Crossgates 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 lead is Mrs Jen Needham.

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

Mrs Maria Dodd and Mrs Natalie Beard 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
- Making sure that all medication is in date and is stored appropriately

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

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 via Arbor

We ask that parents/carers proactively inform us, in writing by emailing the school office office@crossgates.rochdale.sch.uk if their child's medical needs change during the school year.

4.2 Identifying staff and visitors at risk

To identify staff and visitors with known allergies, we are proactive in:

- Asking new staff to provide details of any allergies in advance of their start date
- Asking visitors to provide details of any allergies in advance of their visit and at the time of signing in via Entry Sign.

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
- Pupils who do not require an IHP will still need a Medical Consent Form completed by the parent/carer and a Medication Administration Form will need to be completed in school by staff administering or supervising the administering of medication

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

(Please also refer to 'supporting pupils with medical conditions' policy).

- 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 (only with parental consent)
- A copy of the register is kept in the staffroom and in the school kitchen office 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.

- 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, reasonable adjustments will be made wherever practicable to support safe and inclusive participation
- 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
- Staff responsible for the activity will conduct a risk assessment for any pupil at risk of anaphylaxis taking part in a school trip. This risk assessment will consider, where relevant:
    - Access to prescribed emergency medication
    - Whether school-held spare adrenaline auto-injectors should be taken

- Food and catering arrangements
- Potential exposure to known allergens
- Staff awareness and supervision
- Emergency communication arrangements

Medication & Emergency Arrangements

- Pupils at risk of anaphylaxis will have their own ADs with them and have appropriate access to that medication throughout the activity.
- The Trip Lead will ensure that prescribed/required devices are taken and remain readily accessible, not packed in luggage, stored remotely or otherwise made difficult to access and a named member of staff made responsible
- Where appropriate, the visit risk assessment will consider whether a school-held spare adrenaline auto-injector should also be taken, while ensuring that adequate emergency provision remains available on the school site.
- Staff supervising the activity will know which pupils have allergies, the location of their medication and the action required in an emergency.

Food and Catering Arrangements

- Where food is provided during an educational visit or off-site activity, appropriate allergen information will be obtained and considered in advance.
- Where the venue or provider cannot give sufficient assurance that suitable food can be provided safely, an appropriate alternative will be arranged. This may include a suitable packed lunch provided by the school or parent or carer, depending on the circumstances and agreed arrangements.
- Where the school's catering provider supplies food for a visit, it will remain responsible for ensuring that agreed special dietary requirements and allergen controls are maintained.

Staff Briefing and Responsibility

- Before the activity takes place, relevant staff will be briefed on the allergy needs of participating pupils and any specific arrangements identified through the risk assessment or Individual Allergy Care Plan.
- Staff will understand how to recognise an allergic reaction, access emergency medication and follow the emergency procedures set out within this policy.
- Where responsibility for a pupil is transferred between staff during an activity, relevant allergy information and medication arrangements will be communicated clearly.
- External providers will be informed of relevant allergy risks where this is necessary for the safety of the pupil.

Clubs and Extended Provision

- Allergy safety arrangements will also apply to school-led clubs, wraparound provision and other activities taking place outside the normal school day.
- Staff leading or supervising these activities will be provided with the information required to keep pupils with allergies safe.
- Appropriate emergency medication will remain accessible throughout the activity.
- Where an external provider operates a club or activity on behalf of the school, relevant allergy information and responsibilities will be agreed and communicated in advance.

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 are prescribed ADs are encouraged to keep them near or on their person at all times including when travelling to or from the school and on school trips. It is recommended that two devices are carried at all times. Pupils with prescribed ADs should take them home with them at the end of each school day, and parents are responsible for ensuring that they are in date.

If a pupil cannot keep their ADs with them in the classroom (due to age or other considerations), then the devices will be stored in the teacher's desk furniture e.g. drawer or cupboard – a teacher-only space that is designated for staff use only and off-limits to other pupils.

They should be:

- In an appropriate central location that is unlocked and accessible at all times
- **No more than** 5 minutes away from where they may be needed (larger schools may require ADs to be stored in multiple locations, such as near the dining area and playground)
- Kept at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature

To ensure pupils have rapid, uninterrupted access to their prescribed Assistive Devices (ADs) at all times, the school implements the following measures across all settings:

- **To and From School:** Parents/carers remain responsible for ensuring devices are safely brought onto school grounds. Designated staff will meet younger or higher-needs pupils at the entrance to secure or support their devices immediately upon arrival.
- **Lunch, Break, and Playground Areas:** Pupils requiring devices during unstructured times will either carry them in a personalized, easy-access pouch/bag or have them assigned to a designated supervisor (e.g., lunchtime assistant) who remains in close physical proximity.
- **Physical Education & Sports Fields**: For activities where carrying a device poses a safety or damage risk, the device will be placed in a clearly marked, portable medical/assistive kit kept on the sidelines, directly within the supervising PE teacher's reach.
- **Off-Site Visits & Educational Trips:** An individual risk assessment will be completed prior to any excursion to verify device access protocols. The pupil's lead supervisor will carry a dedicated transport bag containing the device, spare batteries/chargers, and relevant operating instructions. Devices must remain within arm's reach of the designated staff member during transit and venue activities.
- **Emergency & Evacuation Plans:** Personal Emergency Evacuation Plans (PEEPs) will detail who is responsible for retrieving and transporting the pupil's AD during fire drills or real emergencies, ensuring access is maintained without delaying evacuation.
- **Staff Training & Awareness:** All supply staff, lunchtime supervisors, and trip chaperones are briefed on which pupils require prescribed ADs and the location of those devices at any given time.

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.

Taking Prescribed Assistive Devices (ADs) Home and Expiry Monitoring

End-of-Day Handover:

- **Independent Pupils:** Pupils authorized to carry their own ADs/AAIs are responsible for taking them home at the end of each school day to ensure access during transit and outside school hours.
- **Supported/Younger Pupils:** For pupils whose devices are kept in the teacher's desk or dedicated staff storage, a designated staff member will hand the device directly to the parent/carer or an authorized escort at dismissal time.

Expiry Date and Maintenance Audits:

- **Monthly Checks:** The Designated Medical Officer / School Nurse conducts a monthly audit of all stored devices and records the manufacturer's expiration dates in the school's central register.
- **Parental Notification:** Parents/carers are notified in writing at least 30 calendar days prior to a device's expiration date, requesting a replacement device before the current unit expires.
- **Pre-Trip Verifications:** Before any off-site trip or residential visit, the lead supervisor must verify that all required pupil devices are present, fully functional, and in-date.

Record-Keeping for Prescribed Adrenaline and Allergy Action Plans

The school maintains a centralised, confidential **Adrenaline & Allergy Register** on Arbor overseen by the Headteacher, Designated Safeguarding Lead (DSL) and Allergy Lead and SENDCo.

Individual Allergy Action Plans (BSACI / IHP):

Every pupil prescribed an Adrenaline Auto-Injector (AAI) must have a tailored Allergy Action Plan / Individual Healthcare Plan (IHP) signed by a healthcare professional and parent/carer.

Plans are reviewed annually, or immediately following any change in the pupil's medical condition or medication dosage.

Central Register Details:

- Pupil's name, class, and photograph.
- Specific known allergens and emergency symptoms to monitor.
- Prescribed AAI brand, dosage (e.g., 150mcg / 300mcg), serial numbers, and expiry dates.
- Precise location of the pupil's primary device, secondary/back-up device, and any school emergency spare devices.
- Written parental consent for the administration of prescribed AAIs and emergency use of school spare AAIs.

Accessibility of Records:

- A copy of the Allergy Action Plan is stored alongside the pupil's AAIs, in the medical cabinet, and within the pupil's digital record on the school management system.
- Laminated copies of emergency action steps are displayed in key staff areas (e.g., staffroom, medical room, kitchen/dining hall) for rapid visual reference in an emergency.

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.

Sourcing and Supplier:

› Spare AAIs are sourced directly from a local registered pharmacy.

- Procurement requires an official order form signed by the Headteacher on school-headed paper, specifying the required brand, dosage, quantity, and statement of intended emergency use.

Brand Standardisation:

- To ensure consistency and avoid staff confusion during an emergency, the school exclusively purchases EpiPens for all spare devices.
- All staff are trained on the specific administration mechanism of this designated brand.

Quantities and Age-Based Dosage:

- The school maintains a minimum stock of 6 spare devices per age bracket present on site, kept in clearly marked, unlocked emergency medical kits in central locations.

Dosage stock is aligned with Resuscitation Council UK age-based criteria:

- 150 micrograms (0.15mg): For pupils aged 1 to 6 years (or weighing 7.5kg – 25kg). **x2 in WRS UNIT**
- 300 micrograms (0.30mg): For pupils aged 6 to 12 years (or weighing 25kg – 50kg). **x2 in Medical Area at back of hall, x2 in FEKO UNIT**
- 300 to 500 micrograms (0.30mg – 0.50mg): For pupils aged 12+ years (or weighing over 50kg).

Emergency Use Criteria:

- Spare AAIs are administered only to pupils known to be at risk of anaphylaxis, who have been prescribed an AAI themselves, and for whom written parental consent and an Allergy Action Plan are on file.
- They are used if the pupil's own device is unavailable, misfires, or if a second dose is required after 5 minutes prior to emergency service arrival.

Spare ADs will be stored:

They should be:

- In an appropriate central location that is unlocked and accessible to **staff only** at all times
- **No more than** 5 minutes away from where they may be needed (larger schools may require ADs to be stored in multiple locations, such as near the dining area and playground)
- Kept at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature

Spare AAIs will be kept: In FEKO Unit, First Aid Area (back of lunch hall), WRS Unit.

- In pairs, in case a second one is necessary
- Separate from any pupils' prescribed ADs and clearly labelled to avoid confusion

Mrs Dodd and Mrs Beard 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

Disposal, Record-Keeping, and Replenishment of Used ADs

Single-Use Protocol: Adrenaline Auto-Injectors (AAIs) are single-use devices only. Once activated or deployed—even if partially triggered—the device cannot be reused under any circumstances.

Safe Disposal:

- Immediately following administration, the used AAI must be handed directly to the arriving Emergency Services (paramedics) for safe transport and disposal.

- If the device is not taken by paramedics, it must be placed safely inside a puncture-resistant medical **sharps bin** located in the school main office. Used devices will be stored securely until collected and disposed of by the local council's licensed clinical waste disposal service, in strict compliance with manufacturer instructions.

Incident Log and Stock Replenishment:

Any deployment of a prescribed or spare AAI must be recorded in the school's Medication Administration Record, noting the exact time of administration and dose given.

If a pupil's individual device is used, the parent/carer must be informed immediately to provide a replacement before the pupil returns to school.

If a school spare AAI is used, the Designated Medical Officers will reorder a replacement from the local pharmacy within 24 hours to maintain mandatory emergency stock levels.

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 who are able to administer their own adrenaline should carry their own ADs with them on school trips and off-site events

- **Off-Site Visits & Educational Trips:** An individual risk assessment will be completed prior to any excursion to verify device access protocols. The pupil's lead supervisor will carry a dedicated transport bag containing the device, spare batteries/chargers, and relevant operating instructions. Devices must remain within arm's reach of the designated staff member during transit and venue activities.
- **Emergency & Evacuation Plans:** Personal Emergency Evacuation Plans (PEEPs) will detail who is responsible for retrieving and transporting the pupil's AD during fire drills or real emergencies, ensuring access is maintained without delaying evacuation.

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 on an Incident Reporting Form including the following information:

- Who was affected: Full name, class/year group, and known allergy status of the individual(s).

- What happened, when and where: Exact date, time, physical location (e.g., Dining Hall, classroom, playground), and detailed sequence of events.
- Why the incident occurred (as far as is known): Explanation of why the incident or near miss occurred (e.g., cross-contamination during food service, unlabelled snack, miscommunication, missing device).
- How staff and pupils responded and what was done to support the individual: Actions taken by staff and pupils, including immediate first aid administered, AAI deployment, and ongoing care provided.
- Whether emergency services were called: Confirmation of whether 999/ambulance services were contacted, dispatch times, and paramedic guidance followed.
- How the incident concluded: The outcome (e.g., pupil safely discharged to parents, transported to hospital, or returned to class after assessment).

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 to16 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 Mrs Jen Needham. 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 hospitalisation must be reported under RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations).For example, where a pupil has suffered harm after consuming an allergen due to incorrect preparation of food by a member of staff. Submissions must be made via the official HSE online RIDDOR (RSI/Engage) reporting portal within 24 hours of the incident (or immediately via phone for fatalities/specified major incidents).
- 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.

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 staff receive training from The School Nursing Team with 'training pens' from EpiPen and Jext so staff can practise safely and be familiar with the differences.

The school will conduct allergy safety drills. 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')
- Staff will sign to say they have they have read the policy and completed the online training via The National College

Induction and Cover Staff Protocols

New Staff Induction: All newly appointed teaching, support, administrative, and catering staff must complete the core Allergy & Anaphylaxis online module (Anaphylaxis UK / The National College) as part of their mandatory onboarding before starting work.

The Designated Medical Lead conducts a face-to-face briefing during week one to review localised emergency protocols, storage locations of AAIs, and key pupils with IHPs in their year group.

Supply, Temporary, and Cover Staff:

Class Passports: On arrival, all supply teachers and cover staff receive a class passport containing a red-flag summary of pupils in their assigned classes who have severe allergies/AAIs, including photographs and emergency action plans.

Verification: The Cover Manager verifies that temporary staff have undertaken valid, up-to-date anaphylaxis training prior to placing them in classrooms with high-risk pupils.

Catering Supply Staff: Temporary kitchen or lunch supervision staff must complete a briefing on allergen cross-contamination and meal-ticket identification systems before starting food service duties delivered by the Catering Manager.

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.

The school proactively teaches pupils about allergies to foster an inclusive, supportive environment, reduce stigma, and build empathy and safety awareness across all key stages.

Education is integrated into the curriculum.

Curriculum Integration:

PSHE / RSE: Lessons cover understanding individual differences, managing personal health, recognizing medical emergencies, and supporting peers with long-term conditions.

Science & Biology: Teaching covers the human immune system, how allergic reactions occur, and the physiological effects of anaphylaxis.

Design & Technology / Food Preparation: Practical cooking modules teach cross-contamination prevention, food labelling reading, and safe meal preparation for various dietary requirements.

Whole-School Awareness Activities:

Assemblies: Age-appropriate whole-school assemblies are held during Allergy Awareness Week to explain what allergies are, highlight common triggers, and teach pupils why sharing food, drinks, or snacks is unsafe.

Peer Support & Normalisation: Pupils are taught to recognise early signs of a friend feeling unwell, how to quickly alert an adult in an emergency, and how to avoid making peers with allergies feel isolated during lunch or celebrations.

Age-Appropriate Learning Objectives:

Early Years & Key Stage 1: Focuses on the "No Sharing Food" rule, understanding that some foods make friends poorly, and telling a teacher immediately if a friend feels ill.

Key Stage 2: Focuses on identifying common allergens (e.g., nuts, dairy, eggs), understanding what an Allergy Action Plan is, and recognising symptoms like difficulty breathing or swelling.

11. Wellbeing

Supporting Pupil Wellbeing, Mental Health, and Anti-Bullying

The school recognizes that living with severe allergies can significantly impact a pupil's mental health, leading to anxiety, feeling excluded, or fear of accidental exposure. Additionally, pupils with medical conditions can be vulnerable to bullying or teasing.

To safeguard pupil mental health and ensure an inclusive environment, the school implements the following support framework:

Targeted Pastoral Support:

Regular Check-Ins: Designated staff (class teacher / ELSA / Children's Welfare Officer) conduct scheduled, informal check-ins with pupils who have severe allergies to monitor their emotional wellbeing and address any concerns regarding school routines, school trips, or peer dynamics.

Staff actively reassure pupils about the control measures in place to keep them safe (e.g., trained staff, safe food handling, emergency plans) while empowering age-appropriate self-management without creating undue anxiety.

Pupils experiencing persistent anxiety or distress related to their medical condition will be offered access to internal pastoral support, school counseling, or referral to external emotional wellbeing services (e.g., CAMHS / local mental health hubs).

Anti-Bullying and Zero-Tolerance Protocols:

Definition of Allergy-Related Bullying: The school explicitly categorises the following acts as serious forms of bullying and harassment:

- Intentionally threatening a pupil with a known allergen (e.g., waving food near them).
- Teasing, isolating, or mocking a pupil due to their allergy, dietary restrictions, or medical devices.
- Tampering with or hiding a pupil's prescribed Assistive Devices or Adrenaline Auto-Injectors (AAIs).

Any incident or allegation of allergy-related bullying or harassment will be investigated immediately and handled strictly in accordance with the school's Behaviour and Anti-Bullying 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.

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
- School food policy
- Data protection policy
- Behavior policy
- Supporting Pupils with Medical Conditions

15. Appendix

15.1 Letter to families to update their child's medical and allergy information

Dear Families,

Re: Important Update – Child Medical and Allergy Information

As part of our ongoing commitment to the health, safety, and well-being of all our children, we are currently updating our medical and dietary records. It is vital that the school holds accurate, up-to-date information regarding your child's health needs, dietary requirements, and any allergies.

We kindly request that all parents and carers complete our online medical update form. You can access and fill out the form using the link below:

Pupil Allergy & Medical Update 26/27

Please complete this form as soon as possible and **by Friday 25th September**. Even if there have been no changes to your child's medical status, we ask that you still submit the form to confirm that our current records are accurate. Additionally, if your child does not have any allergy or medical need, please still submit the form – completing the required answers only – selecting "no known diagnosed…"

Maintaining accurate, up-to-date medical information is a parent and carer responsibility. Our staff can only respond effectively if we have complete, current health details on file.

Thank you for your prompt attention to this matter and for your continued support.

If you have any questions or require assistance completing the form, please do not hesitate to contact the school office.

Kind regards,

J. Needham

Jen Needham
School Business Manager

15.2 Electronic google forms to collect information

Pupil Allergy & Medical Update 26/27 - Google Forms

15.3 Letter for purchase of Epipens

Dear Pharmacist,

I am writing as the Headteacher of **Crossgates Primary School**, Kiln Lane, Milnrow, Rochdale, OL16 3HB to request the purchase of spare Adrenaline Auto-injector devices for emergency use in school.

These devices are required for emergency administration to pupils who are at risk of or experiencing anaphylaxis even if not previously diagnosed or known to be at risk and for whom written parental consent and a medical plan are in place, but whose own device is broken, out of date, or unavailable.

Please supply the following devices:

Brand	Dosage	Quantity Required
Epipen Junior	0.15 milligrams	2
Epipen	0.3 milligrams	4

Please notify us if you require an official purchase order number prior to dispensing.

Thank you for your assistance.

Kind regards,

Mrs Danielle Mitchell

Headteacher

Crossgates Primary School

15.4 Record of medication administered

Record of Medication Administration

Child's Name	

Date	Time administered	Dose administered	Office informed & message sent?	Administered by	Witnessed by

15.5 Individual Health Care Plan Template

Individual Health Care Plan

Name	
DOB	

Childs Photo

Date	
Review Date	

Medical Information			
Diagnosis/ Medical need		Medication/ Treatment	
Triggers		Dosage	
Early Warning Signs		Expiry Date	
Symptoms		Where kept	
Does the child have a BSACI Allergy Action Plan (or equivalent Paediatric Allergy Action Plan) signed by a medical practitioner? If yes, please ensure school is provided with a copy of this plan.		Yes	No

Emergency Contacts			
Name		Contact Number	
Name		Contact Number	
GP & Practice		Contact Number	

Other Information *(Arrangements for school trips, any specific support for the pupil's educational, social and emotional needs)*

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the school staff to administer medication in accordance with this plan and the school's medical and allergy policies. I can confirm that I have received a copy of the above Individual Health Care Plan. I can confirm that I will inform school immediately, in writing, if there are any changes to my child's diagnosis / medical / allergy needs or in dosage / frequency of the medication or if the medicine is stopped.	
Signed	
Relationship	
Date	

15.6 School Incident Reporting Form

SCHOOL INCIDENT REPORT FORM

Once completed details from this form should be entered onto the on-line incident reporting system - within 2 working days of the incident.

Do not send this form to the Safety Team

Reportable incidents should be phoned through to the Safety Team immediately - telephone 01706 92 5087 / 5082.

DETAILS OF PERSON INJURED / AFFECTED				
Full name				
Home address Postcode				
Date of birth/age		Male ☐	Female ☐	
Employee ☐	Pupil/Student ☐	Member of public ☐	Agency worker ☐	Contractor ☐
Job title (if employee)				

INCIDENT DETAILS	
School:	
Date of incident	Time of incident: am/pm
Say where it happened (address) if not on school premises, i.e. during an educational visit Postcode	
Say in which room / place / location it happened:	
Say what happened and how - Give details of activity leading up to the incident. Include details of machinery, equipment, chemicals being used. (Continue overleaf or on separate sheet if necessary.)	
Type of injury (e.g. bruise, sprain)	Part of body injured:

PERSON COMPLETING THIS FORM AND CONTACT DETAILS
Full name:
Job title / designation:
Contact number (for follow up investigation if required) Tel:

Headteacher's email:
REPORTABLE INCIDENTS
Could the incident be RIDDOR reportable? Major Injury ☐ Fatality ☐ Dangerous Occurrence ☐ Over 7-day Injury ☐ Pupil or Member of Public Taken to Hospital ☐ Gas Incident ☐ Occupational Disease ☐ **Any of the above must be reported to the Safety Team immediately.** **If you are unsure if an incident is reportable, phone the Safety Team for clarification on 01706 92 5087 / 5082.**

Details provided on this form are entered into a computer database for the purpose of incident investigation, recording and compilation of statistics.