Granard Primary School

Allergy Safety Policy

Adopted from The Key September 2026

To be reviewed: September 2027

Contents

1. Aims 3
2. Legislation and Guidance 3
3. Roles and Responsibilities 3
4. Identifying Individuals at Risk 5
5. Assessing Risk 6
6. Minimising Risk 7

Food brought into school 7

7. Procedures For Handling an Allergic Reaction 8
8. Adrenaline Devices (ADs) 9
9. Serious Incidents And 'Near Misses' 10
10. Allergy Awareness 11
11. Wellbeing 13

Reasonable adjustments will be made for allergic rhinitis, hayfever and eczema. 13

12. Information Sharing 13
13. Monitoring Arrangements 13
14. Links To Other Policies 14

Appendix 1: Individual Healthcare Plan 15

Appendix 2: Allocated Staff 19

1. Aims

This policy aims to:

- Set out Granard Primary School's approach to allergy safety, including reducing the risk of exposure and the procedures in place in case of allergic reaction.
- Make clear how Granard 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. The governing board will receive appropriate assurance on implementation of this policy, including staff training completion, anaphylaxis drills, serious incidents and near misses, identified risks, lessons learned and progress against resulting actions. The governing board will satisfy itself that the school's allergy management arrangements meet statutory requirements and that concerns can be raised and considered through the school's complaints procedure.

3.2 Allergy Safety Lead

The nominated allergy safety lead is the School Business Manager.

They are responsible for:

- Implementing this allergy safety policy.
- Reviewing the allergy safety policy at least annually, updating it when needed, and making sure it is published.
- Promoting and maintaining allergy awareness across our school community.
- Developing and reviewing arrangements for the safe storage and disposal of adrenaline devices (AD).
- Ensuring:
    - All allergy information is up to date and readily available to relevant members of staff.
    - All pupils who require support with allergies have an up-do-date individual healthcare plan (IHP).
    - All pupils with a known food or insect sting allergy have up-to-date allergy action plans issued by a medical professional.
    - All staff receive regular allergy awareness training.
    - All staff are aware of the school's policy and procedures regarding allergies.
    - Relevant staff are aware of what activities need an allergy risk assessment.

- Serious incidents and ‘near misses’ relating to allergy safety are recorded and reported as appropriate, and to consider and share with staff:
    - What lessons there are to learn.
    - Any potential changes to the medical conditions and/or allergy safety policies and/or to any pupil’s IHP.

3.3 Headteacher

The Headteacher is responsible for:

- Deciding (in discussion with the parents/carers and any relevant healthcare professionals) whether a pupil’s allergy can be managed through the adjustments made under the school’s medical conditions policy or whether an IHP is required to specify arrangements that reflect the pupil’s circumstances.

3.4 Responsibilities

Allocated staff (see Appendix 2) are 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.

3.6 Parents/Carers

Parents/carers are responsible for:

- Being aware of our school’s allergy safety policy.
- Providing the school with up-to-date details of their child’s medical needs, dietary requirements, and any history of allergies, reactions and anaphylaxis.
- If required, providing their child with two in-date adrenaline auto-injectors and any other medication, including inhalers, antihistamine etc., and making sure these are replaced in a timely manner.
- Following the school’s guidance on food brought in to be shared.
- Updating the school on any changes to their child’s condition.

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.
- Understanding how and when to use their AD.

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 new starters, send a form to all parent/carers of pupils after their place at the school has been confirmed, but before their first school year starts, to confirm any allergy the pupil has and whether they carry medication. Where a pupil has a new diagnosis and/or has moved to the school mid-term, we will send a form and put arrangements in place within two weeks.
- Send a reminder to parents/carers at the start of each year asking them to update their child's medical information as necessary.

We ask that parents/carers proactively inform us by emailing the School Office on info@granard.wandsworth.sch.uk if their child's medical needs change during the school year.
Allergy and dietary information will be obtained at the earliest opportunity and communicated promptly to relevant staff, including the allergy safety lead, classroom staff, first aid and catering staff. Where appropriate, the school will liaise with the pupil's previous or future setting to support a safe transition.

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 (IHP)

Pupils should have an IHP if they:

- Have an allergy which has a functional impact on them in the school environment.
- They are at risk of harm as a result of their allergy.
- Require arrangements which are additional to or different from those made generally.

It is not necessary for a pupil to have a formal diagnosis of allergy for them to have an IHP. Healthcare professionals may decide that it is more appropriate to accept that the child shows symptoms, rather than proceeding to a formal diagnosis.

The IHP will set out the additional and/or different arrangements that will be in place for supporting the pupil. The school will make every effort to make sure that arrangements are put in place within two weeks, or by the beginning of the relevant term for pupils who are new to our school.
Not all children with an allergy will require an IHP. Some allergies will have little or no impact on the pupil while they are at school, or pose no risk to the pupil. Some allergies will not require arrangements which are additional to or different from those made generally.

The Headteacher is responsible for deciding (in discussion with the parents/carers and any relevant healthcare professionals) whether a pupil's allergy can be managed through the adjustments made under

the school's medical conditions policy or whether an IHP is required to specify arrangements that reflect the pupil's circumstances.
The school will consider the following principles:

- If the arrangements or support which a pupil requires would be available to any pupil as part of normal policies, an IHP may not be required.
- If the pupil only needs non-prescription medication and the school's medical conditions policy would permit them to carry and administer it, an IHP may not be required.

IHPs will be reviewed at least annually and more frequently if the pupil's needs have changed. Where a pupil moves on to a new school or college, their IHP will be shared as part of the transition.

4.4 Allergy and Asthma Action Plans

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

All pupils who have asthma should be issued with an asthma action plan by their healthcare professional. The plans include medical and parental consent for staff to administer emergency medicines, including adrenaline for anaphylaxis or reliever inhaler in the event of an asthma attack.

The allergy action plan and/or asthma action plan should be attached to the pupil's IHP. Whenever the allergy action plan is updated, the pupil's IHP should be reviewed to incorporate it.
The school recognises that poorly controlled asthma may increase the severity of an allergic reaction. Pupils will have ready access to their reliever inhaler in accordance with their action plan and the school's medical conditions arrangements. Relevant triggers, storage, consent, emergency use and parent notification will be addressed through the pupil's IHP and linked procedures.

4.5 Register of Pupils with Known Allergies

- The school maintains a register of pupils who have a known allergy. The register includes:
  - Known allergens and risk factors for anaphylaxis.
  - Whether a pupil has been prescribed ADs (and if so, what type and dose).
  - Where a pupil has been prescribed an AD, whether parental consent has been given to administer emergency medication.
  - A photograph of each pupil to allow a visual check to be made **after parental consent.**

The registers are kept in the main kitchen by the serving hatch and in the Base Dining room at the serving counter and can be checked quickly by any member of staff as part of initiating an emergency response.

5. Assessing Risk

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

- Lessons such as food technology.
- Science experiments involving foods.
- Crafts using food packaging.
- Off-site events and school trips.
- Any other activities involving animals or food, such as animal handling experiences or baking.

A risk assessment for any pupil at risk of an allergic reaction will also be carried out where a visitor requires a guide dog.
Staff will consider allergy risks when planning any activity, event, club or visit where food, animals, plants, chemicals, packaging, latex, medication or other potential allergens may be present. This includes celebrations, cultural days, food treats and activities run by visiting staff. Pupils with allergies will not be excluded; activities will be adapted where reasonably practicable.

6. Minimising Risk

6.1 Hygiene Procedures

- Pupils are reminded to wash their hands before and after eating.
- Sharing of food, food containers, and food utensils is not allowed.
- Pupils have their own named water bottles, and lunch boxes provided to pupils with food allergies will be clearly labelled with the name of the child for whom they are intended.
- Where food is not directly provided by the school, parental engagement and permission will be sought in advance.

6.2 Catering

The school is committed to providing safe food options to meet the dietary needs of pupils with allergies.

- Catering staff receive appropriate training and are able to identify pupils with allergies.
- The school will engage with caterers to understand the controls in place to ensure that food service complies with relevant requirements.
- School menus are available for parents/carers and pupils to view with ingredients clearly labelled, and catering staff are available to discuss the provision of allergy safe meals with parents/carers.
- Where changes are made to school menus, we will make sure these comply with legislation, and continue to meet any special dietary needs of pupils.
- Food allergen information relating to the 'top 14' allergens is displayed on the packaging of all food products, allowing pupils and staff to make safer choices. Allergen information labelling will follow all legal requirements that apply to naming the food and listing ingredients, as outlined by the Food Standards Agency (FSA).
- Where food is provided by the school, staff will understand how to read labels for food allergens.
- Catering staff follow hygiene and allergy procedures when preparing food to avoid cross-contamination.

The school and catering provider will use at least two reliable methods to identify pupils with food allergies at meal service, including a visual check by a familiar member of staff, an up-to-date allergy list and the use of lanyards at lunchtimes for children with dietary requirements.
A documented contingency will apply when the staff normally responsible for allergy checks are absent.

Allergen information will use full allergen names rather than symbols or abbreviations wherever practicable, and arrangements will address individual allergens outside the legally declarable 14.
The school and catering provider will agree and communicate their approach to precautionary allergen labelling, including products labelled "may contain".

Where ingredients, recipes or suppliers change and this introduces a known allergen, affected pupils, families and relevant staff will be informed promptly.
The same allergy controls will apply to breakfast club, after school club and other school run or commissioned food provision.
Pupils with allergies will be included with their peers at mealtimes and will not be unnecessarily segregated.

Food brought into school

Granard Primary School is an Allergen Aware school. No environment can be guaranteed to be completely free of allergens. Families, staff and visitors must follow the school's requirements concerning food brought onto the premises and must not share food with pupils.

Food provided for birthdays, class celebrations, fundraising, parent events, curriculum activities, packed lunches, snacks and school trips must follow the school's allergy guidance.

Parents/carers and staff must not provide food for sharing with pupils unless this has been agreed in advance and appropriate allergy checks and permissions have been completed.

Food restrictions will be communicated clearly, but the school will not describe the site as completely allergen-free or rely on a food ban as the sole safety measure.

6.3 Insect Bites/Stings

When outdoors:

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

Pupils and staff should report suspected bee or wasp nests to the Site Manager and avoid the affected area until it has been assessed.

The Site Manager will monitor the grounds for nests and arrange appropriate control or removal where necessary.

Individual risk assessments may include additional precautions for a person with a known insect-venom allergy.

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.

Animal visits to the school and trips involving animals will be risk assessed in advance.

Areas visited by animals will be cleaned appropriately after the visit, taking account of indirect exposure through dander, saliva, urine and contaminated surfaces.

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).

The trip leader will hold relevant allergy and medication information and will check before departure that each pupil prescribed adrenaline has two in-date devices available.

Adrenaline devices will remain close to the pupil, will not be stored in a coach hold or other inaccessible place, and will be protected from extremes of temperature.

The risk assessment will record whether school spare adrenaline devices will be taken and how safe food will be provided, including for allergens outside the main 14.

For residential or overnight visits, parents/carers and the provider will be consulted about food, medication, storage and emergency arrangements.

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.

If anaphylaxis is suspected, adrenaline must be administered without delay and 999 called. Medication should be taken to the pupil rather than moving the pupil.
The pupil should lie flat with legs raised. If breathing is difficult, they may sit with legs outstretched. They must not stand or walk, even if they appear to recover.

The time of administration must be recorded. If symptoms do not improve or worsen, a second dose should be given after 5 minutes using a second device, in accordance with current training and the individual action plan.

Staff will remain with the pupil, begin CPR if required, hand used devices to paramedics and ensure replacement devices are obtained.
Anyone who has received adrenaline for suspected anaphylaxis must go to hospital by ambulance, even if they appear to have recovered. A member of staff will accompany the pupil until a parent/carer arrives.

8. Adrenaline Devices (ADs)

8.1 Prescribed ADs

Pupils who are prescribed ADs are encouraged to keep them near or on their person at all times including when travelling to or from the school and on school trips. It is recommended that two devices are carried at all times. ADs will be sent home at the end of each school year, or if expired. It is parents' responsibility to ensure their child has access to an EpiPen outside of school hours, including children who travel to and from school alone.

If a pupil cannot keep their ADs with them in the classroom (due to age or other considerations), then the devices will be stored as detailed in the allergy register.

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.

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 an emergency asthma reliver inhaler and ensuring they are stored according to the guidance.

- The ADs will be sourced from St George's or the school medical suppliers
- There are at least four EpiPens and two asthma pumps on site
- The school purchases Jext EpiPens and IVAX asthma inhalers
- 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:

- In the main office next to the first aid kit
- On top of the fridge in the Cedar Building staffroom

Spare AAIs will be kept:

- In pairs, in case a second one is necessary
- Separate from any pupils' prescribed ADs and clearly labelled to avoid confusion

The school maintains an emergency medication register recording whether each device is prescribed or held as school spare stock, together with its type or brand, dose, quantity, storage location, expiry date, date checked, checker and replacement status.

Allocated staff (Appendix 2) are responsible for:

- Checking monthly that spare ADs and the emergency asthma reliver inhaler 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, 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.

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 the accident book, including 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.

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 School Business Manager. The allergy safety lead will consider whether the allergy safety arrangements in place were appropriate or if changes are needed to this policy and/or the pupil's IHP. Any learning will be shared appropriately with staff so they can act on them and reduce the chance of an incident reoccurring.

Appropriate periodic information about serious incidents, near misses, lessons learned and completed actions will be reported to the Governing Board.
Following an incident or near miss, the school will check with the pupil and parents/carers that they understand the revised arrangements and remain confident that agreed safety measures are in place.
Any resulting corrective actions will be logged, assigned and monitored to completion. Concerns about the handling of an incident or a prolonged failure to implement agreed arrangements may be raised through the school's complaints procedure.
Where the school's activities constitute a food business, relevant allergen-related food safety incidents will be reported to the appropriate local authority where required.

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 will maintain a training register and recorded confirmation that staff have read and understood this policy. Supply, temporary, peripatetic and cover staff will receive an appropriate allergy safety briefing before taking responsibility for pupils.

Staff who believe they have not received allergy awareness training within the required period must raise this promptly with their line manager or the allergy safety lead.

Each anaphylaxis drill will be documented, with lessons learned, responsible persons and completion dates for resulting actions.

The school has purchased 'training pens' from EpiPen and Jext so staff can practise safely and be familiar with the differences.

The school will 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 will 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 and shared with parents/carers at the start of the school year.

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

Staff will raise awareness of allergies with pupils across the school.

11. Wellbeing

Pupils with allergies will have additional support through:

- Pastoral care.
- Regular check-ins with their class teacher
- 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 Behaviour policy.
Reasonable adjustments will be made where a pupil needs to keep emergency medication close to them, including where this affects normal uniform or equipment arrangements.
Allergy-related bullying includes teasing, threatening behaviour, deliberate exposure or misuse of an allergen. It will be addressed under the school's behaviour and anti-bullying arrangements. Any whole-school allergy-awareness activity will be planned sensitively with consideration for affected pupils.

11.1 Wellbeing Support Following an Incident Or 'Near Miss'

Reasonable adjustments will be made for allergic rhinitis, hayfever and eczema.

Where symptoms have a significant effect, the school will consider reasonable adjustments in consultation with parents/carers and relevant healthcare professionals. These may include agreed medication or emollient support, adjustments during high-pollen periods and recognition that disrupted sleep may affect concentration, wellbeing or behaviour.
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:

- Health and Safety policy
- Supporting Pupils with Medical Conditions policy
- Data Protection policy
- Behaviour policy
- First Aid policy
- Complaints policy
- Anti-Bullying policy
- Educational Visits policy
- Equality policy
- Early Years Foundation Stage policy
- Critical Incident Plan

Reviewed: September 2026

Review Due: September 2027

Approved by: Governor: …….. ……..

Name: ……..…….. Date: ……

Headteacher: ……

Name: …….. Date: ……

Appendix 1: Individual Healthcare Plan

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

Visits and trips: *Give details of any arrangements or procedures which may be required for school trips or other activities outside of the normal timetable that will ensure the child can participate.* *Note any requirement for a risk assessment and prompts for specific issues which should be considered.*	
Emergency response: *Where an Action Plan issued by a healthcare professional covers emergency response, refer to it and ensure it is attached.* *Otherwise summarise the signs or symptoms which would indicate an emergency.* *Set out what to do in an emergency, including whom to contact.* *If relevant, note where "spare" adrenaline devices are located.*	
Last discussed with parents:	**Date**
Issued by:	**Date**:
Next planned review:	**Date**:

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

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

Appendix 2: Allocated Staff

Sally Osunkoya
Karen Doswell