Allergy Policy

September 2026
Review Date: September 2027

Allergy Policy

Contents

Allergy Policy

The Principles of Court Schools Allergy Policy

The Principles of Court Schools Allergy Policy In Court Schools we are aware that there needs to be an "allergy-aware environment." Culture is a strategic safety must under the Children's Wellbeing and Schools Act 2026. This policy outlines our approach to allergy safety, including reducing the risk of exposure and the procedures in place in case of allergic reaction. It makes clear how our school supports Learner's with allergies to ensure their wellbeing and inclusion. It aims to promote and maintain allergy awareness among the school community.

Benedict's Law: Court Schools recognises its duty to safeguard learners with allergies and will take all reasonably practicable steps to reduce the risk of exposure to known allergens and to ensure that appropriate support is available in the event of an allergic reaction. In accordance with Benedict's Law, Court Schools will work in partnership with parents / carers, learners, staff, and relevant healthcare professional to identify and manage individual allergy risks. Where a learner has a diagnosed allergy, appropriate information will be recorded, shared with staff and reflected in an individual health care plan or allergy action plan where required.

Court Schools will ensure that staff are aware of the signs and symptoms of an allergic reaction and understand the procedures to follow in an emergency, including the use of prescribed emergency medication where they have been trained and authorised to do so.

The school promotes an inclusive approach to allergy management. Reasonable precautions will be taken to minimise avoidable risk while ensuring that Learner's with allergies are able to participate fully and safely in the curriculum and wider school life.

Parents / Carers are expected to provide and up-to-date information about their child's allergies, prescribed medication and emergency procedures and to inform the school promptly of any changes.

Statutory Framework

This policy is a mandated requirement following the implementation of:

- Department for Education (DfE)'s statutory guidance on **allergy safety in schools** and **supporting Learner's with medical conditions at school**,
- The Department of Health and Social Care's guidance on **using emergency adrenaline auto-injectors in schools**,
- The Food Information Regulations 2014
- The Food Information (Amendment) (England) Regulations 2019
- **Section 34 of the Children's Wellbeing and Schools Act 2026 (Benedict's Law):** Requiring establishment-specific allergy management.
- **The Equality Act 2010:** Recognising severe allergies as a disability and requiring reasonable adjustments.

Allergy Policy

Roles and Responsibilities

Governors / Proprietors / CEO Risks relating to learners with allergy are included in the risk register and actively managed

The school has an allergy safety policy which sets out:

- Arrangements to reduce the risk of individuals coming into contact with their known allergens.
- Emergency response plans for cases of anaphylaxis.

Headteacher: The Headteacher is responsible for implementing this policy within their school and ensuring that effective local procedures are in place to manage allergy risks. The Headteacher will:

- Ensure this policy is implemented throughout the school.
- Appoint a suitably trained Designated Allergy Lead and Deputy (as required)
- Ensure appropriate systems are in place to identify and support pupils with allergies.
- Ensure staff receive appropriate allergy awareness and emergency response training.
- Ensure Individual Healthcare Plans are implemented where required.
- Ensure appropriate risk assessments are undertaken for school activities, educational visits and other events.
- Ensure parents, carers, staff and relevant stakeholders are aware of the school's allergy management arrangements.
- Monitor compliance with this policy and take appropriate action where improvements are required.

Designated Allergy Leads (See Appendix 1)

Designated Allergy leads are responsible for promoting and maintaining allergy awareness across the school community and ensuring staff are aware of the policy.

- Oversee school-wide training.
- Maintain and review the school asthma & allergy register.
- Ensure individual healthcare plans are updated annually or when a change in medical need is shared with school for all learners.
- Relevant staff are aware of what activities need an allergy risk assessment.
- Develop and review arrangements for the safe storage and disposal of adrenaline devices (AD)
- Oversee the safe storage, tracking, and expiration dates of adrenaline auto-injector (AAIs).
- Serious incidents and 'near misses' relating to allergy safety are recorded and reported as appropriate, and that lessons are considered and shared with staff:
- What lessons there are to learn
- Any potential changes to the medical conditions and/or allergy safety policies and/or to any Learner's IHP
- Court Schools will complete monthly checks of the dates and ensure no damage to the AAIs that school have purchased.

Teaching/Support Staff:

Allergy Policy

All teaching and support staff are responsible for:

- Promoting and maintaining allergy awareness among Learners
- recognising signs of severe allergic reactions and anaphylaxis
- Being able to recognise the signs of severe allergic reactions and anaphylaxis
- Reducing the risk of learners encountering known allergens
- Being aware of specific learner's with allergies in their care
- Reducing the risk to learner's with known allergies encountering known allergens
- Ensuring the wellbeing and inclusion of Learner's with allergies
- Reporting any allergic reaction or case of anaphylaxis to the allergy safety lead

Parents/Carers:

- Being aware of the allergy safety policy
- Providing the school with up-to-date details of their child's medical needs, dietary requirements, and any history of allergies, reactions and anaphylaxis
- If required, providing their child with 2 in-date adrenaline auto-injectors and any other medication, including inhalers, antihistamine etc., and making sure these are replaced in a timely manner
- Following the school's guidance on food brought in to be shared
- Updating the school on any changes to their child's condition

Learners with allergies:

If appropriate, these learners are responsible for:

- Being aware of their allergens and the risks they pose
- Carrying their AD on their person and only using it for its intended purpose
- Understanding how and when to use their AD.

Learners without Allergies:

- Being aware of allergens and the risk they pose to their peers.

Identifying Individuals at Risk

Allergy is a spectrum of different allergic diseases. Reactions occur when a susceptible person is exposed to something (an "allergen") they are allergic to. Common allergic conditions include:

- Hay fever (allergic rhinitis), triggered by allergens carried in the air, such as pollen, house dust mite, animal fur/feathers, or mould
- Skin allergies (e.g. eczema, contact dermatitis, contact urticaria/hives) caused by contact with allergens including house dust mite, pollen and substances like nickel, latex and some chemicals
- Food allergy, which can cause symptoms ranging from mild itching in the mouth to "whole body" reactions including anaphylaxis
- Asthma which may be triggered by airborne allergens
- Allergy to insect stings and medicines

Allergy Policy

Identifying Learner's at risk

Court Schools will:

For new starters, send a form to all parent/carers of Learner's after their place at the school has been confirmed and discussed at the placement plan. Before they start, parents need to confirm any allergy the learner has and whether they carry medication. Where a learner has a new diagnosis and/or has moved to the school mid-term, we will send a form and put arrangements in place within 2 weeks.

Send a reminder to parents/carers at the end of the summer term ready for the start in Sept. Asking them to update their child's medical information as necessary via Arbor communication.

We ask that parents/carers proactively inform us by either phone call to the school office 01392 494919 or an email to Office@magdalencourt.org if their child's medical needs change during the school year.

Identifying staff and visitors at risk

Asking new staff to provide details of their allergies in advance of their start date.

Asking visitors if they have allergies and any adjustments that may be needed.

Individual healthcare plans (IHP)

Learner's should have an IHP if they:

Have an allergy which has a functional impact on them in the school environment

They are at risk of harm because of their allergy; and

Require arrangements which are additional to or different from those made generally

It is not necessary for a learner to have a formal diagnosis of allergy for them to have an IHP. Healthcare professionals may decide that it is more appropriate to accept that the child shows symptoms, rather than proceeding to a formal diagnosis.

The IHP will set out the additional and/or different arrangements that will be in place for supporting the learner. The school will make every effort to make sure that arrangements are put in place within 2 weeks, or by the beginning of the relevant term for Learner's who are new to our school.

Not all learner with an allergy will require an IHP. Some allergies will have little or no impact on the pupil while they are at school, or pose no risk to the pupil. Some allergies will not require arrangements which are additional to or different from those made generally.

The headteacher is responsible for deciding from information provided by parents / carers and any relevant healthcare professionals whether a learner's allergy can be managed through the adjustments made under the medical conditions policy or whether an IHP is required to specify arrangements that reflect the learner's circumstances.

The school will consider the following principles:

- If the arrangements or support which a learner requires would be available to any pupil as part of normal policies, an IHP may not be required
- If the pupil only needs non-prescription medication and the medical conditions policy would permit them to carry and administer it, an IHP may not be required

IHPs will be reviewed at least annually and more frequently if the learner's medical needs have changed. Where a learner moves on to a new school or college, their IHP will be shared as part of the transition.

Allergy Action Plans

All Learner's who have a known allergy to a food or insect stings should be issued with an appropriate allergy action plan by their healthcare professional.
The plans include medical and parental consent for staff to administer emergency medicines, including adrenaline for anaphylaxis or a reliever inhaler in the event of an asthma attack.
The allergy action plan and/or asthma action plan should be attached to the learner's IHP. Whenever the allergy action plan is updated, the Learner's IHP should be reviewed to incorporate it.

Obtaining and Escalating Missing Asthma and Allergy Action Plans

Identification of medical condition

Where Court Schools become aware that a learner has asthma, an allergy or another medical condition that may require support during the school day, the school will establish, as soon as reasonably practicable, the arrangements that are required to support learner's safety.

This may include obtaining a Asthma action plan, Allergy Action Plan or a Individual Health care plan, medical instructions, emergency procedures or other relevant information from the learner's parents / carers and where appropriate healthcare professionals,

Initial Request to Parents / Carers

Where an appropriate action plan has not been provided, Court Schools will make an initial request to the parent / carer for the relevant documentation.
This will explain why the information is required.
Identify the specific document or information being requested.
Explain the potential implications and importance of having this information.
Provide a reasonable timescale for responding.
Advise parent / carer if they require support in obtaining this information.

Follow up where the plan has not been received.

If the requested information has not been received within the agreed timescale, Court Schools will make a further phone call followed by a written request.
Court Schools will establish:
The plan has been requested from healthcare professional.
An appointment or clinical review is awaiting.
The healthcare professional has declined or been unable to provide the requested information.
Offer parents / carers require support with the process.
There is another reason.

Allergy Policy

Escalation within School

If the action plans remain outstanding following reasonable attempts to obtain it, the matter will be escalated to SLT and DSL. Where the absence of the plan creates a significant concern about schools ability to safely support the learners, the matter will be escalated without waiting for the normal timescale.

Healthcare Professionals or Healthcare – Service Escalation

Where school has appropriate parental consent the school may seek clarification from the learner's health care professional, school nursing or other relevant health professional.

The purpose for contact will be to obtain or clarify information necessary to support the learner's safety in school.

Where a healthcare service has been contacted but not provided the required information, the school will maintain a record of the contact and any response received.

Safeguarding and Welfare Escalation

If a parent / carer repeatedly fails to provide information that is necessary to enable identified medical needs the school will consider whether this is a wider welfare or safeguarding concern. Any safeguarding referral will be made in accordance with schools safeguarding policy. The absence of this action plan will not by itself automatically be treated as a safeguarding concern. The school will consider the circumstances, the level of medical risk, the parent's engagement and the impact on the learner's health and safety.

Immediate or Significant Risk

Where the school considers medical action solely because that the absence of appropriate medical information, medication or emergency arrangements presents an immediate or significant risk to the learner the matter will be escalated to SLT. The school will seek appropriate advice from healthcare services and follow its emergency procedures. Court Schools will respond to an actual medical emergency in accordance with their training and procedures and information they have on that learner. The school will not delay appropriate emergency medical action solely because a formal action plan has not been received.

Record Keeping

Court Schools will maintain records of:

The date an action plan was identified.

Request made to parents.

Reminders and follow up communication

Communication with healthcare professionals or health care services.

Advice received

Escalation to SLT or other health professionals.

The date on which the required plan or information was received.

Review

Allergy Policy

Court Schools will review the action plan and the medical information, and the designated person will ensure that the learner's medical arrangements are reviewed and staff are informed of any changes.

Register of Learner's with known allergies

Each school within Court Schools will maintain a register of learners who have a known allergy. The register includes:

Known allergens and risk factors for anaphylaxis

Whether a learner has been prescribed AAIs (and if so, what type and dose)

Where a learner has been prescribed an AAIs, with or without parental consent the spare AAI can be administered to a learner to save a life in an emergency.

A paper register is kept in the main office and digital register on Arbor. Staff can check this quickly.

Assessing risk

Court Schools will conduct an allergy risk assessment for each learner based on their known trigger. For example, taking part in:

Lessons such as food technology

Science experiments involving foods

Crafts using food packaging

Off-site events and school trips

Any other activities involving animals or food, such as animal handling experiences or baking

A risk assessment for any learner at risk of an allergic reaction will also be carried out where a visitor requires a guide dog.

Minimising risk

Hygiene procedures

Learners are reminded to wash their hands before and after eating
Sharing of food, food containers, and food utensils is not allowed
All learners at Court Schools bring in their own food and have their own water bottles and lunch boxes. Parents will be reminded regularly of the allergy policy and to follow the school's guidance on food that can be brought in to be shared on the school newsletter.

Catering

Court Schools do not offer external or internal catering of school meals, all ingredients for home cooking skills are provided by school from major supermarket. Any food given to learners is pre packed food with clear labelling.
All meals are provided by parents.

Allergy Policy

Home Cooking Skill

Home Cooking Skills lessons involve the use and preparation of a range of food ingredients, some of which are recognised allergens. Court Schools will take reasonable and proportionate measures to reduce the risk of allergen exposure while enabling the learners to participate safely and access the curriculum.

Curriculum

Being mindful of common hidden allergens such as play dough containing wheat flour, glues containing milk/wheat/soya, and bird feed containing nuts/sesame.

Insect bites/stings

Encourage learners to wear suitable footwear when outside particularly when on grass.
Advising learners to avoid walking barefoot in areas where insects may be present.
Avoid leaving food and drink outside and keep it covered.
Encourage learners to remain calm and move away from an insect rather than disturbing it.
Taking additional precautions for learners with known insect allergies in accordance with the individual health care action plan.
Considering additional precautions during outdoor learning, educational visits, sports activities and residential trips where exposure to insects may be increased.

Animals

All learners will always wash hands after interacting with animals to avoid putting Learner's with allergies at risk through later contact
Learners with known allergies will avoid direct contact between them and the relevant animal.

Visits and Trips

No Learner's with allergies will be excluded from taking part.
The school will plan accordingly for all events and school trips, and arrange for the staff members involved to be aware of Learner's' allergies and to have received appropriate training.
The school will conduct a risk assessment for any learner at risk of anaphylaxis taking part in a school trip.
Learners at risk of anaphylaxis should have their own AD with them if appropriate or be in a known place that both staff and the learner can access.
Staff trained to administer adrenaline in an emergency will be present on the school trip.
Appropriate measures will be taken in line with the school's AD protocols for off-site events and school trips.

Procedures for Handling an Allergic Reaction

As part of the whole-school awareness approach to allergies, all staff are trained to recognise the signs of both mild and severe allergic reactions (known as anaphylaxis) and respond appropriately

Staff are trained in the administration of adrenaline to minimise delays in an emergency.

If the pupil has an allergy action plan, this must be followed:

A spare school AAIs will only be used if:

- The pupil does not have a prescribed AD
- The Learner's prescribed AAIs are not available or prescribed AAIs misfires.

Adrenaline Auto Injectors (AAIs)

Prescribed AAIs

Learners who are prescribed AAIs are encouraged to keep them near or on their person at all times including when travelling to or from the school and on school trips. This is reviewed on individual basis with parents/carers. It is recommended that two devices are carried at all times. Learner's with prescribed AAIs should take them home with them at the end of each school day.

If a pupil cannot keep their AAIs with them in the classroom (due to age or other considerations), then the devices will be stored:

In an appropriate central location that is always unlocked and accessible. The learner and staff team know where to access it.

Kept at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature

A copy of the learner's allergy action plan is kept alongside their medication, as it includes instructions on how it should be used in an emergency.

Court Schools will review each learner on an individual basis and due to their need and age, and work with parents / carers to ensure safe transportation of the AAI while travelling to and from school.

Parents/Carers are responsible for checking that AAIs remain in date and order new ones before the current ones go out of date.

Spare AAIs

Current regulations only allow schools to purchase adrenaline auto-injectors (AAIs) as spare devices. Non-injectable adrenaline devices (nasal spray) may be prescribed to individuals but cannot currently be stocked as a spare device. If an individual who is prescribed nasal adrenaline suffers anaphylaxis, a school's spare AAIs may be used in an emergency. Schools can purchase an emergency asthma reliever inhaler which can only be used if the Learner's prescribed inhaler is not available and where written consent has been obtained.

The allergy leads are responsible for sourcing spare AAIs, these will be sourced from a reputable supplier of AAIs and ensuring they are stored according to the guidance.

The dosage required (based on Resuscitation Council UK's age-based criteria, see page 11 of the AAI guidance)

Spare AAIs will be stored:

In the Court Schools main office that is always unlocked and accessible to staff only.

No more than 5 minutes away from where they may be needed.

Kept at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature

Spare AAIs will be kept:

In pairs, in case a second one is necessary

Separate from any Learner's' prescribed AAIs and clearly labelled to avoid confusion

Two members of staff are responsible for checking monthly that spare AAIs and the emergency asthma reliever inhaler are present and in date. They will obtain replacement AAIs when the expiry date is near.

Disposal

AAIs can only be used once. Once an AD has been used, it will be disposed of in line with the manufacturer's instructions (for example, in a sharps bin for collection by the local council).

Using spare AAIs in an emergency situation without prior consent

The Human Medicines (Amendment) Regulations 2017 do not require consent to have been obtained for spare adrenaline devices to be used in an emergency.

For a learner who already carries a AAI Court Schools will obtain advance consent from parents/carers or learner for the use of the spare adrenaline device (school owned),so that in an emergency, consent can be assumed to be in place.

In an emergency situation, anyone may take reasonable action to save a life without checking whether prior consent has been given. This avoids potentially fatal delays in treatment.

Use of AAIs off school premises

Learner at risk of anaphylaxis who are able to administer their own adrenaline should carry their own AAIs with them on school trips and off-site events. This is reviewed on an individual case. If they are unable to carry their AAI a staff member will be given the medication to carry.

The spare AAI will be in a case with the learner's allergy action plan and given to the trip leader.

Emergency treatment and management of anaphylaxis

Symptoms to look for

Symptoms usually come on quickly, within minutes of exposure to the allergen. Mild to moderate allergic reaction symptoms may include:

A red raised rash (known as hives or urticaria) anywhere on the body.

A tingling or itchy feeling in the mouth.

Swelling of lips, face or eyes.

Stomach pain or vomiting More serious symptoms are often referred to as the 'ABC symptoms' and can include:

AIRWAY - swelling in the throat, tongue or upper airways (tightening of the throat, hoarse voice, difficulty swallowing).

BREATHING - sudden onset wheezing, breathing difficulty, noisy breathing.

CIRCULATION - dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness.

The term for this more serious reaction is anaphylaxis. In extreme cases, there could be a dramatic fall in blood pressure. The person may become weak and floppy and may have a sense of something terrible happening. This may lead to collapse and unconsciousness and can be fatal. If the learner has been exposed to something they are known to be allergic to, then it is more likely to be an anaphylactic reaction.

Anaphylaxis can develop very rapidly, so a treatment is needed urgently. As soon as anaphylaxis is suspected, **adrenaline must be administered without delay. If in doubt, always treat for anaphylaxis**. Pupils who have a known allergy should be issued with an appropriate Allergy or Asthma Action Plans by their healthcare professional. Allergy Action Plans are medical documents which describe emergency response to reactions including anaphylaxis.

Where they exist, these emergency procedures will be followed.

Nevertheless, where they do not exist (for example if the condition is undiagnosed), the following will guide actions:

Keep the individual where they are. Bring medication to the individual and not vice-versa. Call for help and do not leave them unattended.

Lie the individual flat with their legs raised.

They can be propped up if struggling to breathe but this should be for as short a time as possible. Do not let them stand up and walk around.

USE ADRENALINE AUTO-INJECTOR (AAI) WITHOUT DELAY and note the time given always following the instructions on the device and the training received.

CALL 999 and state ANAPHYLAXIS (ana-fil-axis).

Call parent/carer as soon as possible.

If there is no improvement after five minutes, or symptoms return or worsen, administer the second AAI in accordance with the Individual's Action Plan and current emergency guidance.

If no signs of life commence CPR. Whilst awaiting the ambulance, keep the individual where they are. Do not stand them up, or sit them in a chair, even if they are feeling better. Always stay with someone having an allergic reaction for at least one hour. All pupils will go to hospital for observation after anaphylaxis even if they appear to have recovered.

Allergy Policy

Recognising and the Management of an Allergic Reaction/Anaphylaxis to include Symptoms

Mild-moderate allergic reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

ACTION:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine according to the child's allergy treatment plan
- Phone parent/emergency contact

Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction):

AIRWAY:	Persistent cough Hoarse voice Difficulty swallowing, swollen tongue
BREATHING:	Difficult or noisy breathing Wheeze or persistent cough
CONSCIOUSNESS:	Persistent dizziness Becoming pale or floppy Suddenly sleepy, collapse, unconscious

IF ANY ONE (or more) of these signs are present:

1. Lie child flat with legs raised: (if breathing is difficult, allow child to sit)

2. **Use Adrenaline autoinjector*** **without delay**
3. **Dial 999** to request ambulance and say ANAPHYLAXIS

*** IF IN DOUBT, GIVE ADRENALINE ***

After giving Adrenaline:

1. Stay with child until ambulance arrives, do NOT stand child up
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement **after 5 minutes, give a further dose** of adrenaline using another autoinjector device, if available.

Anaphylaxis may occur without initial mild signs: **ALWAYS use adrenaline autoinjector FIRST in someone with known food allergy who has SUDDEN BREATHING DIFFICULTY** (persistent cough, hoarse voice, wheeze) – even if no skin symptoms are present.

include:

Parental permission

Allergy Policy

Arrangements for most individuals with anaphylaxis will be established in an IHP which is informed by a clinical Allergy Action Plan. Anaphylaxis is a medical emergency and can be fatal. Circumstances may arise where a child presents with anaphylaxis symptoms for the first time due to an unrecognised allergy and prior written consent may not be present. In the event of an anaphylaxis reaction, adrenaline will be administered as soon as possible within five minutes. Whilst the emergency services will be called immediately via 999, **staff will not wait to contact the emergency services before administering adrenaline where anaphylaxis symptoms are displayed.** In an emergency situation school staff may take reasonable action to save a life without checking whether prior consent has been given, in order to avoid delays in treatment. If in doubt, always treat for anaphylaxis. Nevertheless, if any individual (pupil, member of staff or visitor) experiences a life-threatening medical emergency, anyone may take reasonable action to save their life and are supported in doing so by this policy and the law. The expectation is simply that staff act reasonably, to the best of their ability, in an emergency.

Serious incidents and 'near misses'

A **serious incident** is any event relating directly to a medical condition (including allergy) in which a pupil, 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.

Incident recording

Court Schools will record serious incidents and 'near misses' relating to allergy safety as soon as is feasible. The incident will be recorded in the accident book, including the following information:

Who was affected

What happened, when and where

Why the incident occurred (as far as is known)

How staff and Learner's responded and what was done to support the individual

Whether emergency services were called

How the incident concluded

The school will approach serious incidents and 'near misses' in a 'no blame' spirit of seeking to learn lessons.

Incident reporting

The parents/carers of a pupil aged up to 16 should be notified of the incident or 'near miss' as soon as possible. In the case of a pupil aged 16 and over, the school will confirm that the pupil agrees that their parents/carers should be informed.

The school will share the report with the Learner's parents, the pupil or the individual involved.

They will be given the opportunity to discuss what happened and to contribute their views to the consequent lessons learned review. The school will then confirm what we have learnt from the incident and outline any actions we are taking as a result.

Staff involved will fill out the accident form and share it with the Designated Allergy Lead, who will consider whether the allergy safety arrangements in place were appropriate or if changes are needed to this policy and/or the Learner's IHP. Any learning will be shared appropriately with staff so they can act on it and reduce the chance of an incident reoccurring.

The school will also share the report with other agencies in the following circumstances:

With the Health and Safety Executive (HSE): incidents which arise directly out of the way the school carried out a work activity which results in death or immediate hospitalization. For example, where a pupil has suffered harm after consuming an allergen due to incorrect preparation of food by a member of staff.

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

Allergy awareness

Staff training

The school ensures that all staff expected to be present during times when learners are scheduled to be on site receive allergy awareness training at least annually. New starters will complete this training as part of their induction.

This includes permanent staff, temporary staff, supply teachers, peripatetic staff and agency workers. It does not include contractors carrying out work with no pupil-facing role such as builders, electricians or other ad hoc maintenance personnel.

Court school has purchased 'training pens' from EpiPen so staff can practice safely and be familiar with the differences.

Allergy awareness training will ensure that all staff:

Have an awareness of allergies, 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 allergies, 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:

- Calling emergency services and informing parents/carers
- How to locate and administer emergency medication
- How to use the medication/device in an emergency

Understand the impact allergies can have on a Learner's wellbeing

Understand the allergy safety policy

Know how to check whether an individual is on the record of those with known allergies and how to use an allergy or asthma action plan

Understand their responsibilities in reducing the risk of individuals with known allergies 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')

Awareness of allergy safety policy

This allergy safety policy will be published on the school's website and shared with parents/carers at the start of the school year.

All staff should be aware of and understand the policy as part of annual allergy awareness training.

Learners will be educated through the curriculum and during tutorial times about allergies to develop a culture of understanding allergies and the importance of reducing risk for these learners and staff.

Wellbeing

Learners with allergies can experience bullying and may also suffer from anxiety and depression relating to their allergy.

Learners with allergies will have additional support through:

- Pastoral care
- Regular check-ins with their class teacher and teaching assistant
- Reassurance that steps are being taken to minimise the risks of exposure to allergen and that robust measures are in place in the event of anaphylaxis

The school will respond to any instance of allergy related bullying for example e.g., teasing, social exclusion at mealtimes, or threats of force-feeding allergens in line with its behaviour policy.

Wellbeing support following an Incident or 'Near Miss'

Court Schools recognise that an incident or a 'near miss' is a serious event with a potential impact not only on the learner but their family, those involved in responding, and any witnesses. The school will provide support for those involved.

The school will support staff involved in any incident or 'near miss'.

Information sharing

Information about an individual's health is considered special category data under UK GDPR. It will therefore be handled in line with our data protection policy.

Monitoring arrangements

This policy will be monitored by the allergy safety lead.

It will be reviewed and approved annually by the allergy safety lead, or more frequently if a serious incident or 'near miss' identifies an area for improvement.

Allergy Policy

Appendix 1

Court Schools will have 2 named Designated Asthma & Allergy Leads one member will be on SLT.
Moss Whiters will oversee Allergies across all court schools.

Magdalen Court School is Adele Thomas & Kim Brady
Cardrew Court School is Kerry Towers & Lyn Phelan

Kim Brady and Lyn Phelan will meet with Moss Withers Court Schools First Aid lead to support with any Asthma, Allergy or First Aid procedures, questions about individual learners, or just general questions. This will be once a term or as and when needed.

Allergy Policy

Moss will organise for both Court Schools mandate simulated drills to simulate anaphylaxis drills to test staff emergency response times and communication systems.

Allergy Policy

Appendix 2

Court Schools Healthcare Plan for Allergy

Learner's Full Name: ..... DOB: .....

Emergency Contact Name & Relationship to pupil:.....

Emergency Contact number: .....

Allergy:

Is your child likely to be aware that they are having an allergic reaction and whether they can alert others? ☐ Yes ☐ No

What is your child's allergy to? .....

How the allergy is managed:

If the allergy can be partly or wholly managed by practical adjustments (for example avoidance of known allergens), note them here:.....

.....

.....

Is your child able to understand and to take responsibility for managing their allergies? For example, understand foods that cause and to avoid that can trigger their allergy. .....

.....

.....

.....

.....

Does your child have prescribed medication for their allergies? If yes please describe below

Medicine	How much and when taken

Impact on Education

What potential harm might come if your child's allergy is not managed properly: .....

.....

.....

.....

.....

Specify how the allergy may impact on your child accessing education: .....

.....

.....

.....

.....

Specify how the allergy may impact on your child's emotional wellbeing: .....

.....

.....

.....

.....

Arrangements for support:

What specific support or adaptions can the be put into place within its educational remit:.....

.....

.....

.....

.....

Outline measures to reduce the risk of contact with known allergens. .....

.....

.....

.....

.....

Give details of the specific support or adaptations to manage food allergy at meal and snack times:.....

.....

.....

.....

Visits and trips:

Give details of any arrangements or procedures which may be required for school trips or other activities outside of the normal timetable that will ensure the child can participate:.....

.....

.....

.....

.....

Give details of any requirement for a risk assessment and prompts for specific issues which should be considered:.....

.....

.....

.....

.....

Emergency response:

Summarise that signs or symptoms which would indicate an emergency

.....

.....

Allergy Policy

.....

.....

.....

.....

.....

.....

Do you have an allergy action plan from a medical professional? ☐ Yes ☐ No

Can you share the allergy action plan with the school? Date Shared: .....

Parent Signature:	**Date:**
Last discussed with parents:	**Date**
Issued by:	**Date:**
Next planned review:	**Date:**

Allergy Policy

Appendix 4

Consent For A Learner Who Already Carries A AAI Court Schools

I can confirm that my child has been diagnosed with an allergy and has been prescribed an adrenaline device or Non injectable adrenaline devices (Nasel Spray) Delete the devise not used by your child)

In the event of my child displaying systems of an allergic reaction, and if their adrenaline device is not available or is unusable, I consent for my child to receive that adrenaline device from the emergency AAI held by school for such emergencies.

Signed: ..... Date: .....

Name: .....

Relationship to Learner: .....

Child's Name: .....

Class: .....

Parent's address:

.....

.....

.....

.....

Telephone: .....

Email: .....