OLD BUCKENHAM HALL

A leading co-educational preparatory school for children aged 2-13 years

Old Buckenham Hall School

Allergy Safety Policy

Advent 2026

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1. INTRODUCTION

Allergy is a medical condition in which the body reacts to normally harmless substances, such as a food, insect stings, a contact allergen (e.g. nickel) or an airborne allergen such as pollen.

Common allergic conditions include:
• **Hay Fever (Allergic Rhinitis)**, triggered by allergens carried in the air ("aeroallergens"), such as pollen, house dust mite, animal fur/feathers, or mould. Symptoms include sneezing, a runny or stuffed nose, itchy or watery eyes.
• **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. Symptoms include itching, hives and dry, flaky skin. Reactions can be delayed, occurring many hours after contact.
• **Food allergy**, which can cause symptoms ranging from mild itching in the mouth to "whole body" reactions including anaphylaxis. Some food allergies do not cause immediate reactions but result in delayed gastrointestinal symptoms (e.g. stomach pain, vomiting, diarrhoea) some hours later, sometimes occurring with an eczema flare. While 90% of food allergic reactions are caused by peanut/tree nuts, cow's milk, egg, wheat, fish/seafood and sesame, any food can cause an allergic reaction.
• **Asthma** in children is usually allergic in nature, meaning that it may be triggered by airborne allergens such as e.g. dust mite, animal dander or pollen. On average, there are two or three children with asthma in every classroom in the UK.
• Less common allergic conditions in children include allergy to **insect stings** (e.g. bee, wasp) and **medicines**.

Allergic reactions vary in severity: from mild local reactions (e.g. mild hay fever) to "whole body" reactions (common with food allergy) to more serious reactions like anaphylaxis. In general, most allergic reactions are not severe. Even for food allergy, most allergic reactions do not affect the Airway/Breathing/Circulation ("ABC") and can be treated with a non-drowsy oral antihistamine (available over-the-counter for those aged over 6 years) or local treatments such as nose sprays or eye drops.

However, some children and young people are at risk of anaphylaxis and require emergency medication (e.g. self-administered adrenaline).

The most common causes of "whole body" allergic reactions – including anaphylaxis – are:
• food allergens;
• insect stings (e.g. bee, wasp);
• medication (e.g. antibiotics, pain medicines such as ibuprofen);
• latex (e.g. rubber gloves, balloons, swimming caps).

Between 20-25% of children experiencing anaphylaxis experience it for the first time in school. Some of these children will have no history of a previous allergic response. Anaphylaxis is rare but it can be deadly and requires immediate emergency response.

Old Buckenham Hall School recognises the duty it has to safeguard all of the children in its care. It recognises that children with allergy (and their parents) may need additional support and aims to create an inclusive culture that ensures that children with allergy can attend participate as fully as

possible in all aspects of life in the school, including trips and extracurricular activities. This policy sets out how the school will fulfil its statutory responsibilities in relation to supporting pupils with allergies.

1.2 REGULATORY FRAMEWORK

This policy has regard to the following guidance and advice:

- *Allergy Safety In Schools* DfE (July 2026)
- *Keeping Children Safe in Education* DfE (September 2026) ("*KCSIE*")
- *Early Years and Foundation Stage Statutory Framework* DfE (July 2026)
- *Supporting pupils at school with medical conditions* DfE (December 2015)
- *Equality Act 2010*

1.3 DEFINITIONS

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.

Anaphylaxis is a potentially fatal reaction affecting the Airway/Breathing/Circulation ("ABC"). Many individuals with allergies to food or insect stings are at risk of anaphylaxis.

Asthma is a lung disease caused by inflammation and tightening of the airways, it is frequently associated with allergy and anaphylaxis, because exposure to allergens can provoke an asthma attack, a potentially life-threatening condition.

Head is the Headmaster of Old Buckenham Hall School

Intolerance to foods or an ingredient that the body is unable to digest is different to allergy and does not cause a serious allergic reaction. It can cause long term health problems if not avoided. Common food intolerances include lactose and gluten. Coeliac disease is intolerance to gluten, found in rye, barley and wheat.

Parents includes pupils' parents, carers and guardians.

Pupils includes all children who are registered and attend the school.

Staff includes teaching staff, support staff (operational and administrative staff), trainee teachers, peripatetic staff supply staff, and volunteers

Visitors includes anyone who is not a pupil, parent or member of staff who comes into the school.

1.4 ROLES AND RESPONSIBILITIES IN RELATION TO ALLERGY SAFETY

1.4.1 THE GOVERNING BODY

The Governing Body has overall leadership responsibility for allergy safety. Edward Lane Fox is the governor with responsibility for overseeing allergy safety. The Governing Body of the school is responsible (via its Safeguarding Committee) for the approval of this policy and for reviewing its effectiveness at least annually.

The Governing Body will ensure that all staff undergo allergy safety training, both at induction and with updates at regular intervals (at least annually). See 3.1.1 for further details.

1.4.2 HEAD AND THE SENIOR LEADERSHIP TEAM

The Head is responsible for the safety of the members of the school community and this includes responsibility for allergy safety. The named member of the senior leadership team (the Allergy Champion) with responsibility for allergy safety is Emma Easdale. Her responsibilities include:

- driving the implementation of the allergy safety policy and leading review of the policy with the Senior Leadership Team
- ensuring that all permanent staff, temporary staff, supply teachers, peripatetic staff, agency workers and regular volunteers on induction and annually thereafter complete allergy awareness and emergency training that meets the criteria set out on pages 25-26 of *Allergy Safety in Schools Guidance*
- ensuring that records in relation to allergies including individual health care plans (IHPs) are maintained, regularly updated
- ensuring that staff are informed of which children in their care have an Individual Healthcare Plan and ensuring that staff have access to a copy of the plan so that they can use it in planning and risk assessment and to provide support
- liaising with the catering team to make sure that they are aware of the children, staff and visitors with food allergies and intolerances and that systems are in place to prevent ingestion of known allergens
- ensuring that records or allergen incidents, near misses are recorded and reported both internally (via the DSL to the School Board and the Safeguarding Committee/to parents) and externally (to external agencies e.g. the local authority environmental health team or RIDDOR if appropriate see pages 62-64 of *Allergy Safety in Schools Guidance*) and that lessons are learned from incidents and near misses.

1.4.3 TEACHING AND SUPPORT STAFF

All permanent staff (teaching staff, support staff (operational and administrative staff), trainee teachers, peripatetic staff, supply staff, and volunteers) complete anaphylaxis training. Training is provided on a yearly basis and on an ad-hoc basis for any new members of staff. Members of staff are expected to act in an emergency and to use either the pupil's or the school's Adrenaline Auto Injector following the steps set out in section 3.4.1 of this policy if they believe that a child is experiencing anaphylaxis.

Staff must be aware of the pupils in their care who have known allergies as an allergic reaction could occur at any time, not just at mealtimes.

When planning the curriculum, staff need to ensure that provision is inclusive and avoids exposure to known allergens e.g.

- avoid a visit to a petting zoo if there is a child in the class who has an allergy to animal dander
- do not use a glue if its ingredients include an allergen such as wheat or soya if you have a child in the class who is allergic to wheat or soya
- avoid junk craft projects using food packaging that might have traces of an allergen on it e.g. cereal packets if you have a child with a wheat allergy
- ensure that any treats (e.g. birthday cakes) are suitable for all children in the class and do not leave a child with an allergy feeling marginalized or excluded.

Form tutors/duty staff are responsible for checking that any child who is a day pupil and who has been prescribed an AAI or an inhaler or other medication takes that medication home with them at the end of the day in case it is needed on the journey to and from school.

Staff with an allergy or a food intolerance should declare this on their medical fitness form so that a conversation may take place to identify how the school can support them and ensure that they are not exposed to their known allergens or to foods to which they are intolerant during the course of their work.

1.4.4 PUPILS

The school in partnership with parents, aims to help pupils to manage their allergy as they grow older. Children are encouraged to have a good awareness of their symptoms and to let an adult know as soon as they suspect they are having an allergic reaction. Young children are not expected to carry or to administer their AAI or inhaler. Instead, a member of staff will be given responsibility for ensuring that the prescribed medication is always with the child wherever they are on the school site and within easy reach should it be needed. As they grow older children are expected to play an increasing role in managing their medication and in checking that the food that they have selected is safe for them to eat. The school will involve children with allergies in planning conversations relating to trips and activities (where appropriate) and in conversations following any incident or near miss so that it can benefit from hearing their perspective.

1.4.5 PARENTS AND CARERS

Prior to admission to the school, it is the parents' responsibility to inform the Allergy Champion and the School Nurse of any allergies. The Allergy Champion/and School Nurse will then arrange to meet with the parents/carers to see if an Individual Healthcare Plan (IHP) is required and, if necessary, to draw one up. Parents will need to share a copy of the child's most recent Allergy Action Plan (if one exists) together with details of all previous serious allergic reactions, history of anaphylaxis, and prescribed medication.

Parents are responsible for ensuring any required medication is supplied, in date and replaced as necessary. They are asked to keep the school up to date with any changes in allergy management so that the Individual Healthcare Plan can be updated.

Parents will be informed of an incident or near miss and will be invited to participate in lessons learned and planning conversations (if appropriate) relating to school trips.

Any parent with a concern about the school's management of their child's allergy should raise the matter with the school's Allergy Champion in the first instance.

2. SCOPE AND APPLICATION

This policy applies to all members of the school community, including staff, pupils, parents and visitors.

This policy applies **at all times** including where pupils or staff are away from the school, whether they are on school arranged activities or otherwise, and whether or not the school is open i.e. it applies out of school hours and in the holidays.

3. 1 CULTURE

3.1.1 TRAINING All staff present during times when pupils are scheduled to be on site will receive allergy awareness training. This includes all permanent staff, temporary staff, supply teachers, peripatetic staff, agency workers and regular volunteers. It includes catering staff and others who may oversee children and young people at breakfast or after school clubs or who come into contact with pupils e.g. grounds staff and other members of the O and A Team. It is not intended to include contractors carrying out work with no pupil-facing role such as builders, electricians or other ad hoc maintenance personnel.

Staff will be trained in allergy awareness and emergency response, as a part of their induction and at least annually thereafter. Where temporary (supply staff) staff are recruited via an agency assurances will be sought that they have completed allergy safety and emergency response training that meets the statutory requirements and this will be supplemented on arrival at the school with a school briefing so that they are aware of the school's procedures including the location of spare AAIs and the needs of any children in the classes for which they are responsible.

Allergy awareness training will ensure that 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
    - how to locate and administer emergency medication (adrenaline for anaphylaxis, asthma reliever inhaler for an asthma attack)
    - training on how to use the medication/device in an emergency (whether prescribed to a given person or a school's "spare" adrenaline devices);
- understand the impact allergy can have on a child or young person's wellbeing;
- understand the school, college or setting's allergy safety policy;
- know how to check whether an individual is on the record of those with known allergy and how to use an Allergy or Asthma Action Plan
- understand their responsibilities in reducing the risk of individuals with known allergy coming into contact with their known allergens;
- understand how to report an allergic reaction or case of anaphylaxis (whether an incident or a "near miss").

3.1.2 WELLBEING The school acknowledges that the risk posed by allergy and the possibility of anaphylaxis can be a cause of significant anxiety. Approximately, 8% of children across the population as a whole have a food allergy. One in three children with a food allergy report that they have been bullied as a result of their food allergy. Both children and parents can feel worried and anxious about exposure to allergens. 42% of parents of a child who has experienced an extreme allergic reaction to food meet the threshold for post-traumatic stress disorder.

The school recognises the importance of working with parents and other professionals in supporting children with an allergy. Understanding the child's needs before they join the school and parental involvement in helping to plan for them through the creation of an Individual Healthcare Plan are important first steps in addressing parental anxieties. Pre-admission activities may include an arrangement to meet with key staff (including catering staff where appropriate) so that support measures can be discussed and put in place. It is important that any measures put in place promote inclusion and avoid stigmatisation.

Children will be taught in an age-appropriate way about allergies and the importance of helping those with allergies to stay safe by not sharing food or exposing them to known allergens. Where appropriate, they will be taught about what to do in an emergency if a friend with a known allergy becomes unwell.

The bullying of others, including children with allergies is a serious issue, and will be dealt with in accordance with procedure set out in the school's Behaviour and Anti-Bullying Policies.

3.2 MINIMISING RISK

The school is committed to minimising the risk associated with individuals (pupils, staff or visitors) with known allergy coming into contact with a known allergen. These include:

- asking parents to share information about a child's known allergies and intolerances prior to admission so that appropriate plans can be put in place to support him/her
- asking staff to identify whether they have an allergy or food intolerance as part of pre-appointment medical screening, what are their known allergens and what reasonable adjustments they might need to support them
- asking visitors whether they have any allergies in advance of their visit or on arrival and what reasonable adjustments they may need to support them

In addition, the school has the following measures in place to minimise risks:

Risk	**Measures**
Food Allergens/Intolerances: Food provided by the school	Catering staff have food safety training. All catering staff have received training in allergy awareness and emergency response to anaphylaxis Procedures are in place to identify allergens and record their presence in dishes. Procedures are in place to prevent cross contamination of dishes. Packed food is labelled so that allergens are identified. Boards indicate the menu for the day and which dishes contain which allergens. Lists of pupils with allergies are available in the surgery, the staff room, the Pre Prep staff room, the kitchen and on iSams. Pupils with allergies wear coloured landyards to identify their allergen. Pre Prep and Middle

	school form tutors are responsible for ensuring pupils are wearing lanyards. Staff sit with pupils for all mealtimes
Food Allergens: Food provided by others	• Trip leaders are aware of pupils' allergens and must ensure that their needs are catered for by external providers. (eg Match teas) • Trip leaders liaise directly with the kitchen when ordering packed meals, to ensure that individual pupil's needs are met. • Food allergy awareness is taught in the PHSE curricula, explaining why sharing food is not allowed. • Food from home is not allowed to be brought into school. • Catering teams work to make allergen-free school meals look, taste, and feel as similar to standard menu items as possible, ensuring children with dietary needs do not feel left out during mealtimes. • Food rewards are not used in school • The school tuck shop ensures that there are suitable and equal alternatives available • The school actively promotes non stigmatising seating at mealtimes.
Airborne and Contact Allergens	Staff are aware of each individual pupil's allergen and their IHP which lists specific considerations for individual pupils. Particular consideration is given in cookery, science, art, and sport lessons and outdoor education. Activity risk assessments consider airborne and contact allergens. Measures could include: • keeping windows and doors shut on days when the pollen count is high, rescheduling sports activities to an indoor venue, avoiding activities involving contact with the known allergen,

	• ensuring that disposable gloves are not made of latex (all gloves are nitrile), sensitive washing powder in the laundry • Routine handwashing routines before and after eating to prevent cross-contamination on surfaces, desks, and shared equipment. • Safe cleaning practices using designated materials to wipe down tables and contact areas.

3.3. ARRANGEMENTS FOR IDENTIFYING INDIVIDUALS WITH ALLERGIES

3.3.1 PUPILS

Parents will be asked prior to admission for information regarding allergies and food intolerances so that their child's needs can be planned for in advance. If appropriate, this will involve drawing up an Individual Healthcare Plan. The Allergy Champion will maintain a register of all children with allergies and food intolerances and whether or not they carry medication including those who have a known allergy but who do not need an IHP. A copy of this register will be made available in the staff room so that staff can consult it whenever the need arises. Where a child has attended a previous educational establishment or setting, information will be sought from them about previous IHPs, Allergy Action Plans and support measures to ensure that provision is joined up. Older children will be included in consultations and reviews relating to their IHP.

3.3.2 STAFF

Staff will be asked about allergies as part of their pre-employment vetting. They will be asked with whom they would like information about their allergies and any related medication to be shared in addition to the Allergy Champion and about any reasonable adjustments that the school may need to make to accommodate their needs.

3.3.3 VISITORS

Visitors will be asked for information relating to allergies either before arrival or on arrival so that their needs can be met. Reception staff are responsible for gathering this information and, with the consent of the visitor, for passing it onto the relevant colleagues. These include the Allergy Champion who is responsible for maintaining records in relation to allergies.

3.4 INDIVIDUAL HEALTHCARE PLANS

Pupils should have an Individual Healthcare Plan (IHP) if:

• they have an allergy which has a functional impact on them in school
• they are at risk of harm as a result of their allergy
• they require arrangements which are additional to or different from those made generally.

From September 2026, the school will use the IHP template in Appendix 1 when drawing up an IHP.

3.5 SCHOOL-WIDE POLICIES "SPARE" ADRENALINE DEVICES

The school has five sets of Adrenalin Auto Injectors AAI. Each set of auto injectors consists of a pair of AAIs. This is to ensure that should a second dose of adrenaline be needed it is immediately available. One set is available in the Kitt medical box outside the dining room, the other sets are avaible in the school surgery in the pigeonholes by the door.

Different dose levels are required for children below the age of six. The school has two sets of AAIs for children under the age of six. One set is available in the Kitt medical box outside the dining room, the other set is available in the Pre Prep Staff room in the first aid cupboard. This ensures that wherever a child is on the school site, they are not more than five minutes away from an AAI. The School Nurse is responsible for checking on a monthly basis that the school's stock of autoinjectors are in date and for ordering new supplies as required.

Spare devices should be used in an emergency where a member of staff has reason to believe that a child is suffering from anaphylaxis and the child's own devices are unavailable or not working (e.g. they are out of date) or where the child is suffering from anaphylaxis but has no previous diagnosis of allergy.

3.5.1 PROCEDURE FOR STAFF TO FOLLOW IF ANAPHYLAXIS IS SUSPECTED

Symptoms

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

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

Anaphylaxis can develop very rapidly. Adrenaline is the mainstay of treatment, and it starts to work within seconds.

Adrenaline:

- Opens up the airways
- stops swelling
- raises the blood pressure

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

Action:

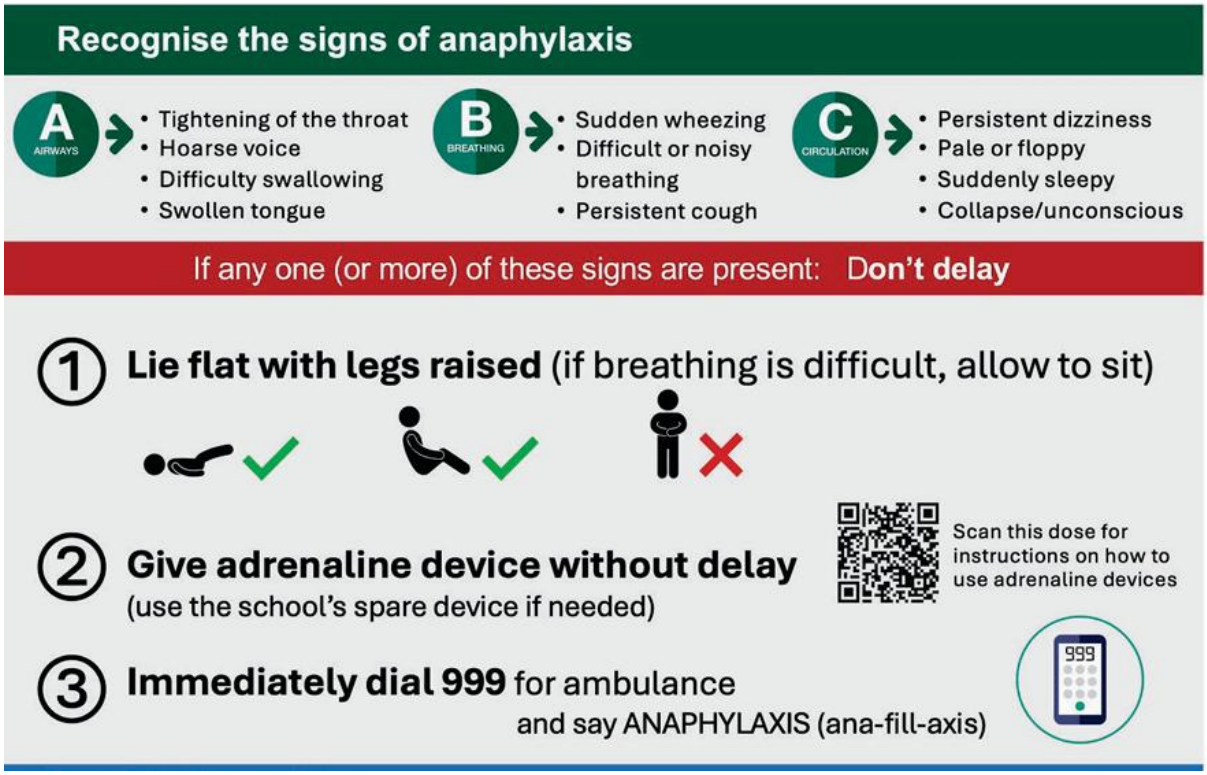
- Keep the child where they are, call for help and do not leave them unattended.

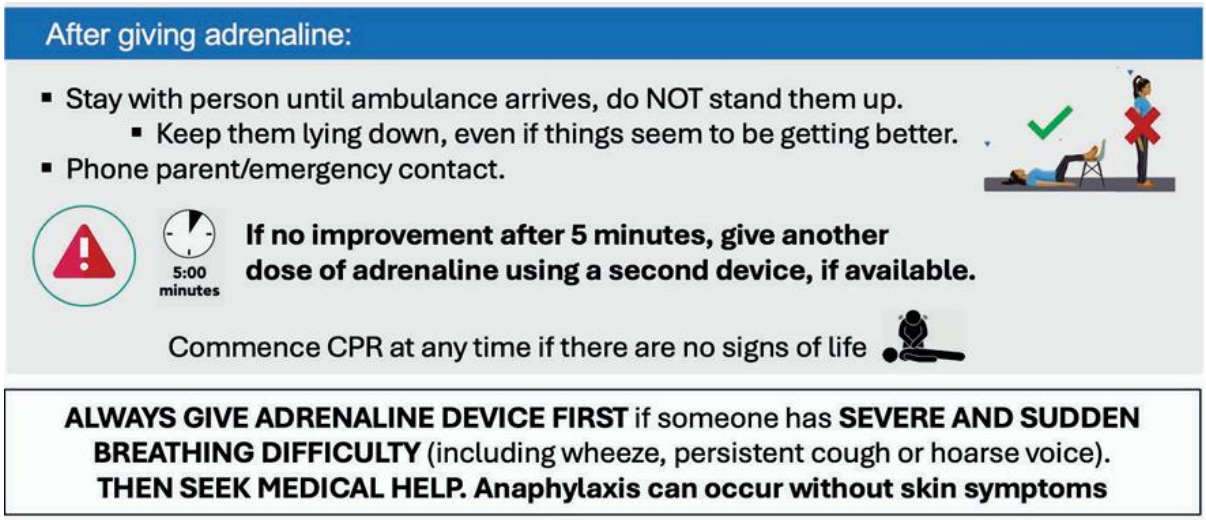
- **LIE CHILD FLAT WITH LEGS RAISED** – they can be propped up if struggling to breathe but this should be for as short a time as possible.
- **USE ADRENALINE AUTO-INJECTOR WITHOUT DELAY** and note the time given. AAIs should be given into the muscle in the outer thigh. Specific instructions vary by brand – always follow the instructions on the device.
- **CALL 999** and state **ANAPHYLAXIS** (ana-fil-axis).
- If no improvement after 5 minutes, administer second AAI.
- If no signs of life commence CPR.
- Call parent/carer as soon as possible.

Whilst you are waiting for the ambulance, keep the child where they are. **Do not stand them up, or sit them in a chair, even if they are feeling better.** This could lower their blood pressure drastically, causing their heart to stop.

All students must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can recur after treatment.

Anyone can give adrenalin in an emergency situation to save a person's life. You do not need parental consent to administer adrenalin in these circumstances.





3.5.2 DISPOSAL OF AAIs

Used AAIs should either be given to the ambulance crew, who should be asked to dispose of them or returned to the school nurse so that they can be disposed of in a proper sharps bin. In no circumstances, should they be placed in an ordinary waste bin.

3.5.3 MILD TO MODERATE REACTIONS

Mild to moderate allergic reaction symptoms may include:

- a red raised rash (known as hives or urticaria) anywhere on the body
- a tingling or itchy feeling in the mouth
- swelling of lips, face or eyes
- stomach pain or vomiting.

These may require the administration of an oral anti-histamine.

3.5.4 SPARE ASTHMA INHALERS

In addition to spare AAIs, the school has spare asthma inhalers and spacers and instructions for use. These are stored in the school surgery (in the pigeonholes at the door) and in the Pre Prep staff room (in the cupboard marked first aid) **These inhalers are only for use by children who have a prescription for an asthma inhaler whose inhaler has stopped working or is unavailable for some other reason and whose parent has given written consent to the school allowing this medication to be administered.**

3.6 VISITS AND TRIPS

Staff leading school trips must plan for the inclusion of children with allergies and include the steps that they have taken to reduce the risk of exposure to known allergens in their risk assessment for the trip. This may involve steps such as ringing ahead to ensure that appropriate catering arrangements can be put in place, identifying how a provider manages a specific known risk etc. All trip risk assessments involving children with known allergies must be countersigned by the school's Allergy Champion who will check that planning is consistent with the needs identified in the child's IHP. Staff accompanying the trip (including any volunteers) must have received allergy and

emergency response training within the last year so that they can recognize the symptoms of anaphylaxis and know howe to respond in an emergency including administering an AAI.

Trip leaders must check that all children with allergies and medical conditions have their medication with them (or in the case of young children that it is handed to the member of staff responsible for them on the trip). **Children will not be able to leave school and go on the trip without their required medication.** Trip leaders should discuss with the Allergy Champion whether they should take a spare set of school AAIs with them (N.B. If this happens, the school must still have a sufficient supply to be able to cover any school-based emergency that may occur during the trip).

3.7 SERIOUS INCIDENTS AND "NEAR MISSES"

The school recognises the importance of learning lessons from accidents and near misses. It acknowledges that the impact of exposure to an allergen in the educational setting may not become evident until sometime after the exposure. It encourages all parents who become aware of an allergic response to notify the school Allergy Champion as soon as possible so that they can investigate what has happened and consider what steps might need to be taken to prevent a reoccurrence of exposure. Similarly, boarding staff are asked to be vigilant and seek appropriate support from the school nurse and Allergy Champion as required if they suspect a child may be experiencing an allergic response.

The proforma in Appendix 2 of this policy should be used for recording serious incidents and near misses as well as any incidents where it is suspected that a child may have experienced an allergic reaction even if the child has no previous history of allergy and/or if the allergen is not known or cannot be identified with confidence.

Reports will be collated and analysed by the Allergy Champion. On a termly basis in summary format, they will feed into the DSL's report to the School Board and into the reports received by the Safeguarding Committee of the Governing Body.

3.8 INFORMATION SHARING

A child or young person's health information is considered special category data under UK GDPR, which means it is highly sensitive and has additional legal protections. Schools have a lawful basis to hold, use and share a child's special category health data when this is necessary, but it should always be done in a controlled and respectful way, because unnecessary sharing can reduce children's confidence in practitioners and can be embarrassing for children and young people who may not want to be singled out. For this reason, information sharing will be discussed when a child's IHP is created.

The Allergy Champion will maintain a board/file in the Staff Room readily accessible to staff which indicates which children in the school have allergies, a picture of the child, what their known allergens are, whether they have an IHP or not and whether they have prescribed medication e.g. an AAI, anti-histamine. IHPs will be available in a central file for each member of the teaching staff who teaches those children to consult. This includes peripatetic and temporary staff. This folder may not leave the staffroom. Staff are expected to use this information to inform their planning and to avoid exposing any child with a known allergen to that allergen.

3.9 AWARENESS OF THE ALLERGY SAFETY POLICY

The allergy safety policy is published on the school's website. The school will notify parents about the policy and the changes to the guidance issued to schools via a dedicated letter from the school nurse. Information will also be published in the OBH Times.

All staff are required to read and understand the policy, as part of annual allergy awareness training. In an age-appropriate way, pupils are made aware of allergies and how to support their peers who have an allergy including, what they should do in an emergency. Any wider awareness or training should be considered carefully and discussed with the child or young person and their parents first. It will not replace staff emergency response arrangements.

3.10 COMPLAINTS

As with all issues of safety at Old Buckenham Hall School, if a member of staff, a pupil or a parent / carer has a complaint or concern relating to allergy safety prompt action will be taken to deal with it. Complaints should be addressed to the Allergy Safety Champion in the first instance, who will liaise with the senior leadership team and undertake an investigation where appropriate. Please see the Complaints Policy for further information.

Incidents and concerns around allergy safety will be recorded in accordance with the procedure set out in this policy and shared with the school's DSL who will report them to the Safeguarding Committee of the Governing Body.

4. POLICY OWNER

This policy is owned by the Group Director of Safeguarding, Charlotte Marten cm1@rugbyschool.net and the school's Allergy Champion.

5. RELATED POLICIES AND GUIDANCE

In addition to the guidance identified in 1.2, this policy is linked to:
The Child Protection and Safeguarding Policy
School Trips Policy

APPENDIX 1 INDIVIDUAL HEALTHCARE PLAN TEMPLATE

<table>
<tr><td colspan="2">NAME – Individual Healthcare Plan for allergy</td></tr>
<tr><td>Date of birth:</td><td rowspan="4">Current photo</td></tr>
<tr><td>Year / class:</td></tr>
<tr><td>Emergency contacts:</td></tr>
<tr><td>Staff who need to be aware:</td></tr>
<tr><td colspan="2">Allergy:
Note what allergy the child has.
Note any known allergens.
Note whether the child is likely to be aware that they are having an allergic reaction and whether they can alert others.</td></tr>
<tr><td colspan="2">How the allergy is managed:
Note any care or action plans or prescribed medication issued by healthcare professionals.
If the allergy can be partly or wholly managed by practical adjustments (for example avoidance of known allergens), note them here.
Note the extent to which the child or young person is able to take responsibility for managing their allergy.</td></tr>
<tr><td colspan="2">Impact on education:
Indicate the potential harm which might come to the child if their allergy is not managed properly.
Indicate how the allergy may impact on the child or young person’s learning.
Indicate how the allergy may impact on the child or young person’s emotional wellbeing.
If relevant, note any interaction between allergy and SEN.</td></tr>
<tr><td colspan="2">Arrangements for support:
Give details of the specific support or adaptations which the school will put in place, within its educational remit.
Outline measures to reduce the risk of contact with known allergens.
Give details of the specific support or adaptations to manage food allergy at meal and snack times.
Note arrangements for maintaining educational progress where absence or missed learning occurs due to allergy.</td></tr>
<tr><td colspan="2">Visits and trips:</td></tr>
</table>

Give details of any arrangements or procedures which may be required for school trips or other activities outside of the normal timetable that will ensure the child can participate. *Note any requirement for a risk assessment and prompts for specific issues which should be considered.*
Emergency response: *Where an Action Plan issued by a healthcare professional covers emergency response, refer to it and ensure it is attached.* *Otherwise summarise the signs or symptoms which would indicate an emergency.* *Set out what to do in an emergency, including whom to contact.* *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 <u>non</u>-prescription medication (e.g. oral antihistamines) which the child may require to manage their allergy in the education setting* *Note whether it is emergency medication; where the medication is stored; and how and when the child or young person may need access* *Note whether parental consent has been given for the allergy medication to be administered, and the date of consent.*	
Parental consent:	**Date**:
Prescription medication: *Record any prescription medication for allergy prescribed by a healthcare professional (e.g. adrenaline).* *Note whether it is emergency medication; where the medication is stored; and how and when the child may need access.* *Note whether parental consent has been given for the allergy medication to be administered, and the date of consent.*	
Prescribed by:	**Date**:
Parental consent:	**Date**:

Use of "spare" adrenaline devices: *Note whether parental consent has been given to administer adrenaline (e.g. using "spare" adrenaline devices) in an emergency.*	
Parental consent:	**Date**:
Use of "spare" salbutamol inhaler: *If relevant (i.e. the child or young person is prescribed an asthma reliever inhaler), note whether consent has been given to use a "spare" salbutamol reliever inhaler.*	
Parental consent:	**Date**:

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

APPENDIX 2 PROFORMA FOR RECORDING A SERIOUS INCIDENT OR NEAR MISS

Name:		Pupil/Staff/Visitor
Time:		Location:
Near Miss	Yes/No	Serious Incident: Yes/No
What is the known allergen?		
Does this individual have an IHP?		
What happened? How did exposure to the allergen (or potential exposure in the case of a near miss) occur?		
What support was provided by the school?		
Was support provided by the Emergency Services?		
When were parents contacted?		
As there a need to make an external report? If so, which agencies were informed by whom and why? If not, what were the reasons that a report did not need to be made?		
What are the school's initial reflections regarding lessons learned?		
Have parents had an opportunity to contribute to lessons learned and to share the impact of the incident on their child and them? If so, please give details.		
Has the child (if appropriate) had the chance to contribute to lessons learned and share the impact of the incident on them? If so, please give details.		
What actions need to be taken to avoid a repetition?		