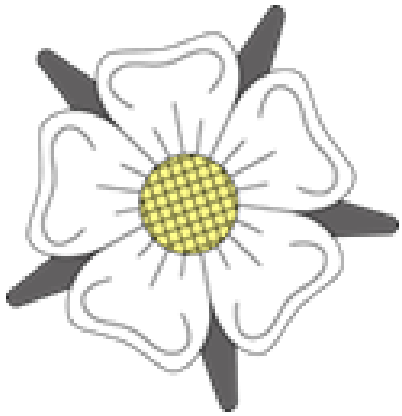

John Taylor Free School

Allergy Safety Procedure

Author	Business Manager
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Contents

1. Aims

This procedure aims to:

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

2. Legislation and guidance

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

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

3. Roles and responsibilities

3.1 The governing board

The governing board is responsible for ensuring:

The school has an allergy safety procedure which sets out:

- Arrangements to reduce the risk of individuals coming into contact with their known allergens
- Emergency response plans for cases of anaphylaxis

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

3.2 Allergy safety lead

The nominated allergy safety lead is David West.

They are responsible for:

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

Ensuring:

- All allergy information is up to date and readily available to relevant members of staff
- All students who require support with allergies have an up-do-date individual healthcare plan (IHP)
- All students with a known food or insect sting allergy have up-to-date allergy action plan if issued by a medical professional
- All staff receive annual allergy awareness training
- All staff are aware of the school's policy and procedures regarding allergies
- Relevant staff are aware of what activities need an allergy risk assessment
- Serious incidents and 'near misses' relating to allergy safety are recorded and reported as appropriate, and to consider and share with staff:
    - What lessons there are to learn
    - Any potential changes to the medical conditions and/or allergy safety policies and/or to any student's IHP

3.3 Headteacher

The headteacher is ultimately responsible for:

Ensuring appropriate systems and procedures are in place to determine, in consultation with parents/carers and relevant healthcare professionals, whether a student's allergy can be managed through the school's medical conditions procedure or requires an Individual Healthcare Plan (IHP). The Headteacher may delegate the implementation of these processes to other members of the Senior Leadership Team.

3.4 First Aiders

Jayne Allen with Lauren Gratton and Eve Harrison are responsible for:

- Checking spare AAIs are present and in date
- Making sure that replacement AAIs are obtained when expiry dates approach
- Keeping accurate records of any treatment administered

3.5 Teaching and support staff

All teaching and support staff are responsible for:

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

3.6 Parents/carers

Parents/carers are responsible for:

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

3.7 Students with allergies

If age-appropriate, these students are responsible for:

- Being aware of their allergens and the risks they pose
- Carrying their AD on their person and only using it for its intended purpose
- Understanding how and when to use their AD

3.8 Students without allergies

These students are responsible for:

- Being aware of allergens and the risk they pose to their peers
- Older students might also be expected to support their peers and staff in the case of an emergency

4. Identifying individuals at risk

Allergy is a spectrum of different allergic diseases. Reactions occur when a susceptible person is exposed to something (an "allergen") they are allergic to. Common allergic conditions include:

- Hay fever (allergic rhinitis), triggered by allergens carried in the air, such as pollen, house dust mite, animal fur/feathers, or mould
- Skin allergies (e.g. eczema, contact dermatitis, contact urticaria/hives) caused by contact with allergens including house dust mite, pollen and substances like nickel, latex and some chemicals
- Food allergy, which can cause symptoms ranging from mild itching in the mouth to "whole body" reactions including anaphylaxis
- Asthma which may be triggered by airborne allergens
- Allergy to insect stings and medicines

4.1 Identifying students at risk

We will:

- For new starters, request information from all parent/carers of students after their place at the school has been confirmed, but before their first school year starts, to confirm any allergy the student has and whether they carry medication. Where a student has a new diagnosis and/or has moved to the school mid-term, we will send a form and put arrangements in place within 2 weeks
- Send a reminder to parents/carers at the start of each year asking them to update their child's medical information as necessary via the MCAS portal.

We ask that parents/carers proactively inform us by either phone call to the school on 01283 247 823 or an email to office@johntaylorfreeschool.co.uk if their child's medical needs change during the school year.

4.2 Identifying staff and visitors at risk

JTFS will seek to support staff and visitors regarding allergens

- For relevant visitors where allergy information is disclosed
- For staff with significant allergies where this is voluntarily disclosed

4.3 Individual healthcare plans (IHP)

Students should have an IHP if they:

- Have an allergy which has a functional impact on them in the school environment
- They are at risk of harm as a result of their allergy; and
- Require arrangements which are additional to or different from those made generally

It is not necessary for a student to have a formal diagnosis of allergy for them to have an IHP. Healthcare professionals may decide that it is more appropriate to accept that the child shows symptoms, rather than proceeding to a formal diagnosis.

The IHP will set out the additional and/or different arrangements that will be in place for supporting the student. The school will make every effort to make sure that arrangements are put in place within 2 weeks, or by the beginning of the relevant term for students who are new to our school.
Not all children with an allergy will require an IHP. Some allergies will have little or no impact on the student while they are at school, or pose no risk to the student. Some allergies will not require arrangements which are additional to or different from those made generally.

The headteacher is ultimately responsible for deciding (in discussion with the parents/carers and any relevant healthcare professionals) whether a student's allergy can be managed through the adjustments made under the school's medical conditions procedure or whether an IHP is required to specify arrangements that reflect the student's circumstances. This process may be delegated to other members of the Senior Leadership Team.

The school will consider the following principles:

- If the arrangements or support which a student requires would be available to any student as part of normal policies, an IHP may not be required
- If the student only needs non-prescription medication and the school's medical conditions procedure would permit them to carry and administer it, an IHP may not be required

IHPs will be reviewed at least annually and more frequently if the student's needs have changed. Where a student moves on to a new school or college, their IHP will be shared as part of the transition.

4.4 Allergy and asthma action plans

All students who have a known allergy to a food or insect stings should be issued with an appropriate allergy action plan by their healthcare professional.

All students who have asthma should be issued with an asthma action plan by their healthcare professional.
The plans include medical and parental consent for staff to administer emergency medicines, including adrenaline for anaphylaxis or reliever inhaler in the event of an asthma attack.

It is the parents responsibility to make the school aware of an allergy or asthma action plan, and to share that with the school.

The allergy action plan and/or asthma action plan should be attached to the student's IHP. Whenever the allergy action plan is updated, the student's IHP should be reviewed to incorporate it.

4.5 Register of students with known allergies

- All students with a declared allergen will have it recorded on the MIS system in school (Bromcom). This will list the allergens for the individual.
- If the school is aware that the student has use of an AD this will also be noted in the MIS (Bromcom)
- All staff know how to check for students allergen information and will be reminded annually.
- First Aid staff know how to check for students allergen information and are familiar with most students with declared allergens.

5. Assessing risk

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

- Lessons such as food technology
- Science experiments involving foods
- Crafts using food packaging
- Any other activities involving animals or food, such as animal handling experiences or baking
- These will be carried out by the Curriculum Leader with support from the Business Manager if required.

- Off-site events and school trips

These will be carried out by the Trip Leader with support from the Educational Visits Leader if required

6. Minimising risk

6.1 Hygiene procedures

The school manages the exposure to risks being introduced to the school environment and for individual people by promoting that

- Sharing of food, food containers, and food utensils is not allowed
- Students should have their own water bottles for refilling at bottle filling stations

6.2 Catering

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

- Catering staff receive appropriate training and are able to identify students with allergies
- The school will engage with caterers to understand the controls in place to ensure that food service complies with relevant requirements
- The school catering system displays allergens to serving staff so that they are able to advise students of the contents of foodstuffs, and will not serve to individual students when it contains allergens listed for the individual.
- School menus are available for parents/carers and students to view, and catering staff are available to discuss the provision of allergy safe meals with parents/carers
- Where changes are made to school menus, we will make sure these comply with legislation, and continue to meet any special dietary needs of students
- Allergen information labelling will follow all legal requirements that apply to naming the food and listing ingredients, as outlined by the Food Standards Agency (FSA)
- Where food is provided by the school, staff will understand how to read labels for food allergens
- Catering staff follow hygiene and allergy procedures when preparing food to avoid cross-contamination

6.5 Visits and trips

- No students with allergies will be excluded from taking part
- The school will plan accordingly for all visits and trips, and arrange for the staff members involved to be aware of students' allergies and to have received appropriate training
- The school will conduct a risk assessment for any student at risk of anaphylaxis taking part in a school trip
- Students at risk of anaphylaxis should have their own ADs with them
- Staff trained to administer adrenaline in an emergency will be present on the school trip
- Appropriate measures will be taken in line with the school's AD protocols for off-site events and school trips (see section 8.5)

7. Procedures for handling an allergic reaction

- All staff are trained to recognise the signs of both mild and severe allergic reactions (known as anaphylaxis) and respond appropriately
- Staff are trained in the administration of adrenaline to minimise delays in an emergency
- If the student has an allergy action plan, this must be followed
- A spare school AD device will only be used if:
    - The student does not have a prescribed AD
    - A school AD device will be used instead of the student's own AD device if
        - Medical authorisation and written parental consent have been provided, or

        - The student's own prescribed AAI(s) are not immediately available (for example, because they are broken, out-of-date, have misfired or been wrongly administered)
    - In this circumstance, the time and AD dosage will be recorded so this can be passed onto the paramedics when they arrive.

8. Adrenaline devices (ADs)

8.1 Prescribed ADs

Students who are prescribed ADs are encouraged to keep them near or on their person at all times including when travelling to or from the school and on school trips. It is recommended that two devices are carried at all times. Students with prescribed ADs should take them home with them at the end of each school day, and parents are responsible for ensuring that they are in date.

If a student cannot keep their ADs with them in the classroom (due to age or other considerations), then the devices will be stored:

Prescribed ADs will be stored

- In the First Aid room adjacent to the school restaurant.
- Kept at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature
- In names bags / containers for each individual student
- Where it exists, a copy of the student's allergy action plan is kept alongside their medication, as it includes instructions on how it should be used in an emergency.
- It is the parents responsibility to provide prescribed ADs in date and replace them when they become out of date
- JTFS First Aid team will periodically check AD's for in use dates and chase parents if they are out of date or about to become out of date.
- If an AD is used in school this will be noted on the school First Aid Register.

8.2 Spare ADs and inhalers

The allergy safety lead is responsible for sourcing spare ADs and ensuring they are stored according to the guidance.

- These ADs will be sourced from a local pharmacy / online pharmacy or other suitable provider.
- A minimum of 4 spare AD's will be kept at all times
- Spare AD's on site are Epipen (300 mg dose) and Epipen Jr (150 mg dose)
- For children age 6-12 years: a dose of 300 microgram of adrenaline is used
  For teenagers age 12+ years: a dose of 300 or 500 microgram can be used (this is based on Resuscitation Council UK's age-based criteria, see page 11 of the AAI guidance)

Spare ADs will be stored:

- 1 in First Aid (0-033)
- 1 in Science Pre Room (2-051)
- 1 in Pavilion NGA Office
- 1 spare for trips will also be housed in the First Aid room (0-033)
- They will be stored in a carry pack, clearly labelled, with a poster clearly showing what is contained.
- Kept at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature
- Spare AAIs will be kept:
- In pairs, one with an adult dose (300 mg) and one with a child dose (150 mg)
- Separate from any students' prescribed ADs and clearly labelled to avoid confusion

Jayne Allen and Lauren Gratton are responsible for:

- Checking monthly that spare ADs are present and in date
- Obtaining replacement ADs when the expiry date is near

8.3 Disposal

ADs can only be used once. Once an AD has been used, it will be disposed of in line with the manufacturer's instructions in a sharps bin located in First Aid.

8.4 Using spare ADs in an emergency situation without prior consent

The Human Medicines (Amendment) Regulations 2017 do not require consent to have been obtained for spare adrenaline devices to be used in an emergency.

The school will obtain advance consent from parents/carers or students for spare adrenaline devices to be used, so that in an emergency, consent can be assumed to be in place.

However, in an emergency situation, anyone may take reasonable action to save a life without checking whether prior consent has been given. This avoids potentially fatal delays in treatment.

8.5 Use of ADs off school premises

Students at risk of anaphylaxis who are able to administer their own adrenaline should carry their own ADs with them on school trips and off-site events

- If a member of staff is taking a group of students off site, it is their responsibility to check their group's medical requirements and ensure all students with a personal AD have it with them for the trip.
- Whilst risk assessing a trip, the trip leader (and EVC if necessary) will consider whether the trip involves being in areas remote from emergency treatment (ambulances / alternative first aid etc. – for example remote countryside carries a higher risk than city centre locations. Should emergency treatment not be quickly available during the trip then a spare AD should be taken as part of the first aid kit.

9. Serious incidents and 'near misses'

A **serious incident** is any event relating directly to a medical condition (including allergy) in which a student, member of staff or visitor with a medical condition or allergy is harmed or is placed at an immediate and significant risk of harm, including situations requiring emergency medication, urgent clinical intervention or attendance by emergency services.

A **'near miss'** is an event relating directly to a medical condition (including allergy) that did not result in harm but had the clear potential to do so – for example, where an error, omission, or system failure could reasonably have led to a serious incident had circumstances been only slightly different.

9.1 Incident recording

The school will record serious incidents and 'near misses' relating to allergy safety as soon as is feasible. The incident will be recorded using the Near Miss / Incident Form, including the following information:

- Who was affected
- What happened, when and where
- Why the incident occurred (as far as is known)
- How staff and students responded and what was done to support the individual
- Whether emergency services were called
- How the incident concluded

This will also be captured by the Health and Safety team within school (David West and Rebecca Daws) and witness statements will be sought and an investigation / conclusions drawn.

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

9.2 Incident reporting

The parents/carers of a student aged up to 16 should be notified of the incident or 'near miss' as soon as possible. In the case of a student aged 16 and over, the school will confirm that the student agrees that their parents/carers should be informed. Where there may be safeguarding concerns, parents may be informed without seeking or receiving permission from the student.

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

They will be given the opportunity to discuss what happened and to contribute their views to the consequent lessons learned review. The school will then confirm what we have learnt from the incident and outline any actions we are taking as a result.

In some cases, the impact of exposure to an allergen at school may be delayed and not recognised until the student is at home. This means that incident reporting is not limited to staff – the student, parents/carers or others (such as healthcare professionals) will need to report to the school if there has been an incident with a delayed reaction.

Staff will always share the incident report with David West. The allergy safety lead will consider whether the allergy safety arrangements in place were appropriate or if changes are needed to this procedure and/or the student's IHP. Any learning will be shared appropriately with staff so they can act on them and reduce the chance of an incident reoccurring.

The school will also share the report with other agencies in the following circumstances:

- Staffordshire County Council Health and Safety team, from who JTFS purchases Health and Safety advice and support
- Following advice from SCC H&S team, with the Health and Safety Executive (HSE): incidents which arise directly out of the way the school carried out a work activity which results in death or immediate hospitalization. For example, where a student has suffered harm after consuming an allergen due to incorrect preparation of food by a member of staff.
- In the event that the incident or 'near miss' was related to the delivery of a care plan or action plan issued by a healthcare professional, the relevant healthcare professional will be notified.

10. Allergy awareness

10.1 Staff training

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

This training is provided via a ClickHSE Anaphylaxis training course.

This includes permanent staff, temporary staff, supply teachers, peripatetic staff, agency workers and regular volunteers. It also includes catering staff and others who may oversee students at breakfast or after-school clubs.

It does not include contractors carrying out work with no student-facing role such as builders, electricians or other ad hoc maintenance personnel.

The school will conduct allergy safety drills annually. This is a simulated case of anaphylaxis to test out how staff respond, without risk to any individual. The results of the drill will be recorded and used to inform the ongoing review of this procedure. These drills may not involve whole site / all staff.

Allergy awareness training will ensure that all staff:

- Have an awareness of allergy, the risks it poses, how allergic reactions can occur and how to manage it
- Understand that allergy includes multiple conditions (food allergy, asthma, eczema, hay fever, others), which can co-exist
- Understand the difference between food allergy, coeliac disease and food intolerance
- Know where to find information on allergy triggers
- Can identify the range of symptoms of allergic reactions
- Understand and can recognise anaphylaxis
- Know how to respond in an emergency, including:
    - Calling emergency services and informing parents/carers
    - How to locate and administer emergency medication
    - How to use the medication/device in an emergency
- Understand the impact allergy can have on a student's wellbeing
- Understand the school's allergy safety procedure
- Know how to check whether an individual is on the record of those with known allergy, and how to use an allergy or asthma action plan
- Understand their responsibilities in reducing the risk of individuals with known allergy coming into contact with their known allergens
- Understand how to report an allergic reaction or case of anaphylaxis (whether an incident or a 'near miss')

10.2 Awareness of allergy safety procedure

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

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

Students will be informed about allergy awareness during Food Tech and PSHCE lessons.

11. Wellbeing

Students with allergies will have access to additional support through:

- Pastoral care
- Regular check-ins with their form tutor
- Reassurance that steps are being taken to minimise the risks of exposure to allergen and that robust measures are in place in the event of anaphylaxis

The school will respond to any instance of bullying in line with its behaviour procedure.

11.1 Wellbeing support following an incident or 'near miss'

The school recognises that an incident or a 'near miss' is a serious event with a potential impact not only on the student but their family, those involved in responding. and any witnesses. The school will provide support to those involved.

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

See section 9 of the procedure for more detail on incidents and 'near misses'.

12. Information sharing

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

13. Monitoring arrangements

This procedure will be monitored by the allergy safety lead.

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

14. Links to other policies

This procedure links to the following policies and procedures:

- Health and safety policy (JTFS)
- Supporting students with medical conditions policy (JTMAT)
- General Data Protection Regulation Policy (JTMAT)
- Behaviour procedure (JTFS)