ST. MARY'S
MENSTON

Policy

Allergy Safety

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ST MARY'S MENSTON
A CATHOLIC VOLUNTARY ACADEMY

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Our Purpose

We are a pilgrim school and we journey with Mary to become the person God intends us to be.

This policy was approved by the Academy Council

Signature: C Billington

Chris Billington
Chair of the Academy Council

Date: 11 September 2026

GENERAL STATEMENT

The school is committed to supporting students with allergies and anaphylaxis and is committed to ensuring they can participate fully and safely in all aspects of school life.

The school recognises that an allergy is a medical condition in which the body's immune system has an abnormal reaction to normally harmless substances such as food, insect stings, contact allergens and airborne allergens. It is recognised that some allergic reactions may be severe or life-threatening and that anaphylaxis is potentially a fatal reaction affecting the Airway/Breathing/Circulation (ABC).

The school aims to provide a safe, inclusive and supportive environment by minimising the risk of exposure to known allergens, promoting student independence in managing their medical needs where appropriate and ensuring staff are appropriately informed and trained to undertake effective emergency procedures.

While it is not possible to guarantee a completely allergen-free environment, the school is committed to reducing risk through robust procedures, risk assessment, education and partnership working with students, parents/carers and healthcare professionals in line with Department for Education (DfE) guidance on allergy safety in schools and supporting students with medical conditions.

This Allergy Safety Policy is reviewed at least annually and more frequently where incidents or near misses identify a need for improvement. Reviews take account of allergy-related incidents, near misses, feedback from stakeholders and any updates to legislation or statutory guidance.

This policy is published on the school website and made available in hard copy on request.

General Aims
The aim of this policy is to support students with allergies and minimise the risk of allergy-related reactions, including anaphylaxis, whilst ensuring that affected students can participate fully and safely in all aspects of school life. The school is committed to providing a safe, inclusive and supportive environment through:

- Effective risk assessment and management to reduce exposure to known allergens
- Promoting the wellbeing, inclusion and participation of students with allergies in all school activities
- Supporting students, where appropriate, to develop independence in managing their allergies and medical needs
- Working in partnership with parents/carers, healthcare professionals and students to ensure individual needs are understood and met
- Providing appropriate staff training and awareness to enable staff to recognise and respond effectively to allergic reactions
- Maintaining clear emergency procedures to ensure a prompt and effective response to anaphylaxis and other serious allergic reactions

This policy applies to all members of the school community, including staff, students, volunteers, supply staff, parents/carers and visitors. It outlines the school's arrangements for allergy awareness and prevention. These arrangements reflect the school's commitment to supporting students with medical conditions, reducing risk and enabling students with allergies to access and enjoy the same opportunities as their peers

TERMINOLOGY AND DEFINITIONS

Terminology	Definition
Adrenaline Auto-Injector (AAI)	A single-use device containing a pre-measured dose of adrenaline for immediate administration into the outer thigh to treat anaphylaxis. Common brands include EpiPen and Jex Pen.
Adrenaline Device (AD)	A collective term for both adrenaline auto-injectors (AAIs) and nasal adrenaline devices.
Allergen	A normally harmless substance that triggers an allergic reaction in a susceptible person.
Allergy	A condition in which the body has an exaggerated immune response (hypersensitivity) to a normally harmless substance.
Allergy Action Plan (AAP)	A document completed by a healthcare professional outlining an individual's allergies, symptoms, emergency procedures and treatment plan.
Anaphylaxis	A sudden, severe and potentially life-threatening allergic reaction requiring immediate treatment.
Coeliac Disease	An autoimmune condition caused by a reaction to gluten. It is not a food allergy or food intolerance but requires strict avoidance of gluten-containing foods to protect health and wellbeing.
Designated Allergy Lead	The member of staff responsible for overseeing allergy management across the school.
Emergency Medication	Medication prescribed for immediate use in a medical emergency, including adrenaline auto-injectors used to treat anaphylaxis.
Healthcare Professional	A suitably qualified healthcare practitioner who provides medical advice, diagnosis or treatment relating to a student's allergy.
Health Care Plan / Individual Healthcare Plan (IHP)	A detailed document outlining an individual student's allergy or medical condition, treatment requirements and emergency actions.
Latex Allergy	An allergic reaction to proteins found in natural rubber latex. Exposure may occur through direct contact with latex-containing products or, in some circumstances, airborne particles. Reactions can range from mild irritation to anaphylaxis.
Parent/Carer	A parent or any person with parental responsibility for, or who has care of, a student.

Reasonable Adjustments	Changes made to policies, practices or procedures to ensure that students with medical conditions or disabilities are not disadvantaged.
Risk Assessment	A document identifying potential risks and the control measures implemented to minimise those risks.
Self-Management	The ability of a student, where appropriate, to manage their own medical condition and medication.
Spare Adrenaline Pens –	Emergency adrenaline auto-injectors purchased and held by the school as a backup.

STATUTORY DFE GUIDANCE

This policy has been developed in accordance with the DfE *Allergy Safety in Schools* statutory guidance published in July 2026.

The legislation places a duty on schools to take proactive steps to safeguard children and young people with allergies, including reducing the risk of allergen exposure, ensuring appropriate emergency response arrangements are in place, and promoting the inclusion, wellbeing and safety of students with allergies.

It reflects the DfE statutory guidance *Allergy Safety in Schools* which sets out the measures schools should implement to identify and support individuals with allergies, provide staff training, maintain IHPs and AAPs where required, ensure access to emergency medication, manage allergy risks during educational activities and visits, and establish effective procedures for reporting and learning from serious incidents and near misses.

The school is committed to implementing this guidance to provide a safe, inclusive and supportive culture for all members of the school community

ROLES AND RESPONSIBILITIES

Role	Person Responsible	Title
Designated Governor	Patrick McDermott	Foundation Governor
Headteacher	Margaret Hattersley	Headteacher
Designated Allergy Lead	Matthew Flanagan	Deputy Headteacher
Admissions and Medical Needs Lead	Claire Anderson	Assistant Headteacher - Designated Safeguarding Lead
Allergy Training Lead	Richard Wayman	Assistant Headteacher – Teaching and Learning
Transition Lead	Harriet Chrispin	Acting Assistant Headteacher – Director of Progress
Health and Safety Lead	Zoe Fisher	Site and Operations Manager
First Aid/Medical Needs Administration Team	Celine Moriarty Collette Roberts	Office Manager Visitor Receptionist
Allergy - Visits/Trips	Celine Moriarty	EVC Coordinator
Catering Management	Clare Atkinson/Daniel Matthews	Catering Managers

Team Name	Includes
External Allergy Team	A specialist hospital allergy clinic or consultant allergist
Catering Team	Catering Supervisors, Cook, Catering Assistants, Kitchen Porters

The Designated Allergy Lead is responsible for:

- Ensuring the safety, inclusion and wellbeing of students and staff with an allergy
- Implementing the Allergy Safety policy
- Taking decisions on allergy management across the school
- Championing and practicing allergy awareness across the school
- Being the overarching point of contact for staff, students and parents with concerns or questions about allergy management
- Working with the allergy training lead to ensure all staff, including new staff, are appropriately trained, have good allergy awareness and realise their role in allergy management (including what activities need an allergy risk assessment)
- Ensuring staff, students and parents have a good awareness of the school's Allergy Safety policy and other related procedures
- Ensuring allergy information is recorded, up-to-date and communicated to all staff
- Ensuring medical records and plans are in place and regularly reviewed
- Regularly reviewing and updating the Allergy Safety Policy
- Maintaining a register of students that have been prescribed an AD and recording any use of an AD or their treatment plan
- Ensuring there is an anaphylaxis drill once a year

The First Aid/Medical Needs Administration Team is responsible for:

- Collecting and coordinating the paperwork (including AAPs and IHPs in coordination with the transition lead) and information from families, ensuring it is up to date, reviewed at least annually and available on ARBOR
- Supporting the Designated Allergy Lead with disseminating this information to all school staff, including the catering team, temporary staff, supply teachers, agency staff, regular volunteers and after-school club staff occasional staff and those running clubs
- Coordinating medication with families and ensuring medication is in date
- Keeping a register of students who have been prescribed an AD and record use of any ADs and emergency treatment given. Also document the location of spare ADs
- Checking medication kept at school on a regular basis and send a reminder to parents if medication is approaching expiry
- Supporting the Site and Operations Manager to review the school's stock of spare adrenaline pens, that they hold the correct dose, that spare adrenaline pens are stored appropriately and ensuring staff know where they are
- Supporting the Site and Operations Manager to keep a record of any allergic reactions or near-misses, reporting these to the Site and Operations Manager where necessary and ensuring the circumstances are investigated and learnings shared
- Ensuring regular checks are made to confirm that spare adrenaline pens are where they should be and are in date.
- Supporting the Site and Operations Manager to replace the spare adrenaline pens when necessary

The Catering Team is responsible for:

- Completing as a minimum the Level 2 award for Food Hygiene Safety in Catering and Food Allergy Awareness at least every three years
- Completing annual allergy awareness training
- Maintaining accurate, up-to-date ingredient information for all food prepared and served
- Ensure that all prepacked items are compliant with Natasha's Law
- Follow procedures (e.g. separate utensils, preparation areas and equipment) within the kitchen to prevent cross contamination

The Transition Lead is responsible for:

- Ensuring the IHP and AAP are received from the previous school and reviewed at the earliest opportunity (before a school visit, an Open Day or Taster Day if food is offered or likely to be eaten)
- Ensuring all relevant staff receive communication of this information prior to the transition (i.e. Food Tech and Catering team)
- Ensuring prospective parents/carers are informed of catering arrangements during admission events and plans are made for emergency medication if the child is to be left without parental supervision.

All Staff are responsible for:

All school staff, including teaching staff, support staff, occasional staff are responsible for:

- Championing and practising allergy awareness across the school
- Adhering to the Allergy Safety policy and asking for support if needed
- Being aware of student, and staff when necessary, who have allergies and what they are allergic to, as well as being aware that an allergic reaction could occur at any time and not just at mealtime
- Considering the risk to students with allergies posed by any activities and assessing whether the use of any allergen in an activity is necessary or appropriate
- Ensuring students always have access to their medication
- Being able to recognise and respond to an allergic reaction, including anaphylaxis, after appropriate training
- Taking part in Allergy training annually and anaphylaxis drills as required (at least once a year). Whilst it is the school's responsibility to ensure staff have received annual training, if the member of staff is aware they have not received any allergy training in the last 12 months they should alert their line manager and the First Aid/Medical Needs Administration Team
- Considering the safety, inclusion and wellbeing of students with allergies always
- Preventing and responding to allergy-related bullying in line with the schools anti-bullying policy
- Forwarding any communication or information that comes directly to them from parents/carers regarding allergens to the First Aid/Medical Need Administration Team
- Ensuring school trips have an allocated first aider within the staff team who is trained to support a student having a potential allergic reaction and deliver an AD. Trip Leaders should check that all students with medical conditions, including allergies, carry their own medication specifically. Students prescribed with an AD must have their prescribed medication available for all educational visits. Where the required medication is not provided, is out of date, or insufficient to meet the requirements of the student's IHP, the Trip/Visit Leader must discuss this with the Designated Allergy Lead to assess the situation before taking the student out of school. If the school is unable to ensure the student's safety or implement the agreed emergency arrangements, the student may be unable to participate in the visit.
- Trip Leaders: Ensuring that students have their medication and their AAP or IHP with them when leaving school site, for a fixture or trip

All Parents/Carers (whether their child has an allergy or not) are responsible for:

- Being aware of and understanding the school's Allergy Safety Policy and considering the safety and wellbeing of students with allergies
- Informing the school of any allergies their child may have
- Informing the school of any related conditions, for example asthma, hay fever, rhinitis or eczema
- Considering and adhering to any food restrictions or guidance the school has in place when providing food, for example in packed lunches, as snacks or for fundraising events
- Refraining from telling the school their child has an allergy or intolerance if this is a preference or dietary choice
- Encouraging their child to be allergy aware
- Providing the school with a copy of their child's AAP and/or any clinical documents. Parents are responsible for ensuring any required medication is supplied, in date and replaced as necessary
- Ensuring all medication supplied for use at school is in date

Parents/Carers of children with allergies should:

- Provide the school with information about their child's medical needs, including dietary requirements and allergies, history of their allergy, any previous allergic reactions or anaphylaxis and the details of all prescribed medication and ensuring that the information the school holds stays up to date
- For those students under the care of an external Allergy Team, parents are asked to provide the school with a copy of their child's AAP and/or any clinical documents.
- Parents are responsible for ensuring any required medication is supplied, in date and replaced as necessary
- Keep the school up to date with any changes in allergy management. The AAP will be updated accordingly
- Work with the school to fill out an IHP and provide an accompanying AAP
- If applicable, provide the school with two labelled adrenaline pens and any other medication, for example antihistamine (with a dispenser, i.e. spoon or syringe), inhalers or creams
- Ensure medication is in-date and replaced at the appropriate time
- Ensure their child has access to their allergy medication, including two adrenaline pens if prescribed, for the journey to and from school
- Update the school with any changes to their child's condition and ensure the relevant paperwork is updated too
- Provide the school with an up-to-date photograph of their child and sign the associated permission for it to be shared appropriately as part of their allergy management
- Support their child to understand their allergy diagnosis and to advocate for themselves and to take reasonable steps to reduce the risk of an allergic reaction occurring e.g. not eating the food to which they are allergic
- Not allow their child to bring any food into school which may contain a common allergen (e.g. nuts)

All Students should:

- Be allergy aware
- Understand the risks allergens might pose to their peers and respect measures to support them
- Learn how they can support their peers and be alert to allergy-related bullying
- Support their peers and inform staff in the case of an emergency
- Check the ingredient list of any foods brought in from home to ensure with any school allergen rules

All Students with Allergies are responsible for:

- Knowing what their allergies are and how to mitigate personal risk
- Carrying their prescribed/non-prescribed medication with them at all times as agreed as part of their IHP
- If appropriate, ensuring they have their medication with them on the journey to and from school
- Avoiding their allergen as best as they can
- Understanding the importance of following the school specific processes of lunch and snack services and how that mitigates risk
- Understanding that they should notify a member of staff if they are not feeling well or suspect they might be having an allergic reaction
- Understanding how and when to use their AD
- Talking to the Designated Allergy Lead or a member of staff if they are concerned by any school processes or systems related to their allergy
- Raising concerns with a member of staff if they experience any inappropriate behaviour in relation to their allergies
- Not sharing any food they bring in from home with peers at break times or during trips or food technology

CULTURE

Awareness and Training
All staff present during the times when students are scheduled to be on site should receive allergy awareness training.

New staff to the school receive allergy awareness training as part of their induction.
All staff must complete annual, comprehensive allergy and anaphylaxis training. This training is rolled out to all staff annually and it is also assigned to any new starters during induction when starting at the school. The training that is currently offered to staff is **Certificate in Allergy and Anaphylaxis Awareness** via The National College online.

Training includes:

- **What is an allergy?**
  Focuses on what an allergy is and how it is different to an intolerance, covering the different ways allergic reactions can begin.
- **Signs and symptoms of allergy and anaphylaxis**
  Looks at the signs and symptoms of allergy and anaphylaxis and covers how a person may present during a reaction.
- **Adrenaline devices**
  Shows you how to use adrenaline devices and how to respond in an emergency.
- **The top 14 allergens**
  Considers allergens, including the top 14 food allergens and the common non-food allergens.
- **Interpreting food labels**
  Explores the legislation around food labels and explains how the top 14 allergens have to be emphasised in some form.
- **Creating an allergy-aware school**
  Focuses on the key elements from Benedict's Law and DfE guidance that schools need to address to ensure that they are including students with allergies safely.

An allergy safety drill is completed once a year with simulated case of anaphylaxis to test how staff respond. The result of the drill is recorded in a similar way to an incident or near miss and used to inform the ongoing review of the Allergy Safety Policy.

In addition to the above training, all catering staff complete the **Certificate in Food Safety & Hygiene** training every three years through The National College's online learning platform to ensure compliance with food safety and allergen regulations. The training covers a comprehensive range of topics, including keeping food safe, the causes and symptoms of food poisoning, people most at risk from foodborne illness, food safety hazards, cross-contamination, allergens, food spoilage and preservation, chilled and frozen foods, time and temperature control, cooking, reheating and thawing food, personal hygiene, kitchen and equipment standards, pest control measures, food storage, cleaning and disinfection, and food safety management systems.

Training is provided to all staff who may be present when students are on site, including temporary staff, supply teachers, agency staff, regular volunteers and after-school club staff. Supply and cover staff will be informed of allergy arrangements before commencing duties.

Training ensures staff know how to access information about students with allergies and how to use AAPs and IHPs. Those trained should understand the impact that allergies can have on a student's emotional wellbeing and educational experience.

Staff are trained in the process for reporting allergy incidents and near misses. Allergen incidents should be reported on the Report of an Accident or Dangerous Occurrence form ***see appendix 6.***

The training needs of staff are reviewed regularly and whenever there is a significant change in a student's medical need. Where a student has an IHP, training requirements are identified in consultation with parents/carers and relevant healthcare professionals where appropriate. The school maintains records of staff training and ensures that sufficient numbers of trained staff are available at all times, including during educational visits, extracurricular activities and periods of staff absence.

Promotion of Wellbeing

Staff are vigilant and look out for signs that a student may be experiencing allergy-related bullying, including:

- Reluctance to attend school or particular activities
- Social withdrawal or exclusion from peers
- Anxiety around mealtimes or allergy management
- Repeated incidents involving food-related teasing, threats or intimidation
- Changes in behaviour, confidence, attendance or emotional wellbeing

Regular communication with students and parents is encouraged to help staff identify concerns at an early stage.

Where allergy-related bullying is suspected or reported, the school will:

- Take all reports seriously and investigate promptly
- Provide appropriate support to the student affected
- Apply the school's behaviour and anti-bullying policies
- Educate those involved about the seriousness of allergies and the potential consequences of unsafe behaviour
- The school recognises that living with an allergy can cause anxiety for students and their families and will provide appropriate pastoral support where needed
- Work with parents, carers and, where appropriate, healthcare professionals to ensure ongoing support

- Monitor incidents and outcomes to ensure bullying has ceased and wellbeing has been restored

Students are encouraged to discuss concerns regarding allergy management with a trusted member of staff. Where appropriate, support plans will consider the emotional wellbeing implications of managing an allergy.

Staff promote a culture of inclusion and understanding so that students with allergies can participate confidently in all aspects of school life.
Any behaviour that deliberately places a student with an allergy at risk, including threatening them with allergens or intentionally exposing them to allergens, will be treated as a serious safeguarding matter and addressed accordingly.

Minimising Risk
The school is committed to providing a safe and inclusive environment for students, staff and visitors with allergies by implementing reasonable measures to minimise exposure to known allergens. The school recognises that it is not possible to guarantee a completely allergen-free environment; however, effective risk management procedures should be used to reduce risk wherever reasonably practicable.

Where food is prepared, served or provided by the school, allergen information is obtained and communicated as appropriate, and reasonable adjustments are made to support individuals with identified food allergies.

The school works with the catering team, parents/carers and students to manage risks associated with food provision and to ensure that relevant staff are aware of any significant dietary requirements.

Food brought onto the school site by students, staff, parents/carers or visitors may present an allergy risk. The school promotes awareness of food allergies and may implement reasonable measures, including restrictions on specific foods where justified by an individual risk assessment.

Parents/carers and students are encouraged to support the school's efforts to reduce the risk of accidental allergen exposure and to follow any guidance issued regarding food brought into school for lessons, celebrations, trips or other activities.

Where a student has a known allergy to airborne or contact allergens, such as animal dander, pollen, latex, chemicals or insect venom, the school will undertake appropriate risk assessments and implement reasonable control measures to reduce exposure. These may include adjustments to classroom locations, seating arrangements, learning activities, cleaning regimes, environmental controls or access to certain areas of the school site, taking account of the individual's needs and medical advice where appropriate.

All staff planning educational, recreational or enrichment activities are expected to consider the potential risk of allergen exposure as part of the planning process. This includes activities such as cooking, food tasting, science experiments, arts and crafts, music activities involving shared equipment or materials, horticulture projects, and activities involving animals. Appropriate control measures should be implemented wherever an allergy risk has been identified, and advice should be sought from the Designated Allergy Lead where necessary.

The school ensures that allergy considerations form part of the risk assessment process for educational visits, residential visits, sporting events and other off-site activities. Individual risk assessments are completed where required to identify potential allergen hazards, the control measures needed to reduce risk, the availability of emergency medication, staff responsibilities

and emergency procedures. The school works with parents/carers, students and, where appropriate, healthcare professionals to ensure that students with allergies are able to participate fully and safely in visits and activities in line with their IHP and AAP.

Managing the Risk of Food Allergy
The school implements robust procedures to minimise the risk of exposure to known allergens and to support the safe provision of food. This includes maintaining accurate, up-to-date information on individuals with allergies and ensuring that clear allergen information is available for all food provided.
At mealtimes, the school uses the onsite biometric till systems to identify students with known allergies and to help ensure they receive a safe meal. These arrangements are regularly reviewed to ensure they remain effective and in line with current guidance.

Catering staff have access to relevant allergy information and, where appropriate, information contained within a student's IHP to support the safe provision of food and drink. Allergy information held by the Catering Team is reviewed and updated by the First Aid Administration Team whenever changes to a student's dietary or medical needs are communicated to the school.

All catering staff regularly familiarise themselves with student allergy lists and are encouraged to become familiar with students who have known allergies, their specific allergens and any associated dietary requirements. The Main Kitchen holds records of students with allergies and the controls required to support them safely.

Measures to reduce allergen exposure from food brought into school by students, staff, parents and visitors is communicated where relevant. Any food-related activities organised by external providers or contractors on site must comply with the school's allergy safety arrangements.

The school will consider allergen risks whenever food is used as part of curriculum, enrichment or celebration activities.

The school adheres to the following Department of Health guidance recommendations:

- If food is purchased from the Main Kitchen, Student Services or Sixth Form Café, parents can check the suitability of foods by speaking directly to the Catering Manager
- Students are taught to check with catering staff before purchasing food or selecting their lunch choice
- Where food is provided by the school, staff are trained in allergen awareness, including how to read food labels, identify allergen information and prevent cross-contamination during the handling, preparation and serving of food. Examples include preparing food for students with allergies first and ensuring thorough cleaning of food preparation areas and utensils using warm soapy water
- The use of food in crafts, Food Technology lessons, science experiments and special events (e.g. fetes, assemblies and cultural events) is considered and risk assessed according to the allergies of individual students
- All catering staff are expected to be aware of the school's procedures for responding to allergic reactions and anaphylaxis. If a student displays signs of an allergic reaction, staff will immediately summon assistance and follow the school's emergency procedures

Other controls measures adopted by the Catering Team to ensure the provision of safe food and drink for all students are:

- Food containing any of the 14 recognised allergens are clearly labelled. Additional ingredient information is available upon request
- Pre-packaged food complies with PPDS legislation (Natasha's Law), requiring allergen information to be displayed on the packaging

- Where changes are made to ingredients, this information is communicated to students with needs
- Products carrying precautionary allergen statements (e.g. "may contain") are permitted at the school, including those brought from home; however, such products will not be provided to students with the relevant known allergy
- Food served by the school at non-kitchen locations, including events and Big Breakfasts, will follow the same allergen management and food safety procedures.

The school makes reasonable adjustments for students who are eligible to receive free meals under the DfE benefit's based free school meal policy. The school works with the students, the family and any other professional to agree the necessary support.

Food Technology

- All food technology teaching and support staff complete annual training online via The National College and Certificate in Allergy and Anaphylaxis Awareness and Certificate
- Medical needs are communicated via the First Aid Administration Team
- Where applicable, parental contact is made to address any potential concerns and ensure integration within the lesson
- Where specific recipes are stated, alternative recipes and/or ingredients are suggested
- Where students select their own recipes, alternative ingredients are suggested for those with allergies
- Staff communicate reminders about recipe and ingredients and operate a no nuts policy. Students are instructed not to bring in ingredients containing nuts. Staff undertake spot checks
- Discussion relating to food allergens is an integral part of lessons with an emphasis on increasing awareness and ensuring the safety of those students with allergies
- Students with allergies are encouraged to become responsible for managing their allergy but are reminded that all staff are there to support them
- In practical lessons activities are assessed to reduce cross contamination
- The end products of students with allergies are carefully wrapped and stored in a separate fridge or area in the food preparation room and labelled
- Prior to sensory testing of any food products, teaching staff will state the allergens contained within them, reinforcing this information particularly to those students with allergies. Depending upon the allergy, those students may not always be able to participate in this aspect of the lesson
- Practical activities will be risk assessed in advance where students with allergies are involved, with control measures documented and shared with relevant staff
- Food Technology staff have access to relevant allergy information and, where appropriate, IHPs to support safe participation in lessons.
- Staff are familiar with the signs and symptoms of allergic reactions and anaphylaxis and will follow the school's emergency procedures should an allergic reaction occur during a lesson
- Any allergy-related incidents or near misses occurring within Food Technology lessons are reported, recorded and reviewed so that lessons learned can be incorporated into future practice

Use of Food in Other Curriculum Lessons

Use of food in other curriculum lessons e.g. treats, rewards must not occur unless accompanied by an appropriate risk assessment which has been approved by the Designated Allergy Lead.
For all lessons other than Food Technology, where food is required as part of a learning activity, a risk assessment must be completed and submitted to the Designated Allergy Lead at least seven days before the lesson. The activity may only proceed once the risk assessment has been reviewed and approved.

A Use of Food in Lessons risk assessment template is available within the school's Risk Assessment Templates which can be seen in ***Appendix 1.***

Careful consideration should be given to whether the inclusion of food genuinely enhances curriculum delivery and learning outcomes. Food should only be used where it directly supports the intended educational objectives of the lesson.

The risk assessment must take account of:

- Known student and staff allergies
- Any relevant IHPs
- The potential for allergen exposure and cross-contamination
- Supervision arrangements
- Emergency procedures in the event of an allergic reaction
- Reasonable adjustments required to enable students with allergies to participate safely and inclusively
- In line with allergy-safe practice and the promotion of healthy lifestyles, the use of sweets, cakes, biscuits and similar low-nutritional-value foods should be avoided where possible

Bake Sales

When planning a bake sale or similar fundraising activity involving food, a risk assessment must be completed and submitted to the Designated Allergy Lead at least seven days before the event. It must be approved in advance by the Designated Allergy Lead.

The risk assessment must consider:
The presence of food allergens

- The needs of students, staff and visitors with known allergies
- Allergen identification and labelling requirements
- Risks associated with cross-contamination
- Suitable supervision arrangements
- Emergency response procedures

Ingredient information should be available for all products offered for sale, and appropriate allergen signage should be displayed. Event organisers must ensure that reasonable steps are taken to minimise the risk of allergen exposure and to enable students with allergies to participate safely and inclusively in school life.

Where ingredient information cannot be verified, products should be clearly identified as such and appropriate caution exercised

Other School Events

Where food is provided, served or consumed as part of a school event, allergen risks must be considered within the event-specific risk assessment.
Consideration must be given to:
Students, staff and visitors with known allergies

- Relevant Individual Healthcare Plans (IHPs)
- The suitability of food provided
- Allergen information and labelling
- Emergency arrangements
- Ensuring that activities are inclusive and do not unnecessarily exclude individuals with allergies

Staff organising events must seek advice from the Designated Allergy Lead.

Staff Providing Food for their Own Consumption or for Other Staff
Staff may bring food onto site for their own consumption, for sharing with other staff, or for use within designated staff-only areas.

Whilst such food is not subject to formal allergen-information requirements, all staff are expected to remain allergen-aware and support the school's commitment to maintaining a safe environment for students, staff and visitors with allergies.

In practice, this means:

- Taking reasonable care to avoid bringing foods containing nuts or tree nuts onto site in accordance with the school's allergy management arrangements
- Being mindful of the risk of cross-contamination when storing, preparing, handling or sharing food.
- Keeping food within staff-only areas where appropriate
- Considering the known allergies of staff and exercising courtesy and professional judgement when sharing food items
- Ensuring that food waste and packaging are disposed of appropriately to minimise the risk of accidental exposure

Coeliac Disease
Whilst coeliac disease is not an allergy, the school recognises that affected students require the strict avoidance of gluten-containing foods. Catering staff will provide allergen and ingredient information to support students with coeliac disease in selecting suitable food options and reasonable measures will be taken to minimise the risk of cross-contamination with gluten during food preparation and service.

Food Technology staff will consider the needs of students with coeliac disease when planning practical activities and will provide suitable alternative ingredients where reasonably practicable.

Asthma and Food Allergy
Asthma is one of the most common long-term health conditions affecting children and young people and is a significant cause of school absence and emergency hospital admissions. Asthma symptoms may include coughing, wheezing, shortness of breath and chest tightness. Asthma attacks occur when symptoms become severe and breathing is difficult.

Asthma symptoms and exacerbations can be triggered by a range of factors, including respiratory infections, airborne allergens (such as pollen, dust mites, pet dander and mould), air pollution, exercise and cold air. Good indoor air quality is an important part of asthma management.

Students with asthma should have immediate access to their prescribed reliever inhaler at all times. Those who are capable of managing their medication independently carry their inhaler; otherwise, it is stored within the medical room where all staff can easily access. The school maintains two emergency asthma inhaler devices in line with current Department of Health and Social Care guidance for use in emergencies when a student’s prescribed inhaler is unavailable.

INDIVIDUAL CHILDREN AND YOUNG PEOPLE

Identification
Early recognition of an allergic reaction is essential to ensure prompt treatment and to reduce the risk of the reaction developing into anaphylaxis.

Information about allergies is gathered from parents/carers, students, healthcare professionals and previous educational settings where applicable.

The school maintains records of staff members with known allergies where information and consent has been provided and where this information is necessary for health and safety purposes.

Arrangements are made to identify significant visitor allergies where reasonably practicable.

All staff should be aware of the signs and symptoms of allergic reactions and understand that symptoms can vary between individuals and may worsen rapidly.

Signs of Allergic reactions may include:

Mild to moderate allergic reactions may include:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Mild throat tightness
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

Mild reactions can worsen and become anaphylaxis, affecting the Airway/Breathing/Circulation ("ABC")

Signs of Anaphylaxis (a potentially life-threatening allergic reaction)

- **A: Airways:** Swelling in the throat, tongue or upper airways (tightening in the throat, hoarse voice, difficulty swallowing)
- **B: Breathing**: Sudden onset wheezing, breathing difficulty, persistent cough, noisy breathing
- **C: Circulation**: Dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness

NB: the infographic in ***Appendix 2*** supports staff to recognise anaphylaxis.

Students with known allergies should have an up-to-date AAP and, where appropriate, an IHP that clearly identifies their symptoms, triggers and required treatment. Any member of staff who suspects that a student is experiencing an allergic reaction should act immediately in accordance with the student's IHP and the school's emergency procedures as anaphylaxis is a life-threatening medical emergency requiring urgent treatment and medical assistance. The school ensures that relevant staff receive appropriate training to recognise and respond to allergic reactions promptly and effectively.

There are clear and robust arrangements in place to identify all individuals with allergies, including students, staff and where appropriate visitors.

Individual Healthcare Plans (IHP)

The school has a register of students who have a known allergy. This includes children who have a history of anaphylaxis or have been prescribed ADs, as well as students with an allergy where no AD has been prescribed.

A student should have an IHP if:

- They have an allergy which has a functional impact on them in their school setting
- 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

Not all students with an allergy may require an IHP. Some allergies have little or no impact on the child while they are in the school setting and will not pose a risk. When deciding on whether to not have an IHP, the school will consider:

- If the arrangements or support which a student requires would be available to any individual as part of the school's normal policies
- If the student only needs non-prescription medication and the school's medical conditions policy permits them to carry and administer it

The IHP is developed in collaboration with the student and their parents/carers and should consider any clinical documents parents/carers share with the school. IHPs are not clinical documents such as a care plan or AAP but they provide clarity about the arrangements in place at school and how the school will ensure the student is as fully included in school life as possible. Clinical documents are considered and attached to the IHP. The plan sets out what needs to be done to support a specific child or young person with a medical condition, how, when and by whom, including in an emergency.

The school uses the template in ***Appendix 3*** to create an IHP.

The process outlined in ***Appendix 4*** is followed to write the IHP.

IHPs may also be developed for students with coeliac disease or other allergy-related conditions where the condition has a significant impact within school or requires arrangements additional to those ordinarily provided.

Allergy Action Plans (AAP)

AAPs are designed to function as individual healthcare plans for children with allergies, providing medical and parental consent for schools to administer medicines in the event of an allergic reaction, including consent to administer a spare adrenaline auto-injector. It is the parent/carers responsibility to submit the AAP from a healthcare professional (e.g. GP/School Nurse/Allergy Specialist) and provide this to the school. The AAP should be considered when writing a IHP and should be attached to the IHP.

Assessing Risk

Allergens can arise in unexpected places. Staff (including visiting staff) should consider allergies in all activity planning and include it in risk assessments. Some examples of where risk assessments may be required include:

- Classroom activities, for example craft using food packaging, science experiments where allergens are present, food lessons or cooking
- Bringing animals into the school
- Running activities or clubs where they might hand out snacks or food /treats, ensure safe food is provided or consider an alternative non-food treat for all students
- Planning special events, such as cultural days and celebrations

Inclusion of students with allergies must be considered alongside safety and they should not be excluded. If necessary, activities should be adjusted.

Students must not be prevented from taking part in activities alongside their peers simply because of a risk of coming into contact with one of their allergens. Where an activity would involve most students using a material which might contain an allergen known to affect one of the groups (for example), alternatives will need to be found for the whole group which do not exclude individuals.

Staff should consider:

- old food boxes or packaging may contain traces of allergens
- some products contain wheat flour, including "play dough"
- some glues contain milk, wheat or soya
- bird feed may contain nuts and sesame

Emergency Response

Any member of staff who suspects that a student, member of staff or visitor is experiencing an allergic reaction must take immediate action. If anaphylaxis is suspected, the individual's prescribed adrenaline device should be administered without delay in accordance with their AAP and/or IHP.

A member of staff should immediately call 999, stating that anaphylaxis is suspected, and request an ambulance. The Designated Allergy Lead, First Aid Team and, where appropriate, the student's parents/carers should be informed as soon as possible.

The individual should not be left alone and must be continuously monitored until emergency services arrive. If symptoms do not improve, or worsen after the first dose of adrenaline, a second adrenaline device should be administered in line with medical guidance and the individual's AAP. Staff should follow any specific instructions contained within the individual's IHP and ensure that emergency medication accompanies the individual if they are transferred to hospital.

Where an allergic reaction occurs on a school trip, sporting activity or other off-site event, the same emergency procedures will apply. Staff must ensure that prescribed adrenaline devices and any necessary healthcare plans are readily accessible and that all relevant staff are aware of emergency symptoms and procedures.

Following any allergic reaction requiring treatment, the incident is recorded in accordance with the school's reporting procedures via the 'Report of an Accident or Dangerous Occurrence form shown in ***Appendix 6*** and logged in the First aid online logbook. The incident is reviewed to identify any lessons learned, additional control measures required, or amendments to the individual's AAP, IHP or risk assessment. Parents/carers should be informed of any allergic reaction involving their child.

ACCESS TO PRESCRIBED DEVICE

(Including spares)

Storage and Care of Medication

The process for storing and management of ADs is communicated to parents via letter from school. Written parental permission for use of the spare ADs is included in the student's AAP and/or IHP.

If anaphylaxis is suspected in an undiagnosed individual, staff should call the emergency services and state, they suspect ANAPHYLAXIS. Follow advice from them as to whether administration of the spare AD is appropriate.

Parents/Carers must always supply two ADs which remain with the student at all times.

Students always carry their own ADs with them and are responsible for ensuring they take them with them on school trips/sporting fixtures.

Students prescribed an AD are required to always carry their device, including during the journey to and from school, ensuring continuous access to emergency medication

On-site medication provided by a parent/carer must be supplied in an appropriate container and clearly labelled with the student's name.

The student's medication storage container should contain:

- One AAI i.e. EpiPen® or Jext®
- An up-to-date AAP/IHP in a red file
- Antihistamine as tablets or syrup (if included on allergy action plan)
- Spoon if required
- Asthma inhaler (if included on Allergy Action Plan).

ADs should be stored at room temperature, protected from direct sunlight and temperature extremes.

The school maintains records identifying which students have prescribed ADs and the location of those devices, these records will be shared annually and as and when updated. Parents/carers will be reminded of their responsibility to ensure prescribed devices remain in date and are replaced before expiry.

Disposal

Used or expired ADs must be disposed of safely and in accordance with manufacturers guidelines and in a designated sharps bin because they contain a needle. Where a student uses their own AD, parents/carers must be informed and arrangements made for a replacement device to be provided to the school as soon as possible. If the school's spare AD is used, a replacement is obtained by the First Aid/Medical Administration Team through the school's usual supplier. The sharps bin is located in the school Medical Room. Used ADs may also be handed to attending ambulance paramedics upon their arrival.

SCHOOL-WIDE POLICIES

Spare Adrenaline Auto-Injectors (AAIs) in School

The school has four spare AAIs for emergency use for children who are at risk of anaphylaxis but their own devices are not available or not working (e.g. because they are out of date/lost).

The brand of emergency AAI that the school has is called Epi-Pen. These are labelled SPARE Emergency Adrenaline Pen, kept safe, accessible, not refrigerated and not left in direct sunlight.

Spare AAIs are sufficiently distributed across the school site so that no student is more than five minutes from access to adrenaline. Emergency AAIs are in labelled boxes on the wall in:

- X2 Visitor Reception in the first aid cabinet behind the desk (Morse Building)
- X2 Student Services in the first aid cabinet behind the desk (Hume Building)

Spare AAIs are clearly labelled to avoid confusion with student-specific medication.

The Designated Allergy Lead and First Aid/Medical Administration Team are responsible for:

- Deciding how many spare AAIs are required
- Distribution of AAIs around the site, their location and ensuring there is clear signage in place
- Checking the medication is in-date each half term and replace it as required

Where emergency asthma inhalers are held by the school, these are stored alongside spare adrenaline devices within emergency response kits.

Emergency inhalers are in labelled boxes on the wall in:

- X1 Visitor Reception in the first aid cabinet behind the desk (Morse Building)
- X1 Student Services in the first aid cabinet behind the desk (Hume Building)

Visits and Trips

Staff leading school trips ensure they carry all relevant emergency supplies. Trip Leaders will check that all students with medical conditions, including allergies, carry their medication. Students unable to produce their required medication may not be able to attend the excursion.
All the activities on the school trip, including allergies should be included within the risk assessment and appropriate controls put in place where required. The risk assessment for students at risk of anaphylaxis should specifically consider access to emergency medication, emergency communications, travel arrangements and the availability of appropriately trained staff. Individual trip risk assessments should be completed where a student's allergy presents additional risks requiring specific control measures.

Overnight school trips are possible with careful planning. If appropriate, a meeting between parents/guardians and the lead member of staff planning the trip/visit may be required.

Staff at the venue for an overnight school trip or a restaurant visit should be briefed by the Trip Leader on the trip before arrival and this should be followed up with on arrival that a student with an allergy is attending and will need appropriate food (if provided by the venue or restaurant).

In addition to the above:

- A child with a prescribed adrenaline pen must have both of their ADs on a school trip. It is the Trip Leader's responsibility to check they have them
- ADs should always be kept close to the student e.g. not stored in the hold of the coach when travelling or left at the hotel
- ADs should be protected from extreme temperatures
- Staff accompanying the student should be aware of students with allergies and are trained annually to recognise and respond to an allergic reaction
- Spare AAIs are provided by the school for off-site activities. This is recorded as part of the risk assessment process.

Sporting Fixtures

Away fixtures

Children at risk of anaphylaxis should have every opportunity to attend sports trips to other schools.

PE teachers must be aware of the allergies of any students that they take with them on a school fixture. Students should have their ADs with them at all times. It is the Fixture Leader's responsibility to check they have them.

Any dietary requirements should be sent ahead to ensure that students with allergies are catered for appropriately. If they cannot be catered for appropriately by the host school, then a suitable packed lunch should be provided. A member of staff trained in administering an AD and is a qualified first aider must accompany the team.

Home fixtures

The school ensures that appropriate arrangements are in place to safely cater for individuals with allergies at all home fixtures. This includes ensuring that all PE staff and catering personnel are aware of allergy management procedures and that suitable food options are available, even when no specific allergies have been identified among participants. A member of staff trained in administering adrenaline will be present during all home fixtures along with a qualified first aider.

Visiting schools should be asked to provide details of any allergies within their teams so that necessary precautions can be taken.

Serious Incidents or Near Misses
The school recognises the importance of recording, investigating and learning from all allergy-related incidents and near misses. Effective reporting supports the school's duty to safeguard students, promote their wellbeing and ensure that arrangements for supporting students with medical conditions are properly implemented and reviewed.

What Must Be Reported – see *Appendix 5* for template
The following is reported and recorded:
- Any allergic reaction occurring on school premises or during a school activity
- Administration of emergency medication, including adrenaline auto-injectors
- Any activation of emergency procedures or call to emergency services
- Accidental exposure to a known allergen, regardless of whether symptoms develop
- Near misses where a student may have been exposed to an allergen, but harm was avoided
- Errors involving food provision, medication management, labelling or communication
- Incidents involving bullying, teasing or deliberate exposure to allergens
- Concerns raised by students, parents or staff regarding allergy management

Recording and Investigation
All serious incidents and near misses are documented promptly using the school's procedures. Records should include:
- Date, time and location of the incident
- Individuals involved
- Description of events and contributing factors
- Actions taken and outcomes
- Whether emergency medication was administered
- Any follow-up actions required

The Designated Allergy Lead reviews all reports to identify patterns, recurring risks or areas requiring improvement.

Learning from Incidents
Following any serious incident or near miss, the school will
- Support the wellbeing of the student and those involved in the incident
- Undertake a proportionate review of the circumstances
- Consult with the student, parents/carers and relevant staff
- Review risk assessments and IHPs where appropriate and liaise with healthcare professionals if required
- Identify any additional training, supervision or control measures required
- Share learning with relevant staff to prevent recurrence
- Update policies, procedures or catering arrangements where necessary

Near misses will be reviewed with the same objective of identifying lessons learned and preventing recurrence. Findings from incident investigations will inform future staff training and policy reviews.

Communication with Parents and Carers
Parents/carers are informed as soon as reasonably practicable of any allergy-related incident, allergic reaction, administration of emergency medication or significant near miss involving their child. The school will work collaboratively with families to review support arrangements and maintain confidence in the school's ability to provide effective care.

Monitoring and Governance
The Academy Council and Senior Leaders will ensure that allergy incidents and near misses are monitored regularly as part of the school's wider safeguarding, health and safety and medical conditions arrangements. Trends are reviewed periodically to support continuous improvement

Information Sharing
Information relating to student allergies will be shared on a need-to-know basis to enable staff to discharge their duty of care effectively. Allergy information is made available to relevant staff, including teaching staff, support staff, catering staff and Trip Leaders. The school complies with UK GDPR and Data Protection legislation when collecting, storing and sharing allergy-related information. Allergy information is only shared where necessary and proportionate and in a manner that preserves dignity and confidentiality. Students and parents/carers are informed how allergy information is used and shared within the school. Arrangements are reviewed regularly and at least annually to ensure information remains accurate and up to date

Awareness of the Allergy Safety Policy
The Allergy Safety policy is published on the school website and made available to parents/carers on request. Staff are made aware of the policy as part of induction and annual allergy awareness training. Age-appropriate allergy awareness information is shared with students through assemblies, PSHE activities and other suitable opportunities. Where appropriate, and with parental agreement, peers of students at risk of anaphylaxis may be taught how to seek help in an allergy emergency. Awareness activities support understanding, inclusion and the prevention of allergy-related bullying.

Evaluation and Governance Oversight
This policy will be reviewed at least annually and sooner if applicable as part of a serious incident or near miss review or when guidance or regulations change.

APPENDIX 1 – SAMPLE RISK ASSESSMENT

ACTIVITY and/or ENVIRONMENT TO BE ASSESSED: USE OF FOOD IN LESSONS The use of food in lessons provides valuable learning opportunities but can present significant health and safety risks, particularly for students with food allergies, intolerances, or other medical conditions. Exposure to allergens can occur through eating, handling, or accidental cross-contamination of food products and may result in serious allergic reactions, including anaphylaxis. A specific risk assessment is therefore required to identify potential hazards, implement appropriate control measures, and ensure that all students can participate safely. This supports the school's duty of care and aligns with Department for Education guidance on supporting students with medical conditions and managing allergy risks within educational settings

Date of Assessment:	
Assessor Name and Signature:	
Signed and accepted by Site and Operations Manager	
Signed and accepted by the Designated Allergy Lead	

KEY (People at risk)	Likelihood (L)	Severity (S)	Risk Calculation	Risk Rating
E = Employee YP = Young Persons P = Public C = Contractors V = Visitors EM = Expectant Mothers	1. Very Low (rare/very unlikely) 2. Low (unlikely) 3. Medium (could occur/possible) 4. High (likely to occur/probable) 5. Very High (near certain to occur)	1. Insignificant (nuisance/discomfort) 2. Minor (no lost time) 3. Moderate (time loss) 4. Significant (serious/incapacity to work) 5. Major (Death)	Likelihood x Severity = Rating	**1- 6 LOW RISK** Monitor **8-12 MEDIUM RISK** Monitor, review & reduce risk where possible **14-25 HIGH RISK** Further Action Required

1.Hazards Identified and potential harm it could cause	2. People At Risk	3.Controls in Place	4.Risk Rating				5. Further Action Required/ Recommendations	6.Target Date for Completion
			L	S	Score	Risk		
.								

APPENDIX 2 – RECOGNISE ANAPHYLAXIS

Recognise the signs of anaphylaxis

A
- Tightening of the throat
- Hoarse voice
- Difficulty swallowing
- Swollen tongue

B
- Sudden wheezing
- Difficult or noisy breathing
- Persistent cough

C
- Persistent dizziness
- Pale or floppy
- Suddenly sleepy
- Collapse/unconscious

If any one (or more) of these signs are present: Don't delay

1. **Lie flat with legs raised** (if breathing is difficult, allow to sit)

2. **Give adrenaline device without delay**
(use the school's spare device if needed)

Scan this dose for instructions on how to use adrenaline devices

3. **Immediately dial 999** for ambulance
and say ANAPHYLAXIS (ana-fill-axis)

After giving adrenaline:

- Stay with person until ambulance arrives, do NOT stand them up.
  - Keep them lying down, even if things seem to be getting better.
- Phone parent/emergency contact.

5/00 minutes

If no improvement after 5 minutes, give another dose of adrenaline using a second device, if available.

Commence CPR at any time if there are no signs of life

ALWAYS GIVE ADRENALINE DEVICE FIRST if someone has **SEVERE AND SUDDEN BREATHING DIFFICULTY** (including wheeze, persistent cough or hoarse voice). **THEN SEEK MEDICAL HELP. Anaphylaxis can occur without skin symptoms**

APPENDIX 3 – INDIVIDUAL HEALTHCARE PLAN (IHP)

NAME – Individual Healthcare Plan for Allergy
Date of Birth
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 the extend to which the child or young person can 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 setting will put in place within its educational remit
Outline measure to reduce the risk or 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

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

Emergency Response

Where an Action Plan issued by a healthcare professional covers emergency response, refer to it and ensure it is attached.
Otherwise, summaries 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	
Non-prescription medication *Record any non-prescription medication (e.g. oral antihistamines) which the child or young person may need 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.*	
Issued by:	**Date**:

APPENDIX 4 – INDIVIDUAL HEALTHCARE PLAN FLOWCHART

A CYP comes onto roll of school, college or EY setting. Parents or the young person identify they have allergy. Advice and instruction from relevant healthcare professionals (e.g. Allergy Action Plan) is provided.

OR

A CYP already on the roll of the school, college or EY setting is identified as having a allergy (including a new diagnosis) or develops an allergy.

↓

School, college or setting considers the advice or instruction provided by relevant healthcare professionals. They meet the CYP and their parents to discuss the circumstances, the impact of the allergy and consider whether an Individual Healthcare Plan (IHP) is required. If necessary, the school, college or setting seeks advice from relevant healthcare professionals.

↓

If the allergy has a functional impact on the CYP or poses a risk to them, the school, college or EY setting should discuss what supportive arrangements may be required with the CYP and their parents and should draw up an IHP to specify them.

If healthcare professionals have provided advice or instruction (e.g. an Allergy Action Plan, their IHP will refer to it.

↓

IHP is shared with the CYP, their parents and those staff who need to be aware of its contents.

↓

School, college or setting delivers the arrangements set out in the IHP.

↓

IHP is reviewed at least annually. Any serious incident, "near miss" or change in circumstances (including changes in instructions or advice from relevant healthcare professionals such as changes to care plan, action plan or medication) should prompt review of the IHP.

↓

Amended IHP is shared with the CYP, their parents and those staff who need to be aware of its contents. School, college or setting delivers the revised arrangements.

APPENDIX 5 – NEAR MISS INCIDENT REPORT FORM

Department:	
Date of Incident/Near Miss:	
Time:	
Location:	
Person Completing Report:	
1. Person Involved	
Name:	
Year/Class:	
Staff/Student/Visitor:	
Known Allergy:	
2. Type of Event	
☐ Allergy/Medical ☐ Behaviour/Violence ☐ Food Safety ☐ Premises & Facilities ☐ Slips, Trips & Falls ☐ Sports & PE	☐ Fire & Emergency ☐ Security ☐ Vehicle/Pedestrian ☐ Safeguarding ☐ Other_____
3. Description of Incident/Near Miss	
Provide a factual description of what happened: (use additional paper if required)	
4. Immediate Actions Taken	
☐ No immediate action required ☐ Parent or carer contacted ☐ Hazard removed or area made safe ☐ Item/equipment withdrawn from use	

☐ Incident escalated and investigation started ☐ Other_____
5. Outcome
☐ No injury or illness sustained. ☐ No allergen exposure occurred. ☐ Potential incident prevented before harm occurred. ☐ Food item removed from sale before consumption. ☐ Student identified risk and did not consume product. ☐ Control measures successful in preventing injury ☐ Other_____
6. Investigation Findings

Root cause and notes:	
7. Corrective Actions	
Actions to prevent recurrence:	
Responsible Person:	
Completion Date:	
8. Reporting Requirements	
☐ Accident log completed ☐ Parents informed ☐ Leadership informed ☐ RIDDOR completed (Site and Operations Manager only)	

APPENDIX 6 – REPORT ACCIDENT OR DANGEROUS OCCURANCE

NAME/FORM		
DATE:		
TIME:		
LOCATION:		
TEACHER NAME (if in class time)		
ACCOUNT OF INCIDENT: *Include part/s of the body affected – add extra page if necessary*		
WITNESS NAME/S		
FIRST AIDER IN ATTENDANCE		
AMBULANCE CALLED	**Yes**	**No**
If no did the student affected go home or remain in school		
Is further information being gathered/reviewed	**Yes**	**No**
Who is undertaking the review		
Have the parents been contacted	**Yes**	**No**
Have the Arbor online forms been completed (head bump only)	**Yes**	**No**
Sign / print / date by staff at the scene		
Did the student remain in hospital	**Yes**	**No**
If yes, for how long		
How long was the student absent as a result of the accident?		
OFFICE USE		

Date copied to Zoe Fisher (ZFR), Site & Operations Manager		
ZFR reported to HSE	**Yes / No**	**Date:**
Signed by Headteacher		**Date:**

PLEASE RETURN COMPLETED FORM TO STUDENT SERVICES

GUIDANCE

Reporting Accidents and Incidents to HSE
As an academy RIDDOR (the reporting of injuries, diseases, and dangerous occurrences regulations to HSE) must be undertaken by the H&S responsible person (ZFR).

Where students are taken to hospital and treated as a result of a defect in the premises or safe system of work, the outcome must be reported to HSE. An accident form must be filled in and returned to student services in this instance.

Investigation
If an investigation has commenced please inform ZFR who will provide guidance.

Recording Accidents and Incidents
It is important to record minor injuries for monitoring purposes. The online medical book record suffices for most eventualities. Most incidents will not need an accident form generating or be reported to HSE. However, when an injury is quite unpleasant, and even if the child has not been taken to hospital or had any absence from school, it is still good practice to generate a form in order for the Headteacher and ZFR to be aware of circumstances that may have a pattern.

When in doubt about the need to complete a form, please ask Zoe Fisher, Site & Operations Manager, for guidance.