Wincheap Foundation Primary School

Allergies Policy

Version	1
Ratified by	Board of Governors
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Author	Allergy Safety Lead
Responsible Committee / Board	Board of Governors
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Target Audience	Parents / Public / Staff

Contents

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1. Aims

This policy aims to:

- Set out our school's approach to allergy management, 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 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 guidance on allergies in schools and supporting pupils with medical conditions at school, the Department of Health and Social Care's guidance on using emergency Adrenaline Devices in schools, and the following legislation:

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

3. Roles and responsibilities

We take a whole-school approach to allergy awareness.

3.1 The governing board

The governing board is responsible for ensuring:

- Risks relating to pupils 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 allergy safety lead.

3.2 Allergy Safety Lead

The Allergy Safety Lead at Wincheap Foundation Primary School is the SENCo, Debbie Hoare, with the day-to-day management responsibilities devolved to Marisa Kirby, Classteacher, who has responsibility for managing medical needs. Karl Sutcliffe, AHT, also assists the ASL, having admin rights on the allergy management system provided by Kitt Medical (section 8).

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 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 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 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 pupil's IHP

3.3 Headteacher

The headteacher 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

3.4 Replenishment responsibilities

The SENCo, Debbie Hoare, and Marisa Kirby, Senior Teacher, are responsible for:

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

- Liaising with classroom staff to ensure that ADs and other allergy equipment and medication stored in classrooms are present and in date
- Liaising with Kitt Medical, the school's provider of ADs (see section 7).

3.5 Teaching and support staff

All teaching and support staff are responsible for:

- Conforming with our 'Nut-Free School' requirements in order to ensure the safety of pupils and other members of our school community who have allergies
- Promoting and maintaining allergy awareness among pupils
- Maintaining awareness of our allergy policy and procedures
- Being able to recognise the signs of severe allergic reactions and anaphylaxis
- Attending appropriate allergy training as required
- Being aware of specific staff or pupils in their care who have allergies
- Carefully considering the use of food or other potential allergens in lesson and activity planning
- Ensuring the wellbeing and inclusion of pupils with allergies
- Planning for the potential needs of pupils with allergies while off-site on school activities
- Reporting any allergic reaction or case of anaphylaxis to Marisa Kirby

3.6 Class Teachers with a Child in their Class who has an Allergy

In addition to the general expectations detailed in section 3.5, these teachers are responsible for:

- Working within the pupil's Individual Healthcare plan and Allergy plan
- Ensuring familiarity with the contents of the pupil's Allergy pack
- Co-ordinating medication with families and Marisa Kirby
- Ensuring other teachers with whom the pupil has lessons are aware of their allergy
- Maintaining a safe and easily accessible store for the allergy packs of the pupils in their class
- Ensuring that the pupil and other classroom adults know where the allergy pack is
- Checking ADs stored in their classrooms are in date
- Any other appropriate tasks delegated by Marisa Kirby

3.7 Parents/carers

All parents/carers (whether or not they have a child with an allergy) are responsible for:

- Conforming with our 'Nut-Free School' requirements in order to ensure the safety of pupils and other members of our school community who have allergies
- Being aware of our school's allergy policy

- Liaising regularly with medical professionals and 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 Devices and any other medication, including inhalers, antihistamine etc., and making sure these are replaced in a timely manner
- Carefully considering the food they provide to their child as packed lunches and snacks, and trying to limit the number of allergens included
- Following the school's guidance on food brought in to be shared
- Updating the school on any changes to their child's condition

3.8 Pupils with allergies

As appropriate to their age, these pupils are responsible for:

- Being aware of their allergens and the risks they pose
- Being aware of where their AD or other medication is stored so it is always available for use
- Understanding how and when to use their adrenaline device (AD)
- If age-appropriate, carrying their AD on their person and only using it for its intended purpose
- If age appropriate, ensuring that they have their AD/other relevan medication when they are attending an off-site activity. If it is more appropriate for a member of staff to carry their allergy pack, ensure they know who has it.

3.9 All Pupils

All pupils are responsible for:

- Being aware of allergens and the risk they pose to their peers and themselves if they have an allergy
- Conforming with our 'Nut-Free School' requirements in order to ensure the safety of other pupils and other members of our school community who have allergies

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 (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 pupils at risk

We will:

- For new starters, send a form to all parent/carers of pupils after their place at the school has been confirmed, but before their first school year starts, to confirm any allergy the pupil has and whether they carry medication. Where a pupil 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. This can be done via the school office (office@wincheap.kent.sch.uk) or directly with their child's class teacher.
- We ask that parents/carers proactively inform us by either phone call to the school on 01227 464134 or an email to Marisa Kirby (office@wincheap.kent.sch.uk marked 'FAO Ms Kirby') if their child's medical needs change during the school year.

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
- Ask visitors to provide details of their allergies in advance of their visit

4.3 Individual healthcare plans (IHP)

Pupils 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 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 2 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 headteacher 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.

The school will consider the following principles:

- If the arrangements or support which a pupil requires would be available to any pupil as part of normal policies, an IHP may not be required
- If the pupil 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 pupil's needs have changed. Where a pupil 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 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 allergy 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 ADs (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 (this will require parental consent)
- A copy of the register is kept in the kitchen and can be checked quickly by any member of staff as part of initiating an emergency response

Allowing all pupils to keep their ADs with them 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 pupil 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 pupil 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

- Pupils are reminded to wash their hands before and after eating
- Sharing of food, food containers, and food utensils is not allowed
- Pupils have their own named water bottles, and lunch boxes provided to pupils with food allergies will be clearly labelled with the name of the child for whom they are intended
- 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 pupils with allergies.

- The school is committed to providing safe food options to meet the dietary needs of pupils with allergies.
- Catering staff receive appropriate training and are able to identify pupils 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 pupils 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 pupils
- Food allergen information relating to the 'top 14' allergens is displayed on the packaging of all food products, allowing pupils 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

6.4 Food restrictions

Since 2023, our school has been a Nut-Free School to protect the safety of some within our school community. We acknowledge that it is impractical to enforce a completely allergen-free school. However, we encourage pupils and staff to avoid certain high-risk foods to reduce the chances of someone experiencing a reaction. These foods include:

- Packaged nuts
- Cereal, granola or chocolate bars containing nuts
- Peanut butter or chocolate spreads containing nuts
- Peanut-based sauces, such as satay
- Sesame seeds and foods containing sesame seeds

If a pupil brings these foods into school, they may be confiscated depending on the level of risk they pose to people with allergies. If this happens the items will be returned at the end of the day.

6.5 Insect bites/stings

When outdoors:

- Shoes should always be worn
- Food and drink should be covered

6.6 Animals

- All pupils will always wash hands after interacting with animals to avoid putting pupils with allergies at risk through later contact
- Pupils with animal allergies will not interact with animals

6.7 Support for mental health

Pupils with allergies can feel isolated by their condition. Class teachers can minimise the chance of this by careful use of awareness-raising with the class and monitoring the pupil's social circle and general interactions with peers and staff.

Pupils with allergies will have additional support through:

- Pastoral care
- Regular check-ins with their Class Teacher

6.8 Events, visits and trips

- No pupils 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 pupils' allergies and to have received appropriate training
- The school will conduct a risk assessment for any pupil at risk of anaphylaxis taking part in a school trip
- Pupils 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
- All staff are trained in the administration of adrenaline to minimise delays in an emergency. This training is provided by Kitt Medical.
- If the pupil has an allergy action plan, this must be followed
- A spare school AD device will only be used if:
    - The pupil does not have a prescribed AD
    - The pupil's own prescribed AD(s) are not immediately available (for example, because they are broken, out-of-date, have misfired or been incorrectly administered).
- Follow NHS advice on treatment of anaphylaxis. The website includes symptoms and what to do in an emergency. The table below is a summary of what to do if it happens at school.

Where the person experiencing a reaction has an Allergy Action plan	**Where the person is not known to have a plan but is suspected of having an allergic reaction**
Initiate the Allergy Action plan in their Allergy pack **Administer ADs**, following the instructions on the box. Make a note of the time adrenaline was given. If an AD needs to be administered, the member of staff will use the pupil's own AD, or if it is not available, a school one. **Phone 999** and tell the emergency operator you have a child/adult experiencing anaphylaxis ("anna-fill-ax-is"). This will prioritise the emergency response. Tell them exactly where you are. Send someone to **notify the office** so that the gate can be opened for the ambulance and paramedics guided to the spot. Try not to move the person. If the person is conscious, **lie them flat with their legs slightly raised** to assist in blood flow to the heart and vital organs. If they're having **difficulty breathing**, they can be propped up with legs stretched out straight.	**Phone 999** and tell the emergency operator you have a child/adult experiencing suspected anaphylaxis ("anna-fill-ax-is"). This will prioritise the emergency response. Tell them exactly where you are. Send someone to **notify the office** so that the gate can be opened for the ambulance and paramedics guided to the spot. Try not to move the person. If the person is conscious, **lie them flat with their legs slightly raised** to assist in blood flow to the heart and vital organs. If they're having **difficulty breathing**, they can be propped up with legs stretched out straight.

The school's emergency procedures will be followed in line with the above (e.g. the Office will contact parents to inform them what is happening)

If a pupil needs to be taken to hospital, a member of staff will stay with the pupil until the parent/carer arrives, or accompany the pupil to hospital by ambulance

If the allergic reaction is mild (e.g. skin rash, itching or sneezing), the pupil will be monitored and the parents/carers informed

8. Adrenaline devices (ADs)

8.1 Prescribed ADs

The school maintains a register of pupils who have been prescribed ADs or where a doctor has provided a written plan recommending ADs to be used in the event of anaphylaxis. The register includes:

- Known allergens and risk factors for anaphylaxis
- Whether a pupil has been prescribed AD(s) (and if so, what type and dose)
- Where a pupil has been prescribed an AD, whether parental consent has been given for use of the spare AD, which may be different to the personal AD prescribed for the pupil
- (With parental permission), a photograph of each pupil to allow a visual check to be made

The register is maintained by the Allergy Safety Lead and shared with staff so it can be checked quickly by any member of staff. A copy of the register is kept in the kitchen to assist staff to quickly identify children with allergies.

All Allergy packs distributed to the Class Teacher of a pupil with an allergy should contain ADs and may possibly contain other relevant medication. They include the instructions for use and storage. Classroom staff should thoroughly familiarise themselves with the contents of the packs and procedures to administer ADs in the event of anaphylaxis. They should also ensure that all medication is stored in line with the manufacturer's instructions.

As the day progresses, children may move to other areas for different activities. Depending on the risk assessment for each child with an allergy, their medication may remain stored in their classroom provided it can be accessed and administered **within 5 minutes** where it may be needed and that staff involved know this. Any room used to store ADs **must not** be locked during the times the child is on site. Where the risk assessment is that the likelihood of anaphylaxis is higher, or where the pupil is taking part in activities more than five minutes away from the classroom, the ADs should accompany the pupil.

8.2. Spare ADs and inhalers

Please note: current regulations only allow schools to purchase adrenaline auto-injectors 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. Schools can purchase an emergency asthma reliever inhaler which can only be used if the pupil's prescribed inhaler is not available and where written consent has been obtained.

8.3 Purchasing of spare ADs

The Allergy Safety Lead is responsible for sourcing ADs and ensuring they are stored according to the guidance. We currently source spare injector kits from Kitt Medical who provide and monitor AD kits to ensure that we have an adequate supply, that they remain within date, and that staff training in their use is up-to-date.

8.4 Storage (of both spare and prescribed ADs)

The Allergy Safety Lead will make sure all school ADs are:

- Stored in line with manufacturer's guidelines and Kitt Medical's advice.
- Spare ADs must be kept in safe and suitable location(s) known to staff and to which all staff have access at all times.
- **Not** locked away, but accessible and available for use at all times
- **Not** located more than 5 minutes away from where they may be needed.

Spare ADs will be kept:

- in pairs, in case a second one is necessary
- separate from any pupil's own prescribed AD, and clearly labelled to avoid confusion.

Prescribed ADs that are part of a pupil's allergy pack should be stored within the child's classroom. They should be easily accessible to staff, and the pupil where this is age appropriate. Depending on the likelihood of the pupil coming into contact with allergens the allergy packs can stay within the classroom when the pupil goes to other parts of the school provided that the pack can be accessed and administered **within five minutes**. Where the risk assessment is that the likelihood of anaphylaxis is higher, or where the pupil is taking part in activities more than five minutes away from the classroom, the ADs should accompany the pupil.

8.5 Maintenance of ADs and prescribed medication

Class Teachers of pupils with allergies are responsible for checking at the start of each term (i.e. six times per year) that prescribed ADs kept in their classrooms are present and in date. If the AD/medication is approaching its expiry date (i.e. it will expire before the next termly check), they should notify parents that they need to talk to their GP about replacement of the ADs/medication. The goal is to ensure that no medication and/or ADs are ever out of date. They should inform the Allergy Safety Lead that they have had this conversation.

The Allergy Safety Lead is responsible for ensuring this happens, monitoring the school stock and liaising with Kitt Medical to ensure that replacement ADs are obtained when the expiry date is near.

8.6 Disposal

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

8.7 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 pupils 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.

8.8 Use of ADs off school premises

Pupils at risk of anaphylaxis who are able to administer their own ADs should carry their own AD with them on school trips and off-site events. Where it is not age appropriate for the pupil to have responsibility for the AD, or where the activities being undertaken make it inadvisable for the pupil to carry them themselves a named member of staff who will be near at hand through the activity should carry them.

9. Serious incidents and 'near misses'

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.

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 should be reported via MyConcern (the school's online recording system) and will also be recorded in the accident book, including the following information:

- Who was affected
- What happened, when and where
- Why the incident occurred (as far as is known)
- How staff and pupils 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 of a pupil should be notified of the incident or 'near miss' as soon as possible.

The school will share the report with the pupil's parents, the pupil 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 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.

Staff will always share the incident report with Marisa Kirby. She and 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 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.

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

- With the Health and Safety Executive (HSE): the Headteacher is responsible for the reporting of 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 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.

10. Allergy awareness

10.1 Staff training

The school ensures that all staff expected to be present during times when pupils are scheduled to be on site receive allergy awareness training at least annually. New starters will complete this training as part of their induction. Our training is provided by Kitt Medical who provide and monitor AD kits to ensure that we have an adequate supply, that they remain within date, and that staff training in their use is up-to-date.

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 pupils at breakfast or after-school clubs. It does not include contractors carrying out work with no pupil-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 pupil'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.

Pupils should be taught about allergies when age appropriate, especially if they have a child in the same class with an allergic condition. The ASL and class teacher will discuss whether, in each individual case, the classmates of the child should be taught the causes and responses to the allergy so others can better understand the condition and to be able to notify an adult immediately if symptoms present. They are the people most likely to be with the child outside the classroom, for example. Such decisions **must** be made with the child and the parent/carers in agreement.

11. Wellbeing

Pupils with allergies can experience bullying and may also suffer from anxiety and depression relating to their allergy.

Pupils with allergies will have additional support through:

- Regular check-ins with their class teacher or TA, and/or;
- Wider pastoral care. This can take the form of meetings with the pastoral manager, school counsellor, or other named staff member that they have a good relationship with.
- 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 behavior 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 pupil 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 Allergy Safety Lead, and reviewed and approved by them at least annually, or more frequently if a serious incident or 'near miss' identifies an area for improvement..

It will be reviewed and approved annually by the governing body, 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 school policies and procedures:

- Health and safety policy
- Supporting Pupils with Medical Conditions policy
- Data protection policy
- Behaviour policy

These can be found on the school website or by contacting the school office:

office@wincheap.kent.sch.uk 01227 464134