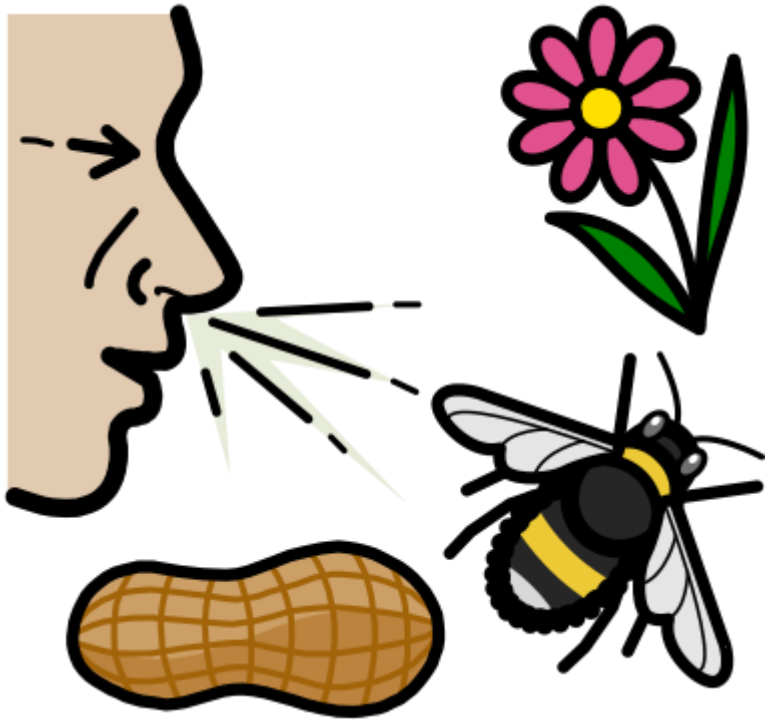
Allergy safety policy

Kenmore Park Infant & Nursery School



Approved by:		**Date:**	23.09.26
Last reviewed on:	Sep 26		
Next review due by:	Sep 27		

Contents

1. Aims 2
2. Legislation and guidance 2
3. Roles and responsibilities 2
4. Identifying individuals at risk 4
5. Assessing risk 6
6. Minimising risk 7
7. Procedures for handling an allergic reaction 8
8. Adrenaline devices (ADs) 8
9. Serious incidents and 'near misses' 10
10. Allergy awareness 11
11. Wellbeing 12
12. Information sharing 13
13. Monitoring arrangements 13
14. Links to other policies 13
15. Appendix 1 – Example Individual Health Care Plan (IHCP) 14
16. Appendix 2 – Example Emergency Protocol 18

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 **(CRC Article 19: *a right to be cared for and protected)***
- Make clear how our school supports pupils with allergies to ensure their wellbeing and inclusion
- Promote and maintain allergy awareness among the school community

2. Legislation and guidance

This policy is based on the Department for Education (DfE)'s statutory guidance on allergy safety in schools and supporting pupils with medical conditions at school, the Department of Health and Social Care's guidance on using emergency adrenaline auto-injectors in schools, and the following legislation:

- The Food Information Regulations 2014
- The Food Information (Amendment) (England) Regulations 2019

3. Roles and responsibilities

3.1 The governing board

The governing board is responsible for ensuring:

- Risks relating to pupils with allergy are included in the risk register and actively managed
- The school has an allergy safety policy which sets out:
  - Arrangements to reduce the risk of individuals coming into contact with their known allergens

- Emergency response plans for cases of anaphylaxis

The governing board delegates the day-to-day implementation of this policy to the allergy safety lead.

3.2 Allergy Safety Lead

The nominated allergy safety lead is the Deputy Head Teacher, Mr J. Snowden.

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 (IHCP) **see Appendix 1**
  - 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 IHCP

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 IHCP is required to specify arrangements that reflect the pupil's circumstances.
- This responsibility may be delegated to another member of staff, though this should be a Senior Leader and will typically be the Allergy Safety Lead.

3.4 Welfare Assistant

Juanita Nubuor, Welfare Assistant, is responsible for:

- Checking spare AAIs are present and in date on a monthly basis
- Making sure that replacement AAIs are obtained when expiry dates approach

3.5 Teaching and support staff

All teaching and support staff are responsible for:

- Promoting and maintaining allergy awareness among pupils
- Maintaining awareness of our allergy safety policy and procedures

- Being able to recognise the signs of severe allergic reactions and anaphylaxis
- Being aware of specific pupils with allergies in their care
- Reducing the risk to pupils with known allergies coming into contact with known allergens
- Ensuring the wellbeing and inclusion of pupils with allergies
- Reporting any allergic reaction or case of anaphylaxis to the Allergy Safety Lead and to the Head Teacher, Welfare Assistant and Class Teacher in the absence of the Allergy Safety Lead.

3.6 Parents/carers

Parents/carers are responsible for:

- Being aware of our school's allergy safety policy
- Report possible delayed-reaction allergic events to the school
- 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
- Ensuring their children's safety to and from school by having access to an AD
- Following the school's guidance on food brought in to be shared
- Updating the school on any changes to their child's condition
- Ensure that their child with allergies has their own named water bottles which they can recognise.
- Typically, the canteen is able to provide appropriate food for children with allergies. However, if for some reason this is not possible, any lunch boxes provided to pupils by parents will be clearly labelled with the name of the child for whom they are intended.

3.7 Pupils with allergies

If age-appropriate, these pupils are responsible for:

- Being aware of their allergens and the risks they pose
- Carrying their AD on their person and only using it for its intended purpose. In the Infant School, this will always be supervised by an adult. E.g., typically, a child with an AD device will have their IHCP, their emergency protocol (see Appendix 2) and their AD in a red emergency bag which is carried by an adult in their company/who his nearby. Therefore, a child with an AD device may carry their red emergency bag from one adult to another e.g., going from lining up in the playground to the canteen – but it is the responsibility of the adults involved to ensure they receive the emergency bag with the paperwork and AD device inside. In the Infant School, an adult would always administer medication in relation to allergy, unless the Child's IHCP had different protocols – which would have to be agreed between school staff and parents in advance.
- Understanding how and when to use their AD – if possible - given the age of the child.

3.8 Pupils without allergies

These pupils are responsible for:

- Being aware of allergens and the risk they pose to their peers
- Older pupils might also be expected to support their peers and staff in the case of an emergency.

4. Identifying individuals at risk

Allergy is a spectrum of different allergic diseases. Reactions occur when a susceptible person is exposed to something (an "allergen") they are allergic to. Common allergic conditions include:

- Hay fever (allergic rhinitis), triggered by allergens carried in the air, such as pollen, house dust mite, animal fur/feathers, or mould
- Skin allergies (e.g. eczema, contact dermatitis, contact urticaria/hives) caused by contact with allergens including house dust mite, pollen and substances like nickel, latex and some chemicals
- Food allergy, which can cause symptoms ranging from mild itching in the mouth to "whole body" reactions including anaphylaxis
- Asthma which may be triggered by airborne allergens
- Allergy to insect stings and medicines

4.1 Identifying pupils at risk

We will:

- For children entering the school for the first time at the start of the year in Nursery or Reception, school staff (typically the Class Teachers) will speak with the parents to clarify if their child has any allergies and whether the children require any medication. If this is the case, the Class Teacher will share this information with the Allergy Safety Lead ASAP. The Allergy Safety Lead will then arrange a meeting with the parents, constructing an IHCP if required.
- Where a pupil has moved into the school mid-term, the school's admin officer will speak with parents to clarify any medical needs, including allergies and related required medication. If the child has a medical need or allergy which may pose a risk to their health, the School's Allergy Safety Lead will contact the parents to arrange a meeting ASAP. This duty may be delegated to the Welfare Assistant. An IHCP will be constructed at this meeting if required.
- If a child has a new diagnosis, the School's Allergy Safety Lead will contact the parents to arrange a meeting ASAP. An IHCP will be constructed at this meeting if required.
- Send a reminder to parents/carers at the start of each year asking them to update their child's medical information as necessary [for example, via the school's MIS parent portal]

We ask that parents/carers proactively inform us by either phone call to the school 020 8204 8759, by speaking with the Welfare Assistant and via an email to office@kpins.harrow.sch.uk if their child's medical needs change during the school year.

4.2 Identifying staff and visitors at risk

We will:

- Ask new staff to provide details of their allergies in advance of their start date
- Ask visitors to provide details of their allergies in advance of their visit.

4.3 Individual healthcare plans (IHCP)

Pupils should have an IHCP 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 IHCP. Healthcare professionals may decide that it is more appropriate to accept that the child shows symptoms, rather than proceeding to a formal diagnosis.

The IHCP 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 IHCP. 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 IHCP is required to specify arrangements that reflect the pupil's circumstances. **This duty may be delegated to the Allergy Safety Lead.**

If parents and school cannot agree on what constitutes appropriate support, the school will refer to the School Nursing Service for further advice.

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 IHCP may not be required
- If the pupil only needs non-prescription medication and parents/carers are available to administer these medications by attending the school, an IHCP may not be required.

IHCPs 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 IHCP will be shared as part of the transition.

4.4 Allergy and asthma action plans

All pupils who have a known allergy to a food or insect stings should be issued with an appropriate allergy action plan by their healthcare professional.

All pupils who have asthma should be issued with an asthma action plan by their healthcare professional.

The plans include medical and parental consent for staff to administer emergency medicines, including adrenaline for anaphylaxis or reliever inhaler in the event of an asthma attack.

The allergy action plan and/or asthma action plan should be attached to the pupil's IHCP. Whenever the allergy action plan is updated, the pupil's IHCP should be reviewed to incorporate it.

4.5 Register of pupils with known allergies

- The school maintains a register of pupils who have medical conditions, including those with a known allergy. For children with known allergens, the following information is included:
  - 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 requires parental consent)
  - From this list of medical conditions, the Allergy Safety Lead will produce a list of children with allergies which is shared with the canteen. Individual Health Care Plans will also be shared with the canteen.
- The register is **kept by the serving catch in the canteen** and can be checked quickly by any member of staff as part of initiating an emergency response
- Children whose allergies are severe enough to have an AD, will have a red 'emergency bag', containing their AD, their IHCP and their emergency protocols which will accompany them at all times.

5. Assessing risk

The school will conduct a risk assessment for any pupil at risk of anaphylaxis taking part in:

- Lessons or after-school clubs featuring food
- 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

*****THERE SHOULD BE NO AD-HOC FOOD-RELATED ACTIVITIES*****

- School staff will not hand out party bags provided by parents but will instead suggest that the parent/carer hands them out outside the relevant classroom at the end of the day so that the child's parent/carer can examine any foodstuffs.

A risk assessment for any pupil at risk of an allergic reaction will also be carried out where a visitor requires a guide dog.

6. Minimising risk

6.1 Hygiene procedures

- Pupils are reminded to wash their hands/access hand gel before eating
- Sharing of food, food containers, and food utensils is not allowed
- Pupils with allergies 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.
- Catering staff are available to meet with parents and to share the ingredients of the menus and to discuss the provision of allergy safe meals with parents/carers. Such meetings will typically be held with the Allergy Safety Lead present.
- Where changes are made to school menus, the catering agency 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 school menu. 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. If unsure, they will liaise with the Allergy Safety Lead.
- Catering staff follow hygiene and allergy procedures when preparing food to avoid cross-contamination

6.3 Insect bites/stings

The school will take the following procedures to prevent/minimise insect bites/stings:

When outdoors:

- Shoes should always be worn
- Food and drink should be covered if possible.

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, unless permission is sought through parents and a risk assessment completed.

6.5 Visits and trips

- No pupils with allergies will be excluded from taking part
- 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
- **The school will conduct a risk assessment for any pupil at risk of anaphylaxis taking part in a school trip**
- 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
- Appropriate measures will be taken in line with the school's AD protocols for off-site events and school trips (see section 8.5)

7. Procedures for handling an allergic reaction

- All staff are trained to recognise the signs of both mild and severe allergic reactions (known as anaphylaxis) and respond appropriately
- Staff are trained in the administration of adrenaline to minimise delays in an emergency
- If the pupil has an allergy action plan, this must be followed
- A spare school AD device will only be used if:
  - The pupil does not have a prescribed AD
  - The pupil's prescribed AD are not available or misfire

8. Adrenaline devices (ADs)

The following information is in accordance with the Department of Health and Social Care's Guidance on using emergency adrenaline auto-injectors in schools.

8.1 Prescribed ADs

In the Infant School, children with ADs will have a red 'emergency bag' containing all of their paperwork (allergy action plan/IHCP/Emergency Protocol) and AD. It is recommended that two devices are carried at all times.

In order to avoid children leaving their ADs at home and thereby being at increased risk re their health and safety, the school requires parents to have separate ADs for administration at school. These ADs will be stored in their red emergency bags. When the children are not in school, these will be stored in the classroom in a cupboard with a 'Medical Equipment' sign displayed on the cupboard.

In addition, the school will keep at least one additional emergency AD in the Welfare Room and another in the canteen. The welfare room is an appropriate central location -the door to which is unlocked - and the AD will be accessible at all times. It is **no more than** 5 minutes away from where they may be needed

It will be kept at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature.

Parents will be responsible for ensuring their children have rapid access to ADs when travelling to and from school.

School Trips:

When on trips, any children with ADs will have their red 'emergency bags' containing all paperwork and ADs and other medication.

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. The same information in a clearer format will typically be contained in an emergency protocol sheet which be constructed from the action plan in order to support staff to administer medication in an emergency. Any such documents will be agreed with the parents.

- Any child with a prescribed AD will be noted on the Medical Conditions Register which is shared with all staff and stored in the Medical Conditions Folder on the staff drive. Each Classroom contains an overview sheet of all children with medical conditions, including those with ADs.

8.2 Spare ADs and inhalers

Please note: current regulations only allow schools to purchase adrenaline auto-injectors (AAIs) as spare devices. Non-injectable adrenaline devices (nasal spray) may be prescribed to individuals but cannot currently be stocked as a spare device. If an individual who is prescribed nasal adrenaline suffers anaphylaxis, a school's spare AAIs may be used in an emergency. Schools can purchase an emergency asthma reliever inhaler which can only be used if the pupil's prescribed inhaler is not available and where written consent has been obtained.

The Allergy Safety Lead is responsible for sourcing spare ADs and emergency asthma reliever inhalers.

The Welfare Assistant will be responsible for ensuring they are stored according to the guidance.

Procedures for buying spare ADs:

- Spare ADs will typically be sourced from the local pharmacy but on-line purchases of ADs may be made if cheaper or more convenient.
- The number of ADs required will depend on a number of circumstances e.g., the number of children in school with severe allergies; the likelihood of the children being exposed to their allergens, etc. Typically, the school will have one additional AD housed in the welfare room. If more than 2 children are attending the Infant and Nursery School with severe allergies, the school will consider purchasing more, depending upon the above circumstances.
- The school will typically purchase an Epipen as the additional AD, as these have been the most common AD prescribed. However, if a child is attending with a different brand, (e.g., Jext) the school may purchase an additional AD of this brand.
- The school will ensure that the dosage of the additional AD matches that of the one prescribed to the child which should be in line with that outlined on page 11 of the AAI guidance) i.e:

  • **For children age under 6 years: a dose of 150 microgram (0.15 milligram) of** adrenaline is used (e.g. using an Epipen Junior (0.15mg), Emerade 150 or Jext 150 microgram device).

  • **For children age 6-12 years: a dose of 300 microgram (0.3 milligram)** of adrenaline is used (e.g. using an Epipen (0.3mg), Emerade 300 or Jext 300 microgram device).

Spare ADs will be stored:

- Spare ADs will be stored in the **Welfare Room**, which is unlocked and will be in labelled cupboard, out of reach of children but which adults are able to access.
- This room is no more than 5 minutes away from where the ADs may be needed.

- They will be 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 pupils' prescribed ADs and clearly labelled to avoid confusion

Welfare Assistant, Juanita Nubuor is responsible for:

- Checking monthly that spare ADs [and the emergency asthma reliver inhaler(s)] are present and in date
- Obtaining replacement ADs when the expiry date is near

8.3 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 (for example, in a sharps bin for collection by the local council).

8.4 Using spare ADs in an emergency situation without prior consent

The Human Medicines (Amendment) Regulations 2017 do not require consent to have been obtained for spare adrenaline devices to be used in an emergency.

The school will obtain advance consent from parents/carers or pupils for spare adrenaline devices to be used, so that in an emergency, consent can be assumed to be in place.

However, in an emergency situation, anyone may take reasonable action to save a life without checking whether prior consent has been given. This avoids potentially fatal delays in treatment.

8.5 Use of ADs off school premises

Pupils at risk of anaphylaxis who are able to administer their own adrenaline should carry their own ADs with them on school trips and off-site events **though this is unlikely to be the case for children in the Infant School, who will require adults to administer and carry their ADs.**

School Trips:

In line with all children with medical conditions, the school will ensure that staff members involved are aware of pupils' allergies **through staff making reference to the medical needs registers for the appropriate year groups and via liaison with the Welfare Assistant.**

- The school will conduct a risk assessment for any pupil at risk of anaphylaxis taking part in a school trip
- 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. **Any child with an AD will be assigned to a group overseen by an adult who has received appropriate training. This adult will travel on the same coach as the child with the AD.**
- **Any child with an AD will already have a red 'emergency bag' containing the child's IHCP, emergency protocol and allergy action plan. This bag will accompany the trained adult who will remain in close proximity to the child during the trip.**

9. Serious incidents and 'near misses'

A **serious incident** is any event relating directly to a medical condition (including allergy) in which a pupil, member of staff or visitor with a medical condition or allergy is harmed or is placed at an immediate and significant risk of harm, including situations requiring emergency medication, urgent clinical intervention or attendance by emergency services.

A **'near miss'** is an event relating directly to a medical condition (including allergy) that did not result in harm but had the clear potential to do so – for example, where an error, omission, or system failure could reasonably have led to a serious incident had circumstances been only slightly different.

9.1 Incident recording

The school will record serious incidents and 'near misses' relating to allergy safety as soon as is feasible. The incident will be recorded in CPOMS, attached to the child's record and will include the following information:

- 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

The school will approach serious incidents and 'near misses' in a 'no blame' spirit of seeking to learn lessons.

9.2 Incident reporting

The parents/carers of a pupil aged up to 16 should be notified of the incident or 'near miss' as soon as possible.

The school will share the report with the pupil's parents, the pupil or the individual involved.

They will be given the opportunity to discuss what happened and to contribute their views to the consequent lessons learned review. The school will then confirm what we have learnt from the incident and outline any actions we are taking as a result. This will also be shared with the Chair of Governors.

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 Head Teacher as well as the Allergy Safety Lead/DHT, Mr J. Snowden. 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 IHCP. 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.

This includes permanent staff, temporary staff, supply teachers, peripatetic staff, agency workers and regular volunteers. It also includes catering staff and others who may oversee pupils at breakfast or after-school clubs. It does not include contractors carrying out work with no pupil-facing role such as builders, electricians or other ad hoc maintenance personnel.

The school has purchased 'training pens' from EpiPen and Jext so staff can practise safely and be familiar with the differences. These are kept in the Deputy Head Teacher's office so there is no chance of confusion with genuine ADs.

The school may conduct allergy safety drills annually. This is a simulated case of anaphylaxis to test out how staff respond, without risk to any individual. The results of the drill may be recorded and used to inform the ongoing review of this policy.

Allergy awareness training will ensure that all staff:

- Have an awareness of allergy, the risks it poses, how allergic reactions can occur and how to manage it
- Understand that allergy includes multiple conditions (food allergy, asthma, eczema, hay fever, others), which can co-exist
- Understand the difference between food allergy, coeliac disease and food intolerance
- Know where to find information on allergy triggers
- Can identify the range of symptoms of allergic reactions
- Understand and can recognise anaphylaxis
- Know how to respond in an emergency, including:
  - Calling emergency services and informing parents/carers
  - How to locate and administer emergency medication
  - How to use the medication/device in an emergency
- Understand the impact allergy can have on a pupil's wellbeing
- Understand the school's allergy safety policy
- Know how to check whether an individual is on the record of those with known allergy, and how to use an allergy or asthma action plan
- Understand their responsibilities in reducing the risk of individuals with known allergy coming into contact with their known allergens
- Understand how to report an allergic reaction or case of anaphylaxis (whether an incident or a 'near miss')

10.2 Awareness of allergy safety policy

This allergy safety policy will be published on the school's website. This information will be shared with parents/carers at the start of the school year so that they are able to access this.

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

Further useful resources can be found at: Allergy School

11. Wellbeing

Pupils with allergies can experience bullying and may also suffer from anxiety and depression relating to their allergy.

Depending on need, pupils with allergies may have additional support through:

- Regular check-ins with their Class Teacher or the Welfare Assistant.
- Reassurance that steps are being taken to minimise the risks of exposure to allergen and that robust measures are in place in the event of anaphylaxis

The school will respond to any instance of bullying in line with its behavior policy.

11.1 Wellbeing support following an incident or 'near miss'

The school recognises that an incident or a ‘near miss’ is a serious event with a potential impact not only on the pupil but their family, those involved in responding. and any witnesses. The school will provide support to those involved.

The school will support staff involved in any incident or ‘near miss’.

See section 9 of the policy for more detail on incidents and ‘near misses’.

12. Information sharing

Information about an individual’s health is considered special category data under UK GDPR. It will therefore be handled in line with our data protection policy.

13. Monitoring arrangements

This policy will be monitored by the Allergy Safety Lead.

It will be reviewed and approved annually by the allergy safety lead, or more frequently if a serious incident or ‘near miss’ identifies an area for improvement.

14. Links to other policies

This policy links to the following policies and procedures:

- Supporting pupils with medical conditions policy
- Data protection policy
- Behavior policy
- Asthma policy

15. Appendix 1: Example Individual Health Care Plan

Individual healthcare plan – [name of child]

Last updated: XXXXXX	[Colour denotes rag rating re level of seriousness of medical condtion] Picture of child		
Risk of hospitalisation/serious illness/death	Low	Medium	High
Name of school/setting	Kenmore Park Infant & Nursery School		
Child's name			
Group/class/form			
Date of birth			
Child's address			
Medical diagnosis or condition	**1st issue/condition**		
	2nd issue/condition, etc.		
If allergy, is it triggered through:	**Airborne?**	**Touch?**	**Eating?**
Date	06/2025		
Review date	09.2026		

Family Contact Information

Name	
Phone no. (work)	
(home)	
(mobile)	
Name	

Relationship to child	
Phone no. (work)	
(home)	
(mobile)	

Clinic/Hospital Contact

Name	
Phone no.	

G.P.

Name	
Phone no.	

Who is responsible for providing support in school	

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Action to be taken if a child refuses to take medicine/carry out a necessary procedure

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency *(state if different for off-site activities)*

Plan developed with

Staff training needed/undertaken – who, what, when

Details of Special Educational Needs – if applicable

Area of need:
Support provided:

Form copied to

Class teacher; TA; DHT; HT; Head Lunchtime Leader; parents, welfare

Form saved in Teachers Only in: Medical Conditions 2026-2027

Parent/Carers' Agreement:

- I confirm that the information held within this IHCP (and emergency protocol sheet if the child has one) is accurate.
- I agree to the school providing my child with the medication mentioned within.
- I agree to update the school as and when any changes to my child's condition occurs and if my child receives new medication, I will inform the school as soon as this is the case and will provide the new medication.
- I understand that this is a working document which will typically be updated annually – though if any changes are required prior to this time, I will contact the school.
- I understand that if my child requires an inhaler, I will provide **one spacer and one inhaler to the school.**
- I give permission for them to use the school's emergency inhaler (please circle): **yes/no**
- **I understand that if my child requires an adrenaline device, such as a Epi-pen, I will be asked to supply 2 devices to the school.**

Name_____ Signed_____ Date_____

RRSA:

Article 19 – we have the right to be safe.

16. Appendix 2: Example Emergency Protocol:

Kenmore Park Infant & Nursery School

Picture of child

Name: **Emergency Protocol**

DOB: XX/XX/XXXX0 Year: X Class: XXXXXXX

Last updated: XX/XX/XXX

Issues: XXXXXXXXXXXXXXXXXXXXXX

NB – if any doubt re whether the reaction is mild/moderate, GIVE EPIPEN

Anaphylaxis may occur without skins symptoms: ALWAYS consider anaphylaxis in someone with known food allergy who has SUDDEN BREATHING DIFFICULTY

If wheezy, and has not had exposure to allergens, give inhaler first, following asthma protocols. If she has been exposed to allergens, do the following:

If wheezy, dial 999and GIVE ADRENALINE first, then use asthma reliever inhaler (blue puffer) with spacer

Symptoms: mild to moderate	Symptoms severe (Signs of Anaphylaxis – life threatening allergic reaction)
(NB watch for severe symptoms) • Swollen lips, face or eyes • Itchy/tingling mouth • Hives or welts • Abdominal pain or vomiting • Sudden change in behaviour	**A**irway: Persistent cough, hoarse voice, difficulty swallowing, swollen tongue **B**reathing: Difficult or noisy breathing, wheezy or persistent cough **C**onsciousness: Persistent dizziness/pale or floppy suddenly sleepy; collapse/unconscious If ANY ONE (or more) of these signs are present
Action: mild to moderate reaction	**Action: severe reaction**
• Stay with child and monitor – call for help from additional adults if necessary • Locate Epi-pens • Give antihistamine- **Cetirizine 2.5mgs** (if vomited can repeat dose) • Call parents: XXXXXXXXXX • **Watch for additional signs of severe reaction**	• Lie child flat (if breathing is difficult allow to sit) • **Use Epipen without delay** • Dial 999 for ambulance and say 'ANAPHYLAXIS' ***IF IN ANY DOUBT, GIVE ADRENALINE*** • **Commence CPR if there are no signs of life** • Stay with XXXXXXX until the ambulance arrives. **Do not stand child up** • Phone parents

Additional: If wheezy, dial 999 and GIVE ADRENALINE. THEN USE ASTHMA RELIEVER (BLUE PUFFER) VIA SPACER. If breathing difficulties occur: give blue puffer – 10 puffs (one puff at a time) via spacer device if breathing difficulties persist:

Give one puff of salbutamol via spacer device every until help arrives.

How to give Epipen:

