Thornhill Primary School



Allergy Safety Policy

Approved by: Resources, Premises and Compliance Committee

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Responsible person: Assistant Headteacher/SENDCO

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1. Aims

This policy aims to:

- Set out our school's approach to allergy safety, including reducing the risk of exposure and the procedures in place in case of allergic reaction
- Make clear how our school supports pupils with allergies to ensure their wellbeing and inclusion
- Promote and maintain allergy awareness among the school community

2. Legislation and guidance

This policy is based on the Department for Education (DfE)'s statutory guidance on allergy safety in schools and supporting pupils with medical conditions at school, the Department of Health and Social Care's guidance on using emergency adrenaline auto-injectors in schools, and the following legislation:

- The Food Information Regulations 2014
- The Food Information (Amendment) (England) Regulations 2019
- Glossary of Abbreviations

AD - Adrenaline Device (used to administer medication)

AAI - Adrenaline Auto-Injector (used to administer medication)

IHP - Individual Health Plan (plan that addressed the needs of an individual pupil)

CPOMS - Child Protection Online Management System (online platform for recording incidents and needs)

Medical Tracker - An online platform that provides access to the medical needs of pupils and is also used to record medical incidents and accidents. It also communicates medical incidents directly to parents.

3. Roles and responsibilities

3.1 The governing board

The governing board is responsible for ensuring:

- Risks relating to pupils with allergy are included in the school risk register and actively managed by the Executive Headteacher and reviewed regularly by the Governing Board
- The school has an allergy safety policy which sets out:
    - Arrangements to reduce the risk of individuals coming into contact with their known allergens
    - Emergency response plans for cases of anaphylaxis

The governing board delegates the day-to-day implementation of this policy to the allergy safety lead.

The termly Headteacher report to the governing board will include statistics and reports pertaining to any incidents or 'near misses'

3.2 Allergy safety lead

The nominated allergy safety lead is **Samantha Abedian (Assistant Headteacher)**

They're responsible for:

- Implementing this allergy safety policy
- Reviewing the allergy safety policy at least annually, updating it when needed, and making sure it is published

- Promoting and maintaining allergy awareness across our school community
- Developing and reviewing arrangements for the safe storage and disposal of adrenaline devices (AD)
- Ensuring:
    - All allergy information is up to date and readily available to relevant members of staff
    - All pupils who require support with allergies have an up-do-date individual healthcare plan (IHP)
    - All pupils with a known food or insect sting allergy have up-to-date allergy action plans issued by a medical professional
    - All staff receive regular allergy awareness training
    - All staff are aware of the school's policy and procedures regarding allergies
    - Relevant staff are aware of what activities need an allergy risk assessment
    - Serious incidents and 'near misses' relating to allergy safety are recorded and reported as appropriate, and to consider and share with staff:
        - What lessons there are to learn
        - Any potential changes to the medical conditions and/or allergy safety policies and/or to any pupil's IHP

3.3 Executive Headteacher

The Executive Headteacher is responsible for:

- Deciding (in discussion with the parents/carers and any relevant healthcare professionals) whether a pupil's allergy can be managed through the adjustments made under the school's medical conditions policy or whether an IHP is required to specify arrangements that reflect the pupil's circumstances

3.4 Administration staff

Frankie Smith is responsible for:

- Checking spare Adrenaline Auto-injector (AAIs) are present and in date on a monthly basis
- Making sure that replacement AAIs are obtained when expiry dates approach

3.5 Teaching and support staff

All teaching and support staff are responsible for:

- Following the Individual Health Plan (IHP) for each pupil.
- Following the expected protocol in response to allergic reactions (as outlined in this policy). See Appendix A
- Following the expected protocol in response to a medical emergency (as outlined in this policy). See Appendix A
- Promoting and maintaining allergy awareness among pupils
- Maintaining awareness of our allergy safety policy and procedures
- Being able to recognise and respond to the signs of severe allergic reactions and anaphylaxis
- Being aware of specific pupils with allergies in their care
- Reducing the risk to pupils with known allergies coming into contact with known allergens
- Ensuring the wellbeing and inclusion of pupils with allergies
- Reporting any allergic reaction or case of anaphylaxis to the allergy safety lead

3.6 Parents/carers

Parents/carers are responsible for:

- Being aware of our school's allergy safety policy
- Providing the school with up-to-date details of their child's medical needs, dietary requirements, and any history of allergies, reactions and anaphylaxis
- If required, providing their child with 2 in-date adrenaline auto-injectors and any other medication, including inhalers, antihistamine etc., and making sure these are replaced in a timely manner
- Following the school's guidance on food brought in to be shared
- Parents/carers should update both the school and the caterers (Caterlink) in regards to any allergy needs their child/ren have.
- Updating the school on any changes to their child's condition. If updating records, both the school and the caterer will need to be informed by parents.

3.7 Pupils with allergies

If age-appropriate, these pupils are responsible for:

- Being aware of their allergens and the risks they pose
- Carrying their AD/Inhalers on their person (on school trips) and only using it for its intended purpose. Teachers will be responsible for ensuring the pupil has their AD/inhaler in their bag (if age appropriate). In the situation when this is not appropriate the class teacher will carry ADs/inhalers (or give them to the relevant responsible adult if the the class is splitting into smaller groups) If the class is split into smaller groups the teacher will ensure the responsible adult is aware of the medical needs and protocols for support that pupil.
- Understanding how and when to use their Adrenaline Device (AD)

3.8 Pupils without allergies

These pupils are responsible for:

- Being aware of allergens and the risk they pose to their peers at age-appropriate levels. When being overseen by the relevant adults, staff are to be mindful of any SEND support needs that could impact on a pupil's understanding and actions.

4. Identifying individuals at risk

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

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

4.1 Identifying pupils at risk

We will:

- For new starters, send a form to all parents/carers of pupils after their place at the school has been confirmed, but before their first school year starts, to confirm any allergy the pupil has and whether they carry medication. Where a pupil has a new diagnosis and/or has moved to the school mid-term, we will send a form and put arrangements in place within 2 weeks.

● Send a reminder to parents/carers at the start of each year asking them to update their child's medical information as necessary. This will be done annually and as part of any enrolment process to all parents in order for the school to be informed of any emerging needs.

We ask that parents/carers proactively inform us by either phone call to the school on 0207 606 4162 or an email to thornhill@thornhill.islington.sch.uk if their child's medical needs change during the school year.

4.2 Identifying staff and visitors at risk

We will:

● Ask new staff to provide details of their allergies in advance of their start date

● Ask visitors to provide details of their allergies upon entry to the school

4.3 Individual healthcare plans (IHP)

Pupils should have an IHP if they have one or more of the following::

● Have an allergy which has a impacts upon their day to day experience within the school environment

● They are at risk of harm as a result of their allergy; and

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

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

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

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

The headteacher is responsible for deciding (in discussion with the parents/carers and any relevant healthcare professionals) whether a pupil's allergy can be managed through the adjustments made under the school's medical conditions policy or whether an IHP is required to specify arrangements that reflect the pupil's circumstances.

The school will consider the following principles:

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

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

4.4 Allergy and asthma action plans

All pupils who have a known allergy to a food or insect stings should be issued with an appropriate allergy action plan by their healthcare professional.

All pupils who have asthma should be issued with an asthma action plan by their healthcare professional.

The plans include medical and parental consent for staff to administer emergency medicines, including adrenaline for anaphylaxis or reliever inhaler in the event of an asthma attack.

The allergy action plan and/or asthma action plan should be attached to the pupil's IHP. Whenever the allergy action plan is updated, the pupil's IHP should be reviewed to incorporate it.

4.5 Register of pupils with known allergies

- The school maintains a register of pupils who have a known allergy. The register includes:
    - Known allergens and risk factors for anaphylaxis
    - Whether a pupil has been prescribed ADs (and if so, what type and dose)
    - Where a pupil has been prescribed an AD, whether parental consent has been given to administer emergency medication
    - A photograph of each pupil (with parental consent) to allow a visual check to be made
    - The register is kept electronically on Staff Hub and Medical Trackers. A printed copy is also available to refer to in the school office and middle hall where food is served by Caterlink and in the Caterlink office (middle floor). The register can be checked quickly by any member of staff as part of initiating an emergency response

5. Assessing risk

The school will conduct and keep a risk assessment for any pupil at risk of anaphylaxis taking part in:

- Lessons such as food technology
- Science experiments involving foods
- Crafts using food packaging
- Off-site events and school trips
- Any other activities involving animals or food, such as animal handling experiences or baking

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

Risk assessments will be stored digitally in a central location.

6. Minimising risk

6.1 Hygiene procedures

- Pupils are reminded to wash their hands before and after eating
- Sharing of food, food containers, and food utensils is not allowed
- Pupils have their own named water bottles, and lunch boxes provided to pupils with food allergies will be clearly labelled with the name of the child for whom they are intended
- Where food is not directly provided by the school, parental engagement and permission will be sought in advance

6.2 Catering

The school is committed to providing safe food options to meet the dietary needs of pupils with allergies.

- Catering staff receive appropriate training and are able to identify pupils with allergies
- The school will engage with caterers to understand the controls in place to ensure that food service complies with relevant requirements. The contracted catering company to ensure and share evidence of staff training and insurance provision in case of an incident. This will include sharing their pupil database list relating to allergens with the school to ensure both parties hold the same information.
- School menus are available for parents/carers and pupils to view with ingredients clearly labelled, and catering staff are available to discuss the provision of allergy safe meals with parents/carers. Detailed menus will be available on the school website and CaterLink will share their policy and practice with the

school. Pupils with known allergens will be introduced at the counter by school staff to the catering staff. (School will need to confirm if this is to be a daily arrangement.

- Where changes are made to school menus, we will make sure these comply with legislation, and continue to meet any special dietary needs of pupils
- Food allergen information relating to the 'top 14' allergens is displayed on the packaging of all food products, allowing pupils and staff to make safer choices. Allergen information labelling will follow all legal requirements that apply to naming the food and listing ingredients, as outlined by the Food Standards Agency (FSA)
- Where food is provided by the school catering staff, staff who are supervising pupils will understand how to read labels for food allergens
- Catering staff follow hygiene and allergy procedures when preparing food to avoid cross-contamination. Caterlink will provide the school with details of protocols and confirm staff training related to this. This is evidenced in Appendix B - 'Online Food Allergen & Intolerance Form', Appendix C - 'Benedict's Law & Caterlink Information Sheet' and Appendix D - Islington/Caterlink Special Diet & Allergen Management Process'.
- In the event of an incident, the school will be liable if there is failure in regards to our protocols and the catering company has confirmed they will be liable should there be a failure to comply with their protocols agreed with the local authority.

6.3 Insect bites/stings

When outdoors:

- Shoes should always be worn
- Food and drink should be covered

6.4 Animals

- All pupils will always wash hands after interacting with animals to avoid putting pupils with allergies at risk through later contact
- Pupils with animal allergies will not interact with animals

6.5 Visits and trips

- No pupils with allergies will be excluded from taking part
- The school will plan accordingly for all visits and trips, and arrange for the staff members involved to be aware of pupils' allergies and to have received appropriate training
- The school will conduct a risk assessment for any pupil at risk of anaphylaxis taking part in a school trip
- Pupils at risk of anaphylaxis should be with a trained member of staff who will carry any ADs, inhalers or oral medication for the duration of the trip.. When on a school trip, a trained member of staff will be allocated to any children with known allergies and be responsible for implementing the protocols outlined in this policy.
- Staff trained to administer adrenaline in an emergency will be present on the school trip
- Appropriate measures will be taken in line with the school's AD protocols for off-site events and school trips (see section 8.5)

7. Procedures for handling an allergic reaction

- All staff are trained to recognise the signs of both mild and severe allergic reactions (known as anaphylaxis) and respond appropriately
- Staff are trained in the administration of adrenaline to minimise delays in an emergency

- If the pupil has an allergy action plan, this must be followed
- A spare school AD device will only be used if:
    - The pupil does not have a prescribed AD
    - The pupil's prescribed AD are not available or misfire

8. Adrenaline devices (ADs)

8.1 Prescribed ADs

It is recommended that two devices are accessible at all times. Parents are responsible for ensuring that prescribed ADs are in date. A copy of the pupil's allergy action plan is kept alongside their medication, including instructions on how it should be used in an emergency. The school will check expiry dates of medication on a termly basis and inform parents of any replacements needed.

Pupil's ADs (including any prescribed oral medication)will be:

- kept with them in the classroom in a labelled cupboard that is unlocked and accessible at all times.
- **No more than** 5 minutes away from where they may be needed
- Pupils who are prescribed ADs are encouraged to keep them near or on their person at all times including when travelling to or from the school and on school trips
- When a child is provided with prescribed adrenaline, it will be logged on Medical Tracker.

8.2 Spare ADs and inhalers

The allergy safety lead is responsible for sourcing spare ADs, emergency asthma reliever inhalers and oral medication and ensuring they are stored according to the guidance. ADs also to be checked for cloudiness or discoloration of the adrenaline due to heat stress. In regards to school purchased supplies, if this is noticed, the school will order a placement from the agreed supplier. If the above is noticed in regards to medical supplies brought into school by parents/guardians, then the school will inform the parents/guardians of the need to reorder..

- The ADs will be sourced from Eureka Direct, an online UK supplier of first aid and safety supplies.
- 20 spare are required (14 EpiPen Jr Auto-Injector 0.15mg for children under 30kg or 6 years and under and 14 Epi Pen Auto-Injector 0.3mg for adults and children over 30kg or 6 years old plus)
- EpiPen is the brand of ADs purchased

Spare ADs and Inhalers will be stored:

- In a labelled 'emergency anaphylaxis kit' box, clearly displayed in the ground floor office (parcel room), middle floor (wall by Year 2 Saturn class), top floor hall, and outbuildings (School Plus and Outer Space).
- **No more than** 5 minutes away from where they may be needed
- Kept at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature

Spare ADs will be kept:

- In pairs, in case a second one is necessary
- Separate from any pupils' prescribed ADs and clearly labelled to avoid confusion

Samantha Abedian and Frankie Smith are responsible for:

● Checking monthly that spare ADs and the emergency asthma reliever inhaler are present and in date

● Obtaining replacement ADs when the expiry date is near

8.3 Disposal

ADs can only be used once. Once an AD has been used, it will be disposed of in line with the manufacturer's instructions.

8.4 Using spare ADs in an emergency situation without prior consent

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

The school will obtain advance consent from parents/carers or pupils 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. This avoids potentially fatal delays in treatment.

8.5 Use of ADs off school premises

Pupils at risk of anaphylaxis should have their AD,s inhalers and oral medication carried by an assigned, trained member of staff./inhalers (if age appropriate - otherwise the teacher will carry Ads/inhalers) with them on school trips and off-site events. A pair of spare ADs for emergency use will also be taken on the trip or event by the lead school adult. When ADs are carried outside of school (on school trips), they will be carried in an insulated back with cooling (including cooling packs if the weather is hot).

9. Serious incidents and ‘near misses’

A **serious incident** is any event relating directly to a medical condition (including allergy) in which a pupil, member of staff or visitor with a medical condition or allergy is harmed or is placed at an immediate and significant risk of harm, including situations requiring emergency medication, urgent clinical intervention or attendance by emergency services.

A **'near miss'** is an event relating directly to a medical condition (including allergy) that did not result in harm but had the clear potential to do so – for example, where an error, omission, or system failure could reasonably have led to a serious incident had circumstances been only slightly different.

9.1 Incident and ‘near miss’ recording

The school will record serious incidents and ‘near misses’ relating to allergy safety as soon as is feasible. The incident will be recorded on Medical Tracker and Iris (Incident Reporting Information System, which is the Islington council's online database used to log workplace accidents, near misses, and health and safety incidents across local authority buildings and schools) including the following information:

● Who was affected

● What happened, when and where

● Why the incident occurred (as far as is known)

● Which staff responded

● How staff and pupils responded and what was done to support the individual

● Whether emergency services were called

● How the incident concluded

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

9.2 Incident and ‘near miss’ reporting

Parents/carers must be notified of the incident or ‘near miss’ as soon as possible. This will be via an email sent from Medical Tracker and a follow up phone call from a member of SLT. Any incidents and ‘near misses’ will be reported to the Governing Body by the Assistant Headteacher/SENDCo.

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

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

In some cases, the impact of exposure to an allergen at school may be delayed and not recognised until the pupil is at home. This means that incident reporting is not limited to staff – the pupil, parents/carers or others (such as healthcare professionals) will need to report to the school if there has been an incident with a delayed reaction.

Staff will always share the incident report with allergy safety lead, Samantha Abedian who will consider whether the allergy safety arrangements in place were appropriate or if changes are needed to this policy and/or the pupil’s IHP. Any learning will be shared appropriately with staff so they can act on them and reduce the chance of an incident reoccurring.

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

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

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

Investigations will be led by the Executive Headteacher in partnership with the relevant professionals.

If a parent/carer is unhappy with the outcome of an investigation, the parent/carer can follow the school’s formal complaint policy.

10. Allergy awareness

10.1 Staff training

The school ensures that all staff are present when students are on site and that they will receive allergy awareness training at least annually. New members of staff will complete this training as part of their induction.

This includes permanent staff, temporary staff, supply teachers, peripatetic staff, agency workers and regular volunteers. It also includes catering staff and others who may oversee pupils at breakfast or after-school clubs. It does not include contractors carrying out work with no pupil-facing role such as builders, electricians or other ad hoc maintenance personnel.

The school has purchased 'training pens' from EpiPen and Jext so staff can practise safely and be familiar with the differences.

The school will conduct allergy safety drills annually. This is a simulated case of anaphylaxis to test out how staff respond, without risk to any individual. The results of the drill will be recorded and used to inform the ongoing review of this policy.

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, 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:
    - Calling emergency services and informing parents/carers
    - How to locate and administer emergency medication
    - How to use the medication/device in an emergency
- Understand the impact allergy can have on a pupil'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')
- Allergy safety will be a weekly standing item during whole staff briefings. In advance of the briefing, staff will be required to answer a question about allergy, which will be discussed at the meeting.

10.2 Awareness of allergy safety policy

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

At the start of each school year, staff will be required to sign that they have read and understood the policy. New staff joining during the academic year will be required to do the same as part of their induction.

The school will use resources from Allergy School to teach children about allergies and allergy safety. This will be a mixture of whole school teaching (at least one assembly per academic year) and class-based teaching (at least once per term).

11. Wellbeing

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

Pupils with allergies will have additional support through:

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

The school will respond to any instance of bullying in line with its behavior policy.

11.1 Wellbeing support following an incident or 'near miss'

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

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

See section 9 of the policy for more detail on incidents and 'near misses'.

12. Information sharing

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

13. Monitoring arrangements

This policy will be monitored by the allergy safety lead.

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

14. Links to other policies

This policy links to the following policies and procedures:

- Health and safety policy
- Supporting pupils with medical conditions policy
- Data protection policy
- Behavior policy
- First Aid Policy
- Medications Policy

Appendix A - Flowchart: Response to Medical Incidents

FLOWCHART: RESPONSE TO MEDICAL INCIDENTS

Condensed two-sided A4 version • Follow the child's IHP, parental agreement and school policy

1. INCIDENT NOTICED

- Observe: child is injured, unwell or showing signs of a medical difficulty (including asthma, diabetes, allergy, seizure or other known condition).
- Quickly assess risk: potentially life-threatening/very serious? Examples: breathing difficulty, loss of consciousness, severe bleeding, suspected anaphylaxis.

2. YES — SERIOUS / EMERGENCY → SECTION 2

- Call for help: alert office/SLT and First Aid lead immediately.
- Call 999 if struggling to breathe, unconscious, severe allergic reaction or other life-threatening event/s.
- Locate IHP (Medical Tracker or hard copy Appendix 1) and follow emergency actions.
- Use agreed emergency medication (e.g. inhaler, adrenaline auto-injector, insulin protocol) as set out in plan/parental agreement (Appendix 2).
- Use appropriate First Aid; record actions on Medical Tracker and relevant record (Appendix 3–5).
- Contact parents/carers as soon as practicable.
- Inform DSL/Deputy DSL if safeguarding concerns arise (e.g. neglect, repeated unmanaged medical needs, unexplained injuries), in line with KCSIE.

3. NO — NON-EMERGENCY → SECTION 3

- Move child to office/medical room or designated First Aid area; another adult if needed.
- Check IHP/EHCP health provision or Medical Tracker medical needs.
- Check parental agreement to administer medicine and that medicine is stored correctly.
- Medication rules: 3-times-daily prescribed medicine normally given at home; administer only under agreed exceptional arrangement.
- 4-times-daily prescribed medicine: follow parental agreement/IHP; parents should have given first 24-hour dose; administer only to written instructions and school policy.
- Non-prescribed medicine (e.g. Calpol, Piriton): do not administer; ask parents to attend if needed.
- If improves and safe → SECTION 6. If deteriorates/risk increases → SECTION 2.

4. ADMINISTERING MEDICATION — WHEN AUTHORISED

- Keep individual medicines in a labelled zip-lock bag with a record of administration.
- CHECK: child's name, dosage, expiry date and timing against parental agreement/container label; original pharmacy-dispensed container.
- CONSENT & COMPETENCE: check parental consent form (Medical Tracker/Appendix 2) and IHP; decide whether child self-administers with supervision or staff administers.
- ADMINISTER SAFELY: follow dosage/method exactly; use appropriate hygiene and safety (gloves/sharps procedures if relevant).
- RECORD IMMEDIATELY: Medical Tracker + Record of medicine administered (Appendix 3) or asthma/diabetes record (Appendix 4–5); note side-effects/reactions and inform parents if necessary.

FLOWCHART: FOLLOW-UP, OFF-SITE ACTIVITIES & RECORDING

Use the same emergency/non-emergency decision process throughout

5. OFF-SITE ACTIVITIES — TRIPS, SWIMMING, CLUBS

- PRE-TRIP: review pupils' medical needs, IHPs and risk assessments in line with SEND Code of Practice and medical conditions guidance.
- Take red folder, year-group grab bag and office grab bag; check emergency medication and staff training.
- DURING TRIP: follow the same emergency/non-emergency decision steps (Sections 2–3).
- Follow trip-specific arrangements in the IHP under "Arrangements for school visits/trips etc".
- AFTER INCIDENT: record on Medical Tracker and relevant appendix form; review risk assessment and IHP and consider whether changes are needed.

6. RECORDING, REVIEW & SAFEGUARDING / SEND FOLLOW-UP

- RECORD: log incident on Medical Tracker and, where appropriate, CPOMs (staff training or safeguarding concerns).
- Securely file completed paper records (Appendix 3–5); destroy confidential authorisation slips after the policy retention period.
- PARENTS/CARERS: share what happened, what was administered and next steps; agree changes to medication, IHP or attendance arrangements.
- SEND & INCLUSION: consider whether a pattern of incidents indicates a need to review the IHP, SEN Support plan or EHCP health provision, in line with the SEND Code of Practice.
- LEARNING: for serious incidents or near misses, follow the school's serious incident procedure, review training, and update the Managing Medicines Policy and risk assessments.

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DECISION LOOP

- Any deterioration or increased risk → return immediately to SECTION 2 (Emergency Response).
- If safe and improving → continue with authorised care, recording and follow-up in SECTION 6.

Source condensed from "Flowchart Outlining Response to Medical Incidents" (Draft 09/2026).

Appendix B - Caterlink Online Food Allergen & Intolerance Form

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ONLINE FOOD ALLERGEN & INTOLERANCE FORM

At Caterlink the safety of our pupils is our number one priority, and we take catering for customers with food allergies and intolerances very seriously.

The below information details how to complete our online form for pupils who require a special diet menu due to allergens, intolerances or medical conditions.

STEP 1

You can request a special diet menu by completing our online Allergy & Intolerance Form – CTL – Food Allergy & Intolerance Form V2

This needs to be submitted with supporting medical evidence from an NHS professional (a GP/consultant or registered dietitian). This can be a letter, copy of medical notes, an Allergy Action Plan signed by a medical professional or a screenshot from the NHS app. Medical evidence is an industry-wide requirement, recommended by the Lead Association for Catering in Education (LACA).

Please ensure that when you enter the school name that the unit number and postcode listed are correct for your school.

STEP 2

Whilst waiting to see if a special diet menu has been approved any children with food allergies or intolerances can be provided with a 'safe meal' – jacket potato with baked beans, vegetables and fresh fruit salad (if suitable for the pupil's allergies).

If you would like your child to have a 'safe meal' please let your school know.

STEP 3

The Caterlink team will review the request and check that it is safe to cater for using the LACA Special Diet Risk Analysis Process for Caterers where required. The risk analysis looks at the pupil's requirements, the medical evidence, the capability of the kitchen facilities and the school environment to determine if the request is low, medium or high risk.

STEP 4

If deemed safe to cater for by our Caterlink nutrition team will then develop the special diet menu, with at least one suitable meal option daily. This can take up to four weeks from receiving all of the information required.



Should your child's allergies or intolerances change, you should request the link from the school and choose 'Updated Request'.

If your child has become allergic or intolerant to additional foods, please ring the school immediately and request a safe meal.

Appendix C - Caterlink Benedict's Law & Caterlink Information Sheet

Benedicts Law & Caterlink Information Sheet

At Caterlink, we recognise that schools are working to ensure compliance with Benedicts Law, which was introduced in September 2026. More information can be found **here.**
Benedict's Law focuses on how **schools support pupils with medical conditions and allergies**, ensuring that **safe procedures are in place** and that all staff are appropriately trained.

In order to give you confidence that **we are doing what we are required to as caterers**, we have **outlined our responsibilities** below.

What do we need to do, and how are we doing it?

1. **Use accurate allergen labelling:** *We complete back of house labels or allergen matrixes, which show the information for each recipe or food item on site.*
2. **Recipe documentation and review** – *we work closely with suppliers to do a monthly allergen review of all recipes and products, and update kitchen teams where allergens have changed. Suppliers have to notify us of any changes within the 14 key allergens.*
3. **Cross-contamination prevention** – *all teams are trained in cross contamination prevention on a yearly basis*
4. **Clear identification of allergy meals** – *we agree with each school how special diet meals are served and handed over to pupils, ensuring this is done in a safe manner*
5. **Emergency procedure knowledge** – all catering staff must know how to recognise and respond to anaphylaxis, , including understanding of the school's emergency procedure
6. **Record keeping** – *we maintain daily food safety and allergen management due diligence records, and keep for three months. We undertake internal compliance audits on a termly basis, and external compliance audits on an annual basis*

What does our allergen training need to cover?

Caterlink allergen training is done on an annual basis and covers all of the below:

- Recognising the signs of allergic reactions and anaphylaxis
- Emergency response steps, including awareness of the school's emergency contacts
- Allergen awareness in food preparation and service - *including how to do the mandatory pre-service allergen briefing*
- Cross-contamination prevention - *during storage, food preperation and service*
- Communication with teachers, parents and allergy leads - *this includes primary schools agreeing a safe method of identification, and collecting clear information through our online Food Allergy and Intolerance Form*
- Review of school allergy policy and individual care plans - *kitchen teams are trained to pass these queries to the nutrition team, and all care plans are reviewed using our online Food Allergy and Intolerance Form*

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Appendix D - Islington/Caterlink Special Diet & Allergen Management Process

ISLINGTON

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Special Diet & Allergen Management Process

Joint Briefing Document

The Department for Education states that schools should make reasonable adjustments for pupils with dietary requirements. It is the responsibility of the school and/or caterer to decide if provision of a special diet meal is feasible and reasonable efforts should be made to cater for all pupils needs.

This document will outline the steps required before offering a pupil a special diet menu.

Every effort should be made to stick to the centrally produced menus each term, as the majority of special diet menus are a derivative of these menus.

What is a special diet/ special diet menu?

- A special diet is identified as one where the standard provision requires amendments to be made to ensure that it is safe for a customer, due to a specially diagnosed requirement such as a food allergy or intolerance.
- We do not consider children's preferences as special diets, as we believe that children should be encouraged to try new foods whilst tastebuds are changing and developing.

Special Diet Menu Process

1. All special diet requests must be accompanied by medical evidence. Acceptable medical evidence should be documentation from a professional medical source i.e., a medical doctor, registered dietitian, nurse, or other qualified NHS special professional. School-composed care plans, private commercial laboratory reactivity results and homeopathic diagnoses are not accepted. The medical note provided must be the most up to date version and, if a newly diagnosed allergy/intolerance, the medical note should be dated within the last 6 months.
2. Special diet menus can only be produced for primary schools or nurseries using Caterlink approved recipes – if the school menu includes recipes that are not on the Caterlink database, no special diet can be produced.
3. Before sending special diet menu requests through to the Caterlink nutrition team, the Caterlink operations team will need to put the request through the ***LACA Special Diet Risk Analysis Process*** to determine if it is safe to provide**.** The priority is the safety of the customer, and this process consider many factors, including capabilities of the school kitchen, the nature of the allergen(s) and the severity of the reaction. This process can take up to 2 weeks or longer depending on the circumstances for completion.