KING EDWARD VI
SHELDON HEATH
ACADEMY

KING EDWARD VI
ACADEMY TRUST
BIRMINGHAM

Allergy Safety Policy

Responsible Board/Committee	Academy Trust and Foundation Board
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School Policy Owner	Denise Hopkins
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1 Aim of this policy

1.1 As proprietor of one or more academies, King Edward VI Foundation and Academy 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 King Edward VI Foundation and Academy Trust has delegated this responsibility to the academy.

1.2 The academy 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 academy is committed to ensuring that pupils 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 pupils, as far as possible, to access and enjoy the same opportunities at school as any other child. This will include actively supporting pupils 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 pupils with medical conditions, all staff must cross-reference this policy with the supporting pupils with medical conditions policy whenever they are dealing with a pupil with an allergy.

3 Inclusion

3.1 Some pupils with an allergy will have a disability as defined by the Equality Act 2010 and the academy will comply with those duties in the implementation of this policy and in all decisions made about individual pupils 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 academy'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 Mr Steve Miller SLT

5.3 The Mr Steve Miller SLT has overall responsibility for this policy, including driving the implementation of the policy and ensuring:

- Sufficient staff are suitably trained to meet the known allergies of pupils at the academy.
- Induction training.
- All relevant staff are made aware of the pupil's allergies and supply teachers are properly briefed.
- Cover arrangements are in place to cover staff absences/turnover to ensure that someone is always available and on site.
- Risk assessments for school visits, holidays, and other school activities outside of the normal timetable are completed, including allergen risk assessments.

- 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.

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

6 Identification that a pupil has an allergy

6.1 Ordinarily, the pupil's parent/carer will notify the academy that their child has an allergy. Parents/carers should ideally provide this information in writing addressed to Denise Hopkins Medical Needs Lead 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 pupil has an allergy should notify Denise Hopkins Medical Needs Lead as soon as practicable.

6.2 A pupil may disclose themselves that they have an allergy. The staff member to whom the disclosure is made should notify Denise Hopkins Medical Needs Lead as soon as practicable.

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

6.4 Where a child is starting school, or is new to the academy, then Denise Hopkins Medical Needs Lead 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 academy, their IHP and/or Allergy Action Plan should be shared by the Denise Hopkins Medical Needs Lead or someone designated by them, as part of the transition.

6.6 The academy 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 academy 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 academy 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 academy. If the visitor is a child, their parent will ordinarily manage their child's condition/allergy themselves without any support or monitoring from the academy.

7.5 Where appropriate the academy 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 academy site.

8 **Procedure following identification that a pupil has an allergy – see Annex 1**

8.1 Except in exceptional circumstances where the pupil does not wish their parent/carer to know about their allergy, the pupil's parents/carers will be contacted by Denise Hopkins Medical Needs Lead or someone designated by them as soon as practicable to discuss what, if any, arrangements need to be put into place to support the pupil. 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 pupil can manage the condition/allergy themselves without any support or monitoring), a meeting will normally be held to:

- Discuss the pupil's support needs.
- Identify a member of school staff who will provide support to the pupil where appropriate.
- Determine whether an individual healthcare plan (IHP) is needed and, if so, what information it should contain.

8.3 Where possible, the pupil will be enabled and encouraged to attend the meeting and speak on their own behalf, taking into account the pupil's age and understanding. Where this is not appropriate, the pupil 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 pupil may be invited to the meeting or be asked to prepare written evidence about the pupil'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 pupil's allergy is unclear, or where there is a difference of opinion, the Denise Hopkins Medical Needs Lead 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 academy 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 academy mid-term, every effort will be made to ensure that any support arrangements are put in place within two weeks.

8.7 Where the academy becomes aware that a pupil 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 pupils and staff with allergies

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

9.2 The academy will keep a list of pupils 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; requiring an emergency response 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 pupil, this shall be developed in partnership between the academy, the pupil's parents/carers, the pupil, and the relevant healthcare professional(s) who can best advise on the particular needs of the pupil; this may include the school nursing service. The local authority will also be asked to contribute where the pupil 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 academy needs to take to help the pupil 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 pupil's best interests in mind. In preparing the IHP, the academy will need to assess and manage the risk to the pupil's education, health and social wellbeing, and to minimise disruption.

10.4 IHPs may include:

- Details of the medical condition, allergy, its triggers, signs, symptoms, and treatments.
- The pupil'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.
- Specific support for the pupil'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.
- The level of support needed (some children will be able to take responsibility for their own health needs), including in emergencies; if a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring.
- Who will provide this support, their training needs, expectations of their role, and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional, and cover arrangements for when they are unavailable.
- Who in the academy needs to be aware of the pupil's condition/allergy and the support required.
- Arrangements for written permission from parents/carers and Denise Hopkins Medical Needs Lead for medication to be administered by a member of staff or self-administered by the pupil during school hours.
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g., risk assessments.
- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition/allergy and this should be identified within the plan.
- 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 pupils in the academy should know what to do in general terms, such

as informing a teacher immediately if they think help is needed. If a pupil (regardless of whether they have an IHP) needs to be taken to hospital, staff will stay with the pupil until the parent/carer arrives, or accompany a pupil 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 academy will take the lead in writing the plan and ensuring that it is finalised and implemented.

10.7 A pupil 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 pupil is prescribed adrenaline. Whenever an updated Action Plan becomes available, the IHP should be reviewed to incorporate it.

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

10.9 Where the pupil 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 Pupils 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 pupil's IHP should be reviewed and incorporate it.

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

12 Reviewing individual healthcare plans (IHP)

12.1 Every IHP shall be reviewed at least annually. Denise Hopkins Medical Needs Lead (or someone designated by them) shall, as soon as practicable, contact the pupil's parents/carers and the relevant healthcare provider, to ascertain whether the current IHP is still needed or needs to be changed. If the academy receives notification that the pupil'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 pupil with the medical condition shall be included in any meetings where the pupil's condition/allergy is discussed.

13 Allergen risk assessment

13.1 In order to minimise the risk of individuals (whether pupils, staff or visitors, the academy 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 the Jack Ashford Facilities 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 Pupils 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 pupil has an allergic reaction.

13.4 Where the risk assessment identifies a risk, the academy 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 Mr Steve Miller SLT] is responsible for:

- 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 pupil facing role e.g. builders.)

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

- 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 pupil 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, Denise Hopkins Medical Needs Lead 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 pupils at the academy.

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 pupils 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 be alerted to our medical on call process and actions to take in emergency the first aider will then take responsibility.

14.9 The academy has in place appropriate levels of insurance regarding staff providing support to pupils with medical conditions, including the administration of medication. Copies of the academy'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 pupils 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 within five minutes of any area where it may be required across the academy •**

16.2.1 **1 in hub**

16.2.2 **1 in kitchen**

16.2.3 **1 in medical room**

16.2.4 **1 on first floor is it Prep Room 1st Aid Kit**

16.2.5 **1 on second Floor placed in a box mounted on the wall in 6th form office**

16.3 Pupils who are prescribed adrenaline will always have rapid access to their devices. All pupils will normally be expected to carry them in their school bag,

16.4 The academy has arrangements in place to ensure that medication and emergency equipment can be accessed quickly throughout the school day, including during lessons, breaktimes, lunchtimes, visits and educational trips. An emergency AAI (Adrenaline Autoinjector) is available on every floor of the academy, with additional emergency AAIs located in the kitchen and the Hub. These are stored in clearly identified and accessible locations and staff are aware of where they are kept. A spare emergency AAI is also taken on all educational visits and trips. These arrangements ensure that an AAI can be accessed within five minutes in the event of an emergency.

16.5 Pupils will take individually prescribed AAIs home at the end of the day (including for use during the journey home). Pupils are expected to carry their prescribed AAI (Adrenaline Auto-Injector) with them at all times and must return the following day with it as part of their essential equipment. The academy also maintains a supply of spare emergency AAIs that can be accessed quickly if required. Where a pupil attends without their prescribed AAI, parents/carers will be contacted and asked to bring the device into school as soon as possible.

16.6 The academy will the academy records the expiry dates of all AAIs and salbutamol inhalers on Medical Tracker. The system provides alerts when medication is approaching its expiry date, enabling timely replacement and ensuring that emergency medication remains in date and available for use.

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

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

16.8.1 A pupil at the academy has been prescribed an AAI and is known to be at risk of anaphylaxis.

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

16.8.3 The pupil or other individual has had, or is judged to be having, an anaphylactic reaction and paramedics request we administer AAI.

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

16.10 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.

16.11 All AAIs and instructions will be stored within five minutes of any area where it may be required across the academy •

16.12 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.

16.13 Following any use of a spare AAI, Denise Hopkins Medical Needs Lead 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 academy recognises that the management of allergens in food provision is a critical safety issue for pupils (and staff and visitors) with food allergies.

17.2 The academy (or its catering contractor) will:

17.2.1 Ensure that allergen information for all food and drink provided to pupils, 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 pupils, 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 pupils, staff, and visitors with known food allergies, and take appropriate steps to manage the risk.

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

17.4 The academy will ensure that food served at school events, including fairs, celebrations, parties, and school trips, is managed in a manner that takes into account pupils, staff, and visitors with known food allergies. Where the academy cannot control the allergen content of food served at an event, appropriate measures will be taken to ensure that affected pupils and individuals are kept safe, including consideration of what information is provided regarding allergens.

17.5 Denise Hopkins Medical Needs Lead will liaise with the catering manager or contractor on allergen management and will ensure that any relevant information from a pupil'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 academy adopts a whole-school approach to emergency preparedness in relation to allergies. This means that all staff, not just those directly named in a pupil's IHP or Allergy Action Plan, are equipped to respond appropriately in an emergency.

18.3 Denise Hopkins Medical Needs Lead will ensure that:

18.3.1 Emergency procedures for the most common or highest-risk conditions affecting pupils at the academy (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 pupil 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 academy'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 pupil, 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 pupil's IHP/Allergy Action Plan (or, in the absence of a plan, their best clinical judgement).

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

18.5.4 Notify the pupil'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 academy recognises that however effective its policies and procedures are in relation to pupils, 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 academy's health and safety policies and procedures.

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

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

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

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

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

20.1.4 The academy will introduce 'allergy champion' roles as a point of contact for pupils.

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

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

20.1.7 The academy will consider any appropriate support to the pupil 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 academy before every visit or trip.

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

21.3 Every pupil, 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 pupils' AAI and asthma reliever inhaler will be set out on the IHP and shared with first aider.

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

Although Denise Hopkins Medical Needs Lead and other school staff should use their discretion and judge each case on its merits with reference to the pupil's IHP, it will not be generally acceptable practice to:

- Prevent children from easily accessing their medication, AAIs or inhalers and administering their medication when and where necessary.
- Assume that every pupil with the same condition requires the same treatment.
- Ignore the views of the pupil or their parents/carers or ignore medical evidence or opinion (although this may be challenged).
- 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.
- If the pupil 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 pupil, not the other way around.
- Penalise children for their attendance record if their absences are related to their medical condition, e.g., hospital appointments.
- Prevent pupils from drinking, eating, or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively.

- 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 academy is failing to support their child's medical needs.

- 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.**

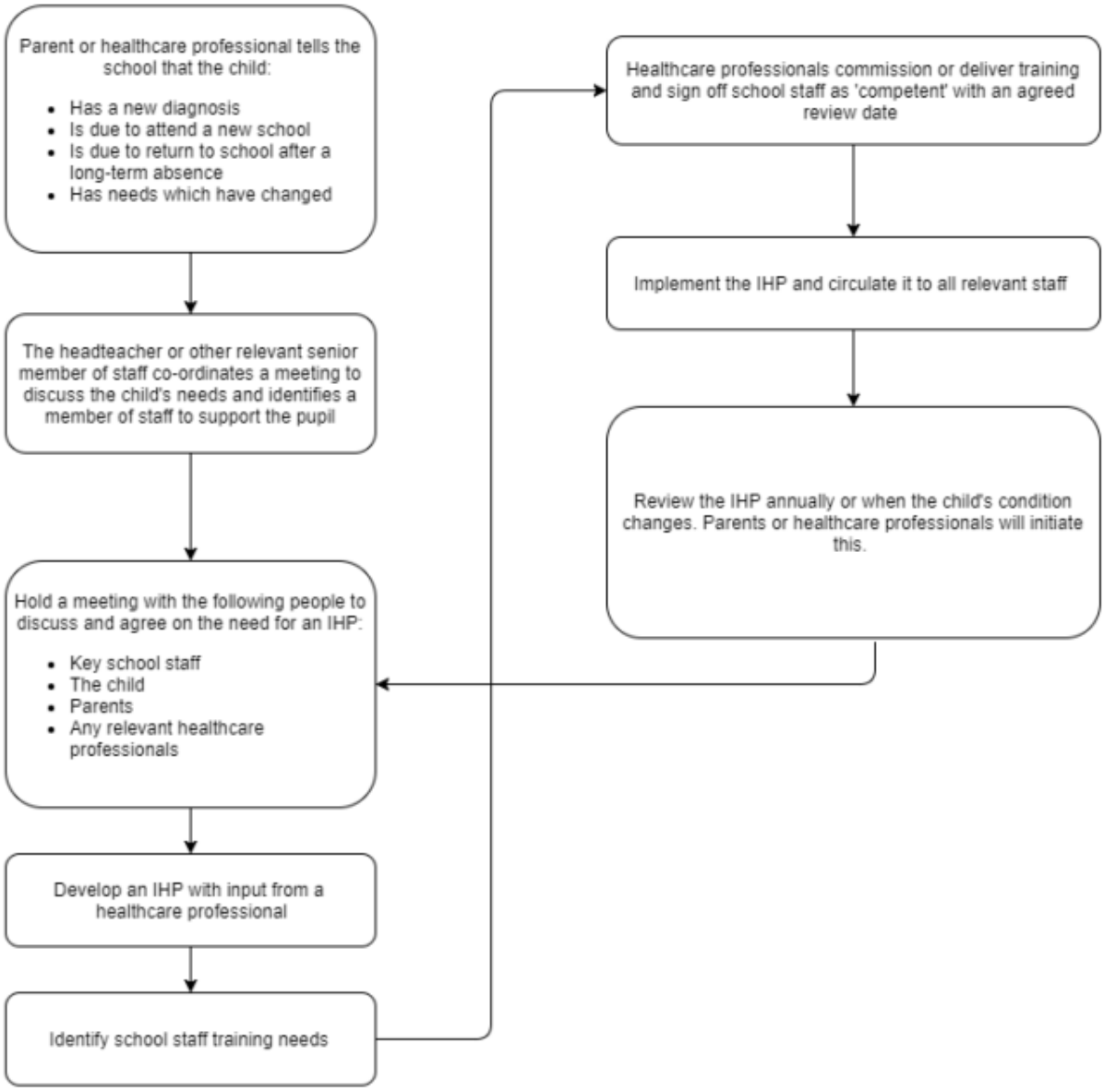
23.1 A pupil's health information (including allergy) is considered special category data. The academy has a lawful basis to hold, use, and share a child or young person's special category health data. The academy will need to hold, use, and share this information in order to ensure the pupil receives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

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

24 **Complaints**

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

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 Academy Individual Healthcare Plan for allergy

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	Student Name: **Form:** **DOB:** **Student Address:**

Medical Diagnosis

First Contact Name:	**Second Contact Name:**
Contact No's **T.** **M.**	**Contact No's** **T.** **M.**
Relationship to Student Mother	**Relationship to Student** Father

Clinic / Hospital Contact Name School Nurse	**GP**
Contact Number	Contact Number

Who is lead person for providing support in the academy?

Describe medical need & give details of the student's symptoms, triggers, signs, treatments, facilities, equipment, environmental issues etc. •
Name of medication, dose, method of administration, when to be taken, side effects, administered by self/ staff, with or without supervision.
Daily care requirements

Principal: Ms R. Elcocks
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Specific Support for pupils education, social & emotional needs		
Is student known to SEN	No	**Category**
Arrangements for Trips •		

Describe what constitutes an emergency and the action to take
Who is responsible in an emergency

Plan Developed by • Denise Hopkins Family Support KESH • Parent • School Nurse	**Date Developed**
Staff Training needs Annually allergy training	**Review Date**

Annex 3 Academy Medication Forms

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Parent/Carer consent to administer a prescribed medicine

- **All prescribed medicines must be in the original container as dispensed by the pharmacy, with the child's name, the name of the medicine, the dose and the frequency of administration, the expiry date and the date of dispensing included on the pharmacy label.**
- **A separate form is required for each medicine**

Child's name	
Child's date of birth	
Class/form	
Name of medicine	
Strength of medicine	
How much (dose) to be given. *For example:* One tablet One 5ml spoonful	
At what time(s) the medication should be given	
Reason for medicine	
Duration of medicine *Please specify how long your child needs to take the medication for*	
Are there any possible side effects that the school needs to know about? *If yes, please list them*	

I give permission for my son/daughter to carry their on salbutamol asthma inhaler/ Adrenaline auto injector pen for anaphylaxis (delete as appropriate).	Yes	
	No	
	Not applicable	
I give permission for my son/daughter to carry their on salbutamol asthma inhaler and use it themselves in accordance with the agreement of the school and medical staff.	Yes	
	No	
	Not applicable	

Mobile number for parent/carer	
Daytime landline for parent/carer	
Alternative emergency contact name	
Alternative emergency phone number	
Name of child's GP practice	
Phone number of child's GP practice	

- I give my permission for the Headteacher/staff member (or his/her nominee) to administer the prescribed medicine to my son/daughter during the time he/she is at school. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.
- I understand that it may be necessary for this medicine to be administered during educational visits and other out of school activities, as well as on the school premises.
- I also agree that I am responsible for collecting any unused or out of date medicines and returning them to the pharmacy for disposal and supplying new stock to the school, if necessary.
- The above information is, to the best of my knowledge, accurate at the time of writing

Parent/carer name	
Parent/carer signature	
Date	

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Parent/Carer consent to administer an 'over-the-counter' (OTC) medicine

- **All over-the-counter (OTC) medicines must be in the original container.**
- **A separate form is required for each medicine**

Child's name	
Child's date of birth	
Class/form	
Name of medicine	
Strength of medicine	
How much (dose) to be given. *For example:* One tablet One 5ml spoonful	
At what time(s) the medication should be given	
Reason for medicine	
Duration of medicine *Please specify how long your child needs to take the medication for*	
Are there any possible side effects that the school needs to know about? *If yes, please list them*	

Mobile number for parent/carer	
Daytime landline for parent/carer	
Alternative emergency contact name	
Alternative emergency phone number	
Name of child's GP practice	
Phone number of child's GP practice	

- I give my permission for the Headteacher/staff member (or his/her nominee) to administer the OTC medicine to my son/daughter during the time he/she is at school. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is no longer needed.
- I understand that it may be necessary for this medicine to be administered during educational visits and other out of school activities, as well as on the school premises.
- I confirm that the dose and frequency requested is in line with the manufacturers' instructions on the medicine.
- I also agree that I am responsible for collecting any unused or out of date medicines and returning them to the pharmacy for disposal. If the medicine is still required, it is my responsibility to obtain new stock for the school.
- The above information is, to the best of my knowledge, accurate at the time of writing.

Parent/carer name	
Parent/carer signature	
Date	