St. James C. of E. 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 St James 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

To maintain a safe and supportive environment, the operational management of allergy safety at St James is distributed across key roles in our school community. Each stakeholder must understand and fulfill their defined duties:

3.1 The Governing Board

The Governing Board of St James retains ultimate legal and accountability oversight, ensuring that:

- Risks relating to pupils and staff with allergies 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
- Day-to-day implementation of this policy is delegated to the Allergy Safety Lead.

3.2 Allergy Safety Lead

The nominated Allergy Safety Lead at St James is Mrs Wales (SENDCo), a member of the Senior Leadership Team (SLT) with pastoral and welfare responsibilities. They are responsible for:

- Implementing this allergy safety policy

- Reviewing the allergy safety policy at least annually, updating it when needed, and making sure it is published
- Promoting and maintaining allergy awareness across our school community
- Developing and reviewing arrangements for the safe storage and disposal of adrenaline devices (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 The 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
- Fostering a whole-school culture that integrates and supports medical safety and promotes pastoral wellbeing.

3.4 The Admissions Team

The Admissions Team acts as the gatekeeper of safety by:

- Ensuring that allergy, dietary, and high-risk medical information is systematically captured at the very first point of contact, such as Open Days, taster sessions, and initial application intakes, before the pupil's first day of school.

3.5 School Office

The School Office are responsible for:

- Managing and buying the school's emergency stock of adrenaline auto-injectors (AAIs) from a local pharmacy, ensuring they are stored in line with DHSC guidelines.
- Coordinating and tracking paperwork, medical forms, consents, and prescribed medication intakes from families.

- Recording, collating, and updating the central Allergy Register on the school's Management Information System (MIS).
- Checking all emergency spare school AAIs on a strict monthly basis to ensure they are physically present, in date, and that replacement devices are ordered in advance of expiration.

3.6 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

3.7 Parents and 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

3.8 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

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

St James implements a rigorous, proactive data capture process:

- For New Starters: Upon confirmation of a pupil's place, the school sends a detailed medical intake form to parents/carers. This must be completed and returned prior to the start of the school year.
- For Mid-term Starters or New Diagnoses: Arrangements, forms, and staff briefings must be put in place within 2 weeks of enrollment or notification of diagnosis.
- Annual Reminders: At the start of every school year, a formal reminder is sent to all parents/carers via Arbor, asking them to review and update their child's medical and allergy profile.

We ask that parents/carers proactively inform us by either phone call to the school 01932 851 762 or an email to office@stjames-weybridge.surrey.sch.uk if their child’s medical needs change during the school year.

4.2 Identifying Staff and Visitors at Risk

To protect the entire school community, our safety net extends to staff and visitors:

- All new staff members are required to complete a medical questionnaire, including allergy declarations, in advance of their start date so that reasonable adjustments can be made.
- Regular visitors and contractors are asked to declare severe allergies to the school office in advance of their visit, particularly if they are visiting catering areas or participating in school events.

4.3 Individual Healthcare Plans (IHPs)

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

St James 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

The register is kept in the School Office and where food is served and handled 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

St James implements robust operational controls throughout the school day to reduce the risk of accidental exposure to allergens. These controls apply across the school site:

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 must use their own clearly named water bottles. All home-provided lunch boxes and snack containers for pupils with severe allergies must be clearly labelled with the child's name.
- For any class celebrations or school events, written parental permission and engagement must be secured in advance before food is introduced.
- Dining tables, desks, and food preparation surfaces must be thoroughly cleaned with hot, soapy water or dedicated allergen-cleansing wipes before and after meals. Standard antibacterial sprays and hand gels do not remove or break down food allergen proteins.

6.2 Catering Operations

St James 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 Nut-Avoidance and High-Risk Food Restrictions

While it is impossible to guarantee a 100% allergen-free environment, St James operates a strict Nut-Avoidance Policy; the school does not claim to be a 'nut-free' environment, as complete eradication of trace allergens cannot be guaranteed. We strongly discourage and restrict the following high-risk foods on school premises:

- Packaged nuts (peanuts, almonds, walnuts, cashews, hazelnuts, etc.).
- Cereal, granola, or chocolate bars that contain nuts as an ingredient.
- Peanut butter, chocolate nut spreads (e.g., Nutella), or spreads containing nut traces.
- Nut-based sauces, including satay and pesto.

If a pupil brings a restricted item to school, staff will safely collect and store the item in the school office until the end of the day. The pupil will be provided with an alternative, safe meal to eat.

6.4 Insect Bites and Stings

When participating in outdoor play, sports, or educational activities, the following precautions must be taken:

- Shoes and appropriate footwear must be worn outdoors at all times (no bare feet on grass).
- All outdoor food and drinks must remain covered, and sweet beverages or food should not be left unattended.
- Outdoor bins must be kept closed, emptied regularly, and located away from core play areas to reduce wasp and bee activity.

6.5 Animals on School Premises

- All pupils and staff must wash their hands with warm water and soap immediately after any interaction with animals on site.

6.6 Visits and Trips

St James is committed to full inclusion. No pupil will be excluded from a school trip or off-site event due to their allergies. The following controls apply:

- A written risk assessment must be completed for every off-site event, detailing the locations of local medical facilities and specific allergen controls.

- Pupils at risk of anaphylaxis must have their own prescribed adrenaline auto-injectors (AAIs) with them. For younger pupils, these will be securely held in a highly visible yellow medical bag by the group leader. If a group is split, the staff member accompanying the child must carry the yellow medical bag.
- At least one staff member fully trained to administer adrenaline in an emergency must accompany any trip that includes a pupil with an active AAI prescription.
- The trip lead must complete a specific risk assessment to determine whether to carry the school's emergency spare AAIs in addition to the pupils' individual prescribed devices.

7. Procedures for Handling an Allergic Reaction

In the event of an allergic reaction, all staff must remain calm, act immediately, and follow the school's emergency response flow. Staff must be trained to recognise and differentiate between mild and severe reactions:

Severity	Physical Signs & Symptoms	Immediate Emergency Action
Mild to Moderate	• Skin rash, hives, or itchy skin • Swelling of the lips, face, or eyes • Itchy or runny nose, sneezing • Itchy mouth or mild stomach ache	• Locate pupil's IHP and Allergy Action Plan • Administer prescribed oral antihistamine • Stay with pupil; monitor closely • Contact parents/carers immediately • If symptoms worsen, treat as SEVERE
Severe (Anaphylaxis)	• AIRWAY: Swollen tongue, hoarse voice, difficulty swallowing • BREATHING: Persistent cough, wheezing, stridor, severe asthma attack • CIRCULATION: Pale/blue skin, dizziness, confusion, collapse, loss of consciousness	• GIVE ADRENALINE FIRST (AAI) immediately! • Call 999: State 'Anaphylaxis', give location • Lay pupil flat, raise legs (sit up if breathing is difficult). Do not let them stand/walk! • Administer second AAI after 5 mins if no improvement • Contact parents; prepare sharps bin

CRITICAL 'ADRENALINE FIRST' PROTOCOL: *GIVE ADRENALINE IMMEDIATELY IF ANAPHYLAXIS IS SUSPECTED. The pupil must remain lying flat with their legs raised (or sitting upright if breathing is*

> *exceptionally difficult). Under no circumstances must the pupil be allowed to STAND OR WALK, even if they claim they feel better or the reaction appears to have passed. Standing up can cause a sudden, fatal drop in blood pressure.*

If an AAI needs to be administered, a trained staff member will immediately use the pupil's own prescribed AAI. If the pupil's own AAI is not immediately available (e.g., if it is broken, out-of-date, has misfired, or has already been administered), a school emergency spare AAI will be administered immediately.

8. Adrenaline Devices (ADs) & Adrenaline Auto-Injectors (AAIs)

Adrenaline Auto-Injectors (AAIs) are life-saving devices used to treat anaphylaxis. St James maintains strict protocols regarding the handling, storage, and maintenance of both prescribed and school spare AAIs:

8.1 Prescribed AAIs

Pupils who have been prescribed AAIs are strongly encouraged and supported to keep their devices near or on their person at all times, including during travel to and from school and on school trips. It is recommended that two devices are carried at all times.

- For younger pupils who cannot independently carry their AAIs, the devices will be stored in a safe, unlocked, and central location that is accessible to staff at all times, and located no more than 5 minutes away from where they may be needed (such as the School Office or near the dining hall).
- All prescribed AAIs are stored in individual, clearly labelled boxes containing the pupil's name, class, photograph, and a copy of their medical Allergy Action Plan.
- Parents/carers are responsible for ensuring that their child's prescribed AAIs are in-date, and for checking and replacing them as their expiry date approaches.

8.2 School Emergency Spare AAIs

Current UK regulations permit schools to purchase and stock adrenaline auto-injectors (AAIs) as spare emergency devices. The school's spare AAIs are held to ensure backup adrenaline is immediately available in an emergency in accordance with DHSC guidelines.

- Sourcing: The school’s spare AAIs are purchased from a local pharmacy by the First Aid Office Team.
- Emergency Stock: St James maintains a minimum stock of four spare AAIs stored in pairs, containing two standard-dose devices (0.3mg) and two junior-dose devices (0.15mg) appropriate to the age profile of the pupils.
- Storage: Spare AAIs are stored in a central, unlocked location that is easily accessible to staff only, and kept strictly separate from pupils' prescribed devices. They are stored in pairs to ensure a backup dose is immediately available if a second injection is required.

- Monthly Auditing: Designated, trained staff are responsible for physically inspecting all spare emergency AAIs on a monthly basis. Checks must verify that devices are present, in-date, and that the window liquid remains clear. All monthly checks must be formally recorded and signed in the school's AAI Audit Log Register. Replacement injectors must be ordered immediately if expiry dates fall within 1 month.

8.3 Emergency Use 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.

8.4 Disposal of AAIs

AAIs can only be used once. Immediately following administration, the used injector must be handed to the attending ambulance crew or placed safely in a designated medical sharps bin located in the School Office. Disposal must follow the manufacturer's instructions, and the sharps bin must be collected by the local council's clinical waste service.

9. Serious Incidents and 'Near Misses'

At St James, we operate a supportive, 'no-blame' culture where the recording and reporting of both incidents and 'near misses' are used to continuously improve school safety measures:

- Serious Incident: Any event where an individual is exposed to an allergen requiring emergency medication, medical intervention, or emergency services.

- Near Miss: Any event that did not cause harm but had the realistic potential to do so (e.g., a catering error identified before consumption).

9.1 Incident Recording

All incidents and near-misses must be recorded in the school accident book as soon as feasible, and no later than 24 hours after the event. The record must document:

- The names of those affected and the staff involved.
- The precise timeline (what, when, and where the event occurred).
- The root cause of the incident (as far as can be established).
- How staff and pupils responded, and what medical support was provided.

- Whether emergency services were called, and how the incident concluded.

9.2 Incident Reporting & External Notification

Parents/carers of any pupil involved in an incident or near-miss must be notified as soon as possible on the same day.

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 Allergy Lead and the Headteacher. 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 and Staff Training

St James is committed to ensuring that all staff expected to be on site when pupils are present are fully competent, confident, and prepared. Training is structured as follows:

10.1 Staff Training Programme

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.

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.

11. Wellbeing and Pastoral Support

We recognise that living with severe allergies can be a significant source of anxiety, stress, or depression for pupils and their families. St James is committed to supporting our pupils' mental health and emotional wellbeing through the following measures:

- The SENCO and the school's Mental Health Lead work in tandem to oversee the emotional needs of pupils with allergies, ensuring that class teachers and form tutors maintain regular, supportive check-ins with affected pupils.
- Staff will actively reassure pupils that robust, double-checked safety measures are in place to protect them from exposure, and that staff are fully trained and equipped to respond instantly and safely in an emergency.
- St James will not tolerate any form of teasing, mimicking, peer pressure, or bullying related to a pupil's allergies or dietary restrictions. Any such incidents will be dealt with immediately and severely in accordance with the school's Anti-Bullying and Behaviour Policies.
- Following any incident or near-miss, St James recognises the emotional impact on the pupil, their family, and staff witnesses. The school will provide structured pastoral and mental health support, including access to counselling or debriefing sessions, to support recovery and rebuild confidence.

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 is actively monitored by the Allergy Safety Lead. It is formally reviewed, updated, and approved by the Governing Board and the Allergy Safety Lead at least annually, or immediately following any serious incident, near-miss, or change in statutory national guidance to ensure it remains a robust, living document.

14. Links to Other Policies

To ensure a cohesive school-wide approach to safety, this policy must be read and implemented alongside the following St James school policies:

- Health and Safety Policy

- Supporting Pupils with Medical Conditions Policy
- Data Protection Policy
- Behaviour Policy
- Anti-Bullying Policy