DRAFT:
Allergy Safety Policy

Allergy Safety Policy

1 Purpose

1.1 This policy sets out how Oakfield School identifies, assesses and manages the risks associated with allergies to protect staff and pupils from avoidable harm. It establishes clear responsibilities, risk reduction measures and emergency procedures to ensure compliance with statutory duties and recognised best practice.

2 Introduction and Core Principles

2.1 Oakfield School has a whole school awareness approach, ensuring that all staff and pupils are aware of what allergies are, the importance of avoiding pupils' allergens, the signs and symptoms, how to deal with allergic reactions and to ensure procedures are in place to minimise risk of exposure.

2.2 Oakfield School understands that severe allergies are covered under the Equality Act 2010. The Act considers a person to have a disability if they have a physical or mental impairment that has a substantial and long-term negative effect on their ability to conduct normal daily activities.

2.3 The school will make reasonable adjustments to ensure pupils with allergies are not disadvantaged or excluded from education or wider school life.

2.4 In line with the Department for Education's statutory guidance on Allergy Safety in Schools (published under Section 100 of the Children and Families Act 2014 and commonly referred to as 'Benedict's Law'). Oakfield School recognises the serious and potentially life-threatening risk posed by allergies and anaphylaxis. This dedicated policy establishes robust risk-mitigation measures and emergency response protocols.

2.5 Allergy is a spectrum of different allergic diseases. Reactions occur when a susceptible person exposed to something (an 'allergen') they are allergic to. Asthma, food allergy, eczema and seasonal rhinitis (Hayfever) are all forms of allergies.

2.6 Anaphylactic reactions usually begin within minutes of being in contact with the allergen i.e. eating a trigger food, though can occur several hours later (i.e. allergy to Mammalian meat). Anaphylaxis involves difficulty in breathing and affects the heart rhythm. In extreme cases there could be a dramatic fall in blood pressure leading to collapse.

2.6.1 Once started, anaphylactic reactions can progress quickly. Fatal reactions may develop within minutes or, in some cases, after an hour. While there is often a critical period of approximately 20 to 30 minutes to intervene, early administration of adrenaline significantly improves outcomes. Giving emergency adrenaline immediately and calling 999 is therefore crucial, and anaphylaxis always requires an emergency response.

2.7 Anaphylaxis can occur without any other signs (such as skin rash) being present. **Always consider anaphylaxis in someone with a known food allergy who has sudden difficulty in breathing.** Giving adrenaline in this context is very safe and may be lifesaving.

2.8 The most common causes of 'whole body' allergic reactions, including anaphylaxis, are:

- Foods (e.g. peanuts, tree nuts, cow's milk/dairy foods, egg, wheat, fish/shellfish, and sesame).
- Insect stings (e.g. bee, wasp).
- Medication (e.g. antibiotics, pain medications such as ibuprofen).
- Latex (e.g. rubber gloves, balloons, swimming caps).

2.9 Commonly known UK allergens include (but are not limited to):

- Peanuts
- Tree Nuts
- Sesame
- Milk
- Egg
- Fish
- Latex
- Insect Venom
- Pollen
- Animal Dander

2.10 Even for food allergy, most anaphylactic reactions occur after ingestion, though less severe allergic reactions may happen via skin or other contact. Anaphylaxis caused by skin contact is extremely rare. Staff and pupils who develop a skin reaction should be monitored closely, as symptoms may progress.

3 Legislation and Guidance:

3.1 This policy has been developed in accordance with:

- Children and Families Act 2014.

- Equality Act 2010.
- Health and Safety at Work etc Act 1974.
- Management of Health and Safety at Work Regulations 1999.
- Human Medicines (Amendment) Regulations 2017.
- Food Information Regulations 2014.
- DfE Allergy Safety in Schools Guidance (2016).
- Supporting Pupils with Medical Conditions at School.
- Keeping Children Safe in Education.
- SEND Code of Practice.

4 Roles and Responsibilities:

4.1 Headteacher:

- Has overall responsibility for the implementation of the school's Allergy Safety Policy.
- Ensures sufficient resources, facilities, and equipment are available to support staff and pupils with allergies.
- Monitors compliance with the policy and reviews its effectiveness regularly in conjunction with the Designated Allergy Lead (Head of Care).
- Ensures the school culture prioritises the safety and inclusion of pupils with allergies.

4.2 Designated Allergy Lead (Head of Care):

- Maintains a central, up-to-date Allergy Register for all staff and pupils with known allergies.
- Coordinates and supports the development of Individual Healthcare Plans (Medical Care Plans) in partnership with parents/carers and health professionals.
- Acts as the main point of contact for parents/carers regarding allergy matters.
- Oversees the storage, accessibility, and security of spare Adrenaline Auto-Injectors (AAIs) and other prescribed medication.
- Regularly checks medication and equipment to monitor expiry dates and arrange timely replacements.
- Organises and refreshes allergy and anaphylaxis training for staff.
- Conducts an annual audit of allergy arrangements to ensure compliance and update records.
- Ensure any medication used is replaced as soon as possible, in liaison with parents/carers.
- Maintain awareness of the location and accessibility of emergency medication.

- Supported by the Marketing Coordinator in the role of Designated Allergy Lead.

4.3 **All staff:**

- Are trained to administer emergency treatment, including Adrenaline Auto-Injectors, in line with training and care plans.
- Inform the Designated Allergy Lead (including the line manager) with full, accurate, and up-to-date medical information about their allergies, including any diagnosis from a healthcare professional.
- Respond promptly to any suspected allergic reaction or anaphylaxis.
- Know which staff and pupils have allergies and understand their specific needs.
- Follow all agreed Individual Healthcare Plans (Medical Care Plans) and school procedures consistently.
- Observe pupils for signs of allergic reactions and report any concerns or symptoms immediately.
- Reinforce safety rules, such as not sharing food or drinks, in line with age-appropriate guidance.
- Complete accurate incident records and notify the Designated Allergy Lead and Headteacher immediately after an event.

4.4 **Robertson Facilities Management (Catering Department):**

- Implements robust allergen management procedures in line with food safety legislation and guidance.
- Provides clear, accurate labelling of all food and drink items, listing all relevant allergens on menus and food packaging.
- Takes all reasonable steps to prevent cross-contamination between foods containing allergens and those that do not.
- Maintains clear communication with the Designated Allergy Lead and Marketing Coordinator regarding menus, ingredients, and preparation methods.
- Ensures all catering staff receive training on allergy awareness and safe food handling.

4.5 **Parents/Carers:**

- Provide the school with full, accurate, and up-to-date medical information about their child's allergies, including any diagnosis from a healthcare professional.
- Supply the school with prescribed medication (including spare Adrenaline Auto-Injectors where required) in its original packaging and clearly labelled.

- Ensure medication is replaced before it reaches its expiry date.
- Notify the school immediately of any changes to their child's condition, diagnosis, medication, or care requirements.
- Attend meetings and provide information to support the development and review of their child's Individual Healthcare Plans (Medical Care Plan).

4.6 **Pupils:**

- Carry their own prescribed medication (where safe and appropriate) and know how and when to use it, if trained to do so.
- Inform a member of staff immediately if they feel unwell or notice any symptoms of an allergic reaction.
- **Do not share food, drinks, or utensils with others.**
- Understand their own allergies and which foods or substances they need to avoid.
- **Follow guidance given by staff and parents/carers to stay safe.**

5 Emergency Treatment & Management of Anaphylaxis:

5.1 **What to look for:**

5.1.1 Symptoms usually come on quickly, within minutes of exposure to the allergen.

5.2 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.
- Mild throat tightness.
- Sudden change in behaviour.

5.2.1 Mild allergic symptoms may be treated with antihistamines if recommended in the pupil's Allergy Action Plan.

5.3 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 hoarse voice, difficulty swallowing).
- **Breathing** – sudden onset wheezing, breathing difficulty, noisy breathing, persistent cough.

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

5.4 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, on rare occasions, can be fatal.

5.5 As soon as anaphylaxis is suspected, adrenaline must be administered without delay.

5.5.1 **Action (Resuscitation Council UK):**

- Keep the pupil where they are, call for help and do not leave them unattended.
- **Lie flat with legs raised if tolerated.** If breathing is difficult, they may sit with leg extended. They should not stand or walk. Pregnant pupils should be placed on their left side.
- **USE ADRENALINE DEVICE WITHOUT DELAY** and note the time given. AAIs should be given into the muscle in the outer thigh or using a nasal adrenaline device into one nostril (if applicable). Specific instructions vary by brand – always follow the instructions on the device.
- **Call 999** and state **ANAPHYLAXIS (ana-fil-axis).**
- If no improvement after 5 minutes, administer second adrenaline device.
- If no signs of life commence CPR.
- Call the next of kin or parent/carer as soon as possible.

5.6 Whilst you are waiting for the ambulance, keep the pupil where they are. **Do not stand them up, or sit them in a chair, even if they are feeling better.** This could lower their blood pressure drastically, causing their heart to stop.

5.7 All pupils must go to the hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can recur after treatment.

6 Minimising Risk and Exposure to Allergens:

6.1 Minimising risk and the exposure to allergens is central to ensuring that the pupil with allergies is safe from harm. Even a small amount of allergen can cause a reaction. Any food can cause a reaction with serious consequences for the pupil, and the school will only eliminate a food following a risk assessment supported by medical advice when necessary.

6.2 Where a food is restricted, this will be to the smallest area for the time necessary; for example, the school's Cooking Room for the duration of the lesson when a pupil with allergy is cooking or a member of staff supporting.

6.3 Blanket bans, especially to nuts, create a false sense of security. Whilst there are 14 major food allergens that cause over 90% of reactions, any food can cause a reaction.

6.4 Oakfield School is allergy-aware ensuring that staff and pupils are actively aware of the risk posed by allergens, take steps to minimise the risk of exposure and have a robust emergency response plan in place.

6.5 Oakfield School completes a whole school allergy risk assessment that seeks to minimise the risk of exposure to known allergens. The risk assessment will include:

- Identifying the food used within the curriculum and making adaptions to remove allergens for the whole group and not just pupils who have the allergy.
- Conducting specific risk assessments to manage the risks of exposure to allergens for staff and pupils when planning external visits or trips.
- Identify measures to manage risks of exposure to a food allergen through food brought in by others (for example, ASDA, parents/carers, pupils, staff).
- Identify measures to manage risks of exposure to a food allergen through food provided by Robertson Facilities Management (Catering Department).
- Putting in reasonable measures to manage the risk of staff and pupils being exposed to allergens where they have a known allergy to airborne or contact allergens.
- Identifying non-food allergens within the school community and making adaptions to remove/reduce allergens that pose a risk; for example, aerosols sprays would require enhanced ventilation and limiting to specific areas.

6.6 Oakfield School will ensure that allergy is included in all school risk assessments (including pupil risk assessments) to identify risks and plan control measures to minimise the risk of exposure.

6.7 Oakfield School will ensure that the risk of exposure is minimised by:

- Ensuring all staff complete annual allergy and anaphylaxis training via National College sourced by Anaphylaxis UK.

- Educating pupils through awareness within tutor sessions and RSHE lessons.
- Working closely with parents/carers and health professionals to understand the pupil's allergy.
- Monitoring this policy to ensure that the agreed practices are implemented.
- Establishing and maintaining high hygiene standards amongst staff, pupils and visitors.

7 Robertson Facilities Management (Catering Department):

7.1 Oakfield School will manage the risk of food allergy and provide clear information on allergens in food by:

- Ensuring the contract between the school and RFM is compliant with the Food Standards Authority allergen management regulations.
- Ensuring that RFM provide information on food allergens to parents/carers and have this available for the pupils to check independently.
- Provide pupil's allergen information to RFM in a timely manner to ensure that pupils can eat safely.
- Enabling parents/carers to liaise with the Designated Allergy Lead and Marketing Coordinator so they can share updates and concerns with RFM.
- Identify pupils with allergies at point of service: Use the photographs displayed near the service counter, which are provided by the Designated Allergy Lead and Marketing Coordinator.
- The school's Admin Team is responsible for recording daily staff and pupil lunch orders. As part of this process, they supply the school kitchen with an order list, where pupils with allergies are highlighted in bold yellow text. This allows RFM staff to cross-reference the list with the allergy register and corresponding photographs, so they can easily identify those concerned when meals are collected.
- This procedure helps the school reduce risk and prevent allergy-related incidents.
- Ensure that food is always labelled as 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 curriculum (e.g. Cooking lessons and Extended Days) as well food provided by the school kitchen (RFM).
- Teach pupils through RSHE not to food share, trade food or share utensils or food containers with reasons why.

7.2 When staff provide food for the pupils, they will receive additional training in reading food labels for allergens and how to prevent cross-contamination during the handling, preparation and serving of food.

7.3 When food is not directly provided by the school (for example brought in from ASDSA as treats or cake to celebrate birthdays) parent/carer permission will be sought in advance and recorded on the pupil's Online Diary to ensure that inclusion and safety for staff and pupils with allergies.

7.4 These procedures apply to the school's breakfast club, The Rowan Building, Vocational Skills Centre and the Extended Days provision. In the event where food is provided by a third-party, the school, ensures that this policy is shared and the third-party provider meets the same procedures.

7.5 Pupils eligible for benefits based Free School Meals are entitled to their free school meals entitlement. The school will work with staff and parents/carers to determine the best way of ensuring that pupils receive their meal.

7.6 Oakfield School will ensure food allergen information is accurate, available and communicated in accordance with food information legislation.

8 Medication and Adrenaline Auto-Injectors (AAIs):

8.1 People at risk of anaphylaxis are prescribed two adrenaline devices which they should always carry with them (sometimes a pupil may carry only one of their devices with them while in school and keep the other device their classroom. This is dependent on the pupil and severity of their allergies). This includes the journey to and from school, within the classroom, offsite provisions, educational visits, rewards and trips.

8.2 Serious anaphylaxis is a time critical situation; delays in administering adrenaline have been associated with fatal reactions. An adrenaline device needs to be administered within 5 minutes so if the adrenaline device cannot be with them in the classroom, the adrenaline device should be stored in an appropriate central location that is always unlocked and accessible (including during wrap around care).

8.3 Adrenaline devices 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.

9 Spare Adrenaline Devices (AAIs):

9.1 The Human Medicines (Amendment) Regulations 2017 permit schools to hold and use "spare" adrenaline auto-injectors (AAIs) for the purpose of saving a life. This may be required, for example, where a pupil presents with anaphylaxis for the first time due to an undiagnosed allergy, or where their own prescribed AAI is unavailable or cannot be used.

9.2 Oakfield School holds eight spare adrenaline auto-injectors (AAIs) for use in emergency situations. These devices are not a replacement for a pupil's own prescribed AAI. Pupils who have been prescribed an adrenaline auto-injector are expected to always have their prescribed device available at school for use in an emergency.

9.3 Oakfield School holds eight spare AAIs suitable for pupils aged 6 years and over. These devices are in the following areas:

- First Aid Room (Oakfield School).
- The Rowan Building (Rowan Office).
- Residential (House 6).
- Vocational Skills Centre (Station Road, Hedon, Preston, Hull HU12 8UZ).

9.4 Each location has an orange medical box labelled 'Emergency Anaphylaxis Kit' containing two spare AAIs and one spare emergency salbutamol inhaler.

9.5 The school's Designated Allergy Lead (Head of Care) is responsible for checking monthly to ensure they remain in date and the solution is clear (not cloudy). They will obtain replacements one month before the current adrenaline device expires.

9.6 Adrenaline devices that are used will be disposed of in a sharps box and taken to the local pharmacy. Adrenaline devices that are out of date or where the adrenaline has degraded will be taken to a local pharmacy to be disposed of. The school and RFM have registered with the Local Authority for collection.

9.7 Any member of staff who has received appropriate training may administer a spare AAI in accordance with Department for Education guidance.

9.8 **In the event of anaphylactic reaction:**

- Adrenaline should be administered as soon as possible, **within five minutes**. Do not wait to contact the emergency services before administering adrenaline.
- The pupil should not be moved. Adrenaline devices should be brought to them (whether their own prescribed AAIs or spare AAIs).
- If the pupil has their own prescribed adrenaline devices, these should be used in the first instance.
- If the pupil does not have prescribed adrenaline devices, spare adrenaline devices can be used.
- If the pupil's prescribed adrenaline devices are not available or fail, 'spare' adrenaline devices can be used.
- If the pupil has serious allergy and asthma and there is any doubt if they are presenting with anaphylaxis or having an asthma attack always administer the adrenaline first.

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

9.10 Oakfield School obtains advance consent from parents/carers and the pupil for 'spare' adrenaline devices to be used, so that in an emergency, consent can be assumed to be in place. However, in an emergency anyone may take reasonable action to save a life without checking whether prior consent has been given.

10 Self-Management:

10.1 Depending on the pupil's level of understanding and competence, pupil will be encouraged to take responsibility for and to always carry their own two adrenaline devices on them in a suitable bag. Consistency is urged across the school for ease of identification (for example a Nike cross body bag).

10.2 Older pupils (for example Year 11) should, whenever possible, assume responsibility for their emergency kit under the guidance of their parents/carers. However, symptoms of anaphylaxis can come on very suddenly, so all staff across the school community need to be prepared to administer medication if the pupil cannot.

10.3 Oakfield School will support pupils to develop independence appropriate to their age, understanding and SEND needs.

11 Staff Training and Emergency Response:

11.1 All staff, including teaching, non-teaching, and RFM (including Catering Department) will be trained in allergy awareness and emergency response.

11.2 Staff will complete the Certificate in Allergy & Anaphylaxis Awareness via National College which is accredited by Anaphylaxis UK. Staff will also receive an annual training session with a specialist health care professional who supports our pupils who have a serious allergy and carry an AAI device.

11.3 The training sessions will include:

- Allergy awareness, the risks it poses, how allergic reactions occur and how to manage them.
- Allergy includes multiple co-existing conditions: asthma, eczema, hay-fever.
- Understand the difference between food allergy, intolerance and coeliac disease.
- Staff and pupils can be allergic to any food, not just the major 14 allergens (point 2.9).
- Know the symptoms of allergic reactions and how to treat.
- Know the symptoms of anaphylaxis and how to treat.
- How to locate and administer adrenaline or an asthma inhaler.
- All adrenaline devices should be used to train with as the pupil may have different ones to the spare adrenaline.
- How to report an allergic reaction including: mild to moderate, anaphylaxis, near miss/incident.
- Understand their responsibilities in risk reduction to ensure that pupils are prevented from being exposed to their allergens.
- Understand the impact that allergy can have on a pupil's wellbeing
- Understand the school's allergy safety policy.
- How to check if a staff and pupil is on the record of those with a known allergy.
- How to use an allergy or asthma action plan.

11.4 Staff competency will be assessed following training and refreshed annually.

12 Emergency Awareness

12.1 Oakfield School will annually hold a practice response to anaphylaxis, review how the practice went and update the policy and procedures.

12.2 Throughout the school year, all staff will be reminded of key aspects of the school's Allergy Safety Policy, such as:

- Regular updates to the school's Allergy Register (including which staff and pupils hold an AAI device, which will include expiry dates).

- Reminders of where the school's spare AAI devices are stored.
- Refresher training on allergy & anaphylaxis awareness, including practice with adrenaline trainer devices.

12.3 Oakfield School will communicate key messages regarding risk reduction leading up to theme days, educational visits, rewards, and end of term rewards.

12.4 The Marketing Coordinator will also share with all staff guidance and legislation updates and share allergy alerts from the Anaphylaxis UK Team.

12.5 During fire evacuation and lockdown practices, the school will ensure that a pupil's adrenaline device is with them. In the event a real evacuation happens, the pupil may have to go home without adrenaline if this has not been taken out during an evacuation.

13 Identification of Pupils with Allergies:

13.1 **Data Collection:**

- The school collects detailed medical information from parents/carers and health professionals regarding known allergies, dietary restrictions, and treatment histories prior to admission to the school.
- The school conducts an admission home visit, and a medical consent form is completed together, where a discussion is had regarding allergies, dietary restrictions and medical history. This is documented on the medical form and as part of the school's admission process.
- The medical information is added to a pupil's pen portrait, recorded on Arbor and is shared with all staff, safeguarding, multi-agencies and RFM (Catering Department) prior to the admission.

13.2 **Information Sharing:**

- The UK GDPR does not prevent the sharing of pupil's health information (special category data).
- Relevant information is securely complied and shared as necessary in a controlled way with teaching, non-teaching and RFM (including Catering Department) while maintaining appropriate data privacy. This is managed through Arbor.

13.3 **Transition:**

- Allergy information and existing care plans are shared as part of the pupil's transition.
- The school will request allergy information from the previous school or setting and will consider whether any of the arrangements are suitable to implement.
- The school also liaises with parent/carers and healthcare professionals and the pupil if appropriate to write a school Pupil Healthcare Plan (Medical Plan).

13.4 Staff:

- TCAT pre-employment questionnaires will ask whether they have any allergies. If an allergy is declared, there will be a discussion and action plan created so that the member of staff has a safe working environment.

14 Pupil Healthcare Plan (Medical Care Plan)

14.1 Pupil Healthcare Plan (Medical Care Plan) is an essential communication tool that provide clarity about the arrangements which need to be in place to ensure that a pupil is fully included in the life of the school. It will identify exact risk-mitigation measures that need to be followed.

14.2 Pupil Healthcare Plans (Medical Care Plan) are school owned documents that are co-created by the Designated Allergy Lead (Head of Care) or the Marketing Coordinator, parents/carers and pupils.

14.3 The plans will include any advice received from health professionals and the NHS. If there is no advice from health professionals, information and support can be requested of the school nurses if this is needed.

14.4 Where a pupil has an Allergy Action Plan and/or an Asthma Plan, this must be included with the Pupil Healthcare Plan (Medical Care Plan).

14.5 It is good practice for the school to review the Pupil Healthcare Plan (Medical Care Plan) termly or when staff change however they must be reviewed if an incident or near miss occurs. They need to be brought to the attention of staff covering and be passed on during transition.

14.6 The school will ensure that:

- Pupils with an Allergy Action Plan and/or an Asthma Plan have a school Pupil Healthcare Plan (Medical Care Plan).
- Pupils without an allergy action plan or asthma plan but have an allergy that needs active management over and above what other pupils need will have a school Pupil Healthcare Plan (Medical Care Plan).

- Pupil Healthcare Plan (Medical Care Plan) are created whilst pupils are waiting for a diagnosis.

15 Offsite:

15.1 Oakfield School ensures that pupils with allergies are fully included in educational visits, sporting events and extracurricular activities which take place outside of the school. A risk assessment addressing allergen exposure in each activity, emergency medication, transport, and proximity to local emergency care will be undertaken with control measures identified.

15.2 To ensure that the pupil is safe and included, alternative activities will be planned. This will include the safe storage of adrenaline for the duration that the pupil is offsite.

15.3 **This also applies to pupils who access the Vocational Skills Centre and PLC provision.**

15.4 Staff leading offsite activities will ensure they carry all relevant emergency supplies. Senior leaders will check that all pupils have their medication including adrenaline devices with them before leaving site.

15.5 A dynamic risk assessment will determine whether the visit can proceed safely. Every effort will be made to locate or replace medication before considering exclusion from the visit.

15.6 In conjunction with the Designated Allergy Lead, the member of staff leading the visit, will review the risk assessment and Pupil Healthcare Plan (Medical Care Plan) to determine whether the school's spare AAI devices should be taken offsite.

15.7 Oakfield School will provide additional spare AAI devices should the risk assessment for the offsite activity deem it necessary to take them ensuring that pupils remaining in school still have access to spare AAI devices should the need arise.

15.8 Oakfield School will notify the venue, when arranging sporting events, that a pupil or member of staff has an allergy. When food is provided, the school will ensure that the pupils and member of staff's allergy is communicated to the supplier and appropriate food is provided. This will also be recorded in the risk assessment and communicated with the parent/carer.

16 Serious Incidents and 'Near Misses':

16.1 Oakfield School approaches serious incidents and 'near misses' in a 'no blame' spirit, seeking to learn lessons and address any issues which the incident identified, so that pupil are better protected in the future.

16.2 Oakfield School is aware, when an incident occurs that materials such as residues of food consumed or managed or samples of fluids may constitute evidence, which may need to be seized and retained.

16.3 Oakfield School currently uses the Incident Management System to record allergic reactions (incidents) and near misses (e.g., accidental exposure without reaction, or labelling errors) immediately. The incident or near miss will be reviewed and a report written.

16.4 Oakfield School will share the report with the pupil's parents/carers, and the pupil involved. They should be given the opportunity to discuss what happened and to contribute their views to the consequent lessons learned review. The school will confirm what it has learned from the incident and outline any actions it is taking as a result. The pupil's Healthcare Plan (Medical Care Plan) will be updated if necessary.

17 Wellbeing and Support:

17.1 At Oakfield School allergy safety is a priority and actions to ensure that pupils are included and safe are embedded into the school's culture. Pupils with allergy become anxious because of the risk of exposure to allergens and the potential for anaphylaxis, which may be compounded by living with difficult-to-control asthma or eczema.

17.2 Oakfield School will:

- Regularly communicate to pupil, parents/carers and staff about allergies, ensuring ongoing awareness and appreciation of the severity of the potential risks.
- Include allergy and anaphylaxis RSHE lessons and EWB sessions (including WRAP).
- Plan and prepare for school theme days, activities and rewards, inclusively from the outset to eliminate social isolation.
- Involves pupil and staff with allergies in developing and reviewing the policy and procedures for allergy management.
- Understands that allergy bullying is extremely serious and actively monitors, prevents, and addresses any stigmatisation or bullying directed at pupils due to their allergies or dietary constraints
- Promote an 'Allergy Champion' role for staff and pupils (not just within the RFM Catering Department) who are a point of contact

for pupil and staff with allergies, they can share feedback and support new pupils and staff members or anxious pupils.

- Invite new pupils and staff members with allergies to have a tour of the school (including areas where food is prepared) so they can meet staff and get used to the mealtime environment which may help to reduce anxiety and enable staff to identify pupil with allergies in the Dining Hall.

18 Safeguarding:

18.1 Oakfield School recognises that a safeguarding referral or cause for concern may be needed if an incident highlighted concern that the pupil or pupil might be at an increased risk of being neglected, abused or exploited by persons inside or outside of their family unit because of their medical condition.

18.2 This might occur where relevant information about a pupil or pupil's medical condition is not provided to a school or where they are repeatedly sent without essential medication, thereby putting the pupil at risk.

19 Policy review and publication:

19.1 This school's Allergy Safety Policy will be published on the school website and will be reviewed annually, or more frequently in response to local incidents trends or updated statutory guidance.

20 Link to other school policies:

20.1 This policy should be read in conjunction with the following policies and guidance:

- Asthma Policy
- Managing Medications Policy
- First Aid Policy
- Department of Health: Guidance on the use of adrenaline auto-injectors in school.
- DfE Allergy safety in schools statuary guidance.