Allergy Safety Policy

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Monitoring & Review	HR – Annually	

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1. Aim of this policy

1.1. As proprietor of one or more schools, CORE Education Trust has a legal duty to ensure there is an allergy safety policy in place, which sets out the arrangements to reduce the risk for individuals coming into contact with their known allergens (e.g. food or contact allergens) and sets out emergency response plans. The board of CORE Education Trust has delegated this responsibility to the school.

1.2. The school has adopted this policy to set out the arrangements of its duty to ensure there is an allergy safety policy in place, which sets out the arrangements to reduce the risk for individuals coming into contact with their known allergens (e.g. food or contact allergens) and sets out emergency response plans.

2. Overriding principles

2.1. Children and young people with allergies are entitled to a full education. The school is committed to ensuring that students with allergies are properly supported in school so that they can play a full and active role in school life, remain healthy, and achieve their academic potential. We want all students, as far as possible, to access and enjoy the same opportunities at school as any other child. This will include actively supporting students with allergies to participate in school trips/visits and/or in sporting activities.

2.2. To ensure a rigorous approach to allergy safety and supporting students with medical conditions, all staff must cross-reference this policy with the supporting students with medical conditions policy whenever they are dealing with a student with an allergy.

3. Inclusion

3.1. Some students with an allergy will have a disability as defined by the Equality Act 2010 and the school will comply with those duties in the implementation of this policy and in all decisions made about individual students with allergies.

3.2. This policy sets out policies and procedures to ensure proactive steps are taken to meet the needs of children with allergies, and that they feel safe and included.

4. Definitions

4.1. **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. Allergic reactions can range in severity from mild symptoms (such as a rash or runny nose) to anaphylaxis, which is a severe and potentially life-threatening reaction.

4.1.1. Common allergic conditions include:

i. Hay Fever (Allergic Rhinitis).

ii. Skin allergies (e.g. eczema, contact dermatitis, contact urticaria/hives).

iii. Food allergy.

iv. Asthma.

4.1.2. Less common allergic conditions include:

i. Allergy to insect stings.

ii. Allergy to medicines.

4.2. **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.

4.3. **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.

4.4. **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.

5. Policy implementation

5.1. This policy is published on the school's website and is available in hard copy on request from the school office.

5.2. The person with overall responsibility for the successful administering and implementation of this policy is the Headteacher.

5.3. The Headteacher has overall responsibility for this policy, including driving the implementation of the policy and ensuring:

5.3.1. Sufficient staff are suitably trained to meet the known allergies of students at the school.

5.3.2. Induction training.

5.3.3. All relevant staff are made aware of the student's allergies and supply teachers are properly briefed.

5.3.4. Cover arrangements are in place to cover staff absences/turnover to ensure that someone is always available and on site.

5.3.5. Risk assessments for school visits, holidays, and other school activities outside of the normal timetable are completed, including allergen risk assessments.

5.3.6. Individual healthcare plans (IHPs) are prepared where appropriate, and are monitored. IHPs have Allergy Action Plans attached where they have been provided by healthcare professionals.

5.3.7. Annual review of this policy, in addition to where this policy is reviewed following an incident or near miss.

6. Identification that a student has an allergy

6.1. Ordinarily, the student's parent/carer will notify the school that their child has an allergy. Parents/carers should ideally provide this information in writing addressed to Ms Begum, Admissions Officer, including whether they carry any medication (e.g. an adrenaline autoinjector (AAI) device or asthma reliever inhaler). However, they may sometimes pass this information on to a class teacher or another member of staff. Any staff member receiving notification that a student has an allergy should notify Ms Griffiths, SENDCO, as soon as practicable.

6.2. A student may disclose themselves that they have an allergy. The staff member to whom the disclosure is made should notify Ms Griffiths, SENDCO as soon as practicable.

6.3. Notification may also be received directly from the student's healthcare provider or from a school from which a child may be joining the school. The school may also instigate the procedure themselves where the student is returning to the school after a long-term absence.

6.4. Where a child is starting school, or is new to the school, the relevant Head of Year or someone designated by them will make enquiries in advance of the child starting, including seeking information from any previous school and parents (or young person themselves if appropriate), to ensure that appropriate support is in place from the first day of attendance.

6.5. Where a child is moving to a new school from the school, their IHP and/or Allergy Action Plan should be shared as part of the transition.

6.6. The school will ask parents to inform them as soon as reasonably practicable when their child is diagnosed with a new allergy to ensure that appropriate support is in place.

7. Identification of staff and visitors that have an allergy

7.1. All staff members will be asked to notify the school in writing if they have an allergy, including whether they carry any medication (e.g. an adrenaline autoinjector (AAI) device or asthma reliever inhaler).

7.2. Wherever possible, information on allergy should be sought in advance from visitors ahead of their visit, especially if they are likely to be served food.

7.3. The school should consider on a case-by-case basis at what point it seeks information from staff and visitors regarding allergy and at what point it provides information about allergy to visitors, especially if they are likely to be served food.

7.4. Staff members and visitors will ordinarily manage the condition/allergy themselves without any support or monitoring from the school. If the visitor is a child, their parent will ordinarily manage their child's condition/allergy themselves without any support or monitoring from the school.

7.5. Where appropriate the school will consider whether it should revise external booking documents, contracts for third party use of the site and/or contracts with third parties providing services to reflect the provisions of this section.

7.6. Emergency response procedures will apply to all individuals on the school site.

8. Procedure following identification that a student has an allergy – see Annex 1

8.1. Except in exceptional circumstances where the student does not wish their parent/carer to know about their allergy, the student's parents/carers will be contacted by Rockwood staff as soon as practicable to discuss what, if any, arrangements need to be put into place to support the student. Every effort will be made to encourage the child to involve their parents while respecting their right to confidentiality. If a decision is made not to inform a parent/carer then the reasons for this should be documented and the decision should be reviewed by a senior member of staff.

8.2. Unless the allergy is short-term and relatively straightforward (e.g., the student can manage the condition/allergy themselves without any support or monitoring), a meeting will normally be held to:

8.2.1. Discuss the student's support needs.

8.2.2. Identify a member of school staff who will provide support to the student where appropriate.

8.2.3. Determine whether an individual healthcare plan (IHP) is needed and, if so, what information it should contain.

8.3. Where possible, the student will be enabled and encouraged to attend the meeting and speak on their own behalf, taking into account the student's age and understanding. Where this is not appropriate, the student will be given the opportunity to feed in their views by other means, such as setting their views out in writing.

8.4. The healthcare professional(s) with responsibility for the student may be invited to the meeting or be asked to prepare written evidence about the student's allergy for consideration. Where possible, their advice will be sought on the need for, and the contents of an IHP.

8.5. In cases where a student's allergy is unclear, or where there is a difference of opinion, a healthcare professional will exercise their professional judgement, based on the available evidence, to determine whether an IHP is needed and/or what support to provide.

8.6. For children joining the school at the start of the school year, any support arrangements will be made in time for the start of the school term, where possible. In other cases, such as a new diagnosis, a newly identified allergy or a child moving to the school mid-term, every effort will be made to ensure that any support arrangements are put in place within two weeks.

8.7. Where the school becomes aware that a student has a severe allergy, it will treat this as a priority matter and ensure that an allergy action plan and any associated risk management measures are put in place without delay.

9. Records of students and staff with allergies

9.1. The school will keep a list of all students and staff with an allergy, an up-to-date photo, what medication they are prescribed, (e.g. AAI) and whether the student has an IHP and an Allergy Action Plan.

9.2. The school will keep a list of students and staff with known allergy (including an up-to-date photo and lists of their known allergen) in places where food may be served or handled (including food technology, science, craft, and art classrooms).

9.3. Such lists will be kept in areas accessible to staff only.

10. Individual healthcare plans (IHP) – see Annex 2

10.1. Children and young people should have an individual healthcare plan (IHP) if:

10.1.1. They have an allergy which has a functional impact on them in their school, college or setting.

10.1.2. They are at risk of harm as a result of their allergy; and

10.1.3. They require arrangements which are additional to, or different from those made generally.

10.2. Where it is decided that an IHP should be developed for the student, this shall be developed in partnership between the school, the student's parents/carers, the student, and the relevant healthcare professional(s) who can best advice on the particular needs of the student; this may include the school nursing service. The local authority will also be asked to contribute where the student accesses home-to-school transport, to ensure that the authority's own transport healthcare plans are consistent with the IHP.

10.3. The aim of the IHP is to capture the steps which the school needs to take to help the student to manage their condition and/or allergy and overcome any potential barriers to getting the most from their education. It will be developed with the

student's best interests in mind. In preparing the IHP, the school will need to assess and manage the risk to the student's education, health and social wellbeing, and to minimise disruption.

10.4. IHPs may include:

10.4.1. Details of the medical condition, allergy, its triggers, signs, symptoms, and treatments.

10.4.2. The student's resulting needs, including medication (dose, side-effects, and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, and dietary requirements. Also, environmental issues, e.g. crowded corridors, or travel time between lessons.

10.4.3. Specific support for the student's educational, social, and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods, or additional support in catching up with lessons, or counselling sessions.

10.4.4. The level of support needed (some children will be able to take responsibility for their own health needs), including in emergencies; if a student is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring.

10.4.5. Who will provide this support, their training needs, expectations of their role, and confirmation of proficiency to provide support for the student's medical condition from a healthcare professional, and cover arrangements for when they are unavailable.

10.4.6. Who in the school needs to be aware of the student's condition/allergy and the support required.

10.4.7. Arrangements for written permission from parents/carers for medication to be administered by a member of staff or self-administered by the student during school hours.

10.4.8. Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the student can participate, e.g., risk assessments.

10.4.9. Where confidentiality issues are raised by the parent/student, the designated individuals to be entrusted with information about the student's condition/allergy and this should be identified within the plan.

10.4.10. What to do in an emergency, including whom to contact and contingency arrangements; some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their IHP.

10.5. The IHP will also clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other students in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed. If a student (regardless of whether they have an IHP) needs to be taken to hospital, staff will stay with the student until the parent/carer arrives, or accompany a student taken to hospital by ambulance.

10.6. Except in exceptional circumstances or where the healthcare provider deems that they are better placed to do so, the school will take the lead in writing the plan and ensuring that it is finalised and implemented.

10.7. A student has an Allergy Action Plan and/or Asthma Action Plan issued by a healthcare professional, the IHP should attach it. All Action Plans will record whether the student is prescribed adrenaline. Whenever an updated Action Plan becomes available, the IHP should be reviewed to incorporate it.

10.8. Where a student is returning to the school following a period of hospital education or alternative provision (including home tuition), the school will work with the local authority and education provider to ensure that the IHP identifies the support the student will need to reintegrate effectively.

10.9. Where the student has a special educational need identified in an Education Health and Care Plan (EHCP), the IHP will be linked to, or become part of that EHCP.

11. Allergy and Asthma Action Plans

11.1. Students with a known allergy to food or insect stings should be issued with an appropriate Allergy Action Pan by their healthcare professional. These are medical documents designed to facilitate emergency response including in the case of anaphylaxis and an asthma attack.

11.2. The relevant healthcare professional is responsible for the content of Allergy and Asthma Action Plans. Whenever an updated Allergy and/or Asthma Action Plan becomes available, the student's IHP should be reviewed and incorporate it.

11.3. The student's IHP should attach the student's Allergy and/or Asthma Action Plan(s).

12. Reviewing individual healthcare plans (IHP)

12.1. Every IHP shall be reviewed at least annually. The SEND Team (or someone designated by them) shall, as soon as practicable, contact the student's parents/carers and the relevant healthcare provider, to ascertain whether the current IHP is still needed or needs to be changed. If the school receives notification that the student's needs have changed, a review of the IHP will be undertaken as soon as practicable.

12.2. Where practicable, staff who provide support to the student with the medical condition shall be included in any meetings where the student's condition/allergy is discussed.

13. Allergen risk assessment

13.1. In order to minimise the risk of individuals (whether students, staff or visitors, the school will carry out an allergen risk assessment of the school environment, including:

13.1.1. Food and catering arrangements.

13.1.2. Classrooms and other learning environments (e.g., art rooms, science laboratories, food technology rooms).

13.1.3. Communal areas (e.g., canteen, dining hall, common rooms).

13.1.4. Outdoor areas (e.g., playing fields, nature areas).

13.1.5. Activities and events where food is present on school site (e.g., school fairs, celebrations).

13.1.6. Activities where other allergens are present on school site, e.g. animals.

13.1.7. A separate and specific risk assessment to manage the risk of exposure to allergens on external visits or trips.

13.2. The allergen risk assessment will be carried out by Mrs Thompson, Operations Manager, in conjunction with relevant staff (including catering staff) and, where available, the school nursing service. The assessment will be reviewed at least annually and whenever there is a significant change to the school environment or catering arrangements.

13.3. The allergen risk assessment will identify:

13.3.1. Allergens present in the school environment, including airborne or through contact.

13.3.2. Students at risk of an allergic reaction.

13.3.3. Other individuals, specifically staff and visitors at risk of an allergic reaction, if known.

13.3.4. Measures to reduce the risk of exposure to allergens.

13.3.5. Procedures to follow if a student has an allergic reaction.

13.4. Where the risk assessment identifies a risk, the school will take proportionate steps to manage that risk. This may include, for example, designated allergen-free

zones, allergen-free options in the canteen, measures to identify children with allergy and measures to prevent cross-contamination.

14. Staff training

14.1. The Headteacher is responsible for:

14.1.1. Ensuring that all staff scheduled to be on site (including permanent, new and temporary staff, regular volunteers, and any person responsible for before-school provision, free breakfast clubs or after-school clubs, peripatetic workers and agency workers) are aware of this allergy safety policy, trained in allergy awareness and emergency response and understand their role in its implementation at least annually. (This is not intended to include contractors carrying out work with no student facing role e.g. builders.)

14.1.2. Working with the school nursing service, relevant healthcare professionals, and other external agencies to identify staff training requirements and commission training required.

14.1.3. Ensuring that there are sufficient numbers of trained staff available to implement the policy and deliver against all IHPs and allergy actions plans, including any specific training needs required by an IHP and in contingency and emergency situations.

14.2. In addition, all members of school staff will know what to do and respond accordingly when they become aware that a student or any individual needs help.

14.3. Where specific conditions require specialist training, including but not limited to the use of adrenaline auto-injectors (AAIs), the management of anaphylaxis, the use of blood glucose monitors or insulin pumps, the management of epileptic seizures, and the management of asthma attacks, The Headteacher will ensure that sufficient staff receive that training from an appropriately qualified healthcare professional, and that competency is confirmed before a member of staff is asked to provide support.

14.4. Allergy awareness training will be provided to all staff. This will cover the nature and prevalence of food and other allergies, the signs and symptoms of allergic reactions and anaphylaxis, how to use an AAI, and the steps to follow in an emergency.

14.5. A record of all staff training shall be maintained (see template at Annex 3). Training will be refreshed at regular intervals and whenever there is a significant change to the conditions affecting students at the school.

14.6. Training will be delivered annually unless healthcare professionals involved in an individual's care advise otherwise and should be sufficient to ensure staff are competent and have confidence in their ability to support students and individuals with allergies, and to fulfil the requirements as set out in relevant IHPs and/or Allergy Action Plans.

14.7. Induction arrangements for new staff will include training on this allergy safety policy, allergy awareness, and emergency response.

14.8. Cover staff will alert the nearest member of staff if there is an incident involving an allergy or an emergency.

14.9. The school has in place appropriate levels of insurance regarding staff providing support to students with medical conditions, including the administration of medication. Copies of the school's insurance policies can be made accessible to staff as required.

15. Allergy awareness training

15.1. Allergy awareness training should ensure all staff:

15.1.1. Have an awareness of allergy, the risks it poses, how allergic reactions can occur and how to manage it.

15.1.2. Understand that allergy includes multiple conditions (food allergy, asthma, eczema, hay fever, others), which can co-exist.

15.1.3. Understand the difference between food allergy, coeliac disease, and food intolerance.

15.1.4. Know where to find information on allergy triggers.

15.1.5. Can identify the range of symptoms of allergic reactions.

15.1.6. Understand and can recognise anaphylaxis.

15.1.7. Know how to respond in an emergency, including:

i. Calling emergency services and informing parents.

ii. How to locate and administer emergency medication (adrenaline for anaphylaxis, asthma reliever inhaler for an asthma attack).

iii. Training on how to use the medication/device in an emergency (whether prescribed to a given person or a school's "spare" adrenaline devices).

15.1.8. Understand the impact allergy can have on a child or young person's wellbeing.

15.1.9. Understand the school, college, or setting's allergy safety policy.

15.1.10. 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.

15.1.11. Understand their responsibilities in reducing the risk of individuals with known allergy coming into contact with their known allergens.

15.1.12. Understand how to report an allergic reaction or case of anaphylaxis (whether an incident or a “near miss”).

15.2. Training under this guidance should be understood as allergy awareness and emergency response training. It should not be read as replacing any separate clinical governance, competency, or delegation arrangements that may be needed where a child or young person requires individual healthcare support beyond school-level allergy safety arrangements.

15.3. Raising allergy awareness with students will be carefully considered and managed in an age-appropriate way.

16. Prescribed adrenaline and spare adrenaline auto-injectors (AAIs)

16.1. All AAIs will be stored at room temperature and not locked away or kept in any location where access is restricted.

16.2. All AAIs will be stored in the Canteen and the Food Teaching Classroom.

16.3. Students who are prescribed adrenaline will have rapid access to their devices at all times. All students will normally be expected to carry them in their school bag which they carry throughout the day and on school trips.

16.4. Students will take individually prescribed AAIs home at the end of the day (including for use during the journey home).

16.5. The school will be alerted by Medical Tracker when a students AAI or inhaler is approaching its expiry date and will make arrangements with home for a replacement. KITT notifies the school when the AAIs are due to expire and will automatically send new ones.

16.6. The school will hold spare adrenaline auto-injectors (AAIs) for use in an emergency where a student is known to be at risk of anaphylaxis.

16.7. The school will maintain a supply of spare, clearly labelled AAIs for use in an emergency. Spare AAIs may be used where:

16.7.1. A student at the school has been prescribed an AAI and is known to be at risk of anaphylaxis.

16.7.2. The student's own AAI is not available (e.g., because it has been used, is out of reach, has expired, or has been lost).

16.7.3. The student or other individual has had, or is judged to be having, an anaphylactic reaction.

16.8. Spare AAIs held by the school are for emergency use only and are not a substitute for a student's own prescribed AAI. Parents/carers are still required to provide the school with their child's in-date, personally prescribed AAI.

16.9. Spare AAIs will be stored in a clearly marked, accessible, and safe location known to all relevant staff. They will be contained in an 'emergency anaphylaxis kit' clearly marked as such and separate to the first aid kit. They will be checked regularly to ensure that they are in date and functional and replaced as required. This will also include any emergency asthma reliever inhaler and spacers, and instructions for use of all equipment.

16.10. All AAIs and instructions for use will be stored in pairs and the school will have two pairs of AAIs on site

16.11. All staff will receive training in the recognition of anaphylaxis and in the correct use of AAIs. This will include training that in the event of an anaphylaxis, adrenaline should be administered as soon as possible and within five minutes.

16.12. Following any use of a spare AAI, the Operations Manager will ensure that a replacement is obtained promptly and that a record of the use is made.

17. Allergen management in catering and food provision

17.1. The school recognises that the management of allergens in food provision is a critical safety issue for students (and staff and visitors) with food allergies.

17.2. The school (or its catering contractor) will:

17.2.1. Ensure that allergen information for all food and drink provided to students, staff, and visitors is available and clearly communicated.

17.2.2. Ensure that staff involved in food preparation and service are trained in allergen awareness and the prevention of cross-contamination.

17.2.3. Ensure that allergen-free options are available for students, staff, and visitors with known food allergies, as reflected in the allergen risk assessment.

17.2.4. Ensure that catering contractors are made aware of students, staff, and visitors with known food allergies, and take appropriate steps to manage the risk.

17.3. The school will use at least two robust methods of identifying students with known allergies at mealtimes.

17.4. The school will ensure that food served at school events, including fairs, celebrations, parties, and school trips, is managed in a manner that takes into account students, staff, and visitors with known food allergies. Where the school cannot control the allergen content of food served at an event, appropriate

measures will be taken to ensure that affected students and individuals are kept safe, including consideration of what information is provided regarding allergens.

17.5. The Operations Manager will liaise with the catering manager or contractor on allergen management and will ensure that any relevant information from a student's IHP or Allergy Action Plan is shared with catering staff on a need-to-know basis, in compliance with data protection requirements.

18. Emergency procedures - whole-school approach

18.1. Nothing in this policy prevents any person taking reasonable action in good faith to save a child or young person's life if they experience a life-threatening medical emergency.

18.2. The school adopts a whole-school approach to emergency preparedness in relation to allergies. This means that all staff, not just those directly named in a student's IHP or Allergy Action Plan, are equipped to respond appropriately in an emergency.

18.3. The Headteacher will ensure that:

18.3.1. Emergency procedures for the most common or highest-risk conditions affecting students at the school (including anaphylaxis, severe asthma attacks, hypoglycaemic episodes, and epileptic seizures) are clearly documented and accessible to all staff.

18.3.2. All staff are trained on what to do if they encounter a student in a medical emergency, an anaphylactic reaction, or acute asthma.

18.3.3. Regular training and scenario-based exercises are carried out with staff to ensure preparedness, particularly in relation to anaphylaxis and other life-threatening conditions.

18.3.4. Spare emergency medication (including spare AAIs) is stored in an accessible, clearly marked location known to all staff.

18.3.5. The location of emergency medication and the school's emergency procedures are included in the induction of all new staff.

18.4. General emergency procedures (including calling 999 and first aid) are set out in template at Annex 3.

18.5. If a student, regardless of whether they have an IHP or Allergy Action Plan, needs urgent medical attention, staff will:

18.5.1. Call 999 immediately where there is any doubt about the seriousness of the situation.

18.5.2. Administer any emergency medication in accordance with the student's IHP/Allergy Action Plan (or, in the absence of a plan, their best clinical judgement).

18.5.3. Stay with the student until emergency services or a parent/carer arrives.

18.5.4. Notify the student's parent/carer as soon as practicable.

18.5.5. Complete a record of the incident.

19. Serious incidents and near misses

19.1. The school recognises that however effective its policies and procedures are in relation to students, staff and visitors with medical conditions and/or allergies, they can never completely remove the risk of a serious incident happening.

19.2. Serious incidents and 'near misses' will be treated seriously and in accordance with the school's health and safety policies and procedures.

20. Support for the wellbeing of students with medical conditions and/or allergy

20.1. Measures the school will take to support the wellbeing of students with medical conditions and/or allergies, and allergy awareness may include:

20.1.1. The school will involve the student's parents and, where appropriate, the student themselves in developing and reviewing their IHP.

20.1.2. The school will ensure proactive communication to the school community about allergy, ongoing awareness, and severity of risk.

20.1.3. The school will proactively engage with new joiners, for example by offering a tour of the canteen.

20.1.4. The school will introduce 'allergy champion' roles as a point of contact for students.

20.1.5. The school will ensure regular communication with members of the school community about medical conditions, allergies, and the awareness and appreciation of ongoing risks.

20.1.6. The school will address and respond to any bullying related to medical conditions and/or allergy under its anti-bullying policy.

20.1.7. The school will consider any appropriate support to the student and their parent/carer following any serious incident.

21. Visits and trips

21.1. A separate and specific risk assessment to manage the risk of exposure to allergens on external visits or trips will be undertaken by the school before every visit or trip.

21.2. Each specific risk assessment will assess every individual student, staff member, or volunteer need on the trip who has an allergy.

21.3. Every student, member of staff or volunteer with an AAI and/or asthma reliever inhaler will be required to take an in-date device with them on the trip.

21.3.1. The arrangements for the storage of students' AAI and asthma reliever inhaler will be managed by the Trip Lead and overseen by the ECV.

21.3.2. All members of staff and volunteers will be expected to store and carry their own devices.

21.4. A pair of spare AAIs will be supplied for each visit or trip.

21.5. All staff on the trip will be trained in how to administer adrenaline in an emergency.

22. Unacceptable practice

22.1. Although school staff should use their discretion and judge each case on its merits with reference to the student's IHP, it will not be generally acceptable practice to:

22.1.1. Prevent children from easily accessing their medication, AAIs or inhalers and administering their medication when and where necessary.

22.1.2. Assume that every student with the same condition requires the same treatment.

22.1.3. Ignore the views of the student or their parents/carers or ignore medical evidence or opinion (although this may be challenged).

22.1.4. Send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHP.

22.1.5. If the student becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable. In the case of an allergic emergency (anaphylaxis) help must come to the student, not the other way around.

22.1.6. Penalise children for their attendance record if their absences are related to their medical condition, e.g., hospital appointments.

22.1.7. Prevent students from drinking, eating, or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively.

22.1.8. Require parents/carers or otherwise make them feel obliged to attend school to administer medication or provide medical support to their child no parent/carer should have to give up working because the school is failing to support their child's medical needs.

22.1.9. Prevent children from participating or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g., by requiring parents/carers to accompany the child.

23. Information sharing.

23.1. A student's health information (including allergy) is considered special category data. The school has a lawful basis to hold, use, and share a child or young person's special category health data. The school will need to hold, use, and share this information in order to ensure the student receives the support they need to stay safe and be included in education.

23.2. All individual student health data will be stored and processed in accordance with the school's student privacy notice.

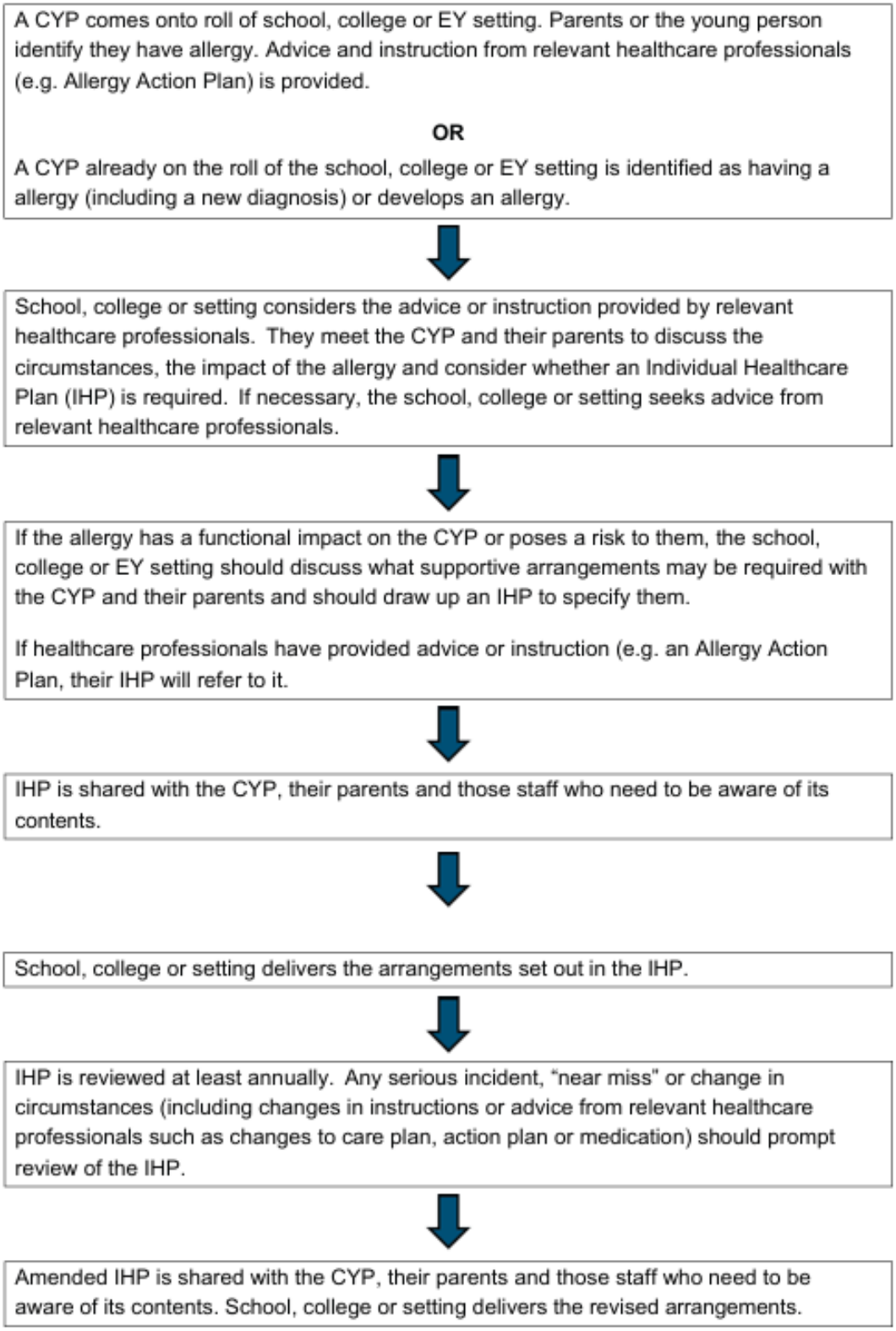
24. Complaints

24.1. Complaints regarding this policy or the support provided to students with medical conditions should be raised under the school's usual complaints procedure.

25. Review of policy

25.1. This policy is reviewed annually by the Trust. We will monitor the application and outcomes of this policy to ensure it is working effectively.

Annex 1 - A flow chart for identifying and agreeing the support a child or young person needs and developing an Individual Healthcare Plan



Annex 2 - DfE template: Individual Healthcare Plan for allergy

<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**:

Annex 3 - DfE templates

(Supporting students at school with medical conditions)

Department for Education

Templates

Supporting students with medical conditions

May 2014

Introduction

In response to requests from stakeholders during discussions about the development of the statutory guidance for supporting students with medical conditions, we have prepared the following templates. They are provided as an aid to schools, and their use is entirely voluntary. Schools are free to adapt them as they wish to meet local needs, to design their own templates, or to use templates from another source.

Template B: Parental agreement for setting to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by	
Name of school/setting	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine *(as described on the container)*	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy.

Contact details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____ Date _____

Template C: Record of medicine administered to an individual child

Name of school/setting	
Name of child	
Date medicine provided by parent	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature _____

Signature of parent _____

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

C: Record of medicine administered to an individual child (Continued)

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Template D: Record of medicine administered to all children

Name of school/setting

Date	Child's name	Time	Name of	Dose given	Any reactions	Signature	Print name

Template E: Staff training record – administration of medicines

Name of school/setting	
Name	
Type of training received	
Date of training completed	
Training provided by	
Profession and title	

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date _____

Template F: Contacting emergency services

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

1. Your telephone number.
2. Your name.
3. Your location as follows [insert school/setting address].
4. State what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code.
5. Provide the exact location of the patient within the school setting.
6. Provide the name of the child and a brief description of their symptoms.
7. Inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient.
8. Put a completed copy of this form by the phone.

Template G: Model letter inviting parents to contribute to individual healthcare plan development

Dear Parent

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting students at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support the student needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, students, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when, and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist, and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or student support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely