Whole-School Allergy and Anaphylaxis Safety Policy

OAK VIEW SCHOOL

Policy Control Panel	
Document Owner (Senior Leader)	Tina Kearney - Headteacher
Governor with Oversight	Pat Bagshaw & George Yerosimou
Approved By	Local Governing Body TBC
Date of Approval / Review	June 2026 / *To be reviewed annually or post-incident*
Next Scheduled Review Date	June 2027

Statement of Intent: Oak View School is committed to providing a safe, inclusive, and welcoming environment for all pupils, including those with severe allergies. In accordance with statutory guidance, we aim to minimise the risk of allergen exposure through a whole-school preventative approach, while ensuring robust emergency procedures are in place to respond swiftly to anaphylaxis (a severe, life-threatening allergic reaction).

1. Statutory Context & Linked Policies

This policy complies with all relevant UK legislation and statutory duties, including:

- **DfE Statutory Guidance:** *Supporting Children and Young People with Medical Conditions and Allergy*
- **Section 100 of the Children and Families Act 2014** (Duty to support pupils with medical conditions)
- **The Food Information (Amendment) (England) Regulations 2019** (Natasha's Law)
- **The Human Medicines (Amendment) Regulations 2017** (Allowing schools to hold spare adrenaline auto-injectors)

This policy must be read in conjunction with the school's: *Supporting Pupils with Medical Conditions Policy, Safeguarding and Child Protection Policy, Health and Safety Policy, and Educational Visits Policy.*

2. Named Roles and Responsibilities

2.1 The Named Senior Leader ~~Jemma Bell~~ is responsible for:

- Ensuring this policy is effectively implemented, published on the school website, and reviewed at least annually.
- Overseeing the creation, deployment, and annual review of Individual Healthcare Plans (IHPs) for all pupils with allergies requiring active management.
- Coordinating staff training and ensuring up-to-date training logs are maintained.
- Overseeing the procurement, storage, and monthly checking of the school's Spare Emergency Adrenaline Auto-Injectors (AAIs).

2.2 The Named Governor Pat Bagshaw & George Yerosimou is responsible for:

- Providing governance oversight and ensuring the school meets its statutory duties regarding allergy safety.
- Ensuring allergy safety and near-miss logs are routinely audited at governor meetings to foster a preventative learning culture.

2.3 All School Staff are responsible for:

- Completing mandatory annual allergy awareness and anaphylaxis training.
- Familiarising themselves with the faces, symptoms, and IHPs of pupils in their immediate care.
- Acting instantly in accordance with emergency procedures if a pupil shows signs of an allergic reaction.

3. Individual Healthcare Plans (IHPs) & Allergy Action Plans

- Every pupil with a known allergy that requires active management must have an IHP which has been approved by the parent or guardian of the pupil. If provided, a clinical

Allergy Action Plan (e.g., BSACI plan) signed by a doctor or healthcare professional should inform the IHP.

- In line with updated guidance, a formal medical diagnosis is *not* a prerequisite to establishing supportive arrangements. If a parent informs the school of a suspected allergy, an interim safety plan will be enacted immediately.
- **Transition and Mid-Year Admissions: Maria Barnard** will ensure that medical information and IHPs seamlessly follow pupils during transitions or mid-year entries. No child will start their first day at Oak View School without an active safety protocol where required.

4. Allergen Risk Mitigation & Management

4.1 Catering and Mealtimes

- **Caterer Compliance:** The school's catering provider, LBA Safety, must strictly comply with this policy and the terms of Natasha's Law. They produced allergy handling procedures which the kitchen follows, see Appendix 1 & 2].
- All food prepared, packaged, and sealed on-site for direct sale or distribution (PPDS) must feature a clear label listing full ingredients, with the 14 major allergens highlighted in **bold**.
- A robust system is in place to identify allergic children at the servery point. Pupils with allergies are listed, with photographs, on display in the kitchen serving area. Equally they are on the daily food order list and all teachers and staff are provided with their pupils' dietary needs.
- Due to our pupils' complex communication and learning needs, staff directly supervise all mealtimes for those pupils with an IHP.
- No-Sharing Culture**:** The school operates a "no food sharing" and "no utensil sharing" protocol. However, owing to the complex needs of our pupils, this cannot always be guaranteed.
- Tables must be adequately cleaned after use with an appropriate cleaning agent which can break down proteins and debris, before being sanitised.

4.2 Packed Lunches, Snacks, and Food Brought from Home

- **Allergen-Controlled Status:** The school operates an Allergen-Aware protocol regarding all food brought onto the premises by pupils, staff, or visitors. Parents must not include any of the following items in packed lunches or snacks:
    - Loose nuts, peanut butter, Nutella, satay sauces, or items explicitly stating "contains nuts" in the ingredients.
- **Proportionate Food Bans:** In cases where a pupil has an exceptionally severe, airborne, or contact-sensitive allergy to an allergen (e.g., egg, sesame, or dairy), the school reserves the right to implement a targeted ban on that specific allergen within a particular classroom or year-group bubble. This will be communicated clearly and empathetically to affected families.

- **Monitoring and Management:**
    - Staff supervising lunchtimes will conduct discreet visual checks of packed lunches.
    - If a prohibited allergen is identified, the item will be safely removed, wrapped, and returned to the parent at the end of the day with an explanatory note. The child will be provided with a safe alternative meal from the school kitchen free of charge for that day.
- **Celebrations and Birthdays:** To ensure the safety of all pupils, parents are requested to check with class staff about dietary and allergy information of peers before they send in edible treats (such as birthday cakes, sweets, or chocolates) to share with the class. The school welcomes non-food alternatives instead (e.g., a class book donation or small stickers).

4.3 Classrooms, Visual Arts, and Science

- **Allergen-Free Activities:** Food allergens (such as empty milk cartons, egg boxes, birdseed, or nut shells) must not be brought into classrooms for junk modelling, science experiments, or arts and crafts.
- Ingredients for Food Technology or cooking activities must be checked and approved by the Class Teacher 48 hours prior to the lesson.

4.4 Educational Visits

- Risk assessments for school trips must explicitly detail the medical and dietary requirements of attending pupils.
- At least one trained member of staff who knows how to administer AAIs will accompany any trip where an allergic child is present. This is recorded on advanced risk assessments and on-the-day forms.
- The pupil's prescribed AAIs and a school **Spare Emergency Kit** must travel with the trip lead.

4.5 Third-Party Providers and External Wraparound Care

- **Oversight and Service Level Agreements (SLAs):** Any third-party provider operating wraparound care, extracurricular clubs, or holiday camps on the school premises must sign a formal SLA or Trust Hire Agreement committing to match the safety standards outlined in this policy.
- **Information Sharing and Data Transfer:**
    - For wraparound care the school's Designated Allergy Lead/SLT will securely share the allergy register and copies of relevant Individual Healthcare Plans (IHPs) with the provider lead prior to the pupil's first day of attendance.
    - Parents must give explicit consent for this data share upon enrolling their child in the third-party provision.
- **Medication Handover Protocol:**
    - Third-party staff must never be left without immediate access to a child's prescribed medication.

    - A formal, signed handover log will be completed daily between the daytime school staff and the third-party provider when transferring responsibility for the child and their prescribed AAIs.
- **Access to School "Spare" AAIs:** External providers operating outside standard school hours will not have access to the school's emergency spare AAIs. The provider must demonstrate they hold their own independent emergency first-aid kit and that their staff are qualified to deploy it.
- **Training Verification:** The third-party provider must submit documented evidence to the school's Senior Leadership Team annually proving that *all* staff working on-site have completed accredited anaphylaxis and AAI administration training.

5. Staff Training & Emergency Drill Protocols

5.1 Mandatory Training Framework

All staff (including teaching, support, lunchtime supervisors, and administrative staff) must receive CPD-accredited allergy safety training annually.

Staff Group	Training Type	Frequency
All Staff	Basic Allergy Awareness & Recognising Anaphylaxis	Annual (At start of academic year)
All Staff	Practical Administration of AAIs (EpiPen, Jext)	Annual (Hands-on training)
Allergy Leads/SLT	Designated Allergy Lead Advanced Risk Management	Every 2 Years

5.2 Emergency Drills

The school will conduct scheduled anaphylaxis emergency rehearsals once per academic year with the School Nurse to ensure staff can confidently locate, prepare, and administer emergency medication under pressure.

6. Emergency Adrenaline Auto-Injectors (AAIs)

6.1 Prescribed Medication

- Pupils who are prescribed AAIs must have **two in-date devices** in school at all times.
- As our pupils may not be able to safely manage or locate their own medication, devices are securely stored in a locked, medical cupboard located in the Medical Room in the Main Building, which is accessible instantly to adults but out of reach of children. The key to the medical cupboard is located behind the door to the Medical Room.

6.2 School "Spare" Emergency AAIs

- In accordance with the Human Medicines Regulations, the school maintains a supply of **Spare Emergency AAIs**; 1 x 0.15mg dose and 1 x 0.3mg doses (0.15mg doses for pupils under 30kg, 0.3mg for pupils over 30kg and adults).
- These are stored in the wall mounted medical station located in the Medical Room and are clearly labeled **"Emergency Use Only"**. The key to the medical cupboard is located behind the door to the Medical Room.
- **Usage Criteria:** The spare AAI will only be deployed if a pupil's own prescribed devices fail or are missing, and for whom written parental consent and medical authorisation have been documented. In the event of a first-ever reaction with no prior medical framework, staff will call 999 and only administer an AAI if explicitly directed to do so by the emergency services operator.
- The Cover Supervisor/Teacher checks expiry dates and device integrity each term.

7. Emergency Response Protocol (Anaphylaxis)

If a pupil shows signs of anaphylaxis (difficulty breathing, swelling of the throat/tongue, dizziness, or collapse), staff must act instantly without hesitation:

1.Administer the AAI immediately: Time-critical step.
Inject the pupil's own prescribed AAI into the outer middle thigh. Note the exact time of injection. **Do not move the pupil** unless they are in immediate physical danger. Keep them lying flat with legs raised (or sitting up slightly if breathing is highly labored).

2.Call emergency services (999): State 'Anaphylaxis'.
Dial 999 immediately. Explicitly state to the operator that a child is suffering from **"Anaphylaxis"** (pronounced Anna-fill-axis) so the call is prioritised. Provide the operator with the school's exact address and the specific location on site of the incident.

3.Retrieve the Spare Emergency Box: Simultaneous action.
Direct a second adult to fetch the school's Spare Emergency AAI Kit and the pupil's IHP file from the designated storage area.

4.Administer a second dose if needed:5-minute threshold.
If the pupil's symptoms do not improve, or if they worsen after **5 minutes**, administer a second AAI device into the opposite thigh.

5.Contact parents/guardians: Post-emergency alert.
Contact the pupil's emergency contacts immediately after emergency services have been dispatched.

6. Direct Emergency Services: Delegate a specific member of staff to stand at the school gates to guide the ambulance crew directly to the casualty.

Remember: Give the used AAI(s) to the ambulance paramedics, or dispose of them safely in a rigid sharps bin. Never discard them in general waste.

8. Incident Recording, Near-Misses & Continuous Learning

- **Zero-Harm Learning Culture:** In alignment with current statutory updates, *any* allergic incident or "near-miss" (e.g., a child almost being handed an allergen-heavy meal, or an expired AAI found in stock) must be formally recorded via iamCompliant.
- A full written report of any serious incident or near-miss will be shared directly with the affected pupil's parents within 24 hours.
- **Interim Review Trigger:** Any serious incident or near-miss will automatically trigger an immediate interim review of this policy and the specific child's IHP to tighten future risk management.
- **Post-Incident Debrief:** an anaphylaxis incident can be very upsetting for the pupil involved, the adult who delivered the AAI and any other pupils or adults who witnessed the incident. A psychological debrief and/or counseling support (via SAS app) will be offered to those involved following an emergency event.

Appendix 1: Food Sensitivity Control

Appendix 2: Allergen Record Keeping and Verification