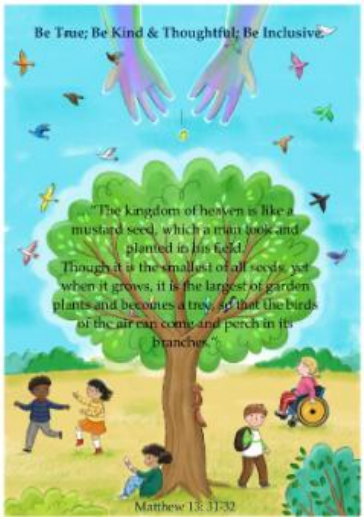
Allergy Safety Policy

Rooted in the parable of the Mustard Seed

Chevening's vision is to be a place of nurture and growth for every child, our school family and the wider world

At Chevening all can find shelter, strength and purpose through God's love and Christ's teachings. We seek to see everyone flourish spiritually, socially and academically. We will achieve this by being: ◊ True to Christ and His teachings ◊ Known for kind and thoughtful actions and attitudes ◊ Inclusive in serving, sharing and showing God's love to benefit all.	

Our school is a nurturing school; our policy is also developed in line with the six principles of Nurture reflecting the school's understanding that:

Children learn developmentally; The classroom is a safe base for every child; Nurture is important to the development of well-being; Language is a vital means of communication; All behaviour is communication; Transition marks important stages in a child's life;

Devised July 2026; To be reviewed before July 2027 by SLT

Section 34 of the Children's Wellbeing and Schools Act 2026 requires that LA maintained schools, academies and PRUs must have an allergy safety policy.

The Head Teacher, Miss Minnis, is the named member of the senior leadership team in in Chevening (St Botolph's) Primary School with responsibility for allergy safety, including driving the implementation of the allergy safety policy and contributing to or leading review of the policy.

The Allergy Safety policy should be reviewed by SLT at least annually. The policy may be reviewed more frequently, particularly where incidents or "near misses" suggest areas for improvement. Any review should take account of any incidents and "near misses" and should seek to learn lessons from them.

The school's governing board will ensure that the Allergy Safety policy is readily accessible to parents and staff. The policy will be published on the school's website and be made available in hard copy on request.

Definitions: Allergy is a medical condition in which the body reacts to normally harmless substances, such as a food, insect sting, contact allergen (e.g. nickel) or an airborne allergen such as pollen. Many individuals with allergies to food or insect stings are at risk of anaphylaxis, a reaction that can progress rapidly and may cause death. **Anaphylaxis** typically affects the Airway/Breathing/Circulation ("ABC").

Common allergic conditions include:

• **Hay Fever (Allergic Rhinitis**), triggered by allergens carried in the air ("aeroallergens"), such as pollen, house dust mite, animal fur/feathers, or mould. Symptoms include sneezing, a runny or stuffed nose, itchy or watery eyes.

• **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. Symptoms include itching, hives and dry, flaky skin. Reactions can be delayed, occurring many hours after contact.

• **Food allergy**, which can cause symptoms ranging from mild itching in the mouth to "whole body" reactions including anaphylaxis (see below). Some food allergies do not cause immediate reactions, but result in delayed gastrointestinal symptoms (e.g. stomach pain, vomiting, diarrhoea) some hours later, sometimes occurring with an eczema flare. While 90% of food allergic reactions are caused by peanut/tree nuts, cow's milk, egg, wheat, fish/seafood and sesame, any food can cause an allergic reaction.

• **Asthma** in children is usually *allergic in nature*, meaning that it may be triggered by airborne allergens such as e.g. dust mite, animal dander or 10 pollen. On average, there are two or three children with asthma in every classroom in the UK.

• **Less common allergic conditions** in children include allergy to insect stings (e.g. bee, wasp) and medicines.

Allergic reactions vary in severity: from mild local reactions (e.g. mild hay fever) to "whole body" reactions (common with food allergy) to more serious reactions like anaphylaxis. In

general, most allergic reactions are not severe. Even for food allergy, most allergic reactions do not affect the Airway/Breathing/Circulation ("ABC") and can be treated with a non-drowsy oral antihistamine (available over-the-counter for those aged over 6 years) or local treatments such as nose sprays or eye drops. However, some children and young people are at risk of anaphylaxis and require emergency medication (e.g. self-administered adrenaline).

Culture

Awareness training

Staff will be **trained** in allergy awareness and emergency response, at least annually. Training will be organised by the school via trusted sources, which may include online and in-person briefings, in addition to dedicated First Aid training.

We ask all staff present during times when pupils are scheduled to be on site to ensure they receive allergy awareness training. This includes permanent staff, temporary staff, supply teachers, peripatetic staff, agency workers and regular volunteers. It includes catering staff and others who oversee children and young people at breakfast or after school clubs. As per DFE Statutory Guidance, this does not include contractors carrying out work with no pupil-facing role such as builders, electricians or other ad hoc maintenance personnel.

Allergy awareness training will be included in induction arrangements for new staff. Agency supply contractors will be asked to confirm that their staff have received allergy awareness training. If appropriate, regular supply staff may join school staff training.

Allergy awareness training should ensure 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;
    - ○ how to locate and administer emergency medication (adrenaline for anaphylaxis, asthma reliever inhaler for an asthma attack).
    - training on how to use the medication/device in an emergency (whether prescribed to a given person or a school's "spare" adrenaline devices);
- Understand the **impact** allergy can have on a child or young person's wellbeing;
- Understand the school, college or setting'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”).

Training under this guidance should be understood as allergy awareness and emergency response training.

This training does not replace any separate clinical governance, competency or delegation arrangements that may be needed where a child or young person requires individual healthcare support beyond school-level allergy safety arrangements. To reinforce training and support the general awareness of allergy within the school community, a range of reminder/information posters will be displayed for adults and children.

Wellbeing

Chevening staff are vigilant to the **wellbeing** of all children; those with allergies are known to their own staff, as well as the wider team via regular sharing of children’s needs. Well-being needs linked to allergies can be identified by the child, parents/carers or staff and will be addressed through the range of available on-site support, information and, if necessary, signposting to further sources of help. This is in recognition of the risk posed by allergy (and the possibility of anaphylaxis) being a significant cause of anxiety.

Any signs of bullying, harassment or victimisation of children and young people with allergy will be addressed via the school’s Behaviour and Anti-Bullying Policies. Children who are victims or perpetrators, their parents/carers and staff will work together to seek resolution and better understanding.

Minimising risk

Chevening (St Botolph’s) Primary School will minimise the risk of individuals (whether children, young people, staff or visitors) coming into contact with their known allergens by:

- **Managing the risks of exposure to a food allergen through food provided by the school**: the school’s catering contractor and midday supervisors and wrap-around care staff will receive allergy awareness training. Menu allergen information is shared with parents/carers so alternative can be explored. Parents/carers are asked to inform the school of their child/ren’s allergy and health needs; relevant records are shared with staff involved in food preparation and service.
- **Managing the risks of exposure to a food allergen through food brought in by others** (for example parents, children and young people or staff). We ask that food brought in should not contain nut products. Where food products are to be sold/shared, allergen information must be included/shared in advance.
- **Where children and young people have known allergy to airborne or contact allergens, the school will put reasonable measures in place to manage the risk**

of the child being exposed to such allergens by ensuring all staff have allergy awareness training and that the individual child's risks are known by staff working closely with them. Parents/carers are asked to inform the school of their child/ren's allergy and health needs; relevant records are shared with staff. Where possible and appropriate, avoiding contact with known allergen will be a priority in all school activities involving the child.

- Requiring staff planning any activity should consider the risk of exposure to allergens, for example in craft, science, musical or cooking activities, or where activities involve animals. Parents/carers are asked to inform the school of their child/ren's allergy and health needs; relevant records are shared with staff involved in curriculum planning, including practical activities and animals. Where possible and appropriate, avoiding contact with known allergen will be a priority in all school activities involving the child.
- Completing specific risk assessments to manage the risks of exposure to allergens in individuals with an allergy when planning external visits or trips. Parents/carers are asked to inform the school of their child/ren's allergy and health needs; relevant records are shared with staff involved in visit/trip planning.

Food allergy

Parents/carers are asked to inform the School Office if their child has known food allergies and the steps to take if contact with a known allergen results in an allergic reaction. This information is kept in the child's Individual Health Care Plan and is shared with staff in the school kitchen, wraproud care team and class staff. Where children have known allergies to food, contact with the relevant items is minimised and good hygiene is encouraged.

If contact occurs, the relevant steps in the child's IHCP are followed – including use of the prescribed Adrenalin Device for severe reactions/anaphylaxis and to save life; good hygiene practices are carried out (handwashing) and parents/carers are informed quickly, in case further action is needed. Where oral anti-histamines are given, the child will remain with adults for at least 60 minutes, in case the mild reaction develops in anaphylaxis. If prescribed/emergency ADs are used, an ambulance is called via 999 and parents/carers are immediately alerted so that further checks/actions can be carried out by medical staff.

The school's food contractor provides parents/carers with menus, including allergen information. Early Morning Club staff and Activ8 staff devise their menus according to the Food Standards Guidance; allergen information is included in menus shared with parents/carers of children attending the clubs.

Where children with no known allergy appear to have an allergic reaction:

- Staff will assess the reaction and if it appears mild and localised, will immediately contact the child's parents/carers for permission to administer oral antihistamine. The child will remain with an adult for observation for at least 60 minutes, in case the mild reaction develops into anaphylaxis.
- In an emergency/severe situation of suspected/actual anaphylaxis (Airway/ Breathing/ Circulation difficulties) staff will use the school's nearest emergency/

spare Adrenalin Devices to save life, particularly where there is no known allergy, IHCP or prescribed ADs. An ambulance will be sought via 999 and parents/carers will be immediately alerted, so that the further checks/actions can be carried out by medical staff.

Individual children and young people

Identification

Parents and carers are asked to inform the school of their child/ren's allergy and health needs and how these needs are medically managed (health care professionals' Asthma Action Plan or Allergy Action Plan) so that the school can develop Individual Health Care Plans.

Staff and visitors are asked to inform the School Office of any allergy and/or asthma needs/risks and to confirm where their medication/ adrenaline autoinjector (AAI) devices are kept.

Records of children and staff with known allergy and asthma needs are kept securely in children and staff folders (hard copy) and on the school's Managed Information System (Arbor). Records of children's Individual Healthcare Plans and/or an Allergy Action Plans are securely kept in their personal folders (hard copy) and also on Arbor. These confidential documents are shared with staff who come into contact with the child, e.g. class staff, wrap-around care team, after-school coaches, catering contractors and midday supervisors.

The school will ask parents/carers and a child's previous setting/school for information about known allergies/health needs, medical AAPs and any existing IHCPs.

Individual Health Care Plans (IHCPs)

Children and young people should have an Individual Healthcare Plan (IHCP) if:

- they have an allergy which has a functional impact on them in school;
- they are at risk of harm as a result of their allergy **and**
- they require arrangements which are *additional* to or *different* from those made generally.

The IHCP sets out the additional and/or different arrangements that will be in place in the school for supporting the child with their medical condition or allergy, including in emergency situations.

Children with allergy/asthma who require specific support arrangements will have these details documented through an **Individual Healthcare Plan**. This includes children whose allergies require flexibility and "reasonable adjustments", as well as those who require medication (either proactively or in an emergency situation).
Where children have an **Allergy Action Plan** and/or **Asthma Action Plan** issued by a healthcare professional, the IHCP should refer to or attach it. Whenever an updated Action Plan becomes available, parents/carers need to inform the school, so that the child's

Individual Healthcare Plan can be reviewed to incorporate it.

Prescribed adrenaline

The school will ensure that children who are prescribed adrenaline devices (ADs) have rapid access to their devices **at all times**, noting that in a case of anaphylaxis, adrenaline should be administered within five minutes. This includes in the lunch area, playground and sports fields or when on visits or trips.

The allergy safety policy should set out:

- Parents/carers are responsible for providing their child with **2 x prescribed Adrenalin Devices** each and every day/ to stay in school.
- Parents/carers are responsible for collecting/returning their child's ADs
- Parents/carers are responsible for checking that the ADs remain in date;
- The school will keep hard copy and electronic records of which children have been provided with prescribed adrenaline devices (and an Allergy Action Plan) via individual files (paper records) and Arbor (electronic records)

School-wide policies

"Spare" emergency adrenaline devices

Use & management:

- Emergency Adrenaline Devices (ADs) are to be used if a child's personal prescribed AD is not available/in date OR a child is experiencing a severe allergic reaction for the first time.
- These will be located in Key Stage 2 building First Aid cabinet in staff toilet, School Office medicine cabinet and in Room of Requirement (next to defibrillator); the set of emergency ADs kept in the School Office can be used for lessons and activities on the field/,forest school, class trips and residentials. *Careful consideration will need to be given to planning & timing of concurrent activities needing to take ADs off site.*
- Emergency ADs will be readily accessible and not locked away; the devices will be clearly labelled as Emergency Adrenalin Devices
- The School Office will keep/check records to ensure "spare" adrenaline devices are 'in date';
- Once used or before they go 'out of date', new ADs must be ordered; used/ 'out of date' ADs must be disposed of safely via the 'sharps container' in the School Office.
- Spare/emergency ADs should be taken to Forest School, the school field (PE, Sports Days, PTFA events, trips off site); the swimming pool is within reach of the Room of Requirement.

Storage in these locations should mean that no child or young person is more than five minutes from emergency adrenaline devices. Adrenaline devices should always be stocked

and stored in pairs. Schools with large sites should consider having two pairs of “spare” devices, so that a pair of “spare” adrenaline devices are available within five minutes of wherever they may be needed.

When storing “spare” adrenaline devices the school will:

- Make “spare” adrenaline devices readily accessible and not locked away;
- Support swift administration of adrenaline (in anaphylaxis) by storing the ADs no more than five minutes, i.e. adrenaline devices must be able to be brought to the person having anaphylaxis within 5 minutes. **Staff must know the location of their nearest emergency/spare ADs.**
- “Spare” adrenaline devices will be stored in pairs, so that if a second one is necessary it is on hand rather than needing to be obtained from elsewhere on site;
- “Spare” adrenaline devices will be clearly labelled, to avoid any confusion with adrenaline devices prescribed to a named person.

Visits and trips

By careful risk assessment and with the proactive support of parents, staff and volunteers, our aim is for all children with allergy to be able to take part in all activities in school, as well as visits and trips beyond school.

This will be achieved by including specific risk assessments for all activities where contact with allergens is considered, staff are allergen aware/trained and spare/emergency ADs are included as standard practice.
NB Children at risk of anaphylaxis **MUST** have 2 x prescribed ADs with them at all times (or with the adult in charge of them); parents/carers are responsible for providing these in good time and checking that they are in date.

Serious incidents and “near misses”

The school will report all concerns/incidents/near misses to the child’s parents/carers; reports and responses to concerns, serious incidents or “near misses” involving allergy safety will be logged on CPOMs. Serious incidents and ‘near misses’ will be reported to Governors via the Resources Committee.

• **A serious incident** is any event relating directly to a medical condition (including allergy) in which a child, young person, 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.

It is important to remember that, in some cases, the impact of exposure to an allergen while in an education setting may not be recognised the child is back at home. It is therefore important that the child, their parents or others (for example healthcare professionals) can report that there has been an incident.

Information sharing

A child or young person's health information is considered special category data under UK GDPR, which means it is highly sensitive and has additional legal protections. Schools have a lawful basis to hold, use and share a child's special category health data when this is necessary, but it should always be done in a controlled and respectful way, because unnecessary sharing can reduce children's confidence in practitioners and can be embarrassing for children and young people who may not want to be singled out.

Awareness of the allergy safety policy

The school will raise awareness of the policy and procedures by publicising it to staff during allergy awareness training. The policy will be publicised to parents/carers via the school website and newsletter, as well as included in induction for new families. All staff should be aware of and understand the policy, as part of annual allergy awareness training.

Depending on the age of the child and the nature of their allergy, parents/carers will discuss how awareness of allergy safety will be handled, in terms of peers. Where children are prescribed adrenaline devices, it can be appropriate for their friends to be made aware of how to seek help in an emergency.