PLYMOUTH COLLEGE

ALLERGY SAFETY POLICY

including Early Years Foundation Stage (EYFS)

Last reviewed:	**July 2026**
Next review date:	**August 2027**
Responsibility:	**Assistant Head (Pupil Welfare)**

Principles and Aims

Plymouth College aims to create a safe, inclusive and welcoming environment, in which all children and young people enjoy attending every day and participating fully in all areas of school life.

Children and young people with allergies have the same right to education as their peers. They should be able to attend regularly, be safe, feel fully included and welcome, and enjoy all areas of school life, including co-curricular opportunities, visits and trips. We will take a proactive approach to mitigating the risk of exposure to any known allergen. We are also aware that around one in five children and young people with allergies have their first allergic reaction while in school, and so this policy aims to support the creation of an “allergy aware” culture across school for all individuals.

This policy exists due to the specific risk to life that anaphylaxis poses, but it should be read and applied in conjunction with the school’s medical policy.

Definitions

“School” refers to all key stages at Plymouth College, including EYFS and sixth form.

“Parents” refers to anyone with parental responsibility, including carers.

“Pupils” refers to all children and young people who attend Plymouth College, regardless of age.

“Allergy” is a medical condition in which the body reacts to normally harmless substances such as food, insect stings, contact allergens and airborne allergens. Many individuals with allergies to food or insect stings are at risk of anaphylaxis.

Anaphylaxis is a potentially fatal reaction affecting the Airway/Breathing/Circulation (“ABC”). Many individuals with allergies to food or insect stings are at risk of anaphylaxis.

Asthma is a lung disease caused by inflammation and tightening of the airways, it is frequently associated with allergy and anaphylaxis, because exposure to allergens can provoke an asthma attack, a potentially life-threatening condition.

Intolerance to foods or an ingredient that the body is unable to digest is different to allergy and does not cause a serious allergic reaction. It can cause long term health problems if not avoided. Common food intolerances include lactose and gluten.

Coeliac disease is intolerance to gluten, found in rye, barley and wheat.

Acronyms used in this policy:

IHP	Individual Healthcare Plan
EYFS	Early years and foundation stage
SEND	Special Educational Needs and/or Disability
EHCP	Education and Healthcare Plans
ISP	Individual Support Plan
AD	Adrenaline device
AAI	Adrenaline auto-injector

Useful Contacts

School Nurse	01752 505 145 (Health Centre) 145 internal 07973 872678 (School Nurse’s Mobile)	
Assistant Head	01752 505139	
Prep Reception	01752 505101	
School Doctor	01752 205555	
Eye Infirmary	01752 431648	
Derriford Hospital	Ask for ED	01752 202082
Cumberland Centre	Minor injuries unit	01752 434400

The scope of allergic diseases

Allergy is a spectrum of different allergic diseases. Reactions occur when a susceptible person is exposed to something (an “allergen”) they are allergic to.

The Equality Act 2010 places statutory duties on local authorities and education providers, intended to provide equality of opportunity for all including those who are disabled. Under the Act a person is considered disabled if they have a physical or mental impairment that has a substantial and long-term negative effect on their ability to carry out normal daily activities. Case-law has established that severe allergies can fall within this definition. Seasonal rhinitis (such as hay fever) is explicitly excluded from the definition of disability, unless it aggravates the effect of another health condition.

Children and young people with a disability will have an IHP and positive action will be taken to ensure they are able to fully participate, be included and feel safe at school through reasonable adjustments, as detailed in the Equal Opportunities policy. Consideration for the impact their disability has on their mental health and wellbeing will be given, and the necessary support offered.

Allergy

Common allergic conditions include:

- Hay Fever (Allergic Rhinitis): triggered by allergens that can be carried in the air ("aeroallergens"), such as pollen, house dust mite, animal fur/feathers, or mould. Symptoms include sneezing, a runny or stuffed nose and itchy or watery eyes.
- Skin allergies (eczema, contact dermatitis, contact urticaria/hives) caused by contact with allergens including house dust mite, pollen and substances like nickel, latex, and some chemicals. Symptoms include itching, hives and dry, flaky skin. Reactions can be delayed (i.e. occur many hours after contact).
- Food allergy (see below), which can cause symptoms ranging from mild itching in the mouth to "whole body" reactions including anaphylaxis (i.e. allergic reactions which affect the Airway/Breathing/Circulation (“ABC”)).
- Asthma in children is usually allergic in nature, meaning that it may be triggered by airborne allergens such as e.g. dust mite or pollen. On average, there are two children with asthma in every classroom in the UK.
- Coeliac disease and intolerance can present symptoms which are similar to those of food allergy.

Less common allergic conditions in children include allergy to insect stings (e.g. bee, wasp) and medicines.

There is a spectrum of severity, from mild local reactions (as is common in mild hay fever) to "whole body" reactions (common with food allergy) to more serious reactions like anaphylaxis. In general, most allergic reactions are not severe. Even for food allergy, there is a spectrum of

severity ranging from just mild itchy mouth/throat to whole body (but mild) skin rashes through to anaphylaxis.

Most allergic reactions do not affect the Airway/Breathing/Circulation (“ABC”) and can be treated with a non-drowsy oral antihistamine (typically available over-the-counter for those aged over 6 years) or local treatments such as nose sprays or eye drops. However, some children and young people are at risk of anaphylaxis and require emergency medication (e.g. self-administered adrenaline).

The most common causes of "whole body" 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 medicines such as ibuprofen);
- latex (e.g. rubber gloves, balloons, swimming caps).

Even for food allergy, the vast majority of anaphylaxis reactions require the person to have eaten the food, although less severe allergic reactions can happen through skin or other contact. Anaphylaxis reactions due to skin contact are very rare.

Asthma

Asthma is the most common long term condition among children and young people and is one of the leading causes of school absence.

Asthma exacerbations are typically precipitated by identifiable triggers, such as airborne triggers (e.g. pollen, house dust mite), viral respiratory infections, air pollution, exercise and cold air. Common symptoms can include coughing, wheezing and breathlessness out of proportion to effort, and a tight chest. An asthma attack occurs when symptoms are severe and breathing becomes difficult.

Coeliac disease

Coeliac disease is an autoimmune condition where the small intestine is hypersensitive to gluten in wheat and other gluten-containing grains, e.g. rye and barley. It is not an intolerance. Consuming gluten can cause significant illness which may be prolonged and result in absence from school for several days. However, such events are not “allergic” and should not be treated as an allergic reaction. Coeliac disease cannot cause anaphylaxis.

Effective management of Coeliac disease depends on strict and consistent avoidance of gluten and robust cross-contamination controls. Please refer to the medical policy for further information about how children and young people with Coeliac disease will be supported in School.

Food intolerance

Food intolerance is a non-immune system reaction where the body struggles to digest specific foods. Unlike food allergies, food intolerances cannot cause anaphylaxis and can normally be managed through dietary avoidance.

Please refer to the medical policy for further information about how children and young people with food intolerances will be supported in School.

Responding to allergic reactions

Allergic reactions occur when a susceptible person is exposed to something (an “allergen”) they are allergic to. Most allergic reactions do not affect the Airway/Breathing/ Circulation (“ABC”) and can be treated with an oral antihistamine.

Mild-moderate reaction (not anaphylaxis):

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

Mild-moderation reactions can be treated with antihistamine and the child or young person should then be monitored in the Health Centre for an hour by the nurse (or in the boarding houses by the member of staff on duty). **This is because mild-moderate reactions can develop into anaphylaxis some time later.**

If a child or young person presents with a mild-moderate reaction has an IHP, this should be referred to, including any relevant Allergy Action Plans provided by their doctor and necessary risk assessments. The parents or emergency contact should be informed.

If the reaction appears to be developing into anaphylaxis, the child or young person should be treated as if anaphylaxis is occurring. It will cause no harm if they have been treated unnecessarily but this could be a life saving measure.

Anaphylaxis

Anaphylaxis reactions involve the Airway/Breathing/Circulation (ABC) response:

A: Airways: Swelling in the throat, tongue or upper airways (tightening in the throat, hoarse voice, difficulty swallowing)
B: Breathing: Sudden onset wheezing, breathing difficulty, noisy breathing
C: Circulation: Dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness

The vast majority of anaphylaxis reactions require the person to have eaten the food, although less severe allergic reactions can happen through skin or other contact.
Anaphylaxis reactions to food usually begin within 30 minutes of eating the trigger food, but can sometimes occur 4-6 hours later.

Once started, anaphylaxis reactions progress quickly. Investigations into fatal anaphylaxis show that there is only a 20-30 minute window of opportunity during which steps can be taken to prevent death – therefore giving emergency adrenaline immediately and calling Emergency Services (999) is so important.

Anaphylaxis always requires an emergency response (see below).

Anaphylaxis can occur without any other signs (such as a 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.

Many food-allergic children also have asthma. “Wheeze” is a common symptom of asthma and also happens during food-induced anaphylaxis. The Allergy Action Plan may include instructions to give a reliever medicine (e.g. using a salbutamol inhaler) after giving a dose of adrenaline if the person is still wheezing. Never give the reliever inhaler instead of adrenaline to treat anaphylaxis.

Action in an emergency

If an individual (whether a child, young person, member or staff or visitor) experiences a life-threatening medical emergency, **anyone – staff, volunteers or bystanders – may take reasonable action to save their life. The law recognises that rescuers act under extreme pressure.**

People who attempt to save a life in good faith are protected, even if an injury occurs while giving emergency care (for example, broken ribs during CPR are common and not a sign of wrongdoing). This includes administering adrenaline when an individual is suffering anaphylaxis.

Staff in schools, colleges and early years settings should be reassured that mistakes, hesitation, or imperfect technique do not amount to serious and wilful misconduct. The expectation is simply that staff act reasonably, to the best of their ability, in an emergency.

Staff awareness training

All staff (including volunteers, supply staff, trainee teachers, and peripatetic staff) will receive annual training on allergy awareness. This is because the risk of exposure to an allergen can never be reduced to zero and one in five children and young people have their first allergic reaction whilst at school, so all staff need to be able to recognise when someone is having an allergic reaction and how to help them.

The allergy awareness training will ensure that 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 and others);
- 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;
- Understand the impact allergy can have on a child or young person’s wellbeing;
- Understand the School’s allergy safety policy;
- Know where to find information about those with known allergies;
- Understand their responsibilities in reducing the risk of exposure to known allergens;
- Understand how to report an allergic reaction or case of anaphylaxis, including both serious incidents and near misses.

The school nurse will work with the Assistant Head (Pastoral) to ensure that this training is delivered annually.

Wellbeing of children and young people with allergy

The School recognises that living with an allergy can be distressing for a child or young person. During the creation and review of IHPs, the school nurse will provide opportunities for the child or young person to voice their concerns and put measures in place to reduce their anxiety. For example, this might include arranging for a pupil to meet with the catering team individually and having a tour of the kitchens.

Children and young people with allergies will also be signposted to sources of support, for example the school counsellor, the appointment of an “allergy champion” for them in school or to external sources relevant to their allergy.

Sadly, children and young people with an allergy may be more vulnerable to bullying. The School has a zero tolerance approach to bullying and more information can be found in the Anti-Bullying Policy.The PSHE curriculum includes education on allergy, anaphylaxis and asthma, and this education aims to equip pupils to report when they observe bullying or exclusion due to a person’s allergy, but also to give them practical ways to support their peers who have allergies.

Minimising the risk of exposure

Best practice is considered now to be the creation of an “allergy aware” environment, rather than trying to eliminate the existence of a specific known allergen throughout school. Children and young people should not be prevented from participating in activities alongside their peers because of their allergy.

Food provided by the school

Please see below for further information about how the School manages the risk of food allergy in the food we provide.

Food brought in by others

Parents are contacted annually with updates to the allergy safety policy and offered some key reminders about sending food and drink into school with their child, such as:

- Label all food and drinks with the name of the child for whom it is intended
- Any food intended to be shared (such as birthday cake) needs to be clearly labelled with any of the 14 regulated allergens it may contain and whether it is suitable for vegetarians and / or vegans

Pupils will receive education through the PSHE curriculum on the signs and indicators of anaphylaxis and asthma attacks, and what to do to get the appropriate help. They will also be advised on how to minimise the risk of exposure to allergens, such as not sharing food, utensils or containers with each other.
Where a pupil has a known allergy, part of the IHP review will identify whether other pupils need to be informed about specific allergens they are not allowed to bring into certain environments, such as on school trips.

Air quality

Where a pupil has been identified with an airborne allergen trigger, a risk assessment will be produced by the Health and Safety Officer to ensure the risk of exposure is minimised and ensure the pupil can participate equitably in all areas of school life. This will be referred to on the pupil's individual healthcare plan.

Planning activities that may involve exposure to allergens

When planning any activity that may involve a known allergen (e.g. crafts, cooking classes, science experiments and special events), staff should consider whether alternative foods need to be provided. It is never acceptable to exclude a child with an allergy from an activity as a measure to reduce exposure.

If food containers are being used in an activity, thought should be given to the risk of cross-contamination and alternative containers used if necessary.

Visits, trips and co-curricular activities

It is the school's intention to ensure that an allergy should never be a barrier to a child or young person participating in any school visit, trip or co-curricular opportunity or activity. Consideration will always be given to ensuring that any and all co-curricular provision is accessible to all.

When organising a school trip, the lead member of staff will obtain current and up to date medical information for pupils participating in the activity (both through the most recent medical information stored on iSAMs and by asking parents to complete additional medical information forms for residential trips or high risk activity). Where a pupil participating in the activity is identified as having an allergy and/or a prescribed AD, the lead member of staff must obtain a copy of their IHP, which should contain copies of the Allergy Action Plan and any relevant risk assessments, and then liaise with the School Nurse about how to safely provide for this pupil. The information on the IHP must be brought to the attention of all the staff on the trip and any external providers working with the School to ensure that all steps are taken to minimise risk of exposure to the allergy. Where necessary, the other pupils on the trip must be informed about any allergens that mustn't be brought on the visit or trip and how to recognise if someone is having an allergic reaction and how to get the appropriate help.
Any relevant risk assessments for individuals must be included in the trip paperwork, and a list of named staff who have received anaphylaxis training given.

If a pupil on a trip or visit has a prescribed AD, the lead staff member must ensure that the pupil has access to two of their own for the duration of the trip or visit, and must make arrangements to ensure that an emergency "spare" AD is quickly accessible at all times on the trip.

Food provision

The School Food Standards regulates the food and drink provided at both lunchtime and at other times of the school day. Lodestone House provides food and drink for all meals and events in school.

Children and young people with allergy and food hypersensitivities should be able to enjoy school meals alongside their peers, with any risks managed effectively. The school will make reasonable efforts to cater for pupils with particular requirements that reflect their medical and dietary needs, and that food provided is safe, appropriate and inclusive.

This applies to all food supplied by a school, including school meals, grab-and-go items, snacks, breakfast clubs and after-school provision and food provided for trips, visits or special events.

The catering team has photographs of all pupils with known allergens in their food preparation area, as provided by the school nurse. Any relevant IHPs for pupils with known allergies will be shared with the catering team as appropriate and with permission from the pupil and their family. Prep school pupils with a food allergy have an ID card as well, and catering staff will record what food they have taken on the double checking confirmation sheet. Senior school pupils are expected to take more responsibility for managing their own allergy and so are taught how to use the allergens tablets in the dining hall and how to read the allergens sheet provided with all pre-prepared food (e.g. packed lunches).

All menu items have the relevant allergens information displayed on the allergens tablets in the dining hall and food prepared for consumption outside of the dining hall (e.g. packed lunches, catered events) will have a sheet displaying the allergens. Menus are shared with parents and boarding staff with the allergens information available upon request in advance.

In the event of near misses, serious incidents, accidents or hazard spotting, the Air3 reporting system is used and the local authority informed where necessary. Where unsafe food has been supplied (for example, food containing an undeclared allergen), the school will act without delay in line with the Food Standards Agency's incident procedures (including withdrawal and, where necessary, recall). Further information can be found at Report a food safety incident and Food incidents, product withdrawals and recalls.

Identification of pupils with allergies

When a pupil is added to the school roll, parents will be asked to complete a questionnaire detailing any allergies which may require additional support in school. The school nurse will

receive any responses directly. Any previous educational settings will also be contacted to ask if the pupil has an existing Individual Healthcare Plan. Should it become evident that a child or young person does have an allergy which may require additional support in school, the school nurse will meet with them individually to discuss how it affects them (although this could be part of the IHP creation and review process).

This should ensure that any arrangements are in place from the pupil's first day on roll.

Parents of existing pupils are contacted annually to update any information about allergies of their child(ren) in case any new diagnoses have been made or where existing diagnoses have changed. As with new pupils, the results of this questionnaire will be shared directly with the school nurse and our medical records updated accordingly. This information could also require an IHP to be created or for an existing one to be reviewed.

Identification of staff and visitors with a medical condition

The school asks staff to complete a Pre-employment Medical Questionnaire to identify any allergies and support they may need as part of their employment.

As allergies emerge or develop, staff are able to discuss this with the HR department.

When visitors arrive at the school site, they will be told (by Checkie) to inform their host of any allergies that may need additional support or adjustments during their visit. Whenever staff are inviting visitors to school that will involve the provision of food, they are required to check if there are any food allergies in advance and inform the catering team as necessary.

Individual Healthcare Plans

An individual healthcare plan is not a clinical document. It is a description of how the School will support a child or young person with a medical condition or allergy, and is created with input from the child themselves, their family and any medical professionals.

It can include care plans and allergy action plans from medical professionals, information about prescribed medication they may need to take in school and advice of management of their condition, including emergency protocols. It should be reviewed at least annually so that it is current and up to date.

A medical diagnosis of allergy is not necessary for an IHP to be created. If there is reason to suspect an allergy or if it is newly emerged and a diagnosis is in process, an IHP should be created if arrangements are needed in school.

Who might need an individual healthcare plan?

Children and young people should have an IHP if:

- they have an allergy which has a functional impact on them in their school, college or setting;
- 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.

Some children and young people with allergies may not need an IHP, for example if the arrangements or support needed would be available to **any** individual as part of the school's medical policy, or if the appropriate treatment would be non-prescription medication that they are permitted to carry themselves.

It is ultimately the decision of the Head as to whether an IHP is necessary and whether it should be included on the school's risk register.

If an individual healthcare plan (IHP) exists in a child or young person's previous setting or if it has been decided that an IHP is necessary to support a pupil with an allergy, the school nurse will liaise with the pupil, their parents, any relevant healthcare professionals and other staff in school to create the IHP.

The IHP would normally be reviewed annually. However, there are circumstances which might trigger a review sooner than that, such as:

- The needs of the child or young person's condition changing over time
- Their prescribed medication changing
- Their allergy action plan being updated by a healthcare professional
- A serious incident or near miss occurring.

As the child or young person grows up, they may be able to take more responsibility for the management of their allergy. Therefore, they should always be involved in the review process of their IHPs to ensure they are enabled to take safe ownership of their condition.

What does the Individual Healthcare Plan need to contain?

An effective IHP will capture the key information about a pupil's allergy, along with a clear record of the arrangements required in school to keep them safe, included and supported.

The amount of detail in each IHP will vary considerably between individuals depending on the nature of their allergy, but a template used to create it can be found here.

The IHP should include:

- Name of the child or young person, their date of birth and their most recent photo from iSAMS.
- Emergency contact details for the individual's parents, carers or family;
- What the individual's known allergens are and whether the allergen is ingested, inhaled or absorbed;
- Whether the individual has an Allergy Action Plan; if so, it should be attached to the Individual Healthcare Plan;
- When to recognise an emergency and how to respond;

- Whether the individual has been prescribed adrenaline devices and, if so, what make and dosage it is;
- Whether there is prior medical and parental consent for a “spare” adrenaline device or emergency asthma reliever inhaler to be used (notwithstanding that in an emergency situation that could not be foreseen, a spare adrenaline device can be used without prior parental consent).
- Whether the individual also has asthma; if so, there should be an Asthma Plan attached to the Individual Healthcare Plan; this should include whether there is parental consent to use an emergency asthma reliever inhaler (if available) in an emergency;
- Arrangements for visits and trips;
- Any impact on education or wellbeing that needs to be taken into account;
- Review date

Who is the IHP shared with?

Once the IHP has been created, it should be shared with the pupil and their parents. A discussion can then be had to decide who else in school needs access to it and the IHP is shared accordingly.

The Head will review the IHP and decide if it needs adding to the school’s risk register.

Should a pupil move to a different educational setting, the IHP will be shared with them ahead of their move to ensure any arrangements or support are in place from their first day.

Adrenaline Devices

Prescribed adrenaline devices

People at risk of anaphylaxis are usually prescribed self-administered adrenaline for use in an emergency. Adrenaline devices (ADs) may be in the form of an adrenaline auto-injector (AAI) or a nasal adrenaline device. DHSC has published guidance on Using emergency adrenaline auto-injectors in schools. Adrenaline auto-injectors (AAIs): guidance and resources for safe use is issued by the Medicines and Healthcare products Regulatory Agency (MHRA).

Wherever possible, children and young people with an allergy that requires a prescribed AD should have two of their own ADs at all times, including during lunch and playtime.

A list of pupils with an allergy that may result in anaphylaxis will be provided to all staff annually in training and through visual displays in the staff room, including whether they have a prescribed AD and permission to use the school’s “spare” AD.
The Head will decide if any of these individuals need adding to the school’s risk register.

If the child is too young to carry their own ADs, then they should be stored in a central, quickly and easily accessible place. This location will be identified on the IHP and all staff informed. A copy of the child’s Allergy Action Plan should be printed and kept with their AD for easy reference in the event of an emergency.

Individually prescribed ADs being stored by the school will be returned to parents at the end of each half term by the school nurse. The school nurse will inform parents if the AD is approaching the use by date.

"Spare" adrenaline devices

The school will also keep its own "spare" ADs (adrenaline auto-injectors only, the School will not provide nasal ADs), obtained by the school nurse and kept in central locations (e.g. the Health Centre, the Prep School and the boarding houses if necessary) in cupboards closed with rip tags, at room temperature and away from direct light. The "spare" ADs will be stored in pairs and will be clearly labelled as the emergency ADs.
When an AD has been used or gone out of date, it must be disposed of according to the manufacturer's guidelines. The school nurse has a sharps bin and will arrange for the safe disposal for used or out of date ADs.

In the event of anaphylaxis, adrenaline should be administered within the first five minutes, and the AD should be brought to the child or young person.

The emergency "spare" AD can be used in children and young people:

- who have been prescribed ADs but whose own devices are not available (for example because they are broken, out of date, cannot be accessed or have misfired). These individuals should have an Allergy Action Plan which includes both medical authorisation and written parental consent for the use of a spare ADs in an emergency
- with food allergies who have been assessed as being at lower risk of anaphylaxis and therefore not prescribed their own ADs. Medical authorisation and parental consent must have been obtained. The easiest way for this to happen is by their healthcare professional providing an appropriate Allergy Action Plan.

The MHRA has clarified that a legal exemption under Regulation 238 of the Human Medicines (Amendment) Regulations 2017 permits a school's "spare" ADs to be used for the purpose of saving a life for a pupil or other person not known by the school to be at risk of anaphylaxis (i.e. who does not have medical authorisation/consent in place for the spare device). This might be, for example, a child presenting for the first time with anaphylaxis due to an unrecognised allergy, or an adult visiting the school premises. This provision should be reserved for exceptional circumstances only, that could not have been foreseen.
Therefore, the spare AD can be used with anyone experiencing anaphylaxis in an emergency, for the purpose of saving their life.

When the "spare" AD has been used, it will be documented on iSAMs and parents informed. If it is a boarding pupil, it will also be recorded on the boarding medication log and house parents informed.

Early Years and Foundation Stage

The EYFS statutory framework has clear guidance on safer eating, some of which is covered in the medical policy.

However, there are specific arrangements made for EYFS as follows:

- There will always be a member of staff present with a paediatric first aid qualification at meal and snack times
- Before a child starts with us in the EYFS, the class teacher will liaise with parents about specific dietary requirements, food allergies and intolerances, preferences and which stage the child is at with the introduction of solid foods. This information is shared with class teachers, TAs and the catering team. There is an identified member of staff present at each meal and snack time present to ensure that the food provided for individuals with a known allergy or intolerance is appropriate.

Due to the risk of choking in young children, all food will be prepared in a way to prevent choking. This guidance on food safety for young children: Food safety - Help for early years providers - GOV.UK (education.gov.uk) includes advice on food and drink to avoid, how to reduce the risk of choking and links to other useful resources for early years providers.

Meal times take place in a designated space (the morning and after care room) and children are provided with appropriately low seating. They eat in the presence of a staff member who faces them, so that they are within sight and hearing should a child choke or there be an allergic reaction and to be vigilant for children sharing food.

Any choking incidents will be recorded (both where the event happened and how) and parents will be contacted and informed. The records should be reviewed periodically to identify if there are trends or common features of incidents that could be addressed to reduce the risk of choking. Appropriate action should be taken to address any identified concerns.

Serious incidents and medical near misses

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.

Where a serious incident or near miss occurs involving a child or young person with a medical condition or allergy, the incident should be recorded, and include the following detail:

- Who was affected;
- What happened, when and where;
- Why the incident occurred (as far as is known);
- How staff and students responded;
- what was done to support the individual;

- whether emergency services were called;
- How the incident concluded.

It should also be reported to the child or young person's parents (if they are over the age of sixteen, consent to inform parents will be sought first). The Assistant Head (pupil welfare) will review the serious incident and near miss log, and report to the LAB, alongside any statutory reporting (e.g. Food Standards Agency, further information can be found at Report a food safety incident and Food incidents, product withdrawals and recalls).

A serious incident or near miss should prompt a review into any relevant IHPs, policies and procedures.

Consideration will be given to the emotional impact a serious incident or near miss may have on the pupil, their family, other children or young people in the community and staff.

Information Sharing

Information concerning a child or young person's medical conditions, including allergy, can be deeply personal. Nevertheless the school will need to hold, use and share this information in order to ensure the child or young person receives the support they need to stay safe and be included in education.

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. Whilst there is a lawful basis to hold, use and share a child's special category health data when this is necessary, it will 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.

We will take a child centred approach when considering what information needs sharing and with whom, and ensure that staff are regularly trained in the need for maintaining confidentiality. Our Data Protection Policy further supports this.

Typically, information about a child's allergies will be found on iSAMs (along with their IHP) and their photo displayed in the staff rooms and the kitchen food prep area (with consent).

Concerns, disagreements and complaints

Following a serious incident or a near miss, or if there are concerns around the support provided to a child or young person with a medical condition, the pupil or parents can follow the school's complaints procedure.

Safeguarding

The statutory guidance on Working together to safeguard children is clear that preventing the impairment of children's mental and physical health or development forms part of safeguarding and promoting the welfare of children.

The primary focus of our safeguarding practices is to respond to incidents of neglect, abuse and the exploitation of children, rather than the health and safety or the management of a child's allergies or other medical condition.

Should there be an incident relating to the management of a child or young person's medical condition (including allergies), it wouldn't necessarily warrant a referral to local safeguarding partners. A safeguarding referral would only be needed where an incident highlighted concern that the child or young person might be at an increased risk of being neglected, abused or exploited because of their medical condition. For example, where relevant information about a child or young person's allergy was not provided to the School, or where they are repeatedly sent to school without essential medication.

Please refer to our safeguarding and child protection policy for more information.

Mobile Phones

The school is now phone-free (more details can be found in our mobile phone policy).

The School recognises that some pupils may need access to a device for medical reasons, such as getting help in the event of anaphylaxis. In such cases, appropriate medical evidence must be provided and approval must be given by the Designated Safeguarding Lead.

Where approved, a Medical Device Pass will be issued. Use must be limited to the agreed medical purpose and should not extend to general personal use. Any misuse may result in the exemption being reviewed.

Insurance and Indemnity

The school has Medical Malpractice and Medical Liability insurance coverage under the Public Liability and Professional Indemnity policy, provided by Global Galaxy Education.