The Tiffin Girls' School

Allergy safety policy

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1. Aims

This policy 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 policy 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:

- Risks relating to students with allergy are included in the risk register and actively managed
- The school has an allergy safety policy 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 policy to the Headteacher and the senior leader with responsibility for allergy safety.

3.2 Headteacher

The headteacher is responsible for:

- Ensuring the school has a compliant Allergy Safety Policy and that it is implemented effectively.
- Appointing a named senior leader as the Allergy Safety Lead and ensuring that they have sufficient authority, time and support to carry out the role.
- Maintaining strategic oversight of allergy safety, including ensuring allergy-related risks are appropriately managed within the school's wider health, safety and safeguarding arrangements.
- Ensuring appropriate resources and systems are in place, including staff training, access to medication/adrenaline, record keeping and emergency arrangements.
- Ensuring serious incidents and significant near misses are appropriately escalated, investigated and reported to governors/trustees where required.

- Providing assurance to the governing body that the statutory allergy arrangements are being implemented effectively.

3.3 Allergy safety lead

The nominated allergy safety lead is Keith Batchelor (Deputy Headteacher and Designated Safeguarding Lead).

They are responsible for:

- Implementing this allergy safety policy
- Reviewing the allergy safety policy 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
- 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 plans issued by a medical professional
    - All staff receive regular 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

3.4 First Aid Lead

These colleagues are responsible for:

- Checking spare AAIs are present and in date on a monthly basis
- Making sure that replacement AAIs are obtained when expiry dates approach

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 policy
- 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 AAI on their person and only using it for its intended purpose
- Understanding how and when to use their AAI

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

Identification of students with allergies

The school seeks to identify students with allergies as early as possible so that appropriate arrangements can be put in place to support them safely in school.

Students with allergies may be identified through:

- information provided by parents/carers when a student joins the school;
- information subsequently provided by parents/carers following a new diagnosis, change in condition or allergic reaction;
- notification or documentation from a healthcare professional;
- information identified by school staff, including where a student may have an allergy or medical need that has not yet received a formal diagnosis; or
- information provided by the student themselves.

Parents/carers are expected to provide the school with sufficient and up-to-date information about their child's allergy, including relevant medical documentation, medication requirements and emergency arrangements.

When the school becomes aware that a student may have an allergy, appropriate support will be considered without waiting for a formal diagnosis where this is necessary to keep the student safe. The school may seek further information from parents/carers and relevant healthcare professionals.

For students joining the school, appropriate arrangements should wherever possible be in place for the beginning of the relevant school term. Where a new allergy is identified, or a student's circumstances change, the school will seek to put appropriate arrangements in place as soon as possible.

The information provided will be reviewed to determine the level of support required. Where appropriate, this will include an Individual Healthcare Plan (IHP). Where an IHP is not considered necessary, the student's needs may be managed through the school's Medical Concern process or other appropriate documented arrangements.

Parents/carers will normally be invited to provide further information about their child's needs, initially through the school's medical information process. Where more detailed planning is required, the school may arrange a meeting with the parent/carer, student and, where appropriate, relevant healthcare professionals to agree the arrangements required.

4.2 Identifying staff and visitors at risk

- We will ask new staff to provide details of their allergies in advance of their start date and current staff to inform us of any changes to their allergies
- We will ask visitors to provide details of their allergies in advance of their visit

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 Allergy Safety Lead is 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 policy or whether an IHP is required to specify arrangements that reflect the student's circumstances. This will be done in consultation with the Pastoral Team.

The school will consider the following principles:

- If the arrangements or support that 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 policy 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.

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

The school maintains a register of students who have a known allergy. The register includes:

- Known allergens and risk factors for anaphylaxis
- Whether a student has been prescribed AAIs (and if so, what type and dose)
- Where a student has been prescribed an AAI, whether parental consent has been given to administer emergency medication

- A photograph of each student to allow a visual check to be made

The register is kept on the Google Drive under Student Groups / Med Conditions and can be checked quickly by any member of staff as part of initiating an emergency response

Where appropriate for the student they are able to keep their AAIs with them. which will reduce delays and allows for confirmation of consent without the need to check the register.

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
- Off-site events and school trips
- Any other activities involving animals or food, such as animal handling experiences or baking
- A risk assessment for any student at risk of an allergic reaction will also be carried out where a visitor requires a guide dog.

6. Minimising risk

6.1 Hygiene procedures

- Students are reminded to wash their hands before and after eating
- Sharing of food, food containers, and food utensils is should be avoided
- Students have their own named water bottles, and lunch boxes provided to students with food allergies must be clearly labelled with the name of the child for whom they are intended by their parents/carers
- Where food is not directly provided by the school, parental engagement and permission will be sought in advance

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
- School menus are available for parents/carers and students to view with ingredients clearly labelled, 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
- Food allergen information relating to the ‘top 14’ allergens is displayed on the packaging of all food products, allowing students and staff to make safer choices. 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
- The school will comply with relevant food safety and allergen legislation, including Natasha's Law, which requires appropriate allergen labelling for food that is Prepacked for Direct Sale (PPDS). Where food is described as "gluten-free", it must meet the legal threshold of no more than 20 parts per million (ppm) of gluten.
- Any concerns relating to unsafe food, incorrect allergen information or breaches of food safety requirements will be reported to the relevant Local Authority Environmental Health team, where appropriate.

6.3 Insect bites/stings

The school will take reasonable steps to prevent insect bites and stings occurring. Information about increased risks e.g. on watersports activities or on DoE expeditions will be communicated to families in advance. This will facilitate discussions and the implementation of appropriate adjustments.

Trip risk assessments will consider where the risk of insect bites/stings could be a safety factor. Students will be made aware of any increased risks as part of the planning process and during the trip.

6.4 **Nut-Awareness**

The school adopts a nut aware approach rather than declaring a "nut free" approach as this can create a false sense of security and lead to confusion over precautionary labelling.

6.5 Visits and trips

- 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 AAIs 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 AAI protocols for off-site events and school trips

6.6 Hidden Allergen Hazards in Curriculum Activities

Staff must consider the potential presence of allergens in materials used during lessons, clubs and other curriculum activities. Particular care should be taken with items such as play dough containing wheat flour, some glues containing milk, wheat or soya, bird feed containing nuts or sesame, and recycled food containers such as egg cartons or yoghurt pots. Where an activity could present an allergen risk, staff should use suitable allergen-free, wheat-free or non-food alternatives wherever practicable and follow the individual risk-management arrangements in place for affected students.

6.7 Mealtime Identification and Inclusion

The school will ensure that students with food allergies are identified reliably at mealtimes using at least two appropriate identification methods, such as staff recognition, agreed visual identifiers or

photographs available to catering staff. These arrangements will be proportionate, discreet and agreed with the student and their family where appropriate. Students with food allergies must not be routinely segregated from their peers at separate tables; instead, reasonable adjustments will be made to enable them to eat safely and inclusively alongside other students.

6.8 Air Quality, Ventilation and Filtration

The school recognises that maintaining good indoor air quality can help reduce exposure to airborne allergens and support students with allergic asthma. The school will promote effective ventilation in teaching and communal spaces and will consider air quality monitoring and additional air filtration, including HEPA filtration, where appropriate and proportionate to an identified individual or environmental risk. Relevant arrangements will be reflected in a student's Individual Healthcare Plan or risk assessment where required.

6.9 Air Quality and Fragrance-Aware Practices

Where a student has an identified sensitivity or allergy that may be affected by indoor or outdoor air quality, poor ventilation, airborne irritants or fragrances, appropriate control measures will be considered and recorded within the student's Individual Healthcare Plan (IHP) or relevant risk assessment. This may include measures to support effective ventilation and filtration and the use of fragrance-aware practices where these are necessary to reduce an identified risk.

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
- The school holds a supply of AAIs for use only in emergencies. These AAIs may only be used if:
    1. the student's prescribed AAI is unavailable because it is broken or empty or out of date
    2. emergency services have instructed the school to administer multiple doses
    3. if their prescribed device is unavailable or misfires,
    4. a spare AD can be used if a student does not have a prescribed and emergency spare ADs may be used without prior consent.

Emergency Response and Positioning: If a student is experiencing a suspected anaphylactic reaction, they must not be allowed to stand or walk. Emergency medication and assistance should be brought directly to them. The student should normally be laid flat with their legs raised; if they are experiencing significant breathing difficulties, they may be sat up carefully to support breathing. Staff must follow the student's emergency care plan, administer adrenaline without delay where indicated, and call 999.

8. Adrenaline devices (ADs)

We will follow the Department of Health and Social Care's Guidance on using emergency adrenaline auto-injectors in schools

8.1 Prescribed AAIs

Students who are prescribed AAIs 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. Students with prescribed AAIs 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 AAIs with them in the classroom (due to age or other considerations), then the devices will be stored in the school office:

They should be:

- In an appropriate central location that is unlocked and accessible at all times
- No more than 5 minutes away from where they may be needed
- Kept at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature

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.

A list of which students have been provided with prescribed adrenaline (and an allergy action plan) will be held on the Google Drive in the Student Groups folder

8.2 Spare AAIs and inhalers

The allergy safety lead is responsible for sourcing spare AAIs and an emergency asthma reliever inhaler and ensuring they are stored according to the guidance.

- AAIs are sourced from Eureka Direct
- We hold both Epipen and Jext in school
- The number of AAIs is : 2 in school office, 1 in canteen, plus 1 for any coach going out on a school trip
- Dosage levels are 300 mcg

Spare AAIss will be stored: In the school and one in the school canteen or with the trip leader/first aider when on a school trip

Spare AAIs will be :

- In an appropriate central location that is unlocked and accessible to staff only at all times
- No more than 5 minutes away from where they may be needed
- 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, in case a second one is necessary
- Separate from any students' prescribed AAIs and clearly labelled to avoid confusion

The First Aid Lead are responsible for:

- Checking monthly that spare AAIs and the emergency asthma reliever inhaler are present and in date
- Obtaining replacement AAIs when the expiry date is near

8.3 Disposal

AAIs can only be used once. Once an AAIs has been used, it will be disposed of in line with the manufacturer's instructions.

Used AAIs contain needles and must be separated from general waste, handed to ambulance paramedics, returned to a pharmacy, or disposed of in pre-ordered sharps bins.

8.4 Using spare AAIs 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 AAIs off school premises

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

The school will provide spare AAIs for trips within the UK and these will be held by the party leader/first aid lead on each trip.

Where possible school will provide spare AAIs for trips outside of the UK where they can be taken across security at the border.

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 in the accident book (IamCompliant) and through the school’s My Concern portal, 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

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 should be notified of the incident or ‘near miss’ as soon as possible.

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 the Allergy Safety Lead via the My Concern Portal. The Allergy Safety Lead will consider whether the allergy safety arrangements in place were appropriate or if changes are needed to this policy 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:

- 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 hospitalisation. For example, where a student has suffered harm after consuming an allergen due to incorrect preparation of food by a member of staff.
- To the local authority: any allergen-related food safety incidents.

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 includes permanent staff, Leisure Assistants, temporary staff, supply teachers, peripatetic staff, agency workers and regular volunteers. 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 has purchased 'training pens' from EpiPen and Jext so staff can practise safely and be familiar with the differences.

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 policy.

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 policy
- 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 policy

This allergy safety policy 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 policy as part of annual allergy awareness training.

Students will be informed about Allergy Safety at the start of the school year with updates where necessary.

11. Wellbeing

Students with allergies will have additional support through:

- Pastoral care
- Regular check-ins with their Form Tutor or Head of Year where necessary
- 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 due to a child's allergy in line with its behaviour policy.

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 policy 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 policy will be monitored by the Governing Board.

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 policy links to the following policies and procedures:

- Anti Bullying Policy
- Behaviour for Learning Policy
- Data Protection policy
- EDI Policy and Statement
- First Aid
- Students with Medical Conditions Policy
- Students with Health Needs who cannot attend School
- Health and safety policy
- Safeguarding
- SEND
- Supporting students with medical conditions policy
- Trips and Visits