INSPIRES MAT

Allergy safety and Food Management policy

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Contents

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

Inspires MAT schools cannot guarantee a food allergen free environment but will work to minimise the risk by hazard identification, risk management, communication and instruction.

This policy applies to all school food as follows:

- Breakfast Club
- School Lunch
- After School Clubs
- Breaktime snacks
- Classroom food
- Staffroom food
- School trips
- School events and celebrations

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
- Under Benedict's Law (Section 34 of the Children's Wellbeing and Schools Act 2026, amending Section 100 of the Children and Families Act 2014) Witham Oaks Academy is required to have, maintain and publish an allergy safety policy.
- Witham Oaks Academy is committed to providing a safe, inclusive and welcoming environment for all pupils, staff and visitors with allergies, and this policy sets out how the school will support pupils with allergies so that they are safe and are not disadvantaged in any way whilst taking part in school life. Recognising the serious and potentially life-threatening risk posed by anaphylaxis, this dedicated policy establishes robust risk-mitigation measures and emergency response protocols
- Allergy is a spectrum of different allergic diseases. Reactions occur when a susceptible person is exposed to something (an 'allergen') they are allergic to. Asthma, food allergy, eczema and seasonal rhinitis (hay fever) are all forms of allergy. Staff should also understand the difference between food allergy, coeliac disease and food intolerance.
- Anaphylactic reactions usually begin within minutes of contact with the allergen - for example eating a trigger food - though they can occur several hours later. Anaphylaxis involves difficulty breathing and affects the heart rhythm. In extreme cases, there could be a dramatic fall in blood pressure leading to collapse.
- Once started, anaphylactic reactions progress quickly. Investigations into fatal anaphylaxis show that there is only a 20–30 minute window of opportunity during which steps can be taken to prevent death — therefore giving emergency adrenaline **immediately** and calling emergency services (999) is crucial. **Anaphylaxis always requires an emergency response.**
- Anaphylaxis can occur without any other signs (such as a skin rash) being present. **Always consider anaphylaxis in someone with a known food allergy who has sudden difficulty breathing.** Giving adrenaline in this context is very safe and may be lifesaving.
- The most common causes of 'whole body' allergic reactions - including anaphylaxis - are:
- • foods (e.g. peanuts, tree nuts, cow's milk/dairy foods, egg, wheat, fish/shellfish and sesame);
- • insect stings (e.g. bee, wasp);
- • medication (e.g. antibiotics, pain medicines such as ibuprofen); and
- • latex (e.g. rubber gloves, balloons, swimming caps).
- Even for food allergy, the vast majority of anaphylaxis reactions require the person to have eaten the food, although less serious allergic reactions can happen through skin or other contact. Anaphylaxis reactions due to skin contact are very rare. Pupils who have a skin reaction need monitoring for at least an hour.
- Witham Oaks Academy has a whole-school awareness approach, because it ensures all staff and pupils are aware of what allergies are, the importance of avoiding individuals' allergens, the signs and symptoms, how to deal with allergic reactions, and that procedures are in place to minimise the risk of exposure.
- Coeliac disease and food intolerance can present symptoms similar to those of food allergy; it is important that these are managed through dietary avoidance, but they do not pose a risk of anaphylaxis and so are not within the scope of this allergy safety policy.
- Eczema, asthma and allergies sometimes occur together - known as the atopic triad. It is important that these are managed well in order to keep the individual healthy. An individual's asthma care plan needs to be included with their Individual Healthcare Plan. These conditions are not within the scope of this allergy safety policy.
- Witham Oaks Academy understands that severe allergies are included in the Equality Act 2010. The Act considers a person disabled if they have a physical or mental impairment that has a substantial and long-term negative effect on their ability to carry out normal daily activities. Seasonal rhinitis (such as hay fever)

is explicitly excluded from the definition of disability, unless it aggravates the effect of another health condition.

What to look for

Symptoms usually come on quickly, within minutes of exposure to the allergen.

Mild to moderate allergic reaction symptoms may include:

- a red raised rash (known as hives or urticaria) anywhere on the body;
- a tingling or itchy feeling in the mouth;
- swelling of lips, face or eyes;
- stomach pain or vomiting;
- mild throat tightness; and
- a sudden change in behaviour.

These symptoms are treated with antihistamines.

More serious symptoms are often referred to as the ABC symptoms and can include:

- **AIRWAY** — swelling in the throat, tongue or upper airways (tightening of the throat, hoarse voice, difficulty swallowing);
- **BREATHING** — sudden onset wheezing, breathing difficulty, noisy breathing, persistent cough; and
- **CIRCULATION** — dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness.

The term for this more serious reaction is **anaphylaxis**. In extreme cases, there could be a dramatic fall in blood pressure. The person may become weak and floppy and may have a sense of something terrible happening. This may lead to collapse and unconsciousness and, on rare occasions, can be fatal.

3. Roles and responsibilities

We take a whole-school approach to allergy awareness.

3.1 Allergy safety lead

The nominated allergy safety lead is Mr D Sheehan and Mrs M Harrington.

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

3.2 School Office Team

The school office team is responsible for:

- Co-ordinating the paperwork and information from families
- Co-ordinating medication with families
- Checking spare AAIs are present and in date on a monthly basis
- Making sure that replacement AAIs are obtained when expiry dates approach
- Any other appropriate tasks delegated by the allergy lead

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 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
- Attending appropriate allergy training as required
- 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
- Carefully considering the use of food or other potential allergens in lesson and activity planning liaising with the Catering Manager for support.
- For a regular cooking club the Supervisor should attend Level 2 Food and Hygiene Training and have a good understanding of Allergens and its management.
- Completing a Risk Assessment for all class cooking
- Food for classroom projects/activities must be ordered through the Catering Manager.
- Ensuring the wellbeing and inclusion of pupils with allergies

3.5 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
- Carefully considering the food they provide to their child as packed lunches and snacks, and trying to limit the number of allergens included
- Following the school's guidance on food brought in to be shared
- Updating the school on any changes to their child's condition

3.6 Pupils with allergies

If age-appropriate, these pupils are responsible for:

- Being aware of their allergens and the risks they pose
- Understanding how and when to use their adrenaline auto-injector
- If age-appropriate, carrying their adrenaline auto-injector on their person and only using it for its intended purpose

3.7 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.

Information sharing

- UK GDPR does not prevent the sharing of a pupil's health information (special category data). Relevant information is securely compiled and shared as necessary, in a controlled way, with teaching staff, support staff, supply/cover staff, and catering teams, while maintaining appropriate data privacy. This is done through SIMS

Transition

- Allergy information and existing care plans are shared as part of a pupil's transition. Witham Oaks Academy will request allergy information from the previous school or setting and will consider whether any of the arrangements are suitable to implement. Witham Oaks Academy works with parents/carers and the pupil, if appropriate, to write a new IHP. Staff will provide information about pupils for transition visits ahead of a formal move.

We ask that parents/carers proactively inform us by either phone call to the school on 01376513322 or an email to adminwoa@inspiresmat.co.uk if their child's medical needs change during the school year.

4.2 Identifying staff and visitors at risk

- Pre-employment questionnaires will ask whether staff have any allergies. If an allergy is declared, there will be a discussion and an action plan created to ensure the member of staff has a safe working environment.
- Visitors and regular volunteers will be asked about allergies ahead of their visit. If an allergy is declared, the allergy lead/school nurse/medical officer will be notified, and this information will be communicated as necessary to ensure the visitor or volunteer has a safe working environment.

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 with an Allergy Action Plan and/or an asthma plan have an IHP;
- pupils without an Allergy Action Plan or asthma plan, but who have an allergy that needs active management over and above what other pupils need, will have an IHP; and
- IHPs are created whilst pupils are waiting for a diagnosis.

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

Allergy Action Plans

- These are clinical documents created by a GP, allergy nurse or allergy clinic. They detail the pupil's allergy and medication.
- These contain parent/carer contact details and must be signed by the parent/carer, as this is the parental authority to administer medication, including administration of spare adrenaline devices.
- These will only be updated by the medical professional following a review of the pupil's allergy management, which could be annually or five-yearly. Parents/carers or the school need to update the pupil's photo annually so that they remain recognisable.

Allergy Action Plans are issued for pupils who have an IgE food allergy, and often a venom allergy, that could lead to anaphylaxis. They are not issued for all allergies. Pupils with non-IgE allergies do not experience anaphylaxis, so an Allergy Action Plan is not issued.

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.

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

Minimising risk and exposure to allergens is central to ensuring that individuals with allergies are safe from harm. Even a small amount of allergen can cause a reaction. Any food can cause a reaction with serious consequences, and Witham Oaks Academy will only eliminate a food following a risk assessment supported by medical advice when necessary. Where a food is restricted, this will be to the smallest area for the time necessary — for example, the cooking room for the duration of the lesson when a pupil with allergy is cooking.

Witham Oaks Academy will ensure that the risk of exposure is minimised by:

- all school staff completing allergy training every year;
- educating pupils through awareness assemblies and within PSHE;
- educating Parent Teacher Associations (PTA) about school expectations for allergy management;
- communicating with all visitors, temporary staff and cover staff that they will be teaching a pupil with an allergy, and ensuring that the member of staff has been trained in allergy and anaphylaxis emergency response;
- working closely with parents/carers and health professionals to understand the pupil's allergy;

- monitoring this policy to ensure that agreed practices are implemented; and
- establishing and maintaining high hygiene standards amongst staff, pupils and visitors.

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. Allergen information is available on request.
- 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
- Authorised, approved suppliers are used for school food purchases.
- Catering staff follow hygiene and allergy procedures when preparing food to avoid cross-contamination
- Catering Staff ensure that Breakfast Club and After School Club (where applicable) follow the same allergen processes in place for school lunches. Where this is provided by a third party, Witham Oaks Academy ensures that this policy is shared and that the third-party provider meets the same procedures.
- The Catering Manager must have oversight of every aspect of food in the school, as they hold the highest Allergen qualification amongst the school staff.

6.3 Food restrictions

Witham Oaks Academy supports the approach advocated by Anaphylaxis UK towards nut bans/nut-free schools. Anaphylaxis UK does not necessarily support a blanket ban on any particular allergen in any establishment, including schools, because nuts are only one of many allergens that could affect pupils, and no school could guarantee a truly allergen-free environment for a pupil living with food allergy. Blanket bans, especially on nuts, can create a false sense of security. Instead, Anaphylaxis UK advocates for schools to adopt a culture of allergy awareness and education.

A whole-school awareness of allergies approach is much more effective, ensuring teachers, pupils and all other staff are aware of what allergies are, the importance of avoiding pupils' allergens, the signs and symptoms, how to deal with allergic reactions, and that policies and procedures are in place to minimise the risk of exposure.

We acknowledge that it is impractical to enforce an allergen-free school. However, we would like to encourage pupils and staff to avoid certain high-risk foods to reduce the chances of someone experiencing a reaction. These foods include:

- Packaged nuts
- Cereal, granola or chocolate bars containing nuts
- Peanut butter or chocolate spreads containing nuts
- Peanut-based sauces, such as satay
- Sesame seeds and foods containing sesame seeds

If a pupil brings these foods into school, they may be asked to eat them away from others to minimise the risk, or the food may be confiscated.

All schools in Inspires MAT are 'nut aware'.

Home-baked food

- Staff should not bring home-baked cakes, biscuits, brownies, flapjacks, pastries or other homemade food onto the school premises for communal consumption where the ingredients and potential cross-contamination cannot be reliably established.
- Where home-baked food is brought in to share with colleagues, the member of staff responsible must provide clear information about the ingredients and any potential allergen or cross-contamination risk.
- Home-baked food containing nuts or peanuts, or food prepared in a kitchen where nuts or peanuts are used, must not be brought into school for communal consumption.

Confectionery

- Staff must exercise particular caution when bringing confectionery into school for colleagues to share.
- Boxed or assorted chocolates must not be placed in communal staff areas where they contain nuts or peanuts, or where the packaging indicates that they may contain nuts or peanuts.
- Staff should not remove individual chocolates from their original packaging where doing so would prevent colleagues from checking the relevant allergen information.
- Particular care should be taken with assorted products such as Celebrations, Roses, Heroes and Quality Street, as individual products within these boxes may contain or carry warnings relating to nuts or peanuts

6.3 Insect bites/stings

When outdoors:

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

6.4 Animals

- All pupils will always wash hands after interacting with animals to avoid putting pupils with allergies at risk through later contact
- Pupils with animal allergies will not interact with animals

6.5 Visits and trips

- No pupils with allergies will be excluded from taking part
- The school will conduct a risk assessment for any pupil at risk of anaphylaxis taking part in a school trip

- 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
- In order to ensure the pupil is safe and included, alternative activities will be planned where necessary. This will include the safe storage of adrenaline for the duration of the school trip.
- Staff leading school trips will ensure they carry all relevant emergency supplies.
- Trip leaders will check that all pupils have their medication, including adrenaline devices, with them before departure. Pupils unable to produce their required medication will not be able to attend the excursion.
- Pupils at risk of anaphylaxis should have their own ADs with them
- Staff trained to administer adrenaline in an emergency will be present on the school trip
- The Catering Manager must be informed well in advance of any requirements for packed lunches
- Appropriate measures will be taken in line with the school's AD protocols for off-site events and school trips (see section 8.5)

6.6 School Events

- Where cake sales, coffee mornings or similar food inclusive events are held, allergen information must be provided on pre-packed products or be available for unwrapped products at the point of sale.
- Separate display plates and utensils must be used to avoid cross contamination
- Staff or volunteers manning such stalls must be aware of allergen controls.
- Witham Oaks Academy will notify the host school, when arranging a sporting fixture, that a member of the team has an allergy. When a sports tea is provided, the pupils' school will ensure the pupils' allergies are communicated and appropriate food is provided.

7. Procedures for handling an allergic reaction

7.1 Register of pupils with known allergies

This links to Medical Policy and First Aid Policy

- The school maintains a register of pupils who have been prescribed Ads or where a doctor has provided a written plan recommending ADs to be used in the event of anaphylaxis. The register includes:
    - Known allergens and risk factors for anaphylaxis
    - Whether a pupil has been prescribed ADs (and if so, what type and dose)
    - Where a pupil has been prescribed an AD, whether parental consent has been given to administer emergency medication
    - A photograph of each pupil to allow a visual check to be made (this will require parental consent)

The register is kept in the school office/medical room and kitchen which can be checked quickly by any member of staff as part of initiating an emergency response.

- 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

7.2 Allergic reaction procedures

- As part of the whole-school awareness approach to allergies, all staff are trained in the school's allergic reaction procedure, and to recognise the signs of anaphylaxis and respond appropriately
- Staff are trained in the administration of AAIs to minimise delays in pupil's receiving adrenaline in an emergency
- If a pupil has an allergic reaction, the staff member will initiate the school's emergency response plan, following the pupil's allergy action plan
    - If an AAI needs to be administered, a member of staff will use the pupil's own AAI, or if it is not available, a school one
- If the pupil has no allergy action plan, staff will follow the school's procedures on responding to allergy and, if needed, the school's normal emergency procedures.

As soon as anaphylaxis is suspected, adrenaline must be administered without delay.

Action:

- Keep the individual where they are, call for help and do not leave them unattended.
- **LIE THE INDIVIDUAL FLAT WITH LEGS RAISED** — they can be propped up if struggling to breathe, but this should be for as short a time as possible.
- **USE ADRENALINE DEVICE WITHOUT DELAY** and note the time given. Adrenaline auto-injectors (AAI) should be given into the muscle in the outer thigh, or nasal devices into the nostril. Specific instructions vary by brand — always follow the instructions on the device.
- **CALL 999** and state ANAPHYLAXIS (ana-fil-axis).
- If no improvement after 5 minutes, administer a second adrenaline device.
- If there are no signs of life, commence CPR.
- Call the parent/carer as soon as possible.
- Whilst waiting for the ambulance, keep the individual where they are. Do not stand them up or sit them in a chair, even if they appear to be feeling better - this could lower their blood pressure drastically, causing their heart to stop.
- All individuals must go to hospital for observation after anaphylaxis, even if they appear to have recovered, as a reaction can recur after treatment.
- A school AAI device will be used instead of the pupil's own AAI device if:
    - Medical authorisation and written parental consent have been provided, or
    - The pupil's own prescribed AAI(s) are not immediately available (for example, because they are broken, out-of-date, have misfired or been wrongly administered)
- If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent/carer arrives, or accompany the pupil to hospital by ambulance

  If the allergic reaction is mild (e.g. skin rash, itching or sneezing), the pupil will be monitored and the parents/carers informed

8. Adrenaline devices (ADs)

8.1 Prescribed ADs

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.

Due to their age and other considerations, pupils cannot keep their ADs with them in the classroom. Therefore, the allergy lead with make sure that all devices:

- Are stored in an appropriate central location that is unlocked and accessible at all times (including during wrap-around care). At Witham Oaks, this is the **medical room**.

- **No more than** 5 minutes away from where they may be needed
- Kept at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature
- Spare AAIs will be kept separate from any pupil's own prescribed AAI, and clearly labelled to avoid confusion.

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.

It is the responsibility of the pupil's parents to ensure the adrenaline pens are up to date and clearly labelled; however, the school office team will check medication kept at school on a monthly basis and send a reminder to parents if medication is approaching expiry. Parents can subscribe to expiry alerts for the relevant AAIs their child is prescribed, to ensure they can obtain replacement devices in good time.

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 Human Medicines (Amendment) Regulations 2017 permit 'spare' adrenaline devices to be used for the purpose of saving a life. This might be, for example, a child presenting for the first time with anaphylaxis due to an undiagnosed allergy.

Witham Oaks Academy holds spare adrenaline devices, provided through its **Kitt Medical Anaphylaxis Kitt**, for use in emergency situations. These are not a replacement for a pupil's own adrenaline device. Pupils prescribed adrenaline are expected to have their own adrenaline devices with them at school for use in an emergency. Emergency use of a 'spare' device may include a pupil at risk of anaphylaxis whose own devices are not available or not working (for example because they are out of date, or multiple doses are needed before emergency services arrive), or use on someone experiencing anaphylaxis for the first time who does not have their own prescribed AAI. A person's own prescribed AAI should never be used on another person, as this leaves them vulnerable.

Where a 'spare' AAI is used on a person without a known allergy, staff should feel confident to administer it. Under Human Medicines Regulations 2012, Regulation 238, there is a legal exemption to administer a 'spare' or back-up AAI to any pupil or person (including staff and visitors) experiencing an unexpected, life-threatening anaphylactic emergency, even if that individual is not formally known to have a prescription or prior allergy diagnosis.

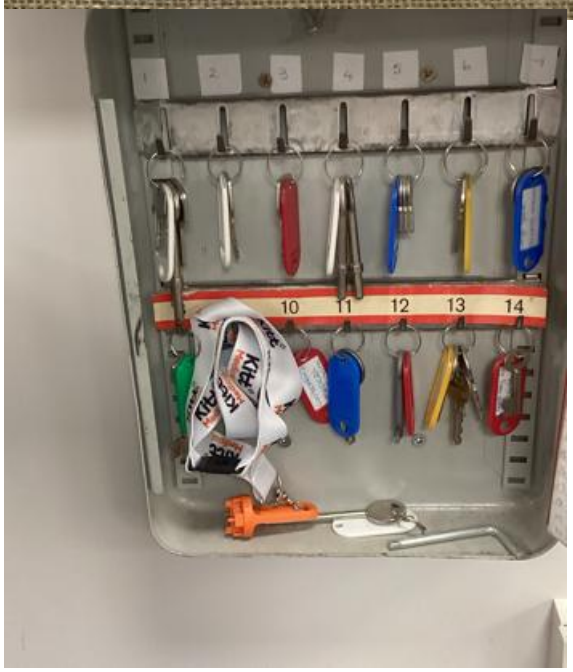
The number of 'spare' device pairs needed depends on school type and size. Larger sites, or schools operating across more than one site, may need additional sets to ensure no one is ever more than 5 minutes away from a device.

These are stored in the school's Anaphylaxis Kitt(s), which is clearly labelled 'Emergency Allergy Medication' to avoid any confusion with devices prescribed to a named person. These are kept safely, not locked away, and are **accessible and known to all staff**. The school holds several orange Kitt Medical keys with which they can access the medication, and also holds a spare key in an 'Emergency Break to Access' box in case immediate access is required in an emergency. All accessories are provided by Kitt Medical.

Witham Oaks Academy holds **Jext auto-injector: 2x 'Red' 300mcg pens and 2x 'Yellow' 150mcg pens**

These are located in an Anaphylaxis Kitt(s) in the following area(s):

- **Medical room**



8.3 Maintenance (of spare AAIs)

The school office team, Miss Samantha Owen and Mrs Justine Hitchcock, are responsible for checking that adrenaline devices are in date and remain clear (not cloudy) on a monthly basis, using reminder prompts scheduled on the Kitt Medical Portal - this check must be logged as completed on the Kitt Medical Portal. Kitt Medical will track the expiry dates on the pens and send replenishments ahead of the expiration date at the end of the month. The receipt of the new adrenaline pens must be recorded promptly on the Kitt Medical Portal for compliance to the provided service, and to allow for the continuous tracking of the expiry dates on the adrenaline devices.

8.4 Disposal

ADs can only be used once. Once an AD has been used, it will be disposed of in line with the manufacturer's instructions

Adrenaline devices that are used will be disposed of in a sharps box, kept in the medical room, or given to the paramedic. Adrenaline devices that are out of date or where the adrenaline has degraded will be taken to a pharmacy to be disposed of. In order to receive a sharps box, the school should register with the Local Authority, which will arrange collection.

8.5 Using spare ADs in an emergency situation without prior consent

In the event of an anaphylactic reaction

- Adrenaline should be administered as soon as possible, within five minutes. **Do not wait** to contact the emergency services before administering adrenaline.
- The individual should not be moved. Adrenaline devices should be brought to them (whether their own prescribed devices or 'spare' devices).
- If the individual **has their own prescribed adrenaline devices**, these should be used in the first instance.
- If the individual **does not have prescribed adrenaline devices**, 'spare' adrenaline devices can be used. The correct dose must be selected and used. This is clearly labelled inside the Anaphylaxis Kitt.
- If the individual's **prescribed adrenaline devices are not available, out of date, or misfire**, 'spare' adrenaline devices can be used.
- If the individual has both a serious allergy and asthma, and there is any doubt whether they are presenting with anaphylaxis or having an asthma attack, always administer the adrenaline first.

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

Witham Oaks Academy ensures that pupils with allergies are fully included in every trip, sporting event or extracurricular activity. A risk assessment addressing allergen exposure in each activity, emergency medication, transport, and proximity to local emergency care will be undertaken, with control measures identified. In order to ensure the pupil is safe and included, alternative activities will be planned where necessary. This will include the safe storage of adrenaline for the duration of the school trip.

Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils have their medication, including adrenaline devices, with them before departure. Pupils unable to produce their required medication will not be able to attend the excursion.

In conjunction with the allergy lead, the trip leader will review the risk assessment to determine whether the school's spare adrenaline devices should be taken on the trip. The school will provide additional spare adrenaline devices should the risk assessment for the trip deem this necessary, ensuring that pupils remaining in school still have access to spare adrenaline devices should the need arise.

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.

Witham Oaks Academy is aware that, when an incident occurs, materials such as residues of food consumed or handled, or samples of fluids, may constitute evidence which may need to be seized and retained.

9.1 Incident recording

The school will record serious incidents and ‘near misses’ relating to allergy safety as soon as is feasible. The following information will be recorded:

- Who was affected
- What happened, when and where
- Why the incident occurred (as far as is known)
- How staff and pupils responded and what was done to support the individual
- Whether emergency services were called
- How the incident concluded

Witham Oaks Academy approaches serious incidents and 'near misses' in a 'no blame' spirit, seeking to learn lessons and address any issues the incident identified, so that pupils are better protected in future.

If Witham Oaks Academy is required to use the spare AAIs from its Anaphylaxis Kitt(s), a designated portal admin must complete the Incident Report Form on the Kitt Medical Portal. This is shared directly with the Kitt Medical team, who will follow up with the person who submitted the form to confirm further details, and will then arrange for replacement adrenaline pens to be sent to the school, ensuring it has the correct amount of in-date adrenaline at all times.

9.2 Incident reporting

- If unsafe food was supplied by the school operating as a food business, the incident must be reported to the local authority environmental health team.
- The parents/carers of a pupil aged up to 16 should be notified of the incident or ‘near miss’ as soon as possible.
- Witham Oaks Academy will share the report with the pupil's parents/carers, the pupil, and the individual involved. They should be given the opportunity to discuss what happened and to contribute their views to the consequent lessons-learned review.
- Witham Oaks Academy will confirm what it has learned from the incident and outline any actions it is taking as a result. The pupil's IHP will be updated if necessary.
- In some cases, the impact of exposure to an allergen at school may be delayed and not recognised until the pupil is at home. This means that incident reporting is not limited to staff – the pupil, parents/carers or others (such as healthcare professionals) will need to report to the school if there has been an incident with a delayed reaction.

Staff will always share the incident report with the co-headteachers. The allergy safety lead will consider whether the allergy safety arrangements in place were appropriate or if changes are needed to this policy and/or the pupil’s IHP. Any learning will be shared appropriately with staff so they can act on them and reduce the chance of an incident reoccurring.

The school will also share the report with other agencies in the following circumstances:

- With the Health and Safety Executive (HSE): incidents which arise directly out of the way the school carried out a work activity which results in death or immediate hospitalization. For example, where a pupil has suffered harm after consuming an allergen due to incorrect preparation of food by a member of staff. [See how to make a RIDDOR report]

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.

All staff, including teaching staff, support staff, catering staff and others who may oversee pupils including at breakfast or after-school clubs, will be trained in allergy awareness and emergency response. The school is responsible for ensuring that supply, cover, coaching and peripatetic staff have received allergy awareness training.

Mr Dan Sheehan and Mrs Maxine Harrington are the named staff members responsible for coordinating training via the Kitt Medical Portal, where online training is available at any time. There is no limit on the number of staff who complete it, nor the number of times they complete it. The training will be completed annually by all staff members.

Training can be online or face-to-face. The content of the training provided by Kitt Medical includes the following **(NB items with an '*' are not explicitly covered with the Kitt Medical training, and must be communicated by the named staff members above to all staff):**

- allergy awareness, the risks it poses, how allergic reactions occur and how to manage them;
- that allergy includes multiple co-existing conditions: asthma, eczema, hay fever;
- understanding the difference between food allergy, intolerance and coeliac disease;
- that an individual can be allergic to any food, not just the 'top 14' allergens;
- knowing the symptoms of allergic reactions and how to treat them;
- knowing the symptoms of anaphylaxis and how to treat it;
- how to locate and administer adrenaline or an asthma inhaler;
- practising with all types of adrenaline device held in school, as an individual pupil's own device may differ from the 'spare' devices;
- how to report an allergic reaction, whether mild to moderate, anaphylaxis, or a near miss/incident;
- understanding their responsibilities in risk reduction, to prevent pupils coming into contact with their allergens;
- understanding the impact allergy can have on a pupil's wellbeing;
- understanding the school's allergy safety policy;*
- how to check whether a pupil is on the record of those with a known allergy;* and

- how to use an Allergy or Asthma Action Plan.*

Witham Oaks Academy ensures that staff undertake a practical session using trainer devices. A Jext trainer device is included with the Kitt Medical service. Additional trainer devices can be obtained from the manufacturers' websites: www.epipen.co.uk and www.jext.co.uk.

Emergency preparedness

Witham Oaks Academy will annually hold a practice response to anaphylaxis, review how the practice went, and update policy and procedures accordingly.

Throughout the year, staff will be reminded of key aspects of the policy, such as:

- how to find out who has an allergy;
- the storage of spare adrenaline; and
- practice with adrenaline trainer devices.

Witham Oaks Academy will communicate key messages regarding risk reduction leading up to festivals, trips and end-of-term celebrations.

During fire drills and lockdown practices, Witham Oaks Academy will ensure that a pupil's adrenaline device is with them. Should a real evacuation happen, the pupil may have to go home without adrenaline if this has not been taken out during the evacuation.

10.2 Awareness of allergy safety policy

This allergy safety policy will be published on the school's website and shared with parents/carers at the start of the school year.

All staff should be aware of and understand the policy as part of annual allergy awareness training.

11. Wellbeing

At Witham Oaks Academy, allergy safety is a priority, and actions to ensure pupils are included and safe are embedded into the school's culture. Pupils with allergy can become anxious as a result of the risk of exposure to allergens and the potential for anaphylaxis, which may be compounded by living with difficult-to-control asthma or eczema.

Witham Oaks Academy:

- regularly communicates to pupils, parents and staff about allergies, ensuring ongoing awareness and appreciation of the severity of the potential risks;
- includes allergy and anaphylaxis lessons during assembly, tutor time or in PSHE — for example, allergy assemblies provided by Kitt Medical;
- displays allergy awareness posters around the school, available to download from the Kitt Medical Portal;
- plans school celebrations, rewards, and communal events inclusively from the outset, to eliminate social isolation;
- involves pupils and staff with allergies in developing and reviewing the policy and procedures for allergy management;
- understands that allergy bullying is extremely serious, and actively monitors, prevents and addresses any stigmatisation or bullying directed at individuals due to their allergies or dietary constraints;

- promotes 'allergy champion' roles for staff and pupils (not just within the catering team), who act as a point of contact for pupils and staff with allergies, share feedback, and support new joiners or anxious pupils;
- invites new joiners with allergies to have a tour of the kitchen and canteen so they can meet staff and get used to the mealtime environment, which may help reduce anxiety and enable staff to identify pupils with allergies in the dining hall; and
- has proactive engagement with new joiners with known allergies, setting out the school's policies and the support available.

The school will respond to any instance of bullying in line with its Relationships and Behaviour 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. Safeguarding

Witham Oaks Academy recognises that a safeguarding referral may be needed if an incident highlights concern that a pupil might be at increased risk of being neglected, abused or exploited by persons inside or outside their family unit because of their medical condition. This might occur where relevant information about a pupil's medical condition is not provided to the school, or where they are repeatedly sent without essential medication, thereby putting them at risk.

13. Unacceptable practice

Witham Oaks Academy staff are clear about what constitutes unacceptable practice and are committed to ensuring that only good practice occurs. Should unacceptable practice occur, the school will follow its own procedures to identify and address this using staff conduct policies.

Examples of unacceptable practice include (but are not limited to):

- preventing pupils from easily accessing and administering their medication in line with what is agreed in their Individual Healthcare Plan (for example prescribed adrenaline devices and asthma reliever inhalers) when and where necessary;
- assuming that every pupil with the same condition requires the same support;
- assuming that older pupils do not require support related to their allergy, even if they are able to take increasing responsibility for its management;
- ignoring the views of the pupil or their parents or carer;
- ignoring medical evidence or the opinion and advice of healthcare professionals;
- assuming a pupil does not have an allergy because they do not yet have a diagnosis, for example while medical investigation is under way;
- sending a pupil who becomes unwell to a school office or medical room without suitable supervision — in the case of an emergency or suspected emergency (for example anaphylaxis), help should come to the pupil;

- penalising pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments and health management, including excluding pupils from rewards for 100% attendance where their non-attendance is the result of a medical condition — this should be reflected in attendance policies;
- requiring parents/carers (or otherwise making them feel obliged) to attend the school to administer medication or provide medical support to their child; or
- preventing pupils from participating, or creating unnecessary barriers to their participation, in any aspect of school life, including external visits and trips, e.g. by requiring parents to accompany the child.

14. 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.

15. 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.

16. Links to other policies

This policy links to the following policies and procedures:

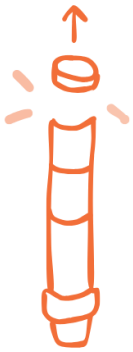
- Health and safety policy
- Medical Policy
- First Aid Policy

<table>
<tr><th colspan="2">NAME – Individual Healthcare Plan for allergy</th></tr>
<tr><td>Date of birth:</td><td rowspan="4">Current photo</td></tr>
<tr><td>Year / class:</td></tr>
<tr><td>Emergency contacts:</td></tr>
<tr><td>Staff who need to be aware:</td></tr>
<tr><td colspan="2">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.</td></tr>
<tr><td colspan="2">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.</td></tr>
<tr><td colspan="2">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.</td></tr>
<tr><td colspan="2">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.</td></tr>
<tr><td colspan="2">Visits and trips:
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.</td></tr>
</table>

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

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**:

HOW TO USE AN ADRENALINE PEN (AAI)



REMOVE PEN FROM OUTER CASE, THEN PULL OFF THE SAFETY CAP

LIE THE PERSON DOWN WITH LEGS ELEVATED (IF THEY ARE HAVING DIFFICULTY BREATHING, SIT THEM UP)

FIRMLY JAB THE NEEDLE END INTO THEIR OUTER THIGH (WITH OR WITHOUT CLOTHING)

HOLD THE PEN IN PLACE FOR TEN SECONDS

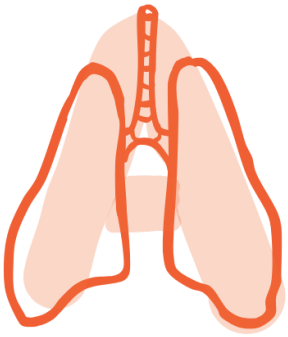
REMOVE PEN, THEN MASSAGE INJECTION SITE FOR TEN SECONDS

DIAL 999, ASK FOR AN AMBULANCE AND SAY "ANAPHYLAXIS"

IF THE SYMPTOMS DON'T IMPROVE AFTER 5 MINUTES, ADMINISTER A SECOND ADRENALINE AUTO INJECTOR INTO THEIR OTHER LEG

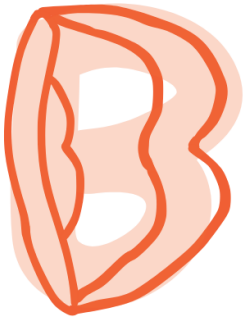
Kitt Medical

SYMPTOMS OF A SEVERE ALLERGIC REACTION ('ANAPHYLAXIS')



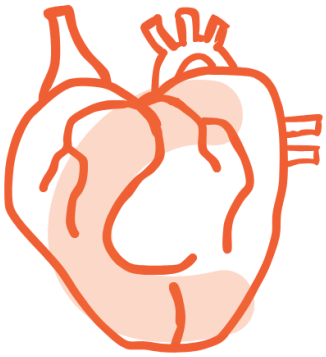
AIRWAYS

ENSURING THE AIRWAY IS OPEN AND UNOBSTRUCTED IS THE FIRST STEP. A BLOCKED AIRWAY CAN PREVENT BREATHING AND LEAD TO SERIOUS COMPLICATIONS.



BREATHING

AFTER CONFIRMING A CLEAR AIRWAY, THE NEXT STEP IS TO CHECK IF THE PERSON IS BREATHING EFFECTIVELY. THIS INVOLVES LOOKING FOR CHEST MOVEMENT, LISTENING FOR BREATH SOUNDS, AND FEELING FOR AIRFLOW.



CIRCULATION

IF BREATHING IS COMPROMISED, CIRCULATION (BLOOD FLOW) IS ALSO LIKELY TO BE AFFECTED.CHECKING FOR SIGNS OF CIRCULATION, SUCH AS A PULSE, IS ESSENTIAL TO ASSESS THE SEVERITY OF THE SITUATION.

Kitt Medical