arrangements.
- Educational visits arrangements.
- Risk reduction measures.
- Responsible staff.
- Review arrangements.

IHPs will be reviewed:

- At least annually, seeking parent/carer/pupil involvement.
- Following any significant change.
- Following any serious incident or near miss.
- When updated medical advice is received from either parents or professionals.

7. Allergy Awareness and Staff Training

All staff present when pupils are on site will receive allergy awareness and emergency response training at least annually. This training will be recorded.

At Welton, annually, all staff will complete Allergy School Sponsored training from High Speed Training. The accredited course covers everything schools need to meet the new statutory requirements and create safer, more inclusive schools for children and young people living with allergies.

Training will include:

- Understanding allergies and allergic conditions.
- Recognising allergic reactions.
- Recognising anaphylaxis.
- Emergency procedures.
- Administration of adrenaline.
- Use of emergency asthma medication.
- Understanding Individual Healthcare Plans and Action Plans.
- Risk reduction measures.
- Incident reporting procedures.

Appropriate induction arrangements will be in place for:

- New staff.
- Temporary staff.
- Agency staff.
- Regular volunteers.
- Supply staff.

8. Wellbeing, Inclusion and Bullying

The potential impact upon a pupil's physical health, emotional wellbeing, confidence and participation in school life that allergies can have is recognised. Where a pupil requires wellbeing support, it will be available.

As such, we will actively promote inclusion and ensure pupils with allergies are able to participate as fully as possible in all aspects of school life. Learning activities will take place to raise awareness amongst the pupils.

Bullying, intimidation, exclusion or threatening behaviour relating to allergies will not be tolerated. This includes:

- Deliberate exposure to allergens.
- Threats involving allergens.
- Mocking or ridiculing medical conditions.
- Exclusion from activities because of allergies.

9. Minimising Allergy Risks

Reasonable steps to minimise exposure to known allergens will be taken.

This includes:

- Food provided by the school.
- Food brought onto site.
- Educational activities.
- Science activities.

- Art and craft activities.
- Food technology activities.
- Animal-related activities.
- Educational visits and residential visits.

Staff planning activities must consider potential allergen exposure and take appropriate precautions.

10. Food Allergy Management

We adopt a proactive and allergy-aware approach rather than a "nut-free" approach.

While the school may discourage particular allergens from being brought onto site where appropriate, it recognises that no environment can be guaranteed to be completely free of allergens. The school's approach therefore focuses on awareness, risk reduction, effective communication and robust emergency response arrangements.

Accordingly, we will:

- Work collaboratively with the Local Authority School Meals Team, parents/carers, pupils and relevant professionals to identify, minimise and manage risks associated with food allergies.
- The school employed catering team implement the East Riding Food Safety Management System Standard Operating Procedures
- Ensure allergen information is available and accessible in accordance with food information legislation and East Riding Catering Team arrangements.
- The school catering staff will be responsible for providing snacks and breakfast taking into account the above procedures.
- Where food is sourced from local providers it will be clearly labelled for food allergens following the above procedures.
- Pupils with food allergies will be identified at mealtimes by a named card, stating allergy which will be handed to the catering staff. This includes the OOSC.
- Pupils with food allergies are identified by a red band as an additional measure.
- The catering staff will have a list of pupils and allergens – including photographs to help with identification.
- Pupils will be encouraged to know and communicate their allergy to adults.
- Take reasonable steps to reduce the risk of allergen exposure and cross-contamination in food preparation, handling and serving arrangements.
- Discourage the sharing or trading of food, drinks, utensils and food containers between pupils.
- Ensure that activities involving food, including cooking, food technology, celebrations, fundraising activities and curriculum activities, take account of known allergies and associated risks. For example; where an activity uses an allergen material, find an alternative for the whole group.
- Consider allergy risks when planning educational visits, residential visits and off-site activities involving food.

- Ensure that reasonable adjustments relating to food allergy are recorded and managed through Individual Healthcare Plans where appropriate.
- Promote an inclusive approach which enables pupils with allergies to participate fully and safely in school life.

Children and young people with allergies should be able to access meals, snacks and dining arrangements alongside their peers wherever it is safe and appropriate to do so. The school will seek to manage risks through effective planning, communication, supervision and risk reduction measures rather than through routine segregation or exclusion

Where food is brought into school by pupils, parents/carers, staff or visitors, individuals are expected to cooperate with reasonable requests made by the school to support the safety and wellbeing of pupils with known allergies. Food provided on a more occasional basis, such as by a parents' association at events or cake sales, is unlikely to fall within scope. However, as good practice, clear information about potential allergens should be provided for any food brought in by others.

Where a pupil has a significant allergy, specific arrangements to support their safety and inclusion will be documented through their Individual Healthcare Plan and communicated to relevant staff on a need-to-know basis

11. Medication and Prescribed Adrenaline Devices

Pupils prescribed adrenaline devices should have rapid access to them at all times.

This includes:

- Classrooms.
- Playgrounds.
- Sports fields.
- Lunch and break times.
- Educational visits.
- Residential visits.
- Travel associated with school activities.

Adrenaline devices will typically be stored in the main office, in an unlocked medicine cupboard. When this would result in medication being more than 5 minutes away from the pupil (e.g. PE, Breaks, Visits etc) the class teacher will be responsible for handing the medication to a member of staff in charge of the activity.

A copy of the individual's Allergy Action Plan will be kept with their medication.

We will maintain records relating to prescribed medication, expiry dates, consent arrangements and associated Action Plans.

12. Spare Adrenaline Devices

We will maintain spare adrenaline auto-injectors (AAIs) in accordance with statutory guidance.

Spare devices will be stored in the main office in the medicine cupboard, they will:

- Be clearly labelled.
- Be readily accessible.
- Not be locked away.
- Be stored in pairs.
- Be checked regularly.
- Be replaced promptly when used or expired.

The Human Medicines (Amendment) Regulations 2017 permit “spare” adrenaline devices to be used for the purpose of saving a life. This might be, for example, a child presenting for the first time with anaphylaxis due to an unrecognised allergy.

Responding to an allergic reaction and anaphylaxis

Staff in schools, colleges and early years settings should be reassured that mistakes, hesitation, or imperfect technique do not amount to serious and wilful misconduct. The expectation is simply that staff act reasonably, to the best of their ability, in an emergency.

Never give a reliever inhaler instead of adrenaline.
Consider anaphylaxis when a child with asthma and food allergy suddenly has difficulty breathing.

Mild to moderate allergic reactions which do not involve Airway/Breathing/Circulation can be treated with oral antihistamines. For a child or young person, telephone their parent or emergency contact to tell them about the reaction. Do not leave the child or young person unattended. The child or young person does not normally need to be sent home or require urgent medical attention. **They should be observed in a safe place for at least 60 minutes after reaction, as mild reactions can sometimes develop into anaphylaxis.**

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
• Sudden change in behaviour

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

13. Emergency Response

All staff must respond promptly to concerns regarding allergic reactions and be familiar with the pupil's Individual Healthcare Plan, Allergy Action Plan and any emergency procedures.

Where anaphylaxis is suspected:

- The child, young person or individual should be placed flat with legs raised. Adrenaline devices should be brought to them (whether their own prescribed ADs or

"spare" ADs as opposed to the patient being taken to where the adrenaline devices are).

- Adrenaline will be administered immediately and without delay. **Within 5 minutes.**
- Emergency services will be contacted via 999 immediately after adrenaline has been administered.
- If the child, young person or individual has their own prescribed adrenaline devices, these should be used in the first instance.
- If the child, young person or individual does not have prescribed adrenaline devices, "spare" adrenaline devices can be used.
- If the child, young person or individual's prescribed adrenaline devices are not available or misfire, "spare" adrenaline devices can be used
- Parents/carers will be informed as soon as reasonably practicable.
- The pupil will remain under constant supervision until responsibility is transferred to emergency services or an appropriate healthcare professional.
- A second dose of adrenaline will be administered if required, in accordance with the pupil's Allergy Action Plan or current emergency response guidance.

If in doubt, staff should treat the situation as anaphylaxis and administer adrenaline.



Staff should not wait to contact parents/carers before taking emergency action and should not permit a pupil experiencing anaphylaxis to walk unaccompanied to seek assistance. **Emergency medication and support must be brought to the pupil.**

Emergency asthma inhalers

Following amendment in 2014, the Human Medicines Regulations 2012 permit schools to buy an emergency asthma reliever inhaler (salbutamol inhaler device and spacer), without a prescription, for use in emergencies. The inhaler can be used if the child or young person's prescribed inhaler is not available (for example, because it is broken or empty).

We will maintain spare asthma inhalers and spacers.
Spare devices will be stored in the main office in the medicine cupboard, they will be:

- Be clearly labelled.
- Be readily accessible.
- Not be locked away.
- Be checked regularly.
- Be replaced promptly when used or expired.

Responding to an asthma attack

The main symptoms of asthma are problems with breathing, such as:

- wheezing
- coughing
- shortness of breath
- your chest feeling tight

Asthma symptoms can be mild or severe. They usually come and go. They may be worse at night and early in the morning.

An asthma attack is when you have severe symptoms and it's difficult to breathe, which can be life-threatening.

Symptoms can be triggered by different things including exercise, high levels of air pollution, cold air, or contact with something you're allergic to, such as pollen, dust, mould or animals.

Emergency Response

If you're having an asthma attack, sit up straight, to help your breathing. Try to stay calm.

Use your asthma reliever inhaler if you have one:

- If you have a blue reliever inhaler, take 1 puff every 30 to 60 seconds until you feel better, up to a maximum of 10 puffs. Shake the inhaler between each puff and use a spacer with the inhaler if you have one.

- If you have an AIR or MART inhaler (used for both preventing and treating symptoms), take 1 puff every 1 to 3 minutes until you feel better, up to a maximum of 6 puffs.

Call 999 if:

You or someone else is having an asthma attack and:

- start to feel worse at any time
- do not feel better after taking the maximum dose using an asthma reliever inhaler
- do not have an asthma inhaler

If symptoms are no better after 10 minutes and an ambulance has not arrived, use an asthma inhaler again if you have one, taking up to the same maximum dose.

14. Educational Visits and Residential Activities

We are committed to ensuring pupils with allergies are able to participate fully in educational visits and residential experiences.

Visit leaders will:

- Consider allergy risks during planning.
- Particular consideration will be given to catering and meal arrangements
- Review relevant IHPs.
- Ensure access to medication.
- Ensure appropriately trained staff are present.
- Include allergy arrangements within risk assessments.

15. Information Sharing

Information relating to allergies will be shared on a need-to-know basis.

A balance will be maintained between:

- Safety.
- Appropriate communication.
- Data protection requirements.
- Respect for privacy and dignity.

The member of staff with responsibility for the administration of medicines will share IHP with class teachers, PPA cover staff, dining staff, OOSC and paediatric first aiders. They will also share IHP with other staff as specify school events require e.g. visits, workshops and sports events.

The SBM will maintain a register to demonstrate staff have received IHP's and understand their responsibility to be familiar with them.

16. Serious Incidents and Near Misses

Incidents/near misses may be reported by pupils, parents/carers or healthcare professionals, including where a delayed reaction becomes apparent after the pupil has left school.

We will maintain procedures for recording, reporting and reviewing allergy-related incidents and near misses.

Parents/carers will be informed as soon as reasonably practicable.

The school will adopt a no-blame approach focused on learning, improvement and risk reduction.

17. Unacceptable Practice

Examples of unacceptable practice include (but are not limited to):

- Preventing access to prescribed medication.
- Excluding pupils from activities because of allergies.
- Ignoring medical advice or Action Plans.
- Sending an unwell pupil to seek help unaccompanied.
- Requiring parents to attend school to administer medication.
- Penalising attendance related to allergy-related illness or healthcare appointments.
- Creating unnecessary barriers to participation in school life.

18. Supporting children and young people to manage their allergy

- Pupils will be helped to understand how to manage their allergy, and in time how they will be able to take responsibility for doing so themselves.
- They will be allowed and encouraged to carry their own medication and adrenaline devices where and/or when appropriate dependent on age and stage of development.
- They will be aware of where their adrenaline devices can be found.

19. Monitoring and Review

The policy will be published on the school website and brought to the attention of pupils, parents/carers and all staff at least annually.

Lessons from serious incidents and near misses will be recorded, acted upon and fed back into the allergy safety policy, IHPs and risk assessments.

This policy will be reviewed at least annually and sooner where:

- Legislation changes.
- Statutory guidance changes.
- Significant incidents occur.
- Near misses identify a need for improvement.
- School procedures change