LUMBERTUBS PRIMARY 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 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 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 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 nominated allergy safety leads are: Amy Robinson, Sophie McNair, Helena Georgiou, Murcella Murray and Emma Young.

They're 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 Named volunteers among school staff

Rebecca McGuffick and Emma Young 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 pupils
- 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 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 Pupils with allergies

If age-appropriate, these pupils 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 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 (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

When the school is notified that a pupil has a medical condition / Allergy , the process outlined below will be followed to decide whether the pupil requires an IHP.

The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.

See Appendix 1.

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 twice yearly as necessary via Parentmail.

We ask that parents/carers proactively inform us by either phone call to the school on 01604 408147 or an email to **bursar@lumbertubs.northants-ecl.gov.uk** if their child's medical needs change during the school year.

4.2 Identifying staff and visitors at risk

Lumbertubs Primary School will take reasonable steps to identify any known allergies affecting staff and visitors so that appropriate arrangements can be made where necessary.

For staff:
- New staff will be asked to provide relevant medical and allergy information as part of their induction and before taking up their post, where appropriate.
- Existing staff should inform their line manager or the school office of any allergy that may require an adjustment, emergency response or consideration when food, medication or other substances are present.
- Where a staff member has a significant allergy, relevant information will be shared only with those who need to know in order to keep them safe, and any necessary arrangements will be agreed with the individual.

For visitors:
- Where visits are planned in advance and refreshments, food preparation or activities involving potential allergens are expected, visitors may be asked to provide relevant allergy information before their visit.
- Visitors are also encouraged to make staff aware of any significant allergy on arrival where this may affect their safety while on site.
- Where necessary, appropriate adjustments will be made to reduce foreseeable risk. All information relating to allergies will be handled confidentially and in line with the school's data protection arrangements.

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)
- The register is kept in the Hall cupboard and a copy kept with Fresh Start staff in the Kitchen Pod and 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 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.

- 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

6.3 Insect bites/stings

When outdoors:

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

6.4 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

6.5 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
- 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 AD device will only be used if:
    - The pupil does not have a prescribed AD
    - The pupil's prescribed AD are not available or misfire

8. Adrenaline devices (ADs)

8.1 Prescribed ADs

Pupils who have been prescribed Adrenaline Devices (Ads) must have rapid access to their medication at all times. It is recommended that two devices are available at all times, in accordance with the pupil's prescription and individual allergy action plan.

At Lumbertubs, arrangements for each individual will take into account their age, maturity, individual needs and ability to manage their own medication safely.

Where a pupil is considered able to carry their own prescribed ADs safely, this will be agreed with their parents/carers and recorded within their Individual Healthcare Plan and/or allergy action plan.

For pupils who do not carry their own ADs, which normally include younger pupils, then the devices will:

- Be clearly labelled with the pupil's name
- Be stored in an agreed, readily accessible location known to key staff including cover staff and lunchtime staff
- Not be locked away or stored somewhere that would delay access in an emergency
- Be accessible to staff at all times when the pupil is on the school site
- Be stored at the appropriate temperature and protected from direct sunlight and extremes of temperature, in accordance with the manufacturer's instructions
- Be stored with, or readily linked to a copy of the pupil's allergy action plan which provides instructions for responding to an allergic reaction.

Lumbertubs Primary School will ensure that pupils have rapid access to their prescribed ADs throughout the school day, including during lessons, break and lunchtime, PE, outdoor learning, clubs and other activities.

Staff responsible for the pupil will know where the medication is kept and how it can be accessed immediately. 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.

Moving around school and off-site activities

Prescribed ADs must travel with the pupil whenever they leave the main school site for a school-organised activity, including educational visits, sporting activities and residential visits. Responsibility for ensuring that the medication and allergy action plan accompany the pupil will be allocated to an appropriate member of staff as part of the planning for the activity.

Where appropriate, individual arrangements will also consider the pupil's journey to and from school, including whether they need to take their prescribed devices home each day.

Taking prescribed ADs home

Where prescribed ADs are required for the journey to and from school, arrangements will be agreed with parents/carers to ensure that the pupil has access to their medication during these journeys.

Parents/carers are responsible for supplying the school with the pupil's prescribed medication and for replacing medication that has been used or is approaching its expiry date.

The school will also undertake routine checks of medication held on site, including expiry dates, and will notify parents/carers where replacement medication is required.

Records

The school will maintain an up-to-date record of pupils with known allergies and those who have been prescribed ADs.

For each relevant pupil, records will identify:

- the nature of the known allergy;
- the prescribed medication provided to school;
- where the medication is stored;
- the expiry date of the medication;
- the pupil's allergy action plan/Individual Healthcare Plan;
- whether the pupil carries their own medication; and
- any specific arrangements required to ensure rapid access to medication.

Relevant information will be made available to staff who need it in order to keep the pupil safe, while respecting the pupil's confidentiality and the school's data protection responsibilities.

Medication and allergy information will be reviewed regularly and whenever the school is informed of a change in the pupil's condition, treatment or prescribed medication.

8.2 Spare ADs and inhalers

Please note: 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. 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.

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

Lumbertubs Primary School maintains spare adrenaline auto-injectors (AAIs) for emergency use in accordance with current government guidance.

The school's spare AAIs are supplied via Selles Medical, providing Lumbertubs with emergency anaphylaxis kits containing spare adrenaline auto-injectors, together with supporting information and arrangements for replacement of devices before expiry or following use.

One Anaphylaxis Kit contains:

- 1 x 150 microgram AAIs
- 1 x 300 microgram AAIs
- instructions for emergency use

The two different doses enable an appropriate device to be selected according to the pupil's age/weight and current medical guidance. The school will follow the manufacturer's instructions and current government guidance when determining which device should be administered.

The school's Allergy Safety Lead will have oversight of the Anaphylaxis Kit arrangements. This will include ensuring that it is appropriately stocked, checks are completed, staff training is maintained and any used or approaching-expiry AAIs are replaced. The Allergy Safety Lead will organise replacement of AAIs before expiry and replacement following reported emergency use.

Storage and accessibility:

Lumbertubs Anaphylaxis kits will be:

- Stored in a clearly identified, central and readily accessible location
- Accessible quickly to authorised/trained staff inn an emergency
- Stored in accordance with the manufacturer's requirements
- Protected from direct sunlight and extremes of temperature
- Clearly distinguishable from pupils' individually prescribed medication

All staff will know where the Anaphylaxis kit is located and how to access it in an emergency.

Use of a spare AAI

A pupil's own prescribed AAIs should normally be used first where they are immediately available and can be administered administered without delay.

The school's spare AAI may be used in accordance with current legislation, government guidance, the pupil's Individual Healthcare Plan/allergy action plan and the school's emergency procedures.

Accessing the spare AAI or checking records must never unnecessarily delay emergency treatment.

Where anaphylaxis is suspected, staff will follow the pupil's allergy action plan and the school's emergency procedures. 999 will be called immediately and adrenaline administered without unnecessary delay in accordance with current guidance. Government guidance confirms that a school's spare AAI is an additional safeguard and does not replace the prescribed devices provided for an individual pupil.

Following use of a spare AAI, the incident will be recorded and reported in accordance with the school's procedures, parents/carers will be informed and arrangements will be made for the device to be replaced.

Emergency asthma inhaler

Lumbertubs Primary may also hold an emergency salbutamol inhaler for use in accordance with current legislation and government guidance.

The emergency inhaler is intended for pupils who have been diagnosed with asthma and prescribed a reliever inhaler, where their own inhaler is not available, is empty or is not working, and where the necessary consent arrangements are in place.

The emergency inhaler will be stored safely but so that it can be accessed rapidly by staff in an emergency. Appropriate records will be maintained identifying pupils for whom its use has been authorised and any occasion on which it is administered

Emma Young and Rebecca McGuffick are responsible for:

- Checking monthly that spare ADs and the emergency asthma reliver inhaler 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 (for example, in a sharps bin for collection by the local council).

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 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.

8.5 Use of ADs off school premises

Pupils at risk of anaphylaxis must have rapid access to their prescribed adrenaline devices (ADs) whenever they are participating in a school-organised activity off the school premises, including educational visits, sporting events and residential trips.

Where a pupil is assessed as competent to carry and administer their own prescribed ADs, they should carry them during the visit. Where a pupil does not carry their own medication, an appropriate member of staff will be given responsibility for carrying the pupil's prescribed ADs and ensuring that they remain readily accessible at all times.

Before leaving the school site, the member of staff responsible for the visit will ensure that:

- the pupil's prescribed ADs are available and accompany the pupil;
- the pupil's allergy action plan/Individual Healthcare Plan is available to staff;
- relevant staff are aware of the pupil's allergy, the signs of anaphylaxis and the action to take in an emergency;
- medication is stored and transported appropriately and remains readily accessible rather than being placed somewhere that could delay access, such as inaccessible luggage; and
- allergy risks are considered as part of the visit's risk assessment, including food, catering, transport, activities and access to emergency medical assistance.

In addition to pupils' individually prescribed ADs, Lumbertubs Primary School will consider whether a school spare adrenaline auto-injector (AAI) should accompany an off-site visit. This decision will be based on the pupils attending, the nature and location of the activity, access to emergency assistance and the overall risk assessment.

Where a spare AAI is taken off site, it will be appropriately transported and remain readily accessible to the responsible member of staff. Arrangements will be made to ensure that Lumbertubs retains appropriate emergency provision for pupils remaining on the school site.

For residential visits or activities where pupils will be away from school for an extended period, allergy arrangements will be planned in advance with parents/carers and, where necessary, the venue or activity provider.

A pupil at risk of anaphylaxis will not leave the school site for a planned school activity without their required prescribed emergency medication being available.

In the event of suspected anaphylaxis off site, staff will follow the pupil's allergy action plan and emergency procedures, administer adrenaline without unnecessary delay where indicated and call 999, informing the emergency operator that anaphylaxis is suspected.

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 will 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 aged up to 16 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 the Headteacher or Allergy Safety Lead. 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): 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.

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

Lumbertubs Primary will ensure that staff have the knowledge and confidence needed to recognise and respond appropriately to allergies and anaphylaxis.

All staff who are expected to be present when pupils are on site will receive allergy awareness training and anaphylaxis training at least annually. New members of staff will receive appropriate allergy information and training as part of their induction.

This includes teaching and support staff, office and pastoral staff, temporary and supply staff, peripatetic staff, agency workers, regular volunteers, catering staff and staff responsible for pupils attending breakfast or after school provision.

Contractors and other individuals who have no responsibility for supervising or working directly with pupils, such as maintenance contractors carrying out isolated works, will not normally be required to complete the school's full allergy awareness training.

Appropriate trainer devices will be available so that staff can practise administering an adrenaline auto-injector safely and develop confidence in responding to an emergency.

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')

Supply, temporary and cover staff

Supply and temporary staff may join the school at short notice. As part of their arrival/induction arrangements, they will be given the essential allergy and emergency information relevant to the pupils they will be working with, including:

- pupils with significant known allergies;
- how to access relevant allergy action plans;
- the location of prescribed emergency medication and the school's Anaphylaxis Kitt(s); and
- the procedure to follow in an emergency.

Supply or temporary staff who have not completed Lumbertub's full allergy training will not be given sole responsibility for managing a pupil's known significant allergy without appropriate information and support being available.

Allergy safety drills

Lumbertubs will undertake an allergy/anaphylaxis safety drill at least annually. This will simulate an anaphylaxis emergency without placing any individual at risk and will test elements such as recognition of

symptoms, communication, locating emergency medication, administering a trainer device and calling for emergency assistance.

The outcome of the drill will be recorded and reviewed by the Allergy Safety Leads. Any learning identified will be used to improve procedures, staff training or the school's wider allergy arrangements.

Ongoing training and review

Additional or refresher training will be provided where:

- a pupil with a significant allergy joins the school;
- a pupil's allergy or emergency treatment changes significantly;
- new medication or devices are introduced;
- an incident or near miss identifies a gap in knowledge or procedure; or
- monitoring indicates that further training is required.

Staff training will be recorded so that the school can monitor completion and identify when refresher training is due.

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. Parents/carers will also be informed of any significant changes to the school's allergy arrangements.

All staff will be made aware of and understand the policy through annual allergy awareness training, with key information included in the induction of new staff.

Teaching pupils about allergies

At Lumbertubs, we believe that developing pupils' understanding of allergies helps to create a safe, inclusive and supportive school community. Pupils will be taught about allergies in an age-appropriate way through relevant curriculum opportunities, assemblies and everyday school routines.

Teaching will help pupils to understand:

- what an allergy is and that some people can become seriously unwell if they come into contact with particular allergens;
- that allergies are medical conditions and should always be taken seriously;
- why pupils should not share food, drinks, water bottles, containers or eating utensils;
- the importance of washing hands before and after eating;
- why some pupils may need different food, medication or additional arrangements to keep them safe;
- that they should never touch, move, hide or play with another person's medication;
- how to recognise when a friend or classmate may be becoming unwell and the importance of getting an adult immediately;
- that pupils with allergies should be included fully in school life and should never be teased, bullied or made to feel different because of their allergy; and
- how everyone can contribute to keeping members of the school community safe.

Teaching will be appropriate to pupils' age and level of understanding and will avoid creating unnecessary anxiety around food or allergies. Where appropriate, the school may use resources from Allergy School and other reputable allergy organisations to support teaching.

Pupils with allergies will not be expected to take responsibility for educating their peers about their condition or managing the behaviour of others. Staff retain responsibility for implementing the school's allergy safety arrangements.

11. Wellbeing

Pupils with allergies will have additional support through:

- Pastoral care
- Regular check-ins with their class teacher or trusted adult
- 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

Lumbertubs will not tolerate bullying, teasing, intimidation or deliberate behaviour involving another pupil's allergy. This includes deliberately exposing, or threatening to expose, a pupil to a known allergen, interfering with their medication, or using their allergy to frighten, exclude or humiliate them.

Any such incident will be taken seriously and responded to in accordance with the school's Behaviour Policy, Anti-Bullying arrangements and Child Protection and Safeguarding Policy, where appropriate.

Where an incident involving an allergen creates or could have created a risk of significant physical harm, the school will consider the safeguarding implications as well as the behavioural response.

Staff will be alert to signs that anxiety about an allergy is having a wider impact on a pupil's attendance, participation, relationships or emotional wellbeing and will respond appropriately.

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.

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:

- Health and safety policy
- Supporting pupils with medical conditions policy
- First Aid Policy
- Child Protection and Safeguarding Policy
- Data protection policy
- Behavior policy
- Intimate Care Policy, where relevant
- Risk Assessment Procedures
- Staff Code of Conduct

Appendix 1: Identifying pupils at risk

