NEW COLLEGE SCHOOL, OXFORD
PRE-PREP & PREPARATORY SCHOOL

Allergy Safety Policy

This policy is written in accordance with Section 34 of the Children's Wellbeing and Schools Act 2026. NCS raises awareness of its Allergy Safety Policy by sharing it with all staff and parents, and having it available at www.newcollegeschool.org / About NCS / Contract and Policies.

The named member of the senior leadership team with responsibility for allergy safety, including driving the implementation of the allergy safety policy and contributing to or leading review of the policy, is the Headmaster: Matthew Jenkinson. He works with the NCS office staff and New College HR department to ensure that all staff at the school are trained appropriately and are aware of their duties. This allergy safety policy is reviewed at least annually and may be reviewed more frequently, particularly where incidents or "near misses" suggest areas for improvement. The school's governors ensure that the school's allergy safety policy is readily accessible to parents and staff.

Culture

Awareness training

All NCS staff are **trained** in allergy awareness and emergency response, at least annually. This is through a certified online provider and, in many cases, NCS staff also have allergy and emergency response training as part of their First Aid training. All staff present during times when pupils are scheduled to be on site receive allergy awareness training. (This excludes contractors carrying out work with no pupil-facing role such as builders, electricians or other ad hoc maintenance personnel.) **All staff are required to act like a prudent parent in an emergency, including emergencies relating to allergies.**

Induction arrangements for new staff include allergy awareness and emergency response training as part of their statutory courses. Colleagues coordinating inductions must inform new colleagues of individual pupils' needs regarding allergies, and make clear the responsibilities of all members of staff when it comes to dealing with allergies and allergic reactions. The school provides supply and cover from within its own staff, so all supply/cover staff will already have the requisite training. Should a third-party contractor provide supply staff, for example for catering, the third-party contractor must ensure that all their staff have the requisite level of allergy training.

Allergy awareness training ensures all staff:

• Have an **awareness** of allergy, the risks it poses, how allergic reactions can occur and how to manage it;
• Understand that allergy includes multiple conditions (food allergy, asthma, eczema, hay fever, others), which can co-exist;
• Understand the difference between food allergy, coeliac disease and food intolerance;

• Know where to find information on **allergy triggers**;
• Can identify the range of **symptoms** of allergic reactions;
• Understand and can recognise **anaphylaxis**;
• Know how to respond in an **emergency**, including:
o calling emergency services and informing parents;
o how to locate and administer emergency medication (adrenaline for anaphylaxis, asthma reliever inhaler for an asthma attack).
o training on how to use the medication/device in an emergency (whether prescribed to a given person or a school's "spare" adrenaline devices);
• Understand the **impact** allergy can have on a child or young person's wellbeing;
• Understand the school's **allergy safety policy**;
• Know how to check whether an individual is on the record of those with known allergy and how to use an Allergy or Asthma Action Plan;
• Understand their **responsibilities** in reducing the risk of individuals with known allergy coming into contact with their known allergens;
• Understand how to **report** an allergic reaction or case of anaphylaxis (whether an incident or a "near miss").

Training under this guidance is understood as allergy awareness and emergency response training. It is not read as replacing any separate clinical governance, competency or delegation arrangements that may be needed where a child or young person requires individual healthcare support beyond school-level allergy safety arrangements.

Types of Allergy

Common allergic conditions include:

• **Hay Fever (Allergic Rhinitis)**, triggered by allergens carried in the air ("aeroallergens"), such as pollen, house dust mite, animal fur/feathers, or mould. Symptoms include sneezing, a runny or stuffed nose, itchy or watery eyes.
• **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. Symptoms include itching, hives and dry, flaky skin. Reactions can be delayed, occurring many hours after contact.
• **Food allergy**, which can cause symptoms ranging from mild itching in the mouth to "whole body" reactions including anaphylaxis. Some food allergies do not cause immediate reactions, but result in delayed gastrointestinal symptoms (e.g. stomach pain, vomiting, diarrhoea) some hours later, sometimes occurring with an eczema flare. While 90% of food allergic reactions are caused by peanut/tree nuts, cow's milk, egg, wheat, fish/seafood and sesame, any food can cause an allergic reaction.
• **Asthma** in children is usually allergic in nature, meaning that it may be triggered by airborne allergens e.g. dust mite, animal dander or pollen. Children known to have asthma should have their own reliever inhaler at school to treat symptoms and for use in the event of an asthma attack. If they are able to manage their asthma themselves they should keep their inhaler on them, and if not, it is easily accessible in the medical room adjacent to the main office. The Human Medicines Regulations 2012 permit schools to buy an emergency asthma reliever inhaler (salbutamol inhaler device and spacer), without a prescription, for use in emergencies. The inhaler can be used if the child or young person's prescribed inhaler is not available (for example, because it is broken or empty). Emergency asthma inhalers may **only** be used for a child or young person who has been prescribed a reliever inhaler, but where their own prescribed inhaler

is not available. Importantly, emergency asthma inhalers can only be used where written consent has been obtained.
• Less common allergic conditions in children include allergy to insect stings (e.g. bee, wasp) and medicines. Allergic reactions vary in severity: from mild local reactions (e.g. 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, most allergic reactions do not affect the Airway/Breathing/Circulation ("ABC") and can be treated with a non-drowsy oral antihistamine (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" allergic reactions – including anaphylaxis – are:
• food allergens;
• 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. Rarely, anaphylaxis may occur without obvious exposure to an allergen, for example, after exercise or in people with an underlying "mast cell" disorder such as mast cell activation syndrome (MCAS).

Allergic Reactions and Anaphylaxis

Allergic reactions occur when a susceptible person is exposed to something (an "allergen") they are allergic to. Most allergic reactions do not affect the **A**irway/**B**reathing/ **C**irculation ("ABC") and can be treated with an oral antihistamine. Allergic reactions are unpredictable. Most reactions do not result in anaphylaxis. However, when anaphylaxis occurs, reactions usually start off as less severe (e.g. skin rash, vomiting) but then become anaphylaxis – so someone having a reaction should always be monitored for <u>at least 60 minutes</u> afterwards, just in case the reaction gets worse.

Symptoms of a mild to moderate allergic reaction (<u>not anaphylaxis</u>) include:

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

Mild to moderate allergic reactions which do not involve **A**irway/**B**reathing/**C**irculation can be treated with oral antihistamines. The school must telephone the child's parent or emergency contact to tell them about the reaction. Do not leave the child or young person unattended. The child or young person does not normally need to be sent home or require urgent medical attention. They should be observed in a safe place for at least 60 minutes after reaction, as mild reactions can sometimes develop into anaphylaxis.

Signs of <u>anaphylaxis</u> (a potentially life-threatening allergic reaction) are:

• **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, persistent cough, noisy breathing
• **C: Circulation**: Dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness

If in doubt, always treat for anaphylaxis. Reactions usually progress quickly and can be life-threatening – so anaphylaxis always requires an immediate emergency response. Anaphylaxis may rarely occur without a clearly identified allergen or without ingestion of a food trigger. If the child has an Allergy Action Plan it should be followed. In the case of an allergic emergency (e.g. anaphylaxis), help must come to the child or young person rather than the other way round.

Anaphylaxis reactions to food usually begin within 30 minutes of eating the trigger food, but can sometimes occur 4-6 hours later (e.g. allergy to mammalian meat). They typically affect the breathing (A and B, i.e. mimic an asthma attack) rather than the Circulation (blood pressure). Once started, anaphylaxis reactions progress quickly. There is only a 20–30-minute window of opportunity during which steps can be taken to prevent death. Giving emergency adrenaline immediately (using the school's spare device if needed) and calling Emergency Services (999 – say "anaphylaxis") is essential. The child should lie flat with their legs raised, or if breathing is difficult they should be allowed to sit. After giving the child adrenaline, stay with them until the ambulance arrives and do not stand them up. Keep them lying down, even if things seem to be getting better. Phone the parent/emergency contact. If there is no improvement after five minutes, give another dose of adrenaline using a second device, if available. Commence CPR at any time if there are no signs of life. Always give the adrenaline device first if someone has severe and sudden breathing difficulty (including wheeze, persistent cough or hoarse voice), then seek medical help.

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.

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. 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.

Wellbeing

Promoting the Wellbeing of Children and Young People with Allergy

NCS recognises that living with an allergy, particularly where there is a risk of anaphylaxis, can have a significant impact on a child or young person's emotional wellbeing and may cause anxiety for both the pupil and their family. We are committed to creating a safe, inclusive and supportive environment in which pupils with allergies can participate fully in all aspects of school life. This may include amending activities and/or trips, and adopting reasonable adjustments, to ensure that all pupils feel secure and included.

To promote wellbeing, the school will:

- Ensure that pupils with allergies are treated sensitively and with respect, and that their medical needs are understood by relevant staff.
- Work in partnership with parents/carers, healthcare professionals and pupils to develop and implement appropriate individual healthcare plans where required.
- Encourage pupils to take an age-appropriate role in understanding and managing their allergies, helping to build confidence and independence.
- Ensure that suitable arrangements are in place for school trips, extracurricular activities, sports events and other off-site activities so that pupils with allergies can participate safely and confidently.
- Provide training for staff so that they are able to recognise allergy symptoms, respond appropriately to allergic reactions, and support pupils effectively.
- Offer pastoral/wellbeing support to pupils who may experience anxiety or emotional distress related to their allergy, and signpost additional support where appropriate. This will be through the school's pastoral network of form tutors, assistant form tutors, school counsellor, all overseen by the Deputy Head Pastoral and the Headmaster.
- Foster a culture of understanding and inclusion that helps reduce fear, stigma and isolation associated with living with an allergy.
- Implement a 'no sharing snacks' rule.
- Promote understanding (e.g. through clear signage) among all members of the school community regarding common allergens, commons signs of an allergic reaction, and who should be informed immediately if it is suspected someone is having an allergic reaction.

Preventing and Addressing Bullying Related to Allergy

We encourage pupils to have self-confidence and exercise self-care when it comes to their allergies and medication, while understanding that some pupils at NCS will be too young to do this. Where pupils are prescribed adrenaline devices, it may be appropriate for their friends to be made aware of how to seek help in an emergency. Any wider awareness or training will be considered carefully and discussed with the pupil and their parents, and will not replace staff emergency response arrangements. The school is aware that pupils' allergy awareness could lead to unkind and/or bullying behaviour towards those with allergies.

The school has a zero-tolerance approach to bullying, teasing, intimidation or discrimination related to a pupil's allergy or medical condition.

The school will:

- Promote awareness and understanding of allergies among pupils and staff to encourage empathy and respect.
- Make clear that behaviour such as teasing, threatening someone with an allergen, deliberately exposing a pupil to an allergen, or excluding a pupil because of their allergy is unacceptable and will be treated seriously.
- Address any incidents of bullying promptly and in accordance with the school's behaviour and anti-bullying policies.
- Encourage pupils to report concerns about bullying, discrimination or unsafe behaviour, and ensure that all reports are taken seriously and investigated appropriately.

- Support pupils who have experienced bullying and work with those involved to prevent further incidents.
- Promote an inclusive environment in which pupils with allergies are able to participate fully and safely in school life without fear of ridicule, exclusion or harassment.

Minimising risk, including on Trips

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

- The school's caterers, including chefs and servers, are informed in advance of known allergens and food preparation is carried out accordingly, with all reasonable measures taken to avoid those allergens. Potential allergens in the dishes provided are advertised clearly at the point of service. For younger children who are not old enough to read or take responsibility for their medical conditions, form tutors and/or teaching assistants are present at the point of service to monitor which food is being taken and eaten.
- Information regarding pupils and allergens is stored for easy reference (following data protection protocols) at the point of service.
- For younger children who are less used to managing their allergens, form tutors (or TAs/assistant form tutors) are present at the point of service to assist in avoiding known allergens. Older pupils are more used to identifying risks, and acting accordingly, though may still require support from catering and teaching staff.
- Parents and carers are notified that NCS is an 'allergy aware' school which 'aspires to be nut-free', while accepting that no environment can guarantee that it is always 100% free from allergens. Parents and carers are therefore notified that certain high-frequency foods that cause allergic reactions (e.g. nuts) are not to come on site/be provided as snacks, nor are they to be used in e.g. birthday cakes. Any food that is brought onto the NCS premises (e.g. for a charity week or celebration) must have with it a detailed ingredients list, whether that food is shop-bought or home-made.
- A risk assessment must be carried out for any pupil at risk of anaphylaxis taking part in a trip off the premises. Pupils at risk of anaphylaxis should have their own adrenaline device with them, and there should be staff trained to administer adrenaline in an emergency. It may be appropriate, under some circumstances, to take "spare" adrenaline devices in case of emergency use on some trips. However, this should not cause a lack of "spare" adrenaline devices on school premises.
- On trips, including those abroad, all accompanying staff must be aware of pupils with known allergens and all food provided must be checked for allergens. This is especially important in countries which might have less of a culture of allergen awareness. Where relevant, a translated notice regarding specific allergens must be carried and provided to anyone serving food to NCS pupils with known allergens.
- Staff planning any trip or activity must consider the risk of exposure to allergens, for example in craft, science, musical or cooking activities, or where activities involve animals. This must be included in a risk assessment, with specific references to the allergy risks and specific mitigations in place for individual pupils, **including copies of their Individual Healthcare Plans (where relevant)**, and signed off by the Headmaster prior to the activity or trip taking place. Staff on the trip must have been trained in allergen awareness, anaphylaxis, and the use of adrenaline devices.

Food allergy

- Information about allergens is provided at the point of food service in the dining room servery. This is via 'allergen cards' which are present next to the relevant food.
- As above, ingredient lists must be provided for any food being brought in from off-site for consumption by children, including cakes for celebrations or charity weeks. This list must make known allergens clear, and the list should stay with the food at all times for quick and easy reference.
- Bottles, other drinks and lunch boxes provided by parents or the school for children with food allergies should be clearly labelled with the name of the child for whom they are intended.
- Information on food allergens is available for parent/carers from the catering contractor; it is also available for a pupil to be able to check independently. Catering staff are available to meet with parents/carers to discuss provision of allergen safe meals.
- The Headmaster liaises with the school caterers to ensure the controls in place for food service conform with legislation.
- Where food is provided by the school, school staff should be aware of how to read labels for food allergens and they should prevent cross-contamination during the handling, preparation and serving of food. E.g. preparing food for children with food allergies first; careful cleaning (using warm soapy water) of food preparation areas and utensils.
- Where food is not directly provided by the school (e.g. brought in as treats or to celebrate birthdays) parental engagement and permission should be sought in advance to ensure inclusion and safety for children with allergy.
- Pupils must not trade and share food, food utensils or food containers, and all NCS staff are expected to enforce this policy.
- Unlabelled food poses a potentially greater risk of allergen exposure than packaged food with precautionary ("may contain") labelling suggesting a risk of contamination with allergen. This applies to foods used within the classroom curriculum (e.g. cooking) as well that from the school kitchen or canteen. Therefore all food brought on site must be labelled with an ingredients list.
- Use of food in crafts, cooking classes, science experiments and special events (e.g. fetes, assemblies, cultural events) needs to be considered and alternatives used when there may be a danger of an allergic reaction.
- In arts/craft, an appropriate alternative ingredient should be substituted (e.g. wheat-free flour for play dough or cooking). Food containers (egg cartons, yoghurt pots etc) can also be contaminated with food: staff should therefore use alternative, non-food containers for craft activities, where possible. If essential to the activity, e.g. junk modelling, ensure that all materials used are free from any allergens that might pose a risk for a specific child.
- When planning out-of-school activities such as sporting events, excursions (e.g. restaurants), school outings or camps, the trip leader (and those accompanying the trip) must think early about the catering requirements of any child with food allergies and emergency planning (including access to emergency medication and medical care). IHPs must be consulted and attached to any risk assessment documentation.

Individual Pupils

Identification

Parents must notify the school about the children's allergies prior to them starting at the school. This is through the medical form which is provided as part of the starter pack. Failing this, direct

contact must be made via office@newcollegeschool.org as soon as possible. The school must also be made aware of any medication taken by the pupil, including whether they possess/use adrenaline autoinjector (AAI) devices. The school will also listen to pupils themselves should they disclose information about allergies or concerns that they might have allergies.

A record will be kept of all individuals with allergies, both on the centralised pupil medical database on Schoolbase (available to all staff at any time and at any location so long as they have internet access), and in a centralised store of pupils with Allergy Action Plans. Those who qualify for Individual Healthcare Plans will have them stored centrally in the school office.

Any members of staff and/or visitors must make the office aware of allergies as well, either prior to starting at the school, or prior to their visit. The measures intended to keep children with allergies safe are equally relevant to adults.

EYFS: Whilst children in EYFS settings are eating there should always be a member of staff in the room with a valid paediatric first aid certificate for a full course consistent with the criteria set out in Annex A of the EYFS. Before a child is admitted to the EYFS setting, the school must obtain information about any special dietary requirements, preferences, food allergies and intolerances that the child has, and any special health requirements. This information must be shared with all staff involved in the preparing and handling of food. At each mealtime and snack time the Head of Pre-Prep and Reception class TA are responsible for checking that the food being provided meets all the requirements for each child. They must also have ongoing discussions with parents and/or carers and, where appropriate, health professionals to develop Individual Healthcare Plans for managing any known allergy and intolerances. This information must be kept up to date and shared with all staff. The school should refer to the child's Allergy Action Plan where it exists.

Individual Healthcare Plans

Pupils will have an Individual Healthcare Plan (IHP) if:
• they have an allergy which has a functional impact on them in school
• they are at risk of harm as a result of their allergy **and**
• they require arrangements which are additional to or different from those made generally.

Their IHP will set out the additional and/or different arrangements that will be in place at NCS for supporting them with their medical condition or allergy, including in emergency situations. Specific support arrangements will be documented through the IHPs, including when allergies require flexibility and "reasonable adjustments", as well as those who require medication (either proactively or in an emergency situation).

Where a pupil has an Allergy Action Plan and/or Asthma Action Plan issued by a healthcare professional, the IHP should refer to it and/or the plan(s) should be attached. Whenever an updated Action Plan becomes available, the pupil's Individual Healthcare Plan will be reviewed to incorporate it. See the appendix below for model IHPs.

Individual Healthcare Plans are easily accessible via staffshare/Risk Assessments/ Risk Assessments – Medical

The relevant IHPs must be consulted and attached to any risk assessment that involves a trip or activity including pupils with an IHP.

Prescribed adrenaline

NCS ensures that pupils who are prescribed adrenaline devices have rapid access to their devices **at all times**. In a case of anaphylaxis, adrenaline should be administered within 5 minutes. NCS is a small school on a small site, so the devices are stored centrally in the school office no more than 1 or 2 minutes' away from all areas of the school – very close to the playground, and a short distance from the dining room. When a pupil with a device leaves the site for sport or another activity, they pick up their device in an individualised medical bag from the school office, and keep it on their person for the time that they are away from the school site.

Those pupils who are frequently in New College, especially choristers, who have such devices have an additional device stored in the Song Room in College. This room is 1-2 minutes' away from pupils at all times, so devices are readily accessible. When walking between school and college, there is always a device within 2 minutes' reach (either in school or college), and extra mitigations are taken to minimise the risk of allergic reaction (e.g. no one in the vicinity consuming food that could trigger a reaction). For pupils in this situation with reactions to e.g. insect stings, it will be necessary to carry out an individualised risk assessment and it may be necessary to amend these arrangements e.g. to have that pupil carrying their device in their medical bag on their person for all walks between school/college.

On school trips, the device must always be in the presence of the person who requires it. This may be in a specified medical kit, carried by an accompanying teacher, which always stays with the pupil(s) in question. Or it may be that the pupil(s) carry their own devices in medical bags. Each situation will be risk assessed by the accompanying teachers, taking into account the age/competency of the pupils in their care. Especial care must be taken, on overnight trips, that the device is not accidentally stored away from the pupil(s) overnight e.g. in the teacher's room rather than the pupil's.

The devices stored in school are reviewed by office staff to ensure that they remain in date.

"Spare" Adrenaline Devices

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 misfire, "spare" adrenaline devices can be used. The Human Medicines (Amendment) Regulations 2017 do not require consent to have been obtained for "spare" adrenaline devices to be used in an emergency. In an emergency situation anyone may take reasonable action to save a life without checking whether prior consent has been given, in order to avoid delays in treatment.

No pupil is more than five minutes from adrenaline devices at NCS. Adrenaline devices will always be stocked and stored in pairs. There are pupils at NCS who operate on both the school and college site; there are spare adrenaline devices of the appropriate dosage on each site as required.

When storing "spare" adrenaline devices:

- "Spare" adrenaline devices must be readily accessible and not locked away;
- In the event of an anaphylaxis, adrenaline should be administered as soon as possible i.e. adrenaline devices must be able to be brought to the person having anaphylaxis within 5

minutes. As above, this is achievable at NCS because of the small school site and the devices are located in the school office, at the very centre of the school.
• "Spare" adrenaline devices are stored in pairs, so that if a second one is necessary it is on hand rather than needing to be obtained from elsewhere on site;
• "Spare" adrenaline devices are clearly labelled, to avoid any confusion with adrenaline devices prescribed to a named person.
• "Spare" adrenaline devices and salbutamol inhalers will be checked regularly by office staff to confirm that they are in date.
• "Spare" adrenaline devices will be replaced by office staff when they are used or go out of date; adrenaline autoinjectors will be disposed safely via a sharps box as they contain a needle.

At NCS the "spare" devices are stored:
- In the medical room in the main office
- In the pavilion on the sports ground
- In the Song Room in New College

Serious Incidents and "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.

The most effective settings are self-reflective, regularly challenging and testing their own arrangements and seeking to improve them wherever possible. Serious incidents and "near misses" should be used as a prompt to learn lessons. Part of the response should be to consider whether the arrangements in place were appropriate or whether changes might be needed to the allergy safety policy and/or to the Individual Healthcare Plan. The school approaches serious incidents and "near misses" in a "no blame" spirit of seeking to learn lessons and address any issues which the incident identified, so that children and young people are better protected in the future. NCS will record, report and respond to serious incidents or "near misses" involving allergy safety. In some cases, the impact of exposure to an allergen may not be recognised until the pupil is back at home. In such cases, parents or healthcare professionals dealing with the issue must alert the school as soon as possible via office@newcollegeschool.org. The Headmaster will investigate the situation, record the incident, and review/update risk assessments and practices, notifying staff, as soon as possible. The incident will also be reported to the child's parents and the school's governors, along with any required statutory reporting.

The following will be considered:

• Could the school reasonably have foreseen an incident of this nature?
• Might the incident or near miss have been avoided through reasonable preventative steps? If so, what steps might have been taken?
• Were the circumstances of the incident covered by a policy (for example a medical conditions policy, allergy safety policy) and/or a plan (for example an Individual Healthcare Plan or a care

or action plan issued by a healthcare professional) which set out how to respond to an incident of this nature?
• If so, was the policy and/or plan followed? If the policy and/or plan was not followed, are there staff training, capability or even disciplinary issues to consider?
• Was the policy or plan adequate? If the policy and/or plan was not adequate, what changes might be required?
• Should the school, college or setting's policies be changed as a consequence?

Incident recording

The school should ensure any serious incident or near miss involving a child, young person, member of staff or visitor with a medical condition or allergy is recorded as soon as is feasible. The incident should be recorded in the Accident book. A report should set out:

• **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.

Incident reporting

The parents or carers of a child aged up to sixteen should be notified of the incident or "near miss" as soon as possible. The report should be shared with the child's parents, the young person or the individual involved. They should be given the opportunity to discuss what happened and to contribute their views to the consequent lessons learned review. The school should then confirm what it has learned from the incident and should outline any actions it is taking as a result. The report should always be shared with the school's leader responsible for medical conditions and/or allergy. They will consider what lessons to learn and whether changes are required to the medical conditions and/or allergy safety policies and/or to the arrangements in the child or young person's Individual Healthcare Plan. Any learning will be shared appropriately with staff so they can act on them, reducing the chance of an incident reoccurring.

In addition, it may also be necessary to share the report with other agencies.
• Schools acting as food businesses must report any allergen-related food safety incidents to their local authority.
• Schools must report incidents which arose directly from the way they undertook a work activity which resulted in death or immediate hospitalisation to the Health and Safety Executive (RIDDOR – incident reporting in schools (accidents, diseases and dangerous occurrences)).
• In the event that the incident or "near miss" related to the delivery of a care plan or action plan issued by a healthcare professional, the relevant healthcare professional should be notified.

Information Sharing

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

NCS will therefore only share information with the appropriate individuals about pupils' allergies, while ensuring that all the right individuals have access to that information. This is via the medical database on Schoolbase, accessible by all NCS staff online, and/or appropriate information-sharing methods from the school office (e.g. if Schoolbase is temporarily unavailable).

Rev'd MTJ
August 2026

APPENDIX: Model IHPs

NAME – Individual Healthcare Plan for allergy	
Date of birth:	Current photo
Year / class:	
Emergency contacts:	
Staff who need to be aware:	
Allergy: *Note what allergy the child or young person has.* *Note any known allergens.* *Note whether the child or young person is likely to be aware that they are having an allergic reaction and whether they can alert others.*	
How the allergy is managed: *Note any care or action plans or prescribed medication issued by healthcare professionals.* *If the allergy can be partly or wholly managed by practical adjustments (for example avoidance of known allergens), note them here.* *Note the extent to which the child or young person is able to take responsibility for managing their allergy.*	
Impact on education: *Indicate the potential harm which might come to the child or young person if their allergy is not managed properly.* *Indicate how the allergy may impact on the child or young person's learning.* *Indicate how the allergy may impact on the child or young person's emotional wellbeing.* *If relevant, note any interaction between allergy and SEN.*	
Arrangements for support: *Give details of the specific support or adaptations which the school, college or early years setting will put in 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.* *Note arrangements for maintaining educational progress where absence or missed learning occurs due to allergy.*	
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.* *Note any requirement for a risk assessment and prompts for specific issues which should be considered.*	
Emergency response: *Where an Action Plan issued by a healthcare professional covers emergency response, refer to it and ensure it is attached.* *Otherwise summarise the signs or symptoms which would indicate an emergency.* *Set out what to do in an emergency, including whom to contact.* *If relevant, note where "spare" adrenaline devices are located.*	
Last discussed with parents:	**Date**
Issued by:	**Date**:
Next planned review:	**Date**:

NAME – Individual Healthcare Plan for allergy **Annex: Medication needed while in school / college / setting**	
Non-prescription medication: *Record any <u>non</u>-prescription medication (e.g. oral antihistamines) which the child or young person may require to manage their allergy in the education setting* *Note whether it is emergency medication; where the medication is stored; and how and when the child or young person may need access* *Note whether parental consent has been given for the allergy medication to be administered, and the date of consent.*	
Parental consent:	**Date**:
Prescription medication: *Record any prescription medication for allergy prescribed by a healthcare professional (e.g. adrenaline).* *Note whether it is emergency medication; where the medication is stored; and how and when the child or young person may need access.* *Note whether parental consent has been given for the allergy medication to be administered, and the date of consent.*	
Prescribed by:	**Date**:
Parental consent:	**Date**:
Use of "spare" adrenaline devices: *Note whether parental consent has been given to administer adrenaline (e.g. using "spare" adrenaline devices) in an emergency.*	
Parental consent:	**Date**:
Use of "spare" salbutamol inhaler: *If relevant (i.e. the child or young person is prescribed an asthma reliever inhaler), note whether consent has been given to use a "spare" salbutamol reliever inhaler.*	
Parental consent:	**Date**:

NAME – Individual Healthcare Plan for allergy **Annex: Care or Action Plans issued by healthcare professionals**	
Allergy / Asthma Action Plan: *Attach any Action Plan to the IHP for use in an emergency.* *Note which healthcare professional issued the plan, their role and the date issued.*	
Issued by:	**Date**:
Care Plan: *Note where any relevant care plan can be found.* *Note what staff are responsible for delivering / supporting delivery of the care plan.* *Note which healthcare professional issued the plan, their role and the date issued.*	
Date:	**Date**: