Godstone Primary and Nursery School

Allergy Safety Policy

REVIEW DATE: September 2026

REVIEWED BY: Headteacher

NEXT REVIEW: September 2027

WRITTEN BY: Liz Hellier

Headteacher: Nick Usher

Chair of Governors: Liam McGivern

Allergy Safety

Section 34 of the Children's Wellbeing and Schools Act 2026 requires that LA-maintained schools, academies and PRUs must have an allergy safety policy.

Miss Liz Hellier, deputy headteacher, has responsibility for allergy safety, including driving the implementation of the allergy safety policy and contributing to and leading the review of the policy annually. Where incidents or "near misses" suggest areas for improvement the policy may be reviewed more frequently. A review will take place of any incidents and "near misses" and the school will seek to learn lessons from them. Where incidents suggest that policies or procedures may leave individuals with allergy at risk, the review will be essential.

The governing body will ensure that allergy safety policies are readily accessible to parents and staff. The policy will be published on the school's website and hard copies can be provided on request. Mrs Clare Thurman is the governor responsible for allergy safety at Godstone Primary and Nursery School.

Culture

Awareness training

All staff employed by the school will receive training in allergy awareness and emergency response from High Speed Training/The Allergy School every year with an assessment at the end of the training. This includes teachers, teaching assistants, catering staff, wrap-around staff and admin staff.

Godstone Primary and Nursery School is aware that all staff present during times when the children are on the school site must receive relevant training. Relevant allergy awareness and emergency response training for supply and agency staff, temporary staff and peripatetic staff will be confirmed before they arrive in school. Regular volunteers will be asked to complete The Allergy School training by the school. If necessary, they will be provided with The Allergy School training to complete before working in the school. Contractors carrying out work with no child-facing role such as builders, electricians, cleaners or other ad hoc maintenance personnel are exempt.

Allergy awareness and emergency response training will be part of the induction process for all staff.

Allergy awareness training (provided by The Allergy School) ensures all staff:

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

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

- Understand the difference between food allergy, coeliac disease and food intolerance;
- Know where to find information on **allergy triggers**;
- Can identify the range of **symptoms** of allergic reactions;
- Understand and can recognise **anaphylaxis**;
- Know how to respond in an **emergency**, including:
    - o calling emergency services and informing parents;
    - o how to locate and administer emergency medication (adrenaline for anaphylaxis, asthma reliever inhaler for an asthma attack).
    - o training on how to use the medication/device in an emergency (whether prescribed to a given person or a school's "spare" adrenaline devices);

- Understand the **impact** allergy can have on a child or young person's wellbeing;
- Understand the school, college or setting's **allergy safety policy**;
- Know how to check whether an individual is on the record of those with known allergy and how to use an Allergy or Asthma Action Plan;
- Understand their **responsibilities** in reducing the risk of individuals with known allergy coming into contact with their known allergens;
- Understand how to **report** an allergic reaction or case of anaphylaxis (whether an incident or a "near miss").

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.

Wellbeing

The wellbeing of children with allergy is paramount since the risk posed by allergy (and the possibility of anaphylaxis) can be a significant cause of anxiety.

Children with allergy will be identified through the school application form before the child starts at the school. Parents and the child will be invited to a meeting with the class teacher, member of SLT responsible for allergy and office manager before the child starts at the school to set out the school's policies and support available. They will be reassured that the school has a good understanding of allergy and anaphylaxis and the school is 'allergy aware'.

New joiners will be offered the opportunity to meet the catering staff and visit the kitchen and school hall to get used to the mealtime environment to try to help reduce anxiety. It also enables key staff to get to know the child with allergy, intolerance or coeliac disease.

Children with allergy will be supported by their class teacher and teaching assistant. They will be reassured that steps are being taken to minimise the risks of exposure to allergen and that robust measures are in place in the event of a reaction or anaphylaxis.

Allergy awareness is part of the PSHE curriculum and additional lessons will take place in classes where there is a child with a known allergy. Where appropriate, the child and their friends will discuss the allergy and support will be given for the friends to understand how they can support their friend with an allergy.

There will be regular communication to children, parents and staff about allergy, ensuring ongoing awareness and appreciation of the severity of the potential risks. Communication for staff of any incidents, "near misses" or updates to children with allergy will be shared immediately via email and discussed at senior leadership, teacher and TA meetings as part of the safeguarding aspect of the agendas.

The senior leader with responsibility for allergy (Miss Hellier) will meet with children known to have an allergy and explain that she is a point of contact for them and that they can share feedback with her. They may also be asked to support any new joiners with a known allergy.

Children, parents and staff involved with a child with an allergy will be asked to share their thoughts when developing and reviewing these arrangements.

Bullying of children with allergy will be avoided through direct teaching of understanding of allergy and through specific conversations with children where necessary. Bullying can range from excluding peers from activities by deliberately using known allergens, to denigrating or making fun of the need to avoid allergens – and even threats to force-feed known allergens. This contributes to higher levels anxiety among children and young people with allergy, not least since they may already feel singled out or different by virtue of the arrangements in place to support them (e.g. at meal times). Where bullying is identified the issue will be dealt with according to the bullying policy.

Minimising risk

Godstone Primary and Nursery School will minimise the risk of individuals (whether children, young people, staff or visitors) coming into contact with their known allergens.

This includes, but is not limited to:

- Bottles, other drinks and lunch boxes provided by parents or the school for children with food allergies should be clearly labelled with the name of the child for whom they are intended.

- Catering staff provide clear allergens on the school menu and it can be checked by children as it is displayed next to the hatch to the kitchen where the children get their meals. Parents/carers may ask for more details e.g. packaging. Catering staff will liaise with parents and children with known allergens.

- Leaders are aware of, and engage with, caterers to understand the controls in place to ensure that food service conforms with legislation.

- Where food is provided by the school, school staff are educated about how to read labels for food allergens and instructed about measures to prevent cross-contamination during the handling, preparation and serving of food. Examples

include: preparing food for children with food allergies first; careful cleaning (using warm soapy water) of food preparation areas and utensils.

- Where food is not directly provided by the school (e.g. brought in as treats or to celebrate birthdays) parental engagement and permission will be sought in advance to ensure inclusion and safety for children with allergy.

- The school has a policy of no trading or sharing food, food utensils or food containers. Children are reminded of this regularly in assemblies.

- Unlabelled food poses a potentially greater risk of allergen exposure than packaged food with precautionary ("may contain") labelling suggesting a risk of contamination with allergen. This applies to foods used within the classroom curriculum (e.g. cooking) as well that from the school kitchen or canteen.

- Use of food in crafts, cooking classes, science experiments and special events (e.g. fetes, assemblies, cultural events) is considered and alternatives are used when needed.

- In arts/craft, an appropriate alternative ingredient will be substituted (e.g. wheat-free flour for play dough or cooking). Food containers (egg cartons, yoghurt pots etc) can also be contaminated with food: alternatives are used, non-food containers for craft activities, where possible. If essential to the activity, e.g. junk modelling, all materials used are free from any allergens that might pose a risk for a specific child.

- When planning out-of-school activities such as sporting events, excursions (e.g. restaurants and food processing plants), school outings or camps, the catering requirements of the child with food allergies and emergency planning (including access to emergency medication and medical care) are considered in the initial planning stages. Risk assessments will contain the risks of allergens for children with known allergens and children who may not know they have an allergen.

- Food brought into school will have a full list of ingredients displayed alongside it with allergens highlighted e.g. bake sales, PTA events.

Air pollutants, both outdoors and indoors, can trigger allergies, asthma, and other respiratory illnesses. An explanation of air pollution and the associated health impacts can be found at Air pollution: applying All Our Health. The school considers both environmental air quality and infection prevention measures as part of its wider health and safety responsibilities.

Children will not be prevented from taking part in activities alongside their peers simply because of a risk of coming into contact with one of their allergens. Where an activity would involve most children and young people using a material which might contain an allergen known to affect one of the group (for example), alternatives will be found for the whole group which do not exclude individuals.

Staff are aware that some products contain wheat flour, including play dough; some glues contain milk, wheat or soya; and bird feed may contain nuts and sesame.

The school will be known as an “allergy aware” environment. Whilst everyone will be asked not to bring nuts onto the premises, the school is aware that a “nut-free” policy can be misleading and lead to a false sense of security.

Food allergy

The Food Information Regulations 2014 requires all food businesses, including school caterers, to provide information about the 14 regulated allergens present in food they serve. These requirements apply to all food the school provides to the children.

The 14 regulated allergens are identified on the school dinner menu and wraparound care menu. They may be requested for classroom activities.

Any pre-packaged food e.g. a packed lunch for a trip, will have the ingredients and allergens listed.

EU Regulation 828/2014 (assimilated into UK law) mandates that food labelled “gluten-free” must contain 20 parts per million (ppm) or less, while “very low gluten” is restricted to 100 ppm or less. These standards apply wherever such claims are made, including on prepacked foods and, where used, on non-prepacked foods, and are relevant for the safe provision of food for individuals with gluten intolerance and coeliac disease.

All allergen incidents and “near misses” are recorded and reviewed. Where appropriate advice will be sought from the Primary Authority. A legal duty to notify competent authorities arises where a food business has reason to believe that unsafe food (for example, food that is injurious to health, such as food containing an undeclared allergen) has left its immediate control and may pose a risk to consumers, in line with Article 19 of Regulation (EC) 178/2002. In practice this will depend on whether there is potential for wider consumer exposure beyond a single, contained incident. Where an issue is isolated and there is no ongoing risk to other consumers, formal notification is unlikely to be required. For example, this may include situations where a meal is provided in error but immediately identified and contained, although this will depend on the circumstances of the individual case. Further information can be found at Report a Food Problem and Food incidents, product withdrawals and recalls.

Whilst food provided on a more occasional basis, such as by the PTA or at cake sales is unlikely to fall within these requirements, however, good practice will be maintained wherever possible and full ingredients and allergens will be displayed or available on request.

Individual children and young people

Identification

Children with allergy will be identified through the school application form before the child starts at the school. Parents and the child will be invited to a meeting with the class teacher, member of SLT responsible for allergy and office manager before the child starts at the

school to set out the school's policies and support available. They will be reassured that the school has a good understanding of allergy and anaphylaxis and the school is 'allergy aware'. If the child has been to a previous education or care setting, they will be asked for the information they have on the child.

All staff and regular volunteers have been asked to share any allergens with the office manager and senior leader responsible for allergy (Miss Hellier). They are recommended to tell those they work with closely and, if possible, all staff to enable everyone to be alert to any signs of allergy.

All visitors will be asked if they have any known allergens and any allergy medication on them when they sign in.

The office manager will maintain a record of all children, staff and volunteers with allergies. The record will contain the known allergens and what medication they carry or where it is stored within the school. It will contain photos to identify the child or adult. It will identify whether they have an Individual Healthcare Plan (IHP), an Allergy Action Plan and/or Asthma Action Plan.

This record will be shared with all staff via a link to the document saved on staff share. It will be printed and displayed in the school kitchen. It will be stored within the wraparound (Swans) registration folder and therefore available for all staff providing wraparound care via Swans.

Parents will be asked to share their child's allergy with any after school clubs provided at the school.

Individual Healthcare Plans

Children will have an Individual Healthcare Plan (IHP) if:

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

The IHP will set out the additional and/or different arrangements that will be in place in the school for supporting the child with their medical condition or allergy, including in emergency situations.

The school will be responsible for creating the IHP and will refer to and attach any Allergy Action Plan or Asthma Action Plan issued by a healthcare professional. It will include the issuing health provider, the responsible healthcare professional and the review date. Whenever an updated Action Plan becomes available, the child's Individual Healthcare Plan will be reviewed to incorporate it.

If the child/young person has prescribed medication which they need to take while in the school, (including medication which may be required in an emergency) to help manage their allergy, the IHP will note what medication was prescribed, by whom and when; whether and when parental consent has been received for the medication to be administered; and note where the medication is stored.

In some cases, children will have or be suspected of having allergy where no clinical advice is available. This may be the case where symptoms have newly emerged or where the process of diagnosis is still under way. In such cases the school will not dismiss the child or young person or the information they receive. Arrangements will be put in place to support them based on the best assessment that can be made of the likely risk to the child or young person's health, education and wellbeing. This will be made with the parents and child. Where support is required, the school may contact an appropriate healthcare professional.

A single IHP will encompass any supportive arrangements made by the school. A child should not have multiple IHPs covering different conditions.

It is not necessary for a child to have a formal diagnosis of allergy for them to have an IHP as they may be showing symptoms and be on the path to a formal diagnosis.

Not all children with an allergy will require an Individual Healthcare Plan. Some allergies will have little or no impact on the child while they are at school, or will not pose a risk to the child. Some allergies will not require arrangements which are additional to or different from those made generally.

If the arrangements or support which a child requires would be available to any individual as part of the school's normal policies, an IHP may not be required. If the child only needs non-prescription medication and the school's children's care policy permits the child to carry and administer it, or for it to be stored in the school office, an IHP may not be required.

Content of Individual Healthcare Plans

Individual Healthcare Plans (IHPs) capture key information about the child's allergy and record the arrangements which the school will put in place to keep them safe, included and supported. The level of detail within plans will depend on the complexity of the child's condition and the degree of support needed. Different children with the same health condition may require very different support.

IHPs are easily accessible to all who need to refer to them, while preserving confidentiality. IHPs are stored on staff share for all staff to access. Copies will also be stored with the child's medication either in the classroom, the child's bag (KS2) or school office.

The IHP will contain the following:

IHP section	Content
Key information	The child or young person's name, date of birth, class and emergency contact details Include a current photo Who does the IHP need to be shared with in the setting?
Allergy	What allergies does the child or young person have? Identify the known allergens Is the child or young person likely to be aware that they are having an allergic reaction? Can they alert others?
Managing the allergy	Have healthcare professionals issued any care or action plans? Has the child or young person been prescribed medication? Can the condition be managed through adjustments to practice? How far can the child or young person take responsibility for managing their allergy? Do they require support or monitoring?
Impact on education	What is the potential impact on health? What is the potential impact on learning? What is the potential impact on wellbeing? If relevant, note any interaction between allergy and SEN
Arrangements for support	What support or adaptations will the school, college or early years setting put in place? How will the risk of exposure to known allergens be managed? How will food allergy be managed at meal or snack times? How will educational progress be maintained where absence or missed learning occurs due to allergy?
Visits and trips	What arrangements and adjustments may be needed to ensure participation in visits, trips etc outside the setting? What needs to be considered in a risk assessment?
Emergency response	Refer to and attach any Action Plan issued by a healthcare professional covering emergency response. What are the signs and symptoms of an emergency? What should happen in an emergency? Who should be contacted? Where are "spare" adrenaline devices located?
Review	When was the IHP issued and by whom? When was the IHP last discussed with the child or young person and their parents? When is the IHP next due to be reviewed?
Annex – Medication	*If applicable*, record any prescription medication (e.g. adrenaline) which the child or young person may require while in education Where is the medication stored? How and when may the child or young person need access? Is this emergency medication? Is there parental consent to administer medication? When was it given?
Annex – Action plans	*If applicable*, attach any Allergy or Asthma Action Plan issued by a healthcare professional Note which healthcare professional issued the plan, their role and the date issued
Annex – Care plans	*If applicable*, list any care plan issued by a healthcare professional Note where the relevant care plan can be found Note what staff are responsible for delivering and supporting delivery of the care plan Note which healthcare professional issued the plan, their role and the date issued

An IHPs must include:

Key information about the child or young person:

- The child's name, date of birth and a current photo.
- Contact details for the child's parents or carer. Where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition should be specified.
- Who needs to be aware of the child's allergy and the support required.

While this information will be available through the school's management information system, it is good practice for it to be set out on the IHP, so that key information is easily available in an emergency.

The child's allergy:

- What allergies the child has.
- Any known allergens.
- Whether the child is likely to be aware that they are having an allergic reaction and whether they can alert others.

How the allergy is managed:

- 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), these will be noted.
- The extent to which the child is able to take responsibility for their own health needs, including in emergencies, will be noted. If a child is self-managing their medication, this should be clearly stated, indicating whether they need arrangements for monitoring.

The impact of the allergy on health, education and wellbeing:

- Indicate the potential harm which might come to the child if their allergy is not managed properly.
- Indicate how the allergy may impact on the child's learning.
- Indicate how the allergy may impact on the child's emotional wellbeing.
- If relevant, any interaction between allergy and SEN.

Arrangements for support:

- Details of the specific support or adaptations which the school will put in place, within its educational remit. This might include measures to reduce the risk of contact with known allergens.
- 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. This should include how missed work will be communicated and supported, what assistance will be provided to help the child catch up, expectations regarding workload on return, and how the child will be supported as they return (which may include flexibility or part-time attendance to prevent relapse or deterioration).

Visits and trips:

- 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.
- 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 to the IHP. 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. A summary of the signs or symptoms which would indicate an emergency.

The school will refer to any advice received by healthcare professionals in this section.

Medication:

- Where a child has a prescription medication for allergy prescribed by a healthcare professional, it should be indicated.
- Note the healthcare professional who issued the plan, their role, contact details and the date.
- 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 consent has been given for the allergy medication to be administered, and the date of consent.
- Note whether consent has been given to administer adrenaline (e.g. using "spare" adrenaline devices) in an emergency.
- 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.

The child and their parents will be closely engaged in creating the IHP.

Prescribed adrenaline

Children who are prescribed adrenaline devices (ADs) will have rapid access to their two devices at all times. Adrenaline devices will be stored in the child's classroom in an unlocked cupboard known to all staff (including cover staff) that may work in the class. If children work in other parts of the school e.g. library, piano lessons, the adult working with them will be made aware and the devices remain in the classroom which is within five minutes of the child at all times. Devices will be taken as part of the first aid kit onto the playground at break and lunchtimes as these are higher risk times. They will also be taken to PE lessons and on all visits or trips. The school acknowledges that in the case of anaphylaxis, adrenaline should be administered within five minutes.

Children in year six may store their devices in their school bag following discussion with parents and the class teacher. Storing devices in school bags would result in the devices being further away from the child and unsupervised in other year groups.

It is the responsibility of the parents to carry additional adrenaline devices for the journey to and from the school, unless parents notify us otherwise. Where a child in year six may walk

to and from school independently parents will advise whether they bring additional devices or the school devices travel to and from school with the child.

It is the responsibility of the parents to ensure the school adrenaline devices are in date, however, the school will record the dates and remind parents where possible.

The school will record which children have been prescribed with an adrenaline device on the school management system and through the Allergy Action Plan.

All adrenaline devices (ADs) must be stored at room temperature (in line with manufacturer's guidelines) and not be exposed to extremes of heat. They should not be refrigerated or left in direct sunlight.

ADs should not be locked away or kept in an office where access is restricted. Severe anaphylaxis is a time-critical situation: delays in administering adrenaline have been associated with fatal reactions. Where they may pose a risk to children, due to containing needles, they should be kept out of reach of children.

School-wide policies

"Spare" adrenaline devices

Anaphylaxis reactions are unpredictable. In addition, up to 20% of anaphylaxis reactions in schools happen in children without a pre-existing diagnosis of allergy. Anaphylaxis is a medical emergency and can be fatal. The allergy awareness training set out above, will ensure all staff in the school have received prior training in recognition and management of anaphylaxis.

The Human Medicines (Amendment) Regulations 2017 permit "spare" adrenaline devices 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 unrecognised allergy.

In the event of an anaphylaxis reaction:

- The child, young person or individual should be placed flat with legs raised. Adrenaline devices should be brought to them (whether their own prescribed ADs or "spare" ADs as opposed to the patient being taken to where the adrenaline devices are).
- Adrenaline should be administered as soon as possible, within five minutes. Do not wait to contact the emergency services before administering adrenaline.
- Immediately call 999 and request an ambulance.
- If the child, young person or individual **has their own prescribed adrenaline devices**, these should be used in the first instance.
- If the child, young person or individual **does not have prescribed adrenaline devices**, "spare" adrenaline devices can be used.

- If the child, young person or individual's **prescribed adrenaline devices are not available or misfire**, "spare" adrenaline devices can be used.

The school will ensure that no child or young person is more than five minutes from adrenaline devices. Adrenaline devices will be stocked and stored in pairs in the medical cupboard within the **school office**.

When storing "spare" adrenaline devices:

- "Spare" adrenaline devices will be readily accessible and not locked away;
- In the event of an anaphylaxis, adrenaline will be administered as soon as possible. In practice, this should be no more than five minutes, i.e. adrenaline devices must be able to be brought to the person having anaphylaxis within 5 minutes. All aspects of the school are within two and a half minutes of the school office and therefore the devices can be collected and taken to the person within 5 minutes.
- "Spare" adrenaline devices will be stored in pairs, so that if a second one is necessary it is on hand rather than needing to be obtained from elsewhere on site;
- "Spare" adrenaline devices are clearly labelled, to avoid any confusion with adrenaline devices prescribed to a named person. They are clearly marked "emergency anaphylaxis kit" and contain the spare adrenaline devices, an emergency asthma reliever inhaler and spacers and instructions for their use.
- All adrenaline devices (ADs) must be stored at room temperature (in line with manufacturer's guidelines) and not be exposed to extremes of heat. They should not be refrigerated or left in direct sunlight.

The expiry dates of spare adrenaline devices and salbutamol inhalers will be recorded by the school office manager on the school calendar system. All medication is checked regularly (monthly) for expiry dates.

Once an AAI has been used it cannot be reused and must be disposed of according to the manufacturer's guidelines. Medications contain active ingredients that, if not disposed of correctly, can have harmful effects on people, animals, and the environment. For example, AAIs include needles. Medications should be separated from other types of waste, such as general rubbish or clinical waste. This ensures that they are handled and disposed of correctly. Used AAIs can be given to ambulance paramedics on arrival, taken to a pharmacy or can be disposed of in a pre-ordered sharps bin for collection by the local council. AAIs which have expired without being used should be disposed of in the same way.

When ADs go out of date, they will be disposed of according to the manufacturer's guidelines. New ADs will be ordered by the office manager before the old ones go out of date.

The school will store one pair of AAIs for children under the age of 6 years (150 micrograms) and one pair of AAIs for children over the age of 6 years of age (300 micrograms). In addition, a second pair of AAIs for children under 6 years and a second pair of AAIs for children over 6 years will be available to be taken on school visits or trips.

School type	AAIs for children under age 6 years (150 micrograms) e.g. EpiPen Junior, Jext 150	AAIs for individuals over 6 years of age (300 micrograms) e.g. EpiPen, Jext 300
State-funded nursery school	One pair of "spare" AAIs	n/a
Primary school	One pair of "spare" AAIs	One pair of "spare" AAIs

Visits and trips

All children will have access to school trips without needing a parent or carer with them to keep them safe.

A risk assessment will be undertaken for any child or adult at risk of anaphylaxis on all visits and trips. The risk of anaphylaxis will also be added to all risk assessments for any children or adults with unknown allergens. The risk assessment will identify any potential risks in the environment, including any times the child will be eating.

All prescribed medication will be taken on trips and remain with the child at all times. This may be in the child's bag or with the adult responsible for the child. This would always be a member of staff and not a volunteer. "Spare" AAIs will also be taken on all visits and trips. They will remain with a member of staff who is first aid and allergen trained. Taking spare AAIs off site will not diminish the spare AAIs that remain at school as there will be specific AAIs available to be taken on trips. Staff will ensure the medication is transported correctly and it is at the correct temperature.

All staff on the trip will be made aware of children with allergies and their individual needs. Staff are trained to recognise a reaction and will be supervised by staff training in AAI administration.

The teacher in charge of a trip will ensure they have contacted the venue in the planning stage of the trip to discuss the nature of the trip and the needs of the children regarding allergens and possible anaphylaxis. Where they are taking a child with known allergens this will be added to the risk assessment. Parents will be informed of how their child's allergy will be managed on the trip. The child will be part of this process. Staff at the places to be visited, including residentials, will be informed of the allergies present and confirm how they will be managed.

The teacher in charge will ensure the catering options on the trip will be checked to ensure there is something suitable for everyone.

The Allergy Action Plan and IHP will be taken on all trips.

Serious incidents and "near misses"

Despite effective policies and procedures, the school acknowledges it can never remove the risk of a serious incident involving a child, young person, member of staff or visitor with a medical condition or allergy. Incidents may occur for reasons which are wholly beyond the school's control. Children and young people with no prior history of allergy may come into contact with and have a severe reaction to an allergen for the first time while in the school. In such cases, the response by the school will be critical: prompt recognition and effective emergency response action may be essential to saving a life.

The school approaches serious incidents and "near misses" with a spirit of "no blame" to enable lessons to be learned and to address any issues which the incident identified so that children and adults are better protected in the future.

What are serious incidents?

A **serious incident** is any event relating directly to a medical condition (including allergy) in which a child, young person, member of staff or visitor with a medical condition or allergy is harmed or is placed at an immediate and significant risk of harm, including situations requiring emergency medication, urgent clinical intervention or attendance by emergency services.

A "**near miss**" is an event relating directly to a medical condition (including allergy) that did not result in harm but had the clear potential to do so, for example, where an error, omission, or system failure could reasonably have led to a serious incident had circumstances been only slightly different.

Not all serious incidents and "near misses" will result in an immediate emergency situation. In some cases, the impact may be delayed. The consequences might not become apparent until the child is back at home – and in some cases might not be seen for several days. It is therefore important that incident reporting is not limited to staff in the school. The child or young person, their parents or others (for example healthcare professionals) may be the ones to identify that there has been an incident.

Incident reporting and recording

Any serious incident or near miss involving any child, member of staff or visitor with a medical condition or allergy must be recorded as soon as feasible. The incident will be recorded in the school accident book and on a copy of Appendix A.

Parents will be informed as soon as possible and given a copy of the report (Appendix A). The incident must be shared with a member of SLT as soon as possible and the designated leader responsible for medical conditions and/or allergy – Liz Hellier. SLT will consider what lessons can be learned and adapt policies and procedures in response to the incident.

The school is deemed as a food business and, therefore, the incident must be reported to the local authority report a food safety issue.

The school must report incidents which arose directly from the way they undertook a work activity which resulted in death or immediate hospitalisation to the Health and Safety Executive (RIDDOR). There is no need to report incidents where individuals are taken to hospital purely as a precaution, when no injury is apparent.

In the event the incident or "near miss" related to the delivery of a care plan or action plan issued by a healthcare professional, the relevant healthcare professional should be notified.

Further information can be found at report a food safety issue.

Supporting wellbeing following a serious incident

An incident or a "near miss" with the potential to put a child or young person's life at risk is a serious event. The school will consider its impact not only on the individual and their family, but also on those involved in responding and any children or young people who may have witnessed it.

The incident will be reviewed by SLT and further discussions will take place with the child and parents.

Staff and children involved in the incident will be supported through the school's wellbeing policy.

Learning lessons from incidents and "near misses"

The designated senior leader (Liz Hellier) and any staff involved in supporting the child or young person with their allergy should consider:

- Could the school reasonably have foreseen an incident of this nature?
- Might the incident or near miss have been avoided through reasonable preventative steps? If so, what steps might have been taken?
- Were the circumstances of the incident covered by a policy (for example a medical conditions policy, allergy safety policy) and/or a plan (for example an Individual Healthcare Plan or a care or action plan issued by a healthcare professional) which set out how to respond to an incident of this nature?
- If so, was the policy and/or plan followed? If the policy and/or plan was not followed, are there staff training, capability or even disciplinary issues to consider?
- Was the policy or plan adequate? If the policy and/or plan was not adequate, what changes might be required?
- Should the school's policies be changed as a consequence?

The child and their parents will be involved in reviewing the arrangements made (for example in the Individual Healthcare Plan) to ensure they are robust and appropriate.

The governing body will be informed of any serious incidents or "near misses" in the headteacher's report at each full governing body meeting.

All serious incidents and "near misses" will be used to inform the review of this policy.

Information sharing

The class teacher of a child with allergy will be informed of the child's needs upon the school office receiving the application form for the child to start at the school. They will meet with the parents, office manager and allergy lead to discuss the child's allergy.

The office manager will maintain a record of all children, staff and volunteers with allergies. The record will contain the known allergens and what medication they carry or where it is stored within the school. It will contain photos to identify the child or adult. It will identify whether they have an Individual Healthcare Plan (IHP), an Allergy Action Plan and/or Asthma Action Plan.

This record will be shared with all staff via a link to the document saved on staff share. It will be printed and displayed in the school office and school kitchen in locations accessible to staff only and positioned so that it cannot be viewed by pupils, parents, visitors or other unauthorised persons. It will be stored within the wraparound care (Swans) registration folder and therefore available for all staff providing wraparound care via Swans.

Parents will be asked to share their child's allergy with any after school clubs provided at the school.

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

Unacceptable Practice

Godstone Primary and Nursery School will not prevent children with allergy from taking part in activities alongside their peers simply because of a risk of coming into contact with one of their allergens. The school will not dismiss a child or young person, or information received about their allergy because no clinical advice or formal diagnosis is yet available.

Children prescribed adrenaline devices will have rapid access to their devices at all times; adrenaline devices will not be locked away or kept where access is restricted. In the event of anaphylaxis, adrenaline devices will be brought to the individual rather than the individual being taken to the devices. Different children with the same health condition may require very different support and the child and their parents will be closely engaged in determining the support required.

Children will have access to school trips without needing a parent or carer with them to keep them safe.

Bullying related to allergy, including deliberately exposing or threatening to expose a child to a known allergen, will not be tolerated.

Awareness of the allergy safety policy

The school will ensure all staff receive annual allergy awareness training.

The allergy safety policy will be shared in each September INSET and all staff must read the whole document and sign to say they have done so.

The allergy safety policy will be displayed on the school website.

Allergy safety is part of the school's PSHE curriculum including the signs of allergy and how to get help in an emergency.

Children with allergy, and specifically prescribed adrenaline devices will be asked whether they would like to share their medical condition with their immediate friends and/or the whole class. This would be done as part of sensitive PSHE lessons to enable all to be aware of how to seek help in an emergency.

Appendix A – Serious incident or "near miss"

Name of person affected	
Date of birth of person affected	
Time of incident	
Place of incident	
What happened?	
Why did the incident happen?	
How did the staff and children respond?	
What was done to support the person affected?	
Were the emergency services called?	
How did the incident conclude?	
What changes can be made to policies and procedures?	
Name of parent(s) informed	
How were parents informed and at what time?	
Name of SLT informed	
Name of person completing the form and role	