Wetherby High School

Allergy Safety Policy

September 2026

Reviewing Committee: Full Governing Body

Responsible SLT member	-	C Scaife
Responsible Governor	-	Heather Shipman
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Introduction

Wetherby High School is an inclusive school community that welcomes and supports children and young people with medical conditions, including allergies. We provide all students with equal opportunities in our school.

In line with Benedict's Law, we are committed to providing a safe, inclusive, and welcoming environment for all children, young people, staff, and visitors with allergies. Recognising the serious and potentially life-threatening risk posed by anaphylaxis, this dedicated policy establishes robust risk-mitigation measures and emergency response protocols.

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

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.

Once started, anaphylactic 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 crucial. **Anaphylaxis always requires an emergency response**

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. We accept responsibility for members of staff who administer adrenaline in response to suspected anaphylaxis.

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 medicines such as ibuprofen);
- latex (e.g. rubber gloves, balloons, swimming caps).

Even for food allergy, the vast majority of anaphylactic reactions require the person to have eaten the food, although less serious allergic reactions can happen through skin or other contact. Anaphylactic reactions due to skin contact are very rare. Students who have a skin reaction need monitoring for at least an hour.

Wetherby High School has a whole school awareness approach, because it ensures all staff are aware of what allergies are, the importance of avoiding individuals' allergens, the signs & symptoms, how to deal with allergic reactions and to ensure procedures are in place to minimise risk of exposure.

Coeliac disease and food intolerance can present symptoms which are similar to those of food allergy; it is important that Coeliac disease and food intolerance is be managed through dietary

avoidance, but these conditions do not pose a risk of anaphylaxis and so they are not within this Allergy Safety Policy.

Eczema, asthma and allergies sometimes occur together, known as the atopic triad. It is important that these are managed well in order to keep the individual healthy. Asthma training is needed by all staff and an individual's asthma care plan needs to be included with their individual healthcare plan. These conditions are not included in this allergy safety policy.

Wetherby High School understands that severe allergies are included in the Equality Act, 2010. The act considers a person 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. Seasonal rhinitis (such as hay fever) is explicitly excluded from the definition of disability, unless it aggravates the effect of another health condition.

The Headteacher of Wetherby High School, working with the Governing Body, retains overall responsibility for the support of students with allergies and the safe management of allergies in school.

Day to day responsibility for the oversight and application of this policy, monitor and review is delegated to the Nominated Person/Allergy Lead. The Nominated Person at Wetherby High School is the Director of Operations, supported by the Office Manager.

Aims

This policy aims to ensure that:

Wetherby High School minimise the risk of any individually suffering an allergic reaction whilst at school or attending any school related activity.

Students, staff and parents/carers understand how our school will support students with allergies.

The whole school environment is inclusive to students with allergies.

Our staff understand their duty of care to children and young people with allergies and are properly prepared to recognise and manage allergic reactions should they arise.

Statutory Duties

The duties under Section 34 of the Children's Wellbeing and Schools Act 2026 place a requirement on LA-maintained schools, Academies and PRUs to have allergy safety policies, publish them and keep them under review.

The duty of care under section 3 of the Children Act 1989 for any person with the care of a child to do all that is reasonable for the purposes of safeguarding or promoting the welfare of the child;

The duties to safeguard and promote the welfare of pupils and students under sections 20 and 175 of the Education Act 2002, the Education (Independent School Standards) Regulations 2014 (and associated statutory guidance Keeping Children Safe in Education) and the Non-Maintained Special Schools (England) Regulations 2015;

The duty of the employer under section 2 of the Health and Safety at Work etc Act 1974 to take reasonable steps to ensure that employees are not exposed to risks to their health and safety;

The duties under the Equality Act 2010 to provide equality of opportunity for all, including those who are disabled.

The Special Educational Needs and Disability (SEND) SEND code of practice: 0 to 25 years.

Roles and Responsibilities.

Governing Body.

The Governing Body are responsible for ensuring that the school's policy sets out the arrangements to reduce the risk of individuals coming into contact with their known allergens and sets out the emergency response plan for cases of anaphylaxis.

They will delegate the day to day oversight and operation of this to the nominated person/allergy lead. The nominated person/allergy lead will oversee the development and implementation of this policy in partnership with the Office Manager. The nominated person at Wetherby High School is the Director of Operations. They are the named member of the senior leadership team who is responsible for allergy safety which includes driving the implementation of the allergy safety policy and contributing to the review of the policy.

The Governor nominated responsible for Medical Conditions and Allergies will liaise with the Director of Operations and the Office Manager and report back to the Governing Body.

Headteacher

The Headteacher, working with the Allergy Lead will:

- make sure all staff are aware of this policy and supporting guidance and understand their role in its implementation
- ensure that staff are trained in allergy and anaphylaxis and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations,
- Oversee responsibility for the development and monitoring of IHPs and ensure that all staff are aware of a student's allergies
- ensure that systems are in place for obtaining information about a student's allergies and that this information is kept up to date

Nominated Person

The Allergy Lead, working with the Office Manager, is responsible for:

- systems to collect allergy information during the enrolment process, ensuring that this information is shared with catering.
- holding a register of students and staff with allergies including whether they hold adrenaline and whether they have an allergy action plan
- ensuring that systems are robust for the identification of students at mealtimes
- communication about:
  - the policy
  - the students who are on the register of those with allergies
  - the importance of recording and reporting near misses and incidents
- communication with:
  - Governors to provide updates about the policy implementation
  - Outside agencies such as Health and Safety Executive (HSE) if a report under RIDDOR is needed
  - Caterer; the procedures in the kitchen and the procedures for ensuring that the students with allergies are provided with a safe meal

    - Parents/carers to enable them to input into IHPs (Individual Healthcare Plans) and to request allergy action plans when appropriate
- spare adrenaline devices and making sure these are checked and in date, with replacements being secured before the current ones expire. Out of date Epi-Pens will be disposed of in the sharps bin.
- that IHPs are created and communicated
- training
    - ensuring that all staff annual training and that allergy is included in induction.

Staff

Supporting children and young peoples with allergies during school hours and/or activities is not the sole responsibility of one person. Any member of staff may be asked to provide support to children and young people with allergies.

Our staff will take into account the allergies of students with medical conditions that they work with. All staff will know what to do and how to respond accordingly when they become aware that a child or young person with an allergy requires help.

Our school staff are responsible for:

- following the procedures outlined in this policy and supporting guidance document
- understanding their role in implementing this policy, recognising signs of allergic reactions, and acting swiftly in an emergency, including:
    - Administering adrenaline if a student appears to be showing signs of Anaphylaxis
    - Contacting parents/carers and/or emergency services when necessary and without delay,
- understanding the nature of any allergies if they have children or young persons with medical conditions in their class, coaching group or life learning group in order to adequately support them. This information will be provided to them on SIMS and on the notes in Class Charts.
- implementing the students IHP
- Creating an inclusive curriculum
- Curriculum adaptation to minimise risks
- Completing risk assessments for, curriculum activities involving food, trips and visits including sporting events
- Building proactive relationships with parents/carers
- Reporting near misses and incidents
- retaining confidentiality within policy guidelines,

Where we secure supply staff working with our students, we will ensure they have received appropriate Allergy Training and are aware of how to access information on student's allergies.

Parents/Carers

We expect our parents/carers:

- to provide the school with sufficient and up-to-date information about their child / young person's allergies and any changes, including when reactions happen outside of school or any changes to the student's allergy and its management.
- will be involved in the development and review of their child's IHP.
- to carry out any action they have agreed to as part of the implementation of the IHP, e.g. provide medicines, adrenaline injectors and equipment in original labelled containers, in date and sufficient for the student's allergies.

- will provide up to date contact information and ensure that they or another responsible adult are contactable at all times for if their child becomes unwell at school,

If an IHP is required for their child, it is expected that our parents/carers will work with our school and healthcare professionals to develop and agree it.

Students

Our students will be involved as far as possible in discussions about their allergies and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs.

School nurses and other healthcare professionals.

We will work with our Local Health Authority School Health Service and Nursing Team to support students in our school with allergies. This may include assistance with IHPs, and/or assistance with Allergy Plans provided by the student's parents/carers or GP.

Emergency Treatment and Management of Anaphylaxis

What to look for:
Symptoms usually come on quickly, within minutes of exposure to the allergen.

Mild to moderate allergic reaction symptoms may include:

- a red raised rash (known as hives or urticaria) anywhere on the body
- a tingling or itchy feeling in the mouth
- swelling of lips, face or eyes
- stomach pain or vomiting
- mild throat tightness
- sudden change in behaviour

These symptoms are treated with antihistamines.

More serious symptoms are often referred to as the ABC symptoms and can include:

- **AIRWAY** - swelling in the throat, tongue or upper airways (tightening of the throat, hoarse voice, difficulty swallowing).
- **BREATHING** - sudden onset wheezing, breathing difficulty, noisy breathing, persistent cough.
- **CIRCULATION** - dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness.

The term for this more serious reaction is anaphylaxis. In extreme cases there could be a dramatic fall in blood pressure. The person may become weak and floppy and may have a sense of something terrible happening. This may lead to collapse and unconsciousness and on rare occasions, can be fatal.

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

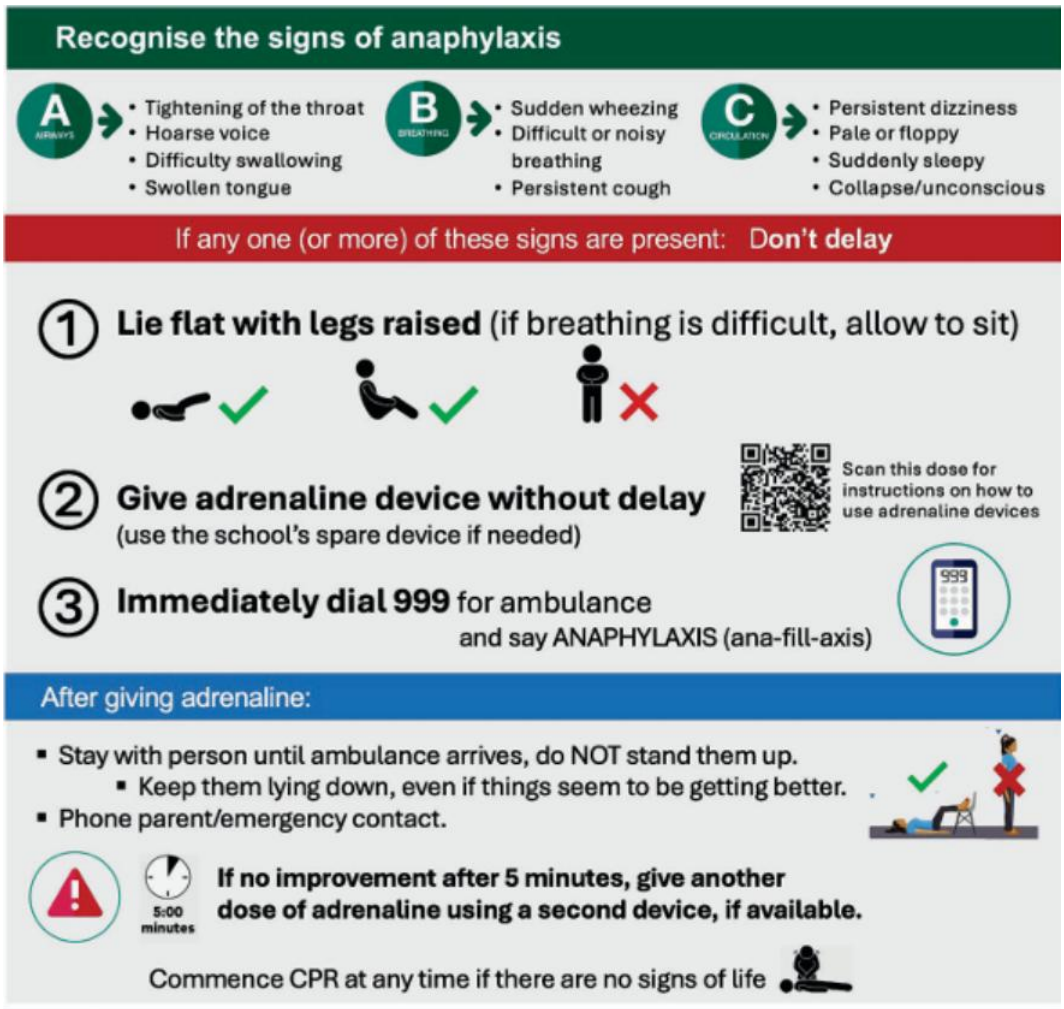
Action:

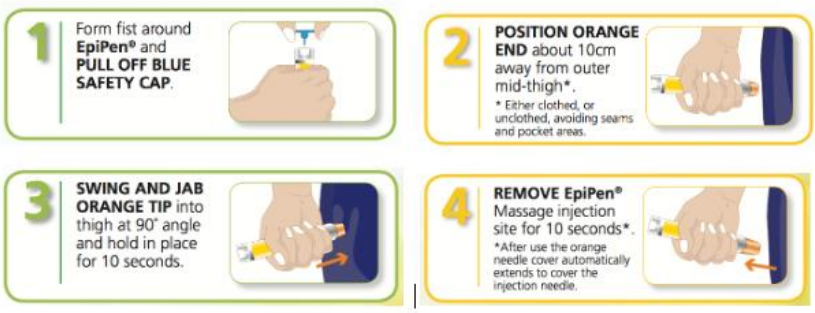
- Keep the individual where they are, call for help and do not leave them unattended.
- **LIE individual FLAT WITH LEGS RAISED** – they can be propped up if struggling to breathe but this should be for as short a time as possible.

- **USE ADRENALINE DEVICE WITHOUT DELAY** and note the time given. AAIs should be given into the muscle in the outer thigh or nasal into the nostril. 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 parent/carer as soon as possible.

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

All individuals must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can recur after treatment. Any Adrenaline Injectors used should be passed to the Paramedics.





Minimising Risk and Exposure to Allergens

Minimising risk and the exposure to allergens is central to ensuring that individuals with allergies are safe from harm. Even a small amount of allergen can cause a reaction. Any food can cause a reaction with serious consequences for the individual and Wetherby High School will only eliminate a food following a risk assessment supported by medical advice when necessary. Where a food is restricted, this will be to the smallest area for the time necessary; for example, the cooking room for the duration of the lesson when the student with allergy is cooking. Blanket bans, especially to nuts, create a false sense of security.

Whilst there are 14 key food allergens that cause over 90% of reactions, any food can cause a reaction.

Wetherby High School is allergy aware ensuring that the staff and students are actively aware of the risk posed by allergens, take steps to minimise the risk of exposure and have robust emergency response plans in place.

Wetherby High School completes a school wide allergy risk assessment that seeks to minimise the risks of exposure to known allergens. The risk assessment will include:

- Identifying the food used within the curriculum and making adaptions to remove allergens that pose a risk for the whole group not just the student who has the allergy.
- Conducting specific risk assessments to manage the risks of exposure to allergens in individuals when planning external visits or trips
- Identifying measures to manage risks of exposure to a food allergen through food brought in by others (for example, parents, students, staff).
- Identifying measures to manage the risks of exposure to a food allergen through food provided by the school.
- Putting in reasonable measures to manage the risk of individuals being exposed to allergens where they have a known allergy to airborne or contact allergens
- Identifying non-food allergens within the environment and making adaptions to remove/reduce allergens that pose a risk

Wetherby High School will ensure that allergy is included in all appropriate school risk assessments to identify risks and plan control measures to minimise the risk of exposure.

Wetherby High School will ensure that the risk of exposure is minimised by

- All school staff allergy training every year
- Working closely with parents/carers and health professionals to understand the student's allergy
- Monitoring this policy to ensure that the agreed practices are implemented
- Establishing and maintaining high hygiene standards amongst staff, students and visitors

Food Provision and Catering:

Wetherby High School will manage the risk of food allergy and provide clear information on allergens in food provided by:

- Ensuring the contract with the school catering company is compliant with the Food Standards Authority allergen management regulations
- Ensuring school caterers provide information on food allergens to parents/carers and have this available for the students to check independently

- Providing student's allergen information to the caterers in a timely manner to ensure that students can eat safely
- Enabling parents/carers to liaise with the catering company.
- Identifying students with allergies at point of service by allergy signage and allergy information on the till system.
- 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 classroom curriculum (e.g. cooking) as well that from the school kitchen or canteen.
- Teach students not to food share, trade food or share utensils or food containers with the reasons why

Where food is not directly provided by the school, for example brought in as rewards or to celebrate birthdays, finance and/or coaches will check the labels/ingredients and ensure these are safe for any students with allergies.

These procedures apply to school led breakfast and after school provision.

Students eligible for benefits based Free School Meals are entitled to their free school meal entitlement. School will work with parents/carers to determine the best way of ensuring that students receive their meal.

Medication and Adrenaline Devices (ADs)

People at risk of anaphylaxis are prescribed two adrenaline devices which they should carry with them at all times. This includes the journey to and from;

- school,
- the classroom
- lunch area
- playground
- sports field
- when on visits or trips

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 unlocked and accessible at all times

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.

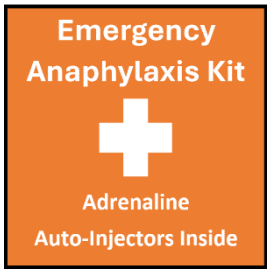
Spare Adrenaline Devices

The Human Medicines (Amendment) Regulations 2017 permit "spare" adrenaline devices to be used for the purpose of saving a life. This might be, for example, a child presenting for the first time with anaphylaxis due to an undiagnosed allergy.

Wetherby High School holds spare adrenaline devices for use in emergency situations. These are not a replacement for a student's own adrenaline device. Students prescribed adrenaline are expected to have their own adrenaline devices with them at school for use in an emergency.

Wetherby High School holds:
Epi-Pen 300 micrograms

These are located in:
Main Admin Office
Dining Hall
Food Technology
D Block



They are stored in pairs in small temperature-controlled fridges labelled 'Emergency Anaphylaxis Kit' with instruction enclosed.

The Office Manager is responsible for checking that adrenaline devices are in date and remain clear (not cloudy) on a monthly basis. They will secure replacements one month before the current adrenaline device expires.

Adrenaline devices that are used will be disposed of in a sharps box, or given to the paramedic. Adrenaline devices that are out of date or where the adrenaline has degraded will be taken to a pharmacy to be disposed of.

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 child, young person or individual should not be moved. Adrenaline devices should be brought to them (whether their own prescribed ADs or "spare" ADs).
- If the child, young person or individual **has their own prescribed adrenaline devices**, these should be used in the first instance.
- If the child, young person or individual **does not have prescribed adrenaline devices**, "spare" adrenaline devices can be used.
- If the child, young person or individual's **prescribed adrenaline devices are not available or misfire**, "spare" adrenaline devices can be used.
- If the individual 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.

The Human Medicines (Amendment) Regulations 2017 do not require consent to have been obtained for "spare" adrenaline devices to be used. It is good practice for the school, to obtain advance consent from parents or the young person for "spare" adrenaline devices to be used, so that in an emergency, consent can be assumed to be in place. However, in an emergency situation anyone may take reasonable action to save a life without checking whether prior consent has been given.

Student self-management:

Students at Wetherby High School will be encouraged to take responsibility for and to always carry their own two adrenaline devices on them in a suitable bag/container. However, symptoms of anaphylaxis can come on **very suddenly**, so school staff need to be prepared to administer medication if the young person cannot.

Staff Training and Emergency Response

All staff, including teaching staff, support staff, catering staff and others who may oversee students including at breakfast or after school activities will be trained in allergy awareness and emergency response.

Training can be online or face to face. The content needs to 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
- That a student can be allergic to any food, not just the top 14 allergens
- 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 student 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 students prevented from coming into contact with their allergens
- Understand the impact that allergy can have on a student's wellbeing
- Understand the school's allergy safety policy and
    - How to check if a student is on the record of those with a known allergy
    - How to use an allergy or asthma action plan

Emergency preparedness

Throughout the year staff will be reminded of key aspects of the policy such as:

- how to find out who has an allergy
- the storage of spare adrenaline

Wetherby High School will communicate key messages regarding risk reduction leading up to events, trips and end of term celebrations.

Identification of Individuals with Allergies

Admissions Data Collection

Wetherby High School collects detailed medical information from parents/carers regarding known allergies, dietary restrictions, and treatment histories prior to admission through the data pack completed by parents/carers.

Information Sharing: UK GDPR does not prevent the sharing of a student's health information (special category data). Relevant information is securely compiled and shared as necessary in a controlled way with teaching staff, support staff and catering teams while maintaining appropriate data privacy. This is done through, SIMS, Class Charts and the catering till system

Wetherby High School will request allergy information from the previous school or setting and will consider whether any of the arrangements are suitable to implement. Wetherby High School will work with parents/carers and the student if appropriate to write a new IHP appropriate for our setting.

Staff: Our catering system pre-employment form will ask whether they have any allergies. If an allergy is declared this will be recorded on SIMS and an allergy plan requested. Where appropriate an individual risk assessment will be carried out.

Visitors and regular volunteers: will be asked about allergies either before their visit or through our sign in system. If an allergy is declared, the allergy lead will be notified, and this information will be communicated to their host in school to ensure that the visitor or regular volunteer has a safe working environment.

Allergy Action Plans

- These are clinical documents that are created by a GP / Allergy Nurse or Allergy Clinic. They detail the student's allergy and medication.
- These contain parent/carer contact details and must be signed by the parent/carer as this is the parental authority to administer mediation including the administration of spare adrenaline devices.
- These will only be updated by the medical professional following a review of the student's allergy management, this could be annually or 5 yearly. School should update the photo of the student regularly so that the student is recognisable.

Allergy action plans are issued for students who have an IgE food allergy and often a venom allergy that could lead to anaphylaxis. IgE-mediated food allergies occur when the immune system mistakenly identifies a harmless food protein as a threat, producing **immunoglobulin E (IgE) antibodies** specific to that allergen

They are not issued for all allergies. Students with non-IgE allergies don't experience anaphylaxis and so an allergy action plan is not issued.

Individual Healthcare Plans (IHPs)

Individual healthcare plans are an essential communication tool that provide clarity about the arrangements which need to be in place to ensure that a student is fully included in the life of the school. It will identify exact risk-mitigation measures that need to be followed.
Individual Healthcare Plans are school owned documents that are co-created by school, parents/carers and students.

They should include any advice received from health professionals. If there is no advice from health professionals, information and support can be requested of the school nurses if this is needed.
Where a child has an allergy action plan and or an asthma plan, this must be included with the IHP.

It is good practice to review IHPs annually however they must be reviewed if an incident or near miss occurs.

Wetherby High School will ensure that:

- students with an allergy action plan and/or an asthma plan have an individual healthcare plan
- students without an allergy action plan or asthma plan but have an allergy that needs active management over and above what other students need will have an individual healthcare plan
- individual healthcare plans are created whilst students are waiting for a diagnosis

Emergency Situations.

Our staff will follow our school's normal emergency procedures (for example, calling 999) in the event of a medical emergency. IHPs will clearly set out what constitutes an emergency and will explain what to do.

If a student needs to be taken to hospital, our staff will stay with them until the parent / carer (or designated adult) arrives, or accompany a student to hospital by ambulance and stay with them until the parent/carer, or designated adult arrives.

In some cases, where it is the best interests of the child school may agree with parents/carers consent to transport a student to the minor injuries unit or A&E to seek urgent treatment. Staff must be cleared to transport students in a private vehicle and have the relevant checks and insurance in place.

Serious Incidents and "Near Misses":

Wetherby High 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 students are better protected in the future.

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

Wetherby High School uses an online incident form to record allergic reactions and near misses (e.g., accidental exposure without reaction, or labelling errors). The incident or near miss will be reviewed and where appropriate an investigation completed and a report written.

Wetherby High School will share the report with the student's parents/carers, the student and the individual involved. They should be given the opportunity to discuss what happened and to contribute their views to the consequent lessons learned review. Wetherby High School will confirm what it has learned from the incident and outline any actions it is taking as a result. The student's IHP will be updated if necessary.

If unsafe food was supplied by the school operating as a food business, the incident must be reported to the Local Authority Environmental Health Team.

Educational Visits

Wetherby High School ensures that students with allergies are fully included in every trip, sporting event, or extracurricular activities. Trip Leaders responsible for an educational visit should always be aware of any allergies, and relevant emergency procedures. A copy of any Individual Care Plan should be taken on visits

The relevant risk assessments for the trip will address allergen exposure for each activity, emergency medication, transport, and proximity to local emergency care with control measures identified. In order to ensure that the student is safe and included, alternative activities will be planned where necessary.

The risk assessments will include the safe storage adrenaline for the duration of the school trip. Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all students have their medication including adrenaline devices with them before

departure. Students unable to produce their required medication will not be able to attend the excursion.

In conjunction with the allergy lead, the trip leader will review the risk assessment to determine whether the school's spare adrenaline devices should be taken on the trip. Wetherby High School will provide additional spare adrenaline devices should the risk assessment for the trip deem necessary to take them ensuring that students remaining in school still have access to spare adrenaline devices should the need arise.

Wetherby High School will notify the host school, when arranging a sporting fixture, that a member of the team has an allergy. When a sports tea is provided, the students' school will ensure the students' allergies are communicated and appropriate food is provided.

Wellbeing and Support

At Wetherby High School allergy safety is a priority and actions to ensure that students are included and safe are embedded into the school's culture. Students with allergy become anxious as a result 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.

Wetherby High School

- plans school celebrations, rewards, and communal events inclusively from the outset to eliminate social isolation
- understands that allergy bullying is extremely serious and actively monitors, prevents, and addresses any stigmatisation or bullying directed at individuals due to their allergies or dietary constraints
- invites new joiners with allergies to have a tour of the kitchen and canteen so they can meet staff and get used to the mealtime environment which may help to reduce anxiety and enable staff to identify students with allergies in the dining hall
- has proactive engagement with new joiners with known allergies, setting out the school, college or setting's policies and the support available

Safeguarding

Wetherby High School recognises that a safeguarding referral may be needed if an incident highlighted concern that the child or young person 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. This might occur where relevant information about a child or young person's medical condition is not provided to a school, college or setting, or where they are repeatedly sent without essential medication, thereby putting the individual at risk.

Unacceptable practice

Wetherby High School staff are clear about what constitutes unacceptable practice and are committed to ensuring that only good practice occurs. Should unacceptable practice occur the school will follow its own procedures to identify and address this using staff conduct policies.

Examples of unacceptable practice include (but are not limited to):

- preventing children and young people from easily accessing and administering their medication in line with what is agreed in their Individual Healthcare Plan (for example prescribed adrenaline devices and asthma reliever inhalers) when and where necessary;
- assuming that every child with the same condition requires the same support;

- assuming that older children and young people do not require support related to their allergy, even if they are able to take increasing responsibility for its management;
- ignoring medical evidence or the opinion and advice of healthcare professionals;
- assuming that a child or young person does not have an allergy because they do not yet have a diagnosis, for example while medical investigation is under way;
- sending a child or young person who becomes unwell to a school office or medical room without suitable supervision. In the case of an emergency or suspected emergency (for example anaphylaxis) help should come to the child or young person;
- requiring parents / carers (or otherwise making them feel obliged) to attend the school, college or setting to administer medication or provide medical support to their child; or
- preventing children and young people from participating or creating unnecessary barriers to them participating in any aspect of school, college or setting life, including external visits and trips, e.g. by requiring parents to accompany the child.

Complaints

If our parents / carers or children / young people have any issues with the support provided they should initially contact their child's Year Manager or Coach to discuss their concerns.
If, for whatever reason, this does not resolve the issue, they may make a formal complaint via the school's complaints procedure which is published on our schools' website.

Review

This policy will be reviewed and approved by our Governing Body annually.

Appendix 1

WETHERBY HIGH SCHOOL

Individual Healthcare Plan – Med 1

Current Photo	**Name:**	
	Date of Birth:	
	Health Condition/s:	
	Allergies:	
	SEND:	**Yes/No**
	Coaching Group:	
	Coach:	
	Year Manager:	
	Year Group:	

IHCP Date:		**Review Date:**	
Is there a current Health Plan Allergy Plan Asthma Plan written by a Medical Professional?	**Yes/No**	**Date of Health Plan: Allergy Plan: Asthma Plan:**	

Summary of any Medical Conditions or Allergies: Triggers, signs, symptoms and treatments.	
Symptoms or early warning signs staff need to be aware of:	
Any daily care requirements in school or on Educational Visits: PE, lunchtime, after school	
Support or reasonable adjustments in place in school: Medical Card, Early Pass, Early Lunch, device use, Toilet Pass	
Wider school considerations: Wellbeing, attendance, exams, learning	
Arrangements for medication: Dose, frequency, side effects and storage, administration	
Needs arising from medication:	

Time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements	
What medication does the student need to carry in school? **Are they able to self-manage, how is this monitored/managed?**	
What does an Emergency look like? **Signs, symptoms**	
What action needs taking in an Emergency: **What, who, what medication/treatment, when to call an Ambulance**	
Follow up care: **Monitoring, time out, call parent/carer, review IHCP**	
Educational Considerations: **Missed Learning, personalised learning, Coaching, Food Technology**	
Catering/Dietary Needs **Allergies, intolerances, catering arrangements, special diet arrangements,**	

Contact Information		
Parent /carer 1	**Name**	
	Contact Number	
	Email	
Parent /carer 1	**Name**	
	Contact Number	
	Email	
External Medical Professional:	**Name**	
	Contact Number	
	Email	
Other Medical Contacts:		

Consent			
I consent to my child being administered medication and treatment in line with this care plan			
Signature:		**Date:**	
Name:		**Relationship to child:**	
Consent - EMERGENCY SALBUTAMOL INHALER			
I can confirm that my child has been diagnosed with asthma/has been prescribed an inhaler. 1. My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day and a spare inhaler that will be left at school			

2. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies

Signature:		**Date:**	
Name:		**Relationship to child:**	

Consent - EMERGENCY EPI-PEN

I can confirm that my child has been prescribed an Epi-Pen in relation to risk of anaphylaxis.

3. My child has 2 working, in-date Epi-Pens, clearly labelled with their name, which they will bring with them to school every day and 2 spare Epi-Pens that will be left at school.

4. In the event of my child displaying symptoms of Anaphylaxis, and if their Epi-Pen is not available or is unusable, I consent for my child to receive adrenaline from an emergency Epi-Pen held by the school for such emergencies

Signature:		**Date:**	
Name:		**Relationship to child:**	

Appendix 2

Medication Administration Log for school use

Students Name			DOB	
Medication	Condition	Dosage	Frequency	Expiry date
1)				
2)				
3)				

Medication Administered to Student by Staff / Supervised by Staff

Date	Time	Dosage	Administered by	Supervised by

Appendix 4

Request for a student to carry and self-administer medicine

The School will allow students whose parents/carers have decided their child can be responsible for administering and managing their own medication to do this providing written consent is given.

Parents/carers may send daily doses of over the counter medication only, to school with their child, if it supports good attendance. However, this is the parents/career's responsibility.

Parents/carers are responsible for ensuring that students do not bring more than a daily dose of medication into school each day. In giving written permission they are allowing their children to self-medicate, the parents/carers accept responsibility for ensuring their child is clear regarding the safe use of the non-prescribed medication and that they understand that they are not under any circumstances allowed to give non-prescribed medication to other students.

THIS FORM MUST BE COMPLETED BY PARENTS/GUARDIAN

If staff have any concerns discuss request with school healthcare Professionals

Wetherby High School	
Student's Name	
Coaching Group	
Year	
Address	
Medicine	
Reason for use	
Procedures to be taken in an emergency	
Contact Information	
Emergency Contact Name	
Day time contact number	
Relationship to student	
I would like my child to carry his/her medicine as described above on him/her for use as necessary. I understand it is my responsibility to notify school if I wish to change or amend this permission.	
Name	
Signature	
Date	

Appendix 5

USE OF EMERGENCY SALBUTAMOL INHALER CONSENT FORM

Students showing symptoms of asthma/having asthma attack

I can confirm that my child has been diagnosed with asthma/has been prescribed an inhaler.

5. My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day and a spare inhaler that will be left at school

6. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies

Signed Date…….

Name
(print)……

Relationship to student……..

Student's
Name……

Year……

Parent/Carer address and contact details:

……

……

……

Telephone……

Email……