Widford Lodge

PREPARATORY SCHOOL

13a, 13c and 13d

Allergy Safety Policy

This policy applies to all pupils at Widford Lodge School including those in the EYFS

Reviewed and Approved by the Proprietor: September 2026

Next Review: September 2027

Introduction

At Widford Lodge Preparatory School we are committed to providing a safe, inclusive and welcoming environment for all pupils, staff and visitors. This includes ensuring that those with medical conditions, including allergies likely to have a serious and potentially life threatening risk such as anaphylaxis, are supported in all areas of school life.

We will:

- ensure appropriate arrangements are in place to support pupils with medical conditions, in line with statutory guidance;
- ensure this policy is regularly reviewed and updated;
- adhere to guidance on supporting pupils with medical conditions and allergies, including the administration of allergy medication and adrenaline auto-injectors (AAIs);
- ensure all staff are trained in implementing this policy including Individual Health Care Plans (IHCPs) and emergency procedures;
- ensure IHCPs are in place and regularly reviewed for pupils with serious allergies;
- identify and minimise risks to pupils with allergies through appropriate assessment and control measures;
- promote awareness of allergies and an inclusive culture, with any allergy related bullying addressed in line with the anti bullying policy;
- ensure the school is appropriately insured and staff understand that when supporting pupils with medical conditions.

Whilst we will endeavour to ensure our school provides a safe environment for all, we cannot guarantee our school will be allergen-free. In order to manage their medical condition effectively, the school will not prevent pupils from eating, drinking or taking breaks whenever they need to. The school recognises that allergy is a spectrum of different allergic diseases and that reactions occur when a susceptible person is exposed to an allergen; asthma, food allergy, eczema and seasonal rhinitis (hay fever) are all forms of allergy and allergies may arise from food, medication, insect stings, airborne allergens and contact allergens such as latex. Risk assessments and transport arrangements will be developed proportionately according to the individual needs of the affected person.

This policy should be read in conjunction with the First Aid, Accident Reporting and Administration of Medicines policy and is implemented in accordance with relevant legislation and guidance, including the Health and Safety at Work etc Act 1974, the Equality Act 2010, the Children and Families Act 2014, the Department for Education's guidance Allergy Safety in Schools and food allergen legislation, including Natasha's Law. The school understands that severe allergies are included in the Equality Act 2010; seasonal rhinitis such as hay fever is explicitly excluded from the definition of disability, unless it aggravates the effect of another health condition.

This policy is available on the school's website and on request from the school office. It is reviewed annually by the Headteacher, Proprietor and senior leadership team or following any significant incidents; updates are communicated to staff.

Roles and Responsibilities

The **Proprietor** has ultimate responsibility for health and safety matters including allergy safety. She is responsible for ensuring that: the allergy awareness procedures are reviewed annually and/or after any operational changes or significant incidents; adequate resources, systems and competent staff are in place; mechanisms are in place to monitor and report on the effectiveness of this policy including staff training, compliance and implementation; and communication and reporting systems are in place so that allergy related incidents, near misses and emerging risks are reported to her. Allergy safety is a standing agenda item for the school's Health and Safety Committee.

The **Headteacher** is responsible for the day to day implementation of the allergy safety policy and ensuring effective delivery of arrangements to support pupils with medical conditions, including ensuring:

- suitable and sufficient risk assessments are carried out to identify and manage the allergy needs of pupils and staff and are reviewed regularly and following any significant changes or incidents
- allergy related incidents, near misses and concerns are recorded and reported to the Proprietor using the form at Appendix B and specified incidents to the HSE when necessary
- a central allergy register is established, kept up to date and made accessible to relevant staff, including for educational trips, staff cover and risk assessment purposes
- IHCPs are implemented and kept under review for pupils with serious allergies, and are shared with staff
- All staff including volunteers and contractors receive appropriate allergy and anaphylaxis training, including emergency response, which is regularly refreshed at least annually and following any significant changes to procedures, equipment, legislation and pupil needs and are aware of the school's allergy safety policy and procedures
- Catering is provided to the reasonable medical needs of staff and pupils with allergies in line with IHCPs
- Allergy bullying is treated in line with the school's anti bullying policy and pupils with allergies are not excluded from any school activities

The **Designated Allergy Lead** is Sam Pawsey, Deputy Head Pastoral. She is responsible for:

- Acting as the single point of contact for allergy and anaphylaxis management for staff, pupils, parents and external professionals

- Ensuring IHCPs are developed, implemented, shared, reviewed and updated in line with this policy and clinical advice
- Maintaining oversight of the school's allergy register, ensuring it is accurate, up to date and accessible to relevant staff with details of which pupils have an allergy action plan
- Coordinating and monitoring allergy and anaphylaxis training and ongoing allergy related communications for all staff, including on induction and refresher training, and maintaining appropriate records. Training can be online or face to face and must include: allergy awareness including risks, how reactions occur and how to manage them; multiple co-existing conditions; the difference between food allergy, intolerance and coeliac disease; that people can be allergic to any food, not just the top 14 allergens; the symptoms of allergic reactions and how to treat; the symptoms of anaphylaxis and how to treat; how to locate and administer adrenaline or an asthma inhaler; training on all types of AAIs; how to report a reaction as mild to moderate/anaphylaxis/near miss/incident; understanding their responsibilities in risk reduction for pupils; understand the impact allergy can have on a pupil's wellbeing; understand this policy and how to check if a pupil is on the allergy register; how to use an allergy action plan.
- Ensuring the availability, safe storage, checking and replacement of spare emergency AAIs in accordance with statutory guidance
- Liaising with the Headteacher and other staff to review allergy related incidents and near misses, contributing to improvement actions
- Liaising with the catering team to ensure that the procedures in the kitchen and when serving are robust so that a safe meal is provided
- Undertaking allergy emergency response exercises and drills to test emergency arrangements, staff awareness and response procedures.

All teaching and support staff are required to:

- Ensure they are aware of and follow the allergy safety procedures and this policy at all times
- Ensure they are familiar with relevant pupils' IHCPs and are able to recognise the symptoms of an allergic reaction and how to take appropriate action
- Know who the first aiders are and how to access emergency support including the location of emergency medication such as AAIs
- Completing accident reports for all incidents they attend and reporting any near misses using the form at Appendix B
- Ensure pupils are prohibited from sharing food at school or offsite on school activities and consistently enforce this, as well as ensuring that food brought in from home and distributed on birthdays etc is not eaten at school but is taken home for parental supervision of eating

- Wipe surfaces before and after eating outside of main dining areas to reduce the risk of allergen exposure
- Informing the Headteacher of any specific health conditions or allergy needs on induction and/or diagnosis and liaising with the Allergy Lead to create an action plan.
- Ensuring prompt communication of any concerns, incidents or changes relating to pupils' allergies to the appropriate staff
- Implement reasonable control measures where a pupil has a known allergy to airborne allergens, which may include ventilation arrangements, management of classroom resources, restrictions on identified triggers and consideration of allergen exposure during activities involving animals, plants or strong fragrances. This will include completing risk assessment, curriculum adaptations as necessary and creating an inclusive curriculum.
- Ensure that during fire drills and lockdown practices, pupils' AAIs are with them.

The site manager, in addition to the above, is responsible for ensuring that cleaning regimes and site management processes support the reduction of allergen risks, that contractors working onsite are aware of relevant allergen controls, ensuring that reasonable measures are taken to maintain good indoor air quality through appropriate ventilation, cleaning and maintenance arrangements.

The chef, deputy chef and catering staff are responsible for ensuring that:

- food allergy requirements are reviewed and reflective of the current menu offerings, with reviews undertaken each time updated allergy information for staff and pupils is passed to them
- all catering staff have received allergy awareness and food hygiene training and refresher training
- the Allergen Matrix is made available for all the dishes served, dated and current to that week's menu offering and menus clearly identify ingredients that may pose a risk to allergy sufferers, enabling informed choices to be made. All dishes are reviewed for allergen contents and the catering team continue to review the individual ingredients. As suppliers may substitute ingredients or products that previously didn't have an allergen contained, packaging labels are cross checked with the school's allergen information and updated when required. The chef will redate the allergen matrix to reflect this review.
- all purchased pre-packaged items have been provided with the list of all ingredients and that the allergen details provided are in bold. He will report to the supplier if any products have been delivered without the required legal labelling, and the product will not be used, until clarification of any allergens has been received by the manufacturer or supplier.
- Rigorous food hygiene is maintained to reduce the risk of cross-contamination. Cross contamination is the physical movement or transfer of allergens from one person, object or place to another food item. Preventing cross contamination is a key factor in preventing potential allergic reactions.

- Any foods/dishes with any of the identified 14 allergens in must be carefully stored and handled in the kitchen so to prevent the risks of cross-contamination.
- Staff are trained on kitchen procedures to prevent cross-contamination during storage, preparation and serving of food.
- Utensils are cleaned before each usage, especially if they were used to prepare meals containing allergens
- A storage system is in place to prevent cross-contamination of ingredients with other ingredients containing allergens. Ingredients that contain allergens are kept separate from other ingredients
- A spillage plan is in place to clean up allergenic ingredients: using disposable clothes/towels / blue rolls to prevent cross-contamination.
- Effective cleaning, washing up and hand washing is maintained, using hot water, cleaning and sanitising products.
- Physical separation – lids or covers are put on food, and clean knife, board, plate, pan, working area, and aprons are used.
- Separate fryers/cooking equipment are used - gluten-free chips are cooked using different oil to any used for cooking battered fish.
- Where the school provides packed lunches for school trips, the catering team will adhere to pupils' known allergies.

Visitors and contractors are asked to provide the school with any relevant information as to their own allergies and ensure their activities do not introduce or increase allergy risk to the school premises; they are also asked not to bring food onsite during the school day. Any food provided by the Friends of Widford Lodge Parent Association is in liaison with the school office team regarding allergies and is labelled at events such as cake sales or the summer fair.

Parents are required to: inform the school of any details of food intolerances or allergies and their management and to update the school about any changes to their child's medical needs; ensure any required medication including AAIs and inhalers is supplied, in date and replaced as necessary; complete IHCPs and give permission for the spare emergency AAI to be used if required; attend any meetings as required to help the school in planning for the management of their child's allergy and plan; inform the school of any anaphylaxis episode occurring outside school.

Parents are also responsible for ensuring that any food provided for packed lunches on school trips or sent in with pupils to celebrate birthdays etc does not contain any allergens known to be triggers for pupils; they are advised of this in the school newsletter.

Pupils will be supported by school staff to become familiar with their allergies and symptoms, with age appropriate expectations and support around managing choices that will reduce the risk of allergic reactions and will be reminded not to share food with each other. Those in the Prep school will be encouraged to take responsibility for carrying their AAIs with them in the designated bag, with reminders from staff. Pupils will be educated about allergy awareness through assemblies and PSHEE.

Arrangements

Pupils may be prescribed an AAI and/or a non-injectable nasal adrenaline device. They must have rapid access to two prescribed devices at all times including while travelling to and from school under the supervision of school staff. The school may currently only purchase AAIs as spare devices; if a pupil's prescribed nasal adrenaline device is unavailable during anaphylaxis, an appropriate school spare AAI may be used.

Pupils prescribed AAIs should provide school with two prescribed devices at all times in accordance with clinical guidance. Two AAIs are held for these pupils, one of which is kept in a labelled and unlocked cupboard in the Office. The second AAIs are kept in an anaphylaxis child's emergency bag, located within the classroom setting in the Pre–School, Reception and Pre-Prep and carried by the pupils themselves in the Prep School.

There are designated hooks in each room used by children and a box inside, located close to the playground for AAI devices to be stored. AAIs must be stored at room temperature and not refrigerated or left in direct sunlight. Should a child with anaphylaxis leave the site, it is the teacher's responsibility to ensure that they have their emergency bag containing both AAIs with them. The child's IHCP is also kept within their emergency bag so that staff can refer to it in an emergency. This applies to all trips, fixtures, visits to the school field and other offsite occasions.

Copies of the IHCPs are on display in the office, the medical room, the kitchen, the staff room and in the medical conditions file in each classroom.

Emergency medication including prescribed and spare AAIs are stored and managed so that they can reasonably be accessed and administered within five minutes of an emergency occurring.

In the event of a pupil's anaphylactic shock, the procedures are as follows (further details later in the policy):

- The member of staff supervising the pupil calls for a colleague or sends a pupil to fetch another member of staff and then immediately follows the child's IHCP emergency response protocol, noting times
- The member of staff or supporting colleague calls the emergency services and ensures that a member of the school's senior leadership has been informed of the incident, followed by the child's parents
- The incident will be recorded fully in the accident book by the relevant member of staff on the same day or as soon as possible after an incident resulting in an anaphylactic shock and consideration given to RIDDOR reporting within the statutory timeframe; all serious allergy incidents and near misses will be reported to the

Headteacher and Proprietor and reviewed to identify lessons learned and improvements needed to prevent recurrence.

- If an ambulance is arranged, a member of staff will stay with the pupil until the parent arrives or will accompany the pupil to hospital in the ambulance if required.

The Human Medicines (Amendment) Regulations 2017 permit spare AAIs to be used for the purpose of saving a life. This might be, for example, a child presenting for the first time with anaphylaxis due to an undiagnosed allergy. The school holds two spare emergency 150 microgram and two 300 microgram AAIs stored in the unlocked and labelled cupboard in the office and labelled Emergency Anaphylaxis Kit for 6 year olds and under/for 7 year olds and over; these are signed in and out and checked monthly by the Allergy Lead to ensure they are in date and remain clear not cloudy. AAIs that are used will be given to the paramedic, those that are out of date or where the adrenaline has degraded will be taken to a pharmacy to be disposed of by the Allergy Lead.

The Human Medicines (Amendment) Regulations 2017 do not require consent to have been obtained for spare AAIs to be used. In an emergency situation anyone may take reasonable action to save a life without checking whether prior to consent has been given.

Even for food allergy, the vast majority of anaphylaxis reactions require the person to have eaten the food, although less serious allergic reactions can happen through skin or other contact. Anyone experiencing an allergic reaction must remain under direct observation for at least 60 minutes or longer where directed by their Allergy Action Plan or healthcare advice, because apparently mild symptoms may progress.

The school defibrillator is located under the bicycle shelter on the out drive; staff have been trained to use it.

Parents will be informed on the same day of any significant allergy related incident and treatment provided, or near miss involving their child. Records relating to allergy incidents, treatment and near misses will be retained securely and kept until the pupil reaches 21 years (or 25 for those with special educational needs) in accordance with the school's records retention schedule.

Trips

A member of staff appropriately trained in first aid and allergy safety will always accompany pupils on trips and will be named in the trip risk assessment and required to check that the pupil has their medication including AAIs before departure. All staff on the trip will be aware of pupils with allergies and their IHCPs. All pupils with prescribed AAIs will carry both of these with them on any trip. Where food is provided by a third party caterer, they will be provided in advance with details of all known allergies of the pupils attending. Where trips involve cooking, food preparation, animal contact, environmental allergens or food provided by third parties, allergy risks will be considered during planning and risk assessment.

Educational trip risk assessments will consider exposure to food, contact and airborne allergens, including animal contact, environmental allergens, pollen and activities that may increase allergen exposure. Appropriate control measures will be implemented and reasonable adjustments made to ensure pupils with allergies are able to participate safely and are not excluded from activities; consideration will be given in the risk assessment to transport and proximity to emergency care.

The trip leader will review the risk assessment in conjunction with the Allergy Lead to determine whether the school's spare AAIs should be taken, while ensuring that pupils remaining in school still have access to spare AAIs should the need arise.

Administration of Medicines

See our First Aid, Accident Reporting and Administration of Medicines policy, which covers the administration of prescribed medicines, the parental permission required, the storage and disposal of medicines and the records kept of medication given.

Anaphylaxis

Anaphylaxis is a severe and potentially life threatening reaction to a trigger such as foods, insect stings, medications or other allergens. Reactions usually begin within minutes of being in contact with the allergen but they can also occur several hours later. The symptoms include: tingly or itchy feeling in the mouth, feeling light headed or faint, breathing difficulties such as fast, shallow breathing, wheezing, a fast heartbeat, clammy skin, confusion and anxiety, collapsing or losing consciousness. There may also be other allergy symptoms including an itchy, raised rash, feeling or being sick, swelling of lips, face or eyes, change of behaviour or stomach pain. Think about ABC:

- **AIRWAY** – swelling in throat, tongue or upper airways, difficulty swallowing
- **BREATHING –** sudden onset wheezing, noisy or difficult breathing, persistent cough
- **CIRCULATION** – dizziness, feeling faint, pale, clammy skin, confusion, tiredness, loss of consciousness.

Once started, anaphylaxis reactions progress quickly and **always requires an emergency response, therefore giving adrenaline immediately and calling 999 is crucial, but do not wait to contact the emergency services before administering adrenaline.** Always consider anaphylaxis in someone with a known food allergy who has sudden difficulty in breathing. If the individual has a severe allergy and asthma and there is any doubt if they are presenting with anaphylaxis or having an asthma attack, always administer the adrenaline first. If someone has symptoms, you should:

- Keep the person where they are, call for help and do not leave them unattended
- Lie the person down flat with legs raised, unless they are unconscious, pregnant or having breathing difficulties. If breathing is difficult, they may sit with their legs

extended; if unconscious but breathing, place them in the recovery position; if pregnant, position them on their left side

- Use an AAI (either the person's own prescribed AAI if available, otherwise the spare, following the correct procedure and note the time given
- Call 999 for an ambulance immediately, even if they start to feel better, stating that you think the person has anaphylaxis and keep the person where they are, lying flat
- Remove any trigger if possible, for example carefully remove any stinger stuck in the skin
- Give another injection after 5 minutes if the symptoms do not improve and a second AAI is available
- If no signs of life commence CPR
- Call parent as soon as possible.

All staff must be trained in recognising and responding to anaphylaxis and using AAIs. People with potentially serious allergies are often prescribed AAIs to carry at all times which can help stop an anaphylactic reaction from becoming life threatening and should be used as soon as a serious reaction is suspected. There are two main types of AAIs, epipen and Jext which are administered slightly differently. If in doubt, treat for anaphylaxis and administer adrenaline.

Pupils with Special Medical Needs – IHCPs and Allergy Action Plans

An IHCP will be developed for any pupil whose allergy requires the school to put supportive arrangements, adaptations or emergency arrangements in place, whether or not the allergy has been described as serious or severe. The level of detail will be proportionate to the pupil's needs. The school recognises that allergies may arise from food, medication, insect stings, airborne allergens and contact allergens. Risk assessments and support arrangements will be developed proportionately according to the individual needs of the affected person. Where a pupil is affected by airborne allergens, reasonable measures will be considered to minimise exposure and support their health, wellbeing and participation in school activities. Eczema, asthma and allergies sometimes occur together and it is important that they are managed well to keep the individual healthy; an asthma care plan will be included with a pupil's IHCP.

Some pupils have health conditions that, if not managed, could limit their access to education. These conditions include, but are not limited to, severe food allergies, allergies to insect stings, animals or medication. Pupils' IHCPs will be developed to ensure that: all staff are aware of the allergy and potential triggers; specific safety measures are identified and in place to reduce the risk of exposure to allergens; clear emergency procedures are defined including the administration of AAIs and calling for medical assistance; catering, classroom and activity arrangements accommodate the pupil's allergy safely; responsibilities are clearly defined.

When developing and reviewing IHCPs, parents are required to provide detailed information about their child's allergies, medical history and prescribed emergency medication including consultation if appropriate with the GP or paediatrician. IHCPs must be written before the pupil starts at the school or within two weeks of diagnosis/enrolment. IHCPs are reviewed at

least annually or sooner if there is a significant change to the pupil's allergy status, medication or triggers or where there is a near miss or incident. For pupils with severe allergies, an allergy action plan must be developed, to provide clear and concise guidance on how to recognise and treat severe allergic reactions and should, where possible, align with the latest clinical treatment guidelines; these are only issued for pupils with an IgE food allergy or a venom allergy that could lead to anaphylaxis and must be updated by medical professionals. Parents are required to sign their pupil's IHCP and allergy action plan at the start of each academic year; by doing so, they agree for this data to be displayed around school.

IHCPs should include risk mitigation measures to be followed to ensure that the pupil is fully included in the life of the school. They may need to be created while a pupil is still waiting for a diagnosis.

Allergy information and IHCPs are shared as part of a pupil's transition to a new school. We will request allergy information from the previous school or setting and consider the arrangements but will always liaise with parents to write a new IHCP. The school will provide information about pupils on request ahead of moves to a new school.

Allergy Identification, Communication and Practical Management Systems

Pupil identification methods – each classroom has a folder containing medical information about pupils. The first page of this is the allergy register, with photographs and details of pupils with severe allergies. At the September inset or on joining the school, all staff including club leaders, peripatetic teachers and volunteers are told about pupils with severe allergies and shown photographs; update information is provided as required throughout the year.

Lunch – the catering staff are aware of individual pupils' allergies and have their IHCPs on display during serving. Serving containers are labelled with allergens and referred to by catering staff. Children in Reception and Pre Prep are supervised by their class teacher when being served their lunch. In any case of doubt, further clarification is sought from a member of teaching staff or the senior leadership team. The deputy chef is responsible for oversight of serving pupils with known allergies. Pupils with allergies will not be routinely segregated from their peers at lunchtimes; risks will be managed in a way that supports safe participation and inclusion.

Staff communication and information sharing – allergies are communicated effectively through the central allergy register in each room, annual and update briefings for relevant staff, inclusion of allergy information in trip planning, prohibition of food sharing, cleaning surfaces before and after food use and provision of alternative activities or materials as required.

Allergy and other health information is special category personal data. Only the minimum information necessary to keep the pupil safe will be displayed or shared. Processing and sharing will be undertaken under the school's lawful basis and privacy notice.

Monitoring and Review

The school will monitor the effectiveness of its allergy management arrangements to ensure they remain suitable, effective and compliant with statutory requirements, including: reviewing allergy related incidents, emergency responses and near misses; monitoring staff training; reviewing IHCPs and allergy action plans; auditing the allergy register, communication arrangements and medication storage and management systems; periodic health and safety audits. Findings will be used to identify trends and inform changes, with significant matters reported to the Proprietor as appropriate. Near misses and serious incidents may include accidental exposure without reaction or labelling errors and these, as well as allergic reactions will be recorded on Appendix B; staff are aware of the possible need to retain materials such as food consumed or handled for the review. Both types will be documented in the senior leadership team's half termly compliance review.

Reviews of serious incidents and near misses will be undertaken in a no-blame, learning focused manner. Each review will consider whether changes are required to this policy, the relevant IHCP, risk assessments, training, communication arrangements, catering controls, medication access or emergency procedures and actions will be assigned and monitored to completion.

The school will not: prevent pupils from accessing prescribed allergy medication; require parents to routinely attend school activities to manage their child's allergy; exclude pupils from educational visits or extracurricular activities because of allergies; send a pupil experiencing an allergic reaction to seek assistance unsupervised; ignore clinical advice or information provided by parents or healthcare professionals; assume that every child with the same condition requires the same support; ignore the views of the child or their parents, medical evidence or the opinion or advice of healthcare professionals; assume that a child does not have an allergy because they do not yet have a diagnosis, for example while medical investigation is underway; or penalise pupils for their attendance record if their absences are related to their medical condition.

Difference between Food Allergy and Food Intolerance

A food allergy is when the body's immune system mistakenly treats the protein in food as a threat. The body responds to this threat by releasing several chemicals in the body. These chemicals cause symptoms of an allergic reaction. Food intolerance is more common than food allergies. Food intolerances are thought to affect 1 in 10 people and do not involve the immune system. Instead, food intolerance involves the digestive system and can cause difficulty digesting certain foods leading to symptoms such as abdominal pain, gas and diarrhea. Those affected often rely on allergen labelling to avoid the foods that make them

ill. Coeliac disease is an autoimmune condition caused by exposure to gluten; it is not an allergy or food intolerance and cannot cause anaphylaxis. It requires strict avoidance of gluten and robust cross contamination controls and is supported through the school's wider medical conditions arrangements.

Food allergies – The Food Information (Amendment) (England) Regulations 2019, also known as Natasha's Law, came into effect in 2021 and requires food business to provide full ingredient lists and allergen labelling on food pre-packaged for direct sale. There are 14 allergens required to be declared as such by food law in the UK: cereals containing gluten; crustaceans; egg; fish; peanuts; soybeans; milk; nuts; celery; mustard; sesame seeds; sulphur dioxide and/or sulphites; lupin; and molluscs. The school does not package food onsite but declares these allergens in menus. The school recognises that while 90% of reactions are triggered by the 14 key food allergens, any food can cause a reaction.

Wellbeing and Support

The school prioritises actions to ensure that pupils are included and safe into the school's culture. Pupils with allergies may become anxious as a result of the risk of exposure to allergens and the potential for anaphylaxis. The school will communicate appropriately to ensure ongoing awareness and appreciation of the risk, plan events inclusively to eliminate social isolation and involve pupils and staff with allergies in developing and reviewing procedures and awareness updates via assemblies and PSHEE as appropriate. We understand that allergy bullying is serious and will address immediately any stigmatisation or bullying directed at individuals due to their allergies or dietary constraints. We will engage proactively with new pupils with known allergies or existing pupils with new diagnoses to help them feel supported, including meeting the catering staff as appropriate.

We recognise that a safeguarding referral may be necessary if an incident highlighted concern that a child might be at increased risk of neglect, abuse or exploitation because of their medical condition.

Additional Protocol for EYFS (Pre-school & Reception)

At the beginning of Pre-school and Reception parents are asked to fill out a Health and Dietary form which asks for details of any allergy the child may have and any foods they would prefer them not to have, in addition to any pre-existing medical conditions that we should be aware of. Any changes in condition should be reported to a member of staff immediately so the information can be updated. The same procedures as for the rest of the school will be followed, for example agreeing an IHCP with parents and displaying this in relevant places around school. In the unlikely event of a child reacting to a food or other substance the parents would be contacted and informed of their child's reaction and any medication administered. We would advise them to come to collect their child and seek

further medical advice. A member of staff would remain with the child at all times in case the reaction worsened.

If a severe reaction occurs, we would again follow the instructions set out on the child's IHCP. If an AAI is provided and is needed, a member of staff would administer this and stay with the child whilst another member of staff telephoned 999 and the parents.

If a child suffers an allergic reaction to something new that we are unaware of, we would comfort the child, seek urgent advice from the paediatric first aiders, then contact the parents/emergency contact. In a severe case we would administer adrenaline using the school's spare AAI, dial 999 and follow the procedures outlined above as for other pupils.

All staff are aware how to use an AAI and have had training using a trainer AAI.

Appendix – AAI Emergency Instructions

Step 1:

- Assess the situation

Stages described below may merge into each other **rapidly** as a reaction develops

- Check pupil's individual health care plan & follow step 2 if/as appropriate
- Send someone to get the emergency kit / AAI, which is kept in the school Office

Step 2:

SYMPTOM	ACTION
Mild Reaction • Generalised itching • Mild swelling of lips or face • Feeling unwell / nausea • Vomiting	**Mild Reaction** • Give ***antihistamine*** immediately • Monitor child until you are happy (s)he has returned to normal • If symptoms worsen see severe reaction.

SYMPTOM	**ACTION**
Severe Reaction • Difficulty breathing / choking / coughing • Severe swelling of lips/face/eyes • Pale/floppy • Collapsed/unconscious	**Severe Reaction** • Get the AAI out • Send someone to ***phone 999*** and to tell the operator that the child is likely having an a**naphylactic reaction but do not wait for this before administering AAI** • lie the child on the floor with legs raised • Remove the blue/grey safety cap from the AAI • Hold the AAI approximately 10cm away from the outer thigh • Administer the black tip of the AAI firmly into the outer thigh at a right angle. **Make sure a click is heard and hold the AAI in place for 10 seconds** • Note the time the AAI was given and make sure second or spare AAI is to hand • Remain with the child and don't move them until the ambulance arrives • Place used AAI into container, <u>without touching the needle</u> • Contact parent/carer • If condition hasn't improved, administer second AAI after 5 minutes and note time

Appendix B

Record of Allergy related incident or near miss

Child's name:	Form:
Time: Date:	
Staff member:	
Any SEND circumstances:	
What exactly happened: Did the child experience any allergic reaction and what were the symptoms? Was any medication or treatment provided?	

Parent(s) informed by and time:	

EYFS child: Please pass this form to Debbie Poston or Stacy Hilton

Signature and date of signoff: _____

Pre Prep /Prep child: Please pass this form to Sam Pawsey for logging in the SLT half termly file

Date and Sam's signature: _____

For sign off, please pass this form to Michelle Cole:

Signature and date of signoff: _____

Sam Pawsey or Michelle Cole to note here further action to be taken to prevent recurrence as appropriate. Also confirm here that the incident or near miss will be reported to the Proprietor via the next Health and Safety Committee. **Consider changes necessary to the policy, IHCP, risk assessment, training, communication, catering, medication access, emergency procedures**

This form is to be kept in the accident book and therefore for the required period of time in accordance with the school's retention schedule.