

Lawley Primary School and Nursery Vision - Planting the Seeds, Growing the Future - is based on the two key principles Our Vision - Planting the Seeds, Growing the Future is based on the two key principles of: Encouraging better learners and developing life-long learners.

Our Values - We are clear about the values that we wish to emphasise in our school. These have been adopted as a result of a consultation, which involved a wide range of stakeholders, including pupils. The whole process produced lists of values that are not dependent on race, culture, class or religion. From the extensive lists produced, five core values were chosen these are: happiness, respect, courage, friendship, and responsibility.

Our Mission statement talks of providing an environment in which every child is cared for spiritually, morally, socially, culturally, intellectually, and physically, allowing everyone to be the best that they can be! We are committed to giving all our children every opportunity to achieve the highest of standards. We do this by taking account of pupils' varied experiences and needs. We offer a broad and balanced curriculum and have high expectations of all our children.

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Lawley Primary School and Nursery

Allergy Safety Policy.

Date: September 2026

Review date: September 2027

To be approved by the Full Governing Body: 18th January 2027.

The allergy safety policy will be reviewed annually unless there are serious incidents, near misses or suggested improvements prior to this date.

Statement of Intent

Lawley Primary School and Nursery strives to ensure the safety and wellbeing of all members of the school community. For this reason, this policy is to be adhered to by all staff members, parents and pupils, with the intention of minimising the risk of anaphylaxis occurring whilst at school.

In order to effectively implement this policy and ensure the necessary control measures are in place, parents are responsible for working alongside the school in identifying allergens and potential risks, in order to ensure the health and safety of their children.

The school does not guarantee a completely allergen-free environment; however, this policy will be utilised to minimise the risk of exposure to allergens, encourage self-responsibility, and plan for an effective response to possible emergencies.

Legal framework

This policy has been developed with reference to:

Section 34 of the Children's Wellbeing and Schools Act 2026.

· Children and Families Act 2014

· The Human Medicines (Amendment) Regulations 2017

· The Food Information (Amendment) (England) Regulations 2019 (Natasha's Law)

· Department of Health 'Guidance on the use of adrenaline auto-injectors in schools'

· DfE 'Supporting pupils at school with medical conditions'

· DfE 'Allergy guidance for schools'

This policy will be implemented in conjunction with the following school policies and documents:

· Health and Safety Policy

· Food Policy

· Administering Medication Policy

· Supporting Pupils with Medical Conditions Policy

· Educational Visits Policy

· Allergen and Anaphylaxis Risk Assessment

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Responsibilities:

The named member of The Senior Leadership Team is Carol McQuiggin supported by Fiona Swindell. They are responsible for allergy safety, developing and implementing the allergy safety policy and reviewing the policy.

The Link governor for this is Adam Brookes.

The Governing body is responsible for:

Ensuring that the allergy safety policy is accessible and that it is published on the school's website and available in hard copy if required.

· Ensuring that policies, plans, and procedures are in place to support pupils with allergies and those who are at risk of anaphylaxis and that these arrangements are sufficient to meet statutory responsibilities and minimise risks.

· Ensuring that the school's approach to allergies and anaphylaxis focusses on, and accounts for, the needs of each individual pupil.

· Ensuring that staff are properly trained to provide the support that pupils need, and that they receive allergy and anaphylaxis training at least annually.

· Monitoring the effectiveness of this policy and reviewing it on an annual basis, and after any incident where a pupil experiences an allergic reaction.

The headteacher is responsible for:

· The development, implementation and monitoring of this policy and related policies.

· Ensuring that parents are informed of their responsibilities in relation to their child's allergies.

· Ensuring that all relevant risk assessments, e.g. to do with food preparation, have been carried out and controls to mitigate risks are implemented.

· Ensuring that all designated first aiders are trained in the use of adrenaline auto-injectors (AAIs) and the management of anaphylaxis.

· Ensuring that all staff members are provided with information regarding allergic reactions and anaphylaxis, including the necessary precautions and how to respond.

· Ensuring that catering staff are aware of pupils' allergies and act in accordance with the school's policies regarding food and hygiene, including this policy.

The appointed person is responsible for:

· Ensuring that there are effective processes in place for medical information to be regularly updated and disseminated to relevant staff members, including supply and temporary staff.

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· Seeking up-to-date medical information about each pupil via a medical form sent to parents on an annual basis, including information regarding any allergies.

· Contacting parents for required medical documentation regarding a pupil's allergy.

All staff members are responsible for:

· Attending relevant training regarding allergens and anaphylaxis.

· Being familiar with and implementing pupils' individual healthcare plans (IHPs) as appropriate.

· Responding immediately and appropriately in the event of a medical emergency.

· Reinforcing effective hygiene practices, including those in relation to the management of food.

· Monitoring all food supplied to pupils by both the school and parents.

· Ensuring that pupils do not share food and drink in order to prevent accidental contact with an allergen.

The T&W Head Cook is responsible for:

· Monitoring the food allergen log and allergen tracking information for completeness.

· Reporting any non-conforming food labelling to the supplier, where necessary.

· Ensuring the practices of kitchen staff comply with food allergen labelling laws and that training is regularly reviewed and updated.

· Recording incidents of non-conformity, either in allergen labelling, use of ingredients or safe staff practice, in an allergen incident log.

· Acting on entries to the allergen incident log and ensuring the risks of recurrence are minimised.

Kitchen staff are responsible for:

· Ensuring they are fully aware of the rules surrounding allergens, the processes for food preparation in line with this policy, and the processes for identifying pupils with specific dietary requirements.

· Ensuring they are fully aware of whether each item of food served contains any of the main 14 allergens, as is a legal obligation, and making sure this information is readily available for those who may need it.

· Ensuring that the required food labelling is complete, correct, clearly legible, and is either printed on the food packaging or attached via a secure label.

· Reporting to the Head Cook if food labelling fails to comply with the law.

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All parents are responsible for:

· Notifying the school of their child's allergens, the nature of the allergic reaction, what medication to administer, specified control measures and what can be done to prevent the occurrence of an allergic reaction.

· Keeping the school up to date with their child's medical information.

· Providing written consent for the use of a spare AAI.

· Providing the school with written medical documentation, including instructions for administering medication as directed by the child's doctor.

· Raising any concerns they may have about the management of their child's allergies with the classroom teacher.

All pupils are responsible for:

· Ensuring that they do not exchange food with other pupils.

Avoiding food which they know they are allergic to, as well as any food with unknown ingredients.

· Notifying a member of staff immediately in the event they believe they are having an allergic reaction, even if the cause is unknown, or have come into contact with an allergen.

Culture

Awareness training

Our staff will be trained in allergy awareness and emergency response annually through High-Speed Training. This includes permanent staff, temporary staff, supply teachers, peripatetic staff, agency workers and regular volunteers. Catering staff including kitchen staff and breakfast/ after school staff will also participate in training.

For new staff, there will arrangements for allergy awareness training.

As a result of training, all staff should:

•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;

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• 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").

Specific staff will have training to support their role in school.

•The relevant staff, e.g. kitchen staff, will be trained on how to identify and monitor the correct food labelling and how to manage the removal and disposal of PPDS foods that do not meet the requirements set out in Natasha's Law.

•In accordance with the Supporting Pupils with Medical Conditions Policy, staff members will receive appropriate training and support relevant to their level of responsibility, in order to assist pupils with managing their allergies.

Wellbeing

Lawley Primary School and Nursery endeavours to minimise the risks of exposure to allergens. However, there are stringent measures in place should an anaphylaxis situation occur. Bullying in school will not be tolerated. (Refer to Anti-bullying policy). Educating the children within our school and reinforcing our school values, will eliminate singling out individuals, hence reducing the opportunity for bullying.

- Regular communication to children, young people, parents and staff about allergy, ensuring ongoing awareness and appreciation of the severity of the potential risks.
- Proactive engagement with new joiners with known allergy, setting out the school, college or setting's policies and the support available.
- Inviting new joiners with an allergy to have a tour of the kitchen and hall so they can meet staff and get used to the mealtime environment. This may reduce anxiety and helps everyone to get to know one another, which will support staff to identify children and young people with allergy, intolerances and coeliac disease in the dining hall.

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- Introducing “allergy champion” roles for staff and students (not just within the catering team). Acting as a point of contact for children, young people and staff with allergy, they can share feedback and support new joiners or anxious children and young people.

Minimising risk

Lawley Primary School and Nursery will minimise the risks of individuals coming into contact with their known allergens which includes:

An audit of all children on roll, will be carried out to ensure the allergen list is as up to date as possible.

All catering staff will be informed of known allergens which will be avoided through sourcing and menu selection. This also includes Breakfast club and After School staff.

Where children are known to have airborne allergens i.e from trees, reasonable measures will be put into place.

Measures will also be put into place for children who are known to have contact allergies

When planning an activity, staff will consider the risks involved and look at where exposure to allergens can be minimalised. This might be through science, cooking, art and other areas of the curriculum. Any links directly with animals should also be assessed. Areas which should also be considered include:

Old food boxes/ packaging may contain traces of allergens.

Some products include wheat flour including ‘play dough’

Some glues contain milk, wheat or soya

Some bird feed may contain nuts and sesame.

These risks also apply to academic visits where specific risk assessments should be carried out.

Around one in five children and young people with an allergy have their first allergic reaction while in their school, which means our school recognises all safety measures must include all children and not just restricted to those with known allergies. For reporting delayed reactions, see serious incidents and near misses.

Food allergy

Lawley Primary School and Nursery is a ‘nut aware’ environment.

We recognise the 14 main key food allergens cause over 90% of reactions, but any food can cause a reaction.

Parents will provide the school with a written list of any foods that their child may have an adverse reaction to, as well as the necessary action to be taken in the event of an allergic reaction, such as any medication required.

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Information regarding all pupils' food allergies will be collated, indicating whether they consume a school dinner or a packed lunch, and this will be passed onto the school's catering service.

When making changes to menus or substituting food products, the school will ensure that pupils' special dietary needs continue to be met by:

- Checking any product changes with all food suppliers
- Asking caterers to read labels and product information before use
- Using the Food Standards Agency's allergen matrix to list the ingredients in all meals.
- Ensuring allergen ingredients remain identifiable.

Kitchen staff will have a full list of allergens and will avoid using them within the menu where possible.

Where meals include allergens or traces of allergens, staff will use clear and fully visible labels, in line with this policy, to denote the allergens of which consumers should be aware.

The school will ensure that there are always dairy- and gluten-free options available for pupils with allergies and intolerances.

All food tables will be disinfected before and after being used.

K1 food safe antibacterial fluid will be used.

Boards and knives used for fruit and vegetables will be a different colour to the rest of the kitchen knives in order to remind kitchen staff to keep them separate.

Gluten free foods will be stored separately.

The chosen catering service of the school is responsible for ensuring that the school's policies are adhered to at all times, including those in relation to the preparation of food, taking into account any allergens.

Learning activities which involve the use of food, such as food technology lessons, will be planned in accordance with pupils' IHPs, taking into account any known allergies of the pupils involved.

<u>Food allergen labelling</u>

The school will adhere to allergen labelling rules for pre-packed food goods, in line with the Food Information (Amendment) (England) Regulations 2019, also known as Natasha's Law.

The school will ensure that all food is labelled accurately, that food is never labelled as being 'free from' an ingredient unless staff are certain that there are no traces of that ingredient in the product, and that all labelling is checked before being offered for consumption.

The relevant staff, e.g. kitchen staff, will be trained prior to storing, handling, preparing, cooking and/or serving food to ensure they are aware of their legal obligations. Training will be reviewed on an **annual** basis, or as soon as there are any revisions to related guidance or legislation.

Food labelling

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Food goods classed as ‘pre-packed for direct sale’ (PPDS) will clearly display the following information on the packaging:

- The name of the food
- The full ingredients list, with ingredients that are allergens emphasised, e.g. in bold, italics, or a different colour

The school will ensure that allergen traceability information is readily available. Allergens will be tracked using the following method:

- Allergen information for the kitchen is obtained from the ‘Allergen supply matrix’ which is supplied by Telford and Wrekin. These are the suppliers for all food used.
- This document is updated annually.
- Should a product be substituted, then that individual product will be checked by the staff in the school kitchen.
- All known children with allergens, are recorded on Bromcom. As a child arrives at the till, their allergens will be identified.
- The Kitchen lead, will meet with parents to discuss the allergy and ‘safe foods’
- Allergen tracking will continue throughout the school’s handling of allergen-containing food goods, including during storage, preparation, handling, cooking and serving
- The food allergen log will be monitored for completeness on a weekly basis by the kitchen manager
- Incidents of incorrect practices and incorrect and/or incomplete packaging will be recorded in an incident log and managed by the kitchen manager

Declared allergens

The following allergens will be declared and listed on all PPDS foods in a clearly legible format:

- Cereals containing gluten and wheat, e.g. spelt, rye and barley
- Crustaceans, e.g. crabs, prawns, lobsters
- Nuts, including almonds, hazelnuts, walnuts, cashews, pecan nuts, brazil nuts and pistachio nuts
- Celery
- Eggs
- Fish
- Peanuts
- Soybeans
- Milk
- Mustard
- Sesame seeds
- Sulphur dioxide and sulphites at concentrations of more than 10mg/kg or 10mg/L in terms of total sulphur dioxide
- Lupin
- Molluscs, e.g. mussels, oysters, squid, snails

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The above list will apply to foods prepared on site, e.g. sandwiches, salad pots and cakes, that have been pre-packed prior to them being offered for consumption.

Kitchen staff will be vigilant when ensuring that all PPDS foods have the correct labelling in a clearly legible format, and that this is either printed on the packaging itself or on an attached label. Food goods with incorrect or incomplete labelling will be removed from the product line, disposed of safely and no longer offered for consumption.

Any abnormalities in labelling will be reported to the kitchen manager immediately, who will then contact the relevant supplier where necessary.

The kitchen manager will be responsible for monitoring food ingredients, packaging and labelling on a weekly basis and will contact the supplier immediately in the event of any anomalies.

Changes to ingredients and food packaging

The school will ensure that communication with suppliers is robust and any changes to ingredients and/or food packaging are clearly communicated to kitchen staff and other relevant members of staff.

Following any changes to ingredients and/or food packaging, all associated documentation will be reviewed and updated as soon as possible.

Animal allergies

Pupils with known allergies to specific animals will have restricted access to those that may trigger a response.

In the event of an animal on the school site, staff members will be made aware of any pupils to whom this may pose a risk and will be responsible for ensuring that the pupil does not come into contact with the specified allergen.

The school will ensure that any pupil or staff member who comes into contact with the animal washes their hands thoroughly to minimise the risk of the allergen spreading.

A supply of antihistamine will be kept in the school office in case of an allergic reaction.

All animals that come into school are risk assessed before arriving.

Seasonal allergies

The term ‘seasonal allergies’ refers to common outdoor allergies, including hay fever and insect bites.

Precautions regarding the prevention of seasonal allergies include ensuring that grass within the school premises is not mown whilst pupils are outside.

Pupils with severe seasonal allergies will be provided with an indoor supervised space to spend their break and lunchtimes in, avoiding contact with outside allergens.

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Staff members will monitor pollen counts, making a professional judgement as to whether the pupil should stay indoors.

Pupils will be encouraged to wash their hands after playing outside.

Pupils with known seasonal allergies are encouraged to bring an additional set of clothing to school to change in to after playing outside, with the aim of reducing contact with outdoor allergens, such as pollen.

Staff members will be diligent in the management of wasp, bee and ant nests on school grounds and in the school's nearby proximity, reporting any concerns to the business manager.

The business manager is responsible for ensuring the appropriate removal of wasp, bee and ant nests on and around the school premises.

Where a pupil with a known allergy is stung or bitten by an insect, medical attention will be given immediately.

Identifying and managing a mild to moderate allergic reaction.

Mild to moderate symptoms of an allergic reaction include the following:

· Swollen lips, face or eyes

· Itchy/tingling mouth

· Hives or itchy skin rash

· Abdominal pain or vomiting

· Sudden change in behaviour

If any of the above symptoms occur in a pupil, the nearest adult will stay with the pupil and refer to their IHP to determine appropriate next steps.

The pupil's parents will be contacted immediately if a pupil suffers a mild to moderate allergic reaction, and if any medication has been administered.

In the event that a pupil without a prescribed AAI, or who has not been medically diagnosed as being at risk of anaphylaxis, suffers an allergic reaction, a staff member will contact the emergency services and seek advice as to whether an AAI should be administered. An AAI will not be administered in these situations without contacting the emergency services.

For mild to moderate allergy symptoms, the pupil's IHP will be followed, and the pupil will be monitored closely to ensure the reaction does not progress into anaphylaxis.

Should the reaction progress into anaphylaxis, the school will act in accordance with this policy. Where the pupil is required to go to the hospital, an ambulance will be called.

The event will be recorded on the school medical recording system 'Meditracker'.

Identifying and managing anaphylaxis.

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In the event of anaphylaxis, the nearest adult will lay the pupil flat on the floor and try to ensure the pupil suffering an allergic reaction remains as still as possible; if the pupil is feeling weak, dizzy, appears pale and is sweating their legs will be raised. An extra member of staff should be called for support.

The emergency services will be contacted immediately. The code 'Anaphylaxis' must be used to ensure it is a priority call. A trained staff member will administer an AAI to the pupil. Spare AAIs will only be administered if appropriate consent has been received. If the pupil is struggling to breathe, they may benefit from sitting up against a wall/ object for a while.

All other children should be removed from the area as soon as it is safe to do so.

A member of staff will stay with the pupil until the emergency services arrive – the pupil will remain lying flat and still. If the pupil's condition deteriorates after initially contacting the emergency services, a second call will be made to ensure an ambulance has been dispatched.

The headteacher will be contacted immediately, as well as a suitably trained individual, such as a first aider. All staff will be trained in allergens, but not all staff are first aid trained.

If the pupil stops breathing, a suitably trained member of staff will administer CPR.

If there is no improvement after five minutes, a further dose of adrenaline will be administered using another AAI, if available. This should be in the opposite leg.

In the event that a pupil without a prescribed AAI, or who has not been medically diagnosed as being at risk of anaphylaxis, suffers an allergic reaction, a designated staff member will contact the emergency services and seek advice as to whether an AAI should be administered. An AAI will not be administered in these situations without contacting the emergency services.

A Senior staff member will contact the pupil's parents as soon as is possible.

Upon arrival of the emergency services, the following information will be provided:

· Any known allergens the pupil has

· The possible causes of the reaction, e.g. certain food

· The time the AAI was administered – including the time of the second dose, if this was administered

Any used AAIs will be given to paramedics.

Staff members will ensure that the pupil is given plenty of space.

Staff members will remain calm, ensuring that the pupil feels comfortable and is appropriately supported.

A member of staff will accompany the pupil to hospital in the absence of their parents.

The event will be recorded on the school medical recording system 'Meditracker'.

*** Some children with allergies are also on the asthma register. It is important to note that anaphylaxis should be treated first.

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Individual children and young people

Identification

At Lawley Primary School and Nursery, an audit of children's medical health care needs will be carried out and Bromcom will be updated accordingly. In turn, Teaching staff will receive an updated review of their class medical needs, and this will also be placed on top of the class medical box. TA's will be informed alongside Crossbar coaches. Complete Bromcom registers of medical conditions for each class will be stored in each class paper register folder, so it will be accessible for supply teachers.

Medical attention and required support.

Once a pupil's allergies have been identified, a meeting will be set up between the pupil's parents, the relevant classroom teacher, the appointed person and any other relevant staff members, in which the pupil's allergies will be discussed and a plan of appropriate action/support will be developed.

All medical attention, including that in relation to administering medication, will be conducted in accordance with the Administering Medication Policy and the Supporting Pupils with Medical Conditions Policy.

Parents will provide the appointed person with any necessary medication, ensuring that this is clearly labelled with the pupil's name, class, expiration date and instructions for administering it.

Pupils will not be able to attend school or educational visits without any life-saving medication that they may have, such as AAIs.

All members of staff involved with a pupil with a known allergy are aware of the location of emergency medication and the necessary action to take in the event of an allergic reaction.

Any specified support which the pupil may require will be outlined in their IHP.

All staff members providing support to a pupil with a known medical condition, including those in relation to allergens, will be familiar with the pupil's IHP.

Fiona Swindell is responsible for working alongside relevant staff members and parents in order to develop IHPs for pupils with allergies, ensuring that any necessary support is provided and the required documentation is completed, including risk assessments being undertaken.

Fiona Swindell has overall responsibility for ensuring that IHPs are implemented, monitored and communicated to the relevant members of the school community.

Individual Healthcare plans

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

- they have an allergy which has a functional impact on them in their school, college or setting;

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• 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.

An IHP will set out medical arrangements which are additional to the arrangements already in place in school due to a medical condition, allergy and emergency situations.

An IHP will include the specific support required for a child with an allergy. This includes where adjustments need to be made and medication may need to be administered either as an ongoing medical need or as a medical emergency. Where children have an Allergy Action plan and/ or an Asthma Action plan, this will be attached and the IHP will show the process offered by school from the guidance given in the plans issued by medical healthcare professionals (NHS) These will be reviewed annually or earlier if there is a change to medical diagnosis /treatments. An IHP will be shared with parents. Advice from medical healthcare professionals (NHS), may be sought if additional advice or training is needed.

Prescribed adrenaline

At Lawley Primary School and Nursery, we endeavour to maintain the 5-minute rule. This means all children, who have prescribed adrenaline, will be no more than 5 minutes away from an adrenaline device. Prescribed adrenaline is kept in the class medical box with the prescribed label attached to the boxes. The child's photograph is attached to the lid of the class medical box. The medical boxes are taken to the first aid medical centre at lunch times and Cross bar coaching takes them out during class PE sessions.

School- wide policies

'Spare' adrenaline devices

Anaphylaxis is a medical emergency and can be fatal.

Lawley Primary School and Nursery purchases 2 x 150 mg pens (For children age 6 and under) and 2 x 300mg pens (For children over 6 years old) as spare adrenaline devices using the Telford and Wrekin order forms. These are kept in the school office with easy access for all adults. This in turn, is close to the school hall during lunch and assembly times. The boxes are checked regularly to maintain that they are in date. The children who have been given parental consent to use these (because they have their own adrenaline pens), will have their photographs attached to the relevant cases which house the correct dosage as stated on their plan (NHS). All staff know where these pens are stored. All pens are stored in pairs, and they are clearly labelled on the outside of the cases as 'Emergency anaphylaxis kit'. It is also stored next to one of the school emergency Asthma kits which houses a blue salbutamol inhaler and spacer. It also includes guidance for use and an up-to-date list of children who can use the emergency inhaler (Parental consent given).

A checklist of injectors, identifies by the batch number, expiry date, and a record of monthly checks, are kept inside each emergency box.

The manufacturer's leaflet for use is kept inside each box of AAI pens.

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An administration form is also kept inside each box.

Disposal of used AAI pens will be given to ambulance paramedics.

Unused/ out of date AAI pens are then returned to a local pharmacy for safe disposal.

In the event of an anaphylaxis reaction:

- The child, young person or individual should be placed flat with legs raised. Adrenaline devices should be brought to them (whether their own prescribed ADs or 'spare ADs as opposed to the patient being taken to where the adrenaline devices are).
- Adrenaline should be administered as soon as possible, within five minutes. Do not wait to contact the emergency services before administering adrenaline.
- Immediately call 999 and request an ambulance.
- If the child, young person or individual has their own prescribed adrenaline devices, these should be used in the first instance.
- If the child, young person or individual does not have prescribed adrenaline devices, “spare” adrenaline devices can be used.
- If the child, young person or individual’s prescribed adrenaline devices are not available or misfire, “spare” adrenaline devices can be used.

Consent will be obtained as part of the introduction or development of a pupil’s IHP. If consent has been given to administer a spare AAI to a pupil, this will be recorded in their IHP.

The school uses a register of pupils (Register of AAIs) to whom spare AAIs can be administered – this includes the following:

· Name of pupil

· Class

Known allergens

Risk factors for anaphylaxis

Whether medical authorisation has been received

Whether written parental consent has been received

Dosage requirements

Parents are required to provide consent on an annual basis to ensure the register remains up to date. Parents can withdraw their consent at any time. To do so, they must write to the headteacher.

Fiona Swindell checks the register is up to date on an annual basis.

Fiona Swindell will also update the register relevant to any changes in consent or a pupil’s requirements.

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Under The Human Medicines (Amendment) Regulations 2017 the school is able to purchase AAI devices without a prescription, for emergency use on pupils who are at risk of anaphylaxis, but whose device is not available or is not working.

Lawley Primary School and Nursey follows the Telford and Wrekin framework for ordering new AAI pens. This involves, completing the appropriate Telford and Wrekin form, which is then signed by the Headteacher, and a signed School complimentary Slip. The out-of-date unused AAI pens are then returned once the new pens are in place.

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. It is good practice for the school, college or setting to obtain advance consent from parents or the young person 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, in order to avoid delays in treatment. ADs or “spare” ADs as opposed to the patient being taken to where the adrenaline devices are) - **Taken from Allergy safety in schools' statutory guidance 2026**

Supporting children and young people to manage their allergy.

Whilst some children are able to self manage their allergy, it is acknowledged that an appropriate level of supervision and support is necessary. Decisions about the level of self management will be made on an individual basis in discussion with the child, parents and where appropriate, healthcare professionals and the most recent medical plan.

Visits and trips

The headteacher will ensure a risk assessment is conducted for each school trip to address pupils with known allergies attending. All activities on the school trip will be risk assessed to see if they pose a threat to any pupils with allergies and alternative activities will be planned where necessary to ensure the pupils are included. The school will speak to the parents of pupils with allergies where appropriate to ensure their co-operation with any special arrangements required for the trip.

All children who have allergies will be identified on the general trip risk assessment and should a specialised risk assessment be deemed necessary, then an individual one will be formulated taking in to account specific risks for individual children. Any child who has a known allergy, will be placed in a group with an adult who is first aid trained and allergy trained. The adult will carry the child’s adrenaline devices ensuring the child’s medication is always readily available. Spare adrenaline pens will remain in school as there will be other users.

Where the venue or site being visited cannot assure appropriate food can be provided to cater for pupils’ allergies, the pupil will take their own food, or the school will provide a suitable packed lunch.

Serious incidents and ‘near misses’

All serious incidents and ' near misses' will be recorded on the appropriate form which is then forwarded to Telford and Wrekin via the My View portal. As the impact of exposure to an allergen

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while in an education setting may be delayed, i.e. not recognised the child or young person is back at home. It is therefore important that incident reporting is not limited to staff in the school, college or setting. The child or young person, their parents or others (for example healthcare professionals) may need to report that there has been an incident. All serious incidents and near misses will be reviewed and will be used to improve future safety measures. The SLT, in conjunction with the appointed person, will review the adequacy of the school's response and will consider the need for any additional support, training or other corrective action.

Termly Anaphylaxis and mild allergen practise.

Lawley Primary School and Nursery will arrange termly medical practises. These will take place in different parts of the school and at different times. The benefit from these will be to test times, develop adult calmness and confidence, to ensure a quick procedure is in place to assess and medicate the patient, contact emergency services, contact parents/ carers and to ensure the safe removal of other children. A trainer AAI pen has been ordered for this purpose.

Information and sharing

Information sharing

Information concerning a child's medical needs, including allergens, is stored on the school's MIS System. Each class will also hold a Year group paper register, stored in their own class medical folder. This is also stored within their class medical box. This is a click box which contains in class medication. This is taken out during PE sessions and during break and lunchtimes.

At Lawley Primary School and Nursery, we recognise 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. Lawley Primary School and Nursery has a lawful basis to hold, use and share a child's special category health data when this is necessary, but we recognise 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 allergy safety policy will be read by all staff, and a short presentation will be delivered to ensure key messages have been identified and discussed. A copy of the policy will be uploaded to the school website, and this will be updated annually or sooner if new information is released.

Children in school will be made aware of allergy safety through assemblies, articles on Picture News and class discussions. There may also be opportunities to discuss food differences through Science and Design Technology food sessions. The aim is to heighten children's awareness that there are children in the school with allergies, to develop a supportive peer network and to curb any bullying through misunderstanding.

We will endeavour to limit the risk of isolating a child with allergens/ medical issues, by educating the children in our school, but not to the detriment of embarrassment.

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It may be considered that pupil friends are aware of a pupil's allergy requirements, so they can support the quick location of an adult, and the situation can be dealt with following the appropriate guidelines.

Monitoring and review

The headteacher is responsible for ensuring this policy is reviewed annually.

The effectiveness of this policy will be monitored and evaluated by all members of staff. Any concerns will be reported to the headteacher immediately.

Following each occurrence of an allergic reaction, this policy and pupils' IHPs will be updated and amended as necessary.

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Appendix 1

Definitions

For the purpose of this policy:

Allergy – is a condition in which the body has an exaggerated response to a substance. This is also known as hypersensitivity.

Allergen – is a normally harmless substance that triggers an allergic reaction for a susceptible person.

Allergic reaction – is the body's reaction to an allergen and can be identified by, but not limited to, the following symptoms:

- Hives
- Generalised flushing of the skin
- Itching and tingling of the skin
- Tingling in and around the mouth
- Burning sensation in the mouth
- Swelling of the throat, mouth or face
- Feeling wheezy
- Abdominal pain
- Rising anxiety
- Nausea and vomiting
- Alterations in heart rate
- Feeling of weakness

Anaphylaxis – is also referred to as anaphylactic shock, which is a sudden, severe and potentially life-threatening allergic reaction. This kind of reaction may include the following symptoms:

- Persistent cough
- Throat tightness
- Change in voice, e.g. hoarse or croaky sounds
- Wheeze (whistling noise due to a narrowed airway)
- Difficulty swallowing/speaking
- Swollen tongue
- Difficult or noisy breathing
- Chest tightness
- Feeling dizzy or feint
- Suddenly becoming sleepy, unconscious or collapsing
- For infants and younger pupils, becoming pale or floppy

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Appendix 2



Management of anaphylaxis

Appendix 3

– Individual Healthcare Plan for allergy	
Date of birth:	Current photo
Year / class:	
Emergency contacts:	
Staff who need to be aware:	

Allergy:

Note what allergy the child or young person has.

Note any known allergens.

Note whether the child or young person is likely to be aware that they are having an allergic reaction and whether they can alert others.

How the allergy is managed:

Note any care or action plans or prescribed medication issued by healthcare professionals.

If the allergy can be partly or wholly managed by practical adjustments (for example avoidance of known allergens), note them here.

Note the extent to which the child or young person is able to take responsibility for managing their allergy.

Impact on education:

Indicate the potential harm which might come to the child or young person if their allergy is not managed properly.

Indicate how the allergy may impact on the child or young person's learning.

Indicate how the allergy may impact on the child or young person's emotional wellbeing.

If relevant, note any interaction between allergy and SEN.

Arrangements for support:

Give details of the specific support or adaptations which the school, college or early years setting will put in place, within its educational remit.

Outline measures to reduce the risk of contact with known allergens.

Give details of the specific support or adaptations to manage food allergy at meal and snack times.

Note arrangements for maintaining educational progress where absence or missed learning occurs due to allergy.

Visits and trips: **NAME**

Give details of any arrangements or procedures which may be required for school trips or other activities outside of the normal timetable that will ensure the child can participate.
Note any requirement for a risk assessment and prompts for specific issues which should be considered.

Emergency response:

Where an Action Plan issued by a healthcare professional covers emergency response, refer to it and ensure it is attached.

Otherwise summarise the signs or symptoms which would indicate an emergency.

Set out what to do in an emergency, including whom to contact.

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If relevant, note where "spare" adrenaline devices are located.	
Last discussed with parents:	**Date**
Issued by:	**Date**:
Next planned review:	**Date**:

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NAME – Individual Healthcare Plan for allergy Annex: Medication needed while in school / college / setting	
Non-prescription medication: *Record any non-prescription medication (e.g. oral antihistamines) which the child or young person may require to manage their allergy in the education setting* *Note whether it is emergency medication; where the medication is stored; and how and when the child or young person may need access* *Note whether parental consent has been given for the allergy medication to be administered, and the date of consent.*	
Parental consent:	**Date**:
Prescription medication: *Record any prescription medication for allergy prescribed by a healthcare professional (e.g. adrenaline).* *Note whether it is emergency medication; where the medication is stored; and how and when the child or young person may need access.* *Note whether parental consent has been given for the allergy medication to be administered, and the date of consent.*	
Prescribed by:	**Date**:
Parental consent:	**Date**:
Use of "spare" adrenaline devices: *Note whether parental consent has been given to administer adrenaline (e.g. using "spare" adrenaline devices) in an emergency.*	
Parental consent:	**Date**:
Use of "spare" salbutamol inhaler: *If relevant (i.e. the child or young person is prescribed an asthma reliever inhaler), note whether consent has been given to use a "spare" salbutamol reliever inhaler.*	
Parental consent:	**Date**:

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NAME – Individual Healthcare Plan for allergy Annex: Care or Action Plans issued by healthcare professionals	
Allergy / Asthma Action Plan: *Attach any Action Plan to the IHP for use in an emergency.* *Note which healthcare professional issued the plan, their role and the date issued.*	
Issued by:	**Date**:
Care Plan: *Note where any relevant care plan can be found.* *Note what staff are responsible for delivering / supporting delivery of the care plan.* *Note which healthcare professional issued the plan, their role and the date issued.*	
Date:	**Date**:

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