SPHERE FEDERATION

Scholes (Elmet) Primary
St James' CE Primary
Moortown Primary

Policy: Allergy safety

Date: reviewed regularly; see date in document label for most recent update

1. Introduction and aims

We want Sphere Federation schools to be happy and healthy **and safe** places.

We are committed to providing a safe, inclusive, and welcoming environment for all children, staff and visitors with allergies. Recognising the serious and potentially life-threatening risk posed by anaphylaxis, this policy establishes robust risk-mitigation measures and emergency response protocols.

This policy aims to:

- set out Sphere Federation schools' 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 pupils with allergies to ensure their wellbeing
- promote and maintain allergy awareness among the school community

We want all children to feel happy and healthy. The principle of inclusion is important to us. We will make all reasonable adjustments to ensure children with allergies are able to safely take part in all learning activities.

2. Legislation and guidance

This policy is based on the Department for Education (DfE)'s statutory guidance on allergy safety in schools and supporting pupils 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 pupils with allergy are 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, and emergency response plans for cases of anaphylaxis

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

3.2 Allergy safety lead

The nominated allergy safety lead is Clare Weekes.

The allergy safety lead is 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 communities
- developing and reviewing arrangements for the safe storage and disposal of adrenaline devices (ADs)

The allergy safety lead is also responsible for ensuring:

- all allergy information is up to date and readily available to relevant members of staff
- all pupils who require support with allergies have an up-do-date Individual Healthcare Plan (IHP)
- all pupils with a known food or insect sting allergy have up-to-date allergy action plans issued by a medical professional
- all staff expected to be present during times when pupils are scheduled to be on site 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, and any potential changes to the medical conditions and/or allergy safety policies and/or to any pupil's IHP

3.3 Head of School
The Head of School is responsible for:
- deciding (in discussion with the parents/carers and any relevant healthcare professionals) whether a pupil'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 pupil's circumstances
- communicating with:
  - Leeds Catering to ensure pupils with allergies are provided with a safe meal
  - parents/carers to enable them to input into IHPs and to request allergy action plans when appropriate
  - pupils to develop an understanding of allergy through information assemblies and workshops, participating in awareness days and weeks
  - outside agencies such as Health and Safety Executive (HSE) if a report under RIDDOR is needed

3.4 Administration staff
Administration staff are responsible for:
- checking monthly that all prescribed and spare adrenaline auto-injectors (AAIs) are present and in date
- alerting parents/carers in advance of approaching expiry dates (one month's notice at least), or if their child's prescribed AAI has been used
- making sure that replacement spare AAIs are obtained when expiry dates approach

3.5 Teaching and support staff
All teaching and support staff are responsible for:
- 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 pupils with allergies in their care
- reducing the risk to pupils with known allergies coming into contact with known allergens
- ensuring the wellbeing and inclusion of pupils with allergies
- reporting any allergic reaction or case of anaphylaxis
- maintaining allergy awareness among pupils

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
- updating the school on any changes to their child's condition
- if required, providing their child with two in-date adrenaline auto-injectors (AAIs) and any other medication, including inhalers, antihistamine etc., and making sure these are replaced in a timely manner
- following the school's policies, requests and guidance on food in school

3.7 Pupils with allergies
If age-appropriate, these pupils are responsible for:
- being aware of their allergens and the risks they pose
- understanding how and when to use their AD

3.8 Pupils without allergies
These pupils are responsible for:
- being aware of allergens and the risk they pose to their peers

Older pupils 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 (eg 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 pupils at risk
We will:

- for new starters, send an Admission Form to all parent/carers of pupils after their place at the school has been confirmed, but before they start school, to confirm any medical condition, including any allergy, the pupil has and whether they use medication.
- where a pupil has a new diagnosis, put arrangements in place as soon as we liaise with parents/carers and within two weeks
- send a reminder to parents/carers at the start of each year asking them to update their child's medical information as necessary

We ask that parents/carers proactively inform us if their child's medical needs change during the school year.

4.2 Identifying staff and visitors at risk

New staff are required to provide details of allergies in advance of their start date. Existing staff should alert us to any changes to their medical needs.

Visitors should alert us of allergies as soon as possible, and where appropriate. We ask about allergies on arrival to school.

4.3 Individual healthcare plans (IHP)

Pupils should have an IHP if one or more of the following apply:

- 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
- they require arrangements which are additional to or different from those made generally

It is not necessary for a pupil 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 pupil. The school will make every effort to make sure that arrangements are put in place within two weeks, or by the beginning of the relevant term for pupils 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 pupil while they are at school, or pose no risk to the pupil. Some allergies will not require arrangements which are additional to or different from those made generally.

The Head of School is responsible for deciding (in discussion with the parents/carers and any relevant healthcare professionals) whether a pupil's allergy can be managed through the adjustments made under the Medical Conditions Policy or whether an IHP is required to specify arrangements that reflect the pupil's circumstances.

If the arrangements or support which a pupil requires would be available to any pupil as part of normal practice, an IHP may not be required

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

4.4 Allergy and asthma action plans

All pupils 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 pupils 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 pupil's IHP. Whenever the action plan is updated, the pupil's IHP should be reviewed to incorporate it.

4.5 Register of pupils with known allergies

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

- known allergens and risk factors for anaphylaxis
- whether a pupil has been prescribed an adrenaline device (AD), and if so, what type and dose
- where a pupil has been prescribed an AD, whether parental consent has been given to administer emergency medication
- a photograph of each pupil to allow a visual check to be made (where we have parental consent for internal use)

The register is kept online, alongside ‘quick check’ notices in appropriate locations (eg in areas where food is served or handled). These can be checked quickly by any member of staff as part of initiating an emergency response.

5. Assessing risk

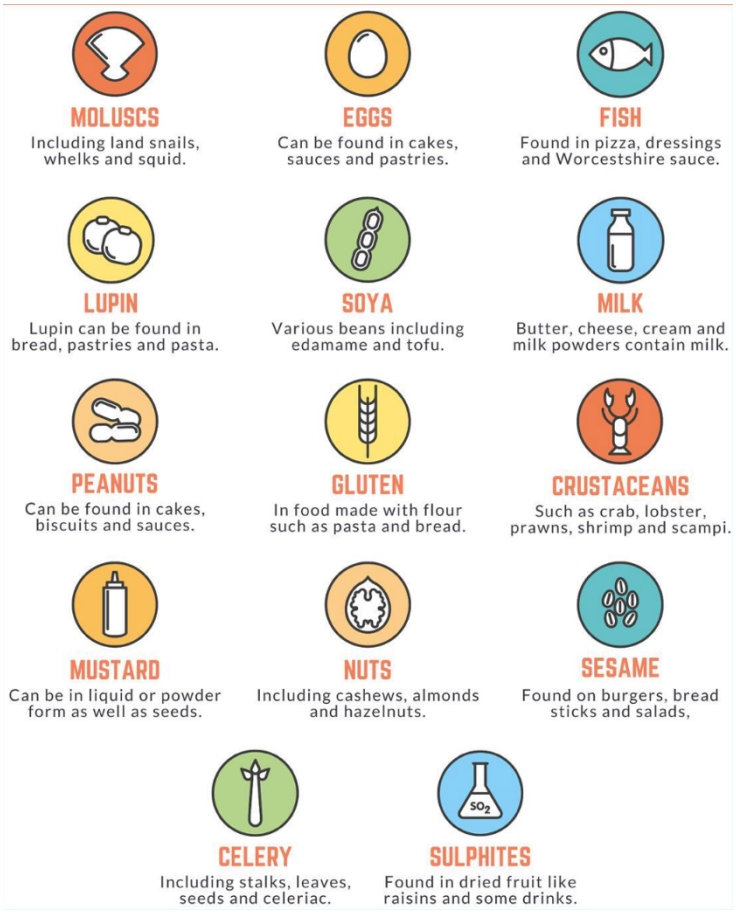
The school will conduct a risk assessment for any pupil at risk of anaphylaxis taking part in:

- lessons such as DT: Food and Nutrition
- Science experiments involving foods
- activities 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 pupil at risk of an allergic reaction will also be carried out where a visitor requires a guide dog.

6. Minimising risk

Minimising risk and the exposure to allergens is central to ensuring that individuals with allergies are safe from harm. Even a small amount of allergen can cause a reaction. There are 14 key food allergens that cause over 90% of reactions (see diagram). However, it is important to note that any food can cause a reaction.



We will only eliminate a food following a risk assessment supported by medical advice when necessary. Where a food is restricted, this will be typically to the smallest area for the least time necessary; for example, the cooking room for the duration of the lesson when the student with allergy is cooking. **Blanket bans, especially to nuts, create a false sense of security.**

We ensure that the risk of exposure is minimised by:

- school staff allergy training every year
- educating pupils as part of our Living and Learning personal development programme
- ensure members of PTA (Parent Teacher Association) are reminded and aware of school expectations for allergy management
- communicating with temporary and cover staff that they will be teaching a pupil with an allergy and ensuring that the member of staff has been trained in allergy and anaphylaxis emergency response
- working closely with parents/carers and health professionals to understand the student's allergy
- monitoring this policy to ensure that the agreed practices are implemented
- establishing and maintaining high hygiene standards amongst staff, students and visitors

In addition, we ensure that the risk of exposure is further minimised through the following:

6.1 Hygiene procedures

- sharing of food, food containers, and food utensils is not allowed
- frequent reminders to pupils not to share water bottles or any food
- reminders to be allergy-aware in relation to events where food is not directly provided by the school or Leeds Catering eg PTA Bun Sale communications include a reminder to parents/carers and volunteers

6.2 Catering

Leeds Catering staff:

- provide meals in accordance with allergen management procedures
- follow food safety and allergen control processes
- communicate allergen information accurately
- support arrangements for colleagues who carry prescribed AAIs

(Health and Safety Bulletin 2026 – No. 12)

We 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 pupils to view. We can arrange for Leeds Catering staff to be available to discuss the provision of allergy safe meals with parents/carers.

6.3 Food provided by school
Where food is provided by the school, staff understand how to read labels for food allergens.

6.4 Animals
- pupils with animal allergies do not interact with animals
- pupils wash hands after interacting with animals to avoid putting pupils with allergies at risk through later contact

6.5 Visits and trips
- plan accordingly for visits and trips
- make staff members involved aware of pupils' allergies and that they have had appropriate training
- conduct a risk assessment for any pupil at risk of anaphylaxis taking part in a school trip
- have adrenaline devices (ADs) available for pupils at risk of anaphylaxis
- staff trained to administer adrenaline in an emergency will be present on the school trip

6.6 Wraparound care
- ensure principles and procedures set out in this and related documents apply to wraparound provision

6.7 Fire drills and lockdown practices
ensure that a pupil's adrenaline device or spare (AD) is brought with staff (add to admin staff role if we keep this in)

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 pupil has an allergy action plan, this must be followed
- a spare school adrenaline device (AD) will only be used if:
  - the pupil does not have a prescribed AD
  - the pupil's prescribed AD is not available or misfires

8. Adrenaline devices (ADs)
8.1 Prescribed ADs
- pupils prescribed with ADs will have easy access to two, in-date devices at all times
- prescribed devices are stored centrally in the main school office (not in locked cupboards or rooms with restricted access); this is no more than five minutes away from where they may be needed
- monthly checks are made to ensure ADs are where they should be and in date
- ADs are stored at moderate temperatures (following manufacturer guidelines), not in direct sunlight or above a heat source
- out of date devices are sent home for parents/carers to ensure their safe disposal

To ensure ADs are not misused or compromise a child's health and wellbeing, we store these in accessible places but do not allow an individual child to carry theirs due to the age of children in Sphere Federation schools.

A copy of the pupil's allergy action plan is kept alongside their medication, as it includes instructions on how it should be used in an emergency.

As part of our Medical Tracker, records are kept of which pupils have been provided with prescribed adrenaline and an allergy action plan.

8.2 Spare ADs and inhalers
Current regulations only allow schools to purchase adrenaline auto-injectors (AAIs) as spare devices. Non-injectable adrenaline devices (nasal spray) may be prescribed to individuals but cannot currently be stocked as a spare device. If an individual who is prescribed nasal adrenaline suffers anaphylaxis, a school's spare AAIs may be used in an emergency.

Sphere Federation schools have an emergency asthma reliever inhaler. This can only be used if the pupil's prescribed inhaler is not available and where written consent has been obtained (see Admission Form).

The Sphere Federation Resources Leader works alongside the Allergy Safety Lead to source spare adrenaline auto-injectors (AAIs) and an emergency asthma reliever inhaler.

There are two spare adrenaline auto-injectors (AAIs) for children under 6 years old (150 micrograms), and two spares for children over 6 years old (300 micrograms). These are stored in pairs (in case a second one is necessary) in the same way as prescribed prescribed ADs (see Section 8.1). They are stored separate from any pupils' prescribed ADs and clearly labelled to avoid confusion.

8.3 Using spare ADs in an emergency situation without prior consent

The school will obtain advance consent from parents/carers 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. The Human Medicines (Amendment) Regulations 2017 do not require consent to have been obtained for spare adrenaline devices to be used in an emergency.

8.4 Disposal

Adrenaline device (ADs) can only be used once. Once an AD has been used, it will be sent with the child to a hospital for their medical information purposes.

9. Serious incidents and 'near misses'

In the context of medical conditions, a **serious incident** is any event relating directly to a medical condition (including allergy) in which a pupil, 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.

In the context of medical conditions, 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 eg for example, where an error, omission, or system failure could reasonably have led to a serious incident had circumstances been only slightly different.

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

9.1 Incident recording

We will record serious incidents and near misses relating to allergy safety as soon as is feasible. The incident will be recorded on Medical Tracker, including the following information:

- who was affected
- what happened, when and where
- details of action(s) taken
- whether emergency services were called
- how the incident concluded

9.2 Incident reporting

The parents/carers of a pupil are notified of the incident or near miss as soon as possible:

- we will attempt to contact parents/carers by phone
- we will share a report of the incident with the pupil's parents/carers; this report is automatically generated after recording the incident on Medical Tracker (see Section 9.1)

In some cases, the impact of exposure to an allergen at school may be delayed and not recognised until the pupil is at home. This means that incident reporting is not limited to staff – the pupil, 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.

The school will also share the report with the Health and Safety Executive (HSE) if the incident arises directly out of the way the school carried out a work activity, resulting in death or immediate hospitalization; for example, where a pupil has suffered harm after consuming an allergen due to incorrect preparation of food by a member of staff (see how to make a RIDDOR report)

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.

9.3 Incident review

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

Staff will always share the incident report with the Head of School, and this will be passed on to the Allergy Safety Lead and Head of Federation. These senior leaders will consider whether the allergy safety arrangements in place were appropriate or if changes are needed to this policy and/or the pupil's IHP. Any learning will be shared appropriately with staff so they can act on them and reduce the chance of an incident reoccurring.

10. Allergy awareness

10.1 Staff training

All directly-employed staff who are expected to be present during times when pupils are scheduled to be on site (including wraparound care staff) receive allergy awareness training at least annually. New employees will receive training as part of their induction.

Other adults who are not directly-employed (eg supply teachers, peripatetic staff, agency workers, regular volunteers) receive appropriate training, proportionate to role and level of responsibility.

Allergy awareness training will ensure that all staff:

- identify the common allergens and protect pupils from them
- recognise the symptoms of allergic reactions, including anaphylaxis
- respond quickly to allergic reactions, including anaphylaxis
- know when to report serious incidents and 'near misses' involving allergies

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

11. Wellbeing

Pupils with allergies may have additional, appropriate support through pastoral care, regular check-ins with a trusted adult and 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.

We will respond to any instance of bullying in line with our Positive Relationships Policy and Anti-Bullying Policy.

We recognise that an incident or a ‘near miss’ is a serious event with a potential impact not only on the pupil but their family, those involved in responding, and any witnesses. We will provide support to those involved.

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 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.