



# **SAUNCEY WOOD PRIMARY SCHOOL**

## **SUPPORTING CHILDREN WITH MEDICAL CONDITIONS POLICY**

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<b>Responsible Committee</b>	<b>FGB</b>
<b>Source</b>	<b>Herts Grid (Jan 2021 version)</b>
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The policy framework describes the essential criteria for how a school can meet the needs of children and young people with long-term conditions. It is in line with DfE statutory guidance on Supporting Pupils with Medical Conditions (December 2015) for governing bodies of maintained schools and proprietors of academies in England:

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3#history>

### **DfE guidance**

Governing bodies should ensure that all schools develop a policy for supporting pupils with medical conditions that is reviewed regularly and is readily accessible to parents and school staff.

Governing bodies should ensure that the arrangements they set up include details on how the school's policy will be implemented effectively, including a named person who has overall responsibility for policy implementation.

Details should include:

- who is responsible for ensuring that sufficient staff are suitably trained,
- a commitment that all relevant staff will be made aware of the child's condition,
- cover arrangements in case of staff absence or staff turnover to ensure someone is always available,
- briefing for supply teachers,
- risk assessments for school visits, holidays, and other school activities outside of the normal timetable,
- monitoring of individual healthcare plans.

### **This school is an inclusive community that supports and welcomes pupils with medical conditions:**

- It provides children with medical conditions with the same opportunities and access to activities (both school-based and out-of-school) as other pupils. No child will be denied admission or prevented from taking up a place in this school because arrangements for their medical condition have not been made.
- This school will listen to the views of pupils and parents/carers.
- Pupils and parents/carers feel confident in the care they receive from this school and the level of that care meets their needs.



- Staff understand the medical conditions of pupils at this school and that they may be serious, adversely affect a child's quality of life and impact on their ability and confidence
- All staff understand their duty of care to children and young people and know what to do in the event of an emergency.
- The whole school & local health community understand and support the medical conditions policy.
- This school understands that all children with the same medical condition will not have the same needs, our school will focus on the needs of each individual child.
- The school recognises its duties as detailed in Section 100 of the Children and Families Act 2014. (and other relevant legislation, see DfE guidance p27). Some children with medical conditions may be considered disabled under the definition set out in the Equality Act 2010. Where this is the case, this school complies with their duties under that Act. Some may also have special educational needs (SEN) and may have an Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. For children with SEN, this policy should be read in conjunction with the Special educational needs and disability (SEND) code of practice.

**This school's medical conditions policy is drawn up in consultation with a wide range of local key stakeholders within both the school and health settings:**

- Stakeholders include pupils, parent/carers, school nurse, school staff, governors, and relevant local health specialist services.

**The medical conditions policy is supported by a clear communication plan for staff, parents/carers and other key stakeholders to ensure its full implementation:**

- Pupils, parents/carers, relevant local healthcare staff, and other external stakeholders are informed of and reminded about the medical conditions policy through clear communication channels.

**All nominated staff understand and are trained in what to do in an emergency for children with medical conditions at this school:**

- All nominated staff, including temporary or supply staff, are aware of the medical conditions at this school and understand their duty of care to pupils in an emergency.
- All nominated staff receive training in what to do in an emergency and this is refreshed at least once a year.
- All children with medical conditions that are complex, long-term or where there is a high risk that emergency intervention will be required at this school have an individual healthcare plan (IHP), which explains what help they need in an emergency. The IHP will accompany a pupil should they need to



attend hospital. Parental permission will be sought and recorded in the IHP for sharing the IHP within emergency care settings.

- This school makes sure that all staff providing support to a pupil have received suitable training and ongoing support to ensure that they have confidence to provide the necessary support and that they fulfil the requirements set out in the pupil's IHP. This should be provided by the specialist nurse/school nurse/other suitably qualified healthcare professional and/or parent/carer. The specialist nurse/school nurse/other suitably qualified healthcare professional will confirm their competence and this school keeps an up-to-date record of all training undertaken and by whom.

#### **All staff understand and are trained in the school's general emergency procedures:**

- All staff, including temporary or supply staff should be aware of the content of this policy, know what action to take in an emergency and receive updates at least yearly. School nurses will provide annual training for common conditions eg asthma, allergies, epilepsy and diabetes.
- If a pupil needs to attend hospital, a member of staff (preferably known to the pupil) will stay with them until a parent/carer arrives, or accompany a child taken to hospital by ambulance. They will not take pupils to hospital in their own car.

#### **This school has clear guidance on providing care and support and administering medication at school:**

- This school understands the importance of medication being taken and care received as detailed in the pupil's IHP.
- Medication will only be administered when it would be detrimental to a child's health or school attendance not to do so.
- This school will make sure that there are sufficient members of staff who have been trained to administer the medication and meet the care needs of an individual child. This includes escort staff for home to school transport if necessary. This school will ensure that there are sufficient numbers of staff trained to cover any absences, staff turnover and other contingencies. This school has the appropriate level of insurance and liability cover in place.
- This school will not give medication (prescription or non-prescription) to a child under 16 without a parent's written consent except in exceptional circumstances, and every effort will be made to encourage the pupil to involve their parent/carer, while respecting their confidentiality.
- When administering medication, for example pain relief, this school will check the maximum dosage and when the previous dose was given. Parents/carers will be informed.



- This school will make sure that a trained member of staff is available to accompany a pupil with a medical condition on an off-site visit, including overnight stays.
- Parents/carers at this school understand that they should let the school know immediately if their child's needs change.
- If a pupil misuses their medication, or anyone else's, their parent/carer is informed as soon as possible, and the school's disciplinary procedures are followed.

#### **This school has clear guidance on the storage of medication and equipment at school:**

- This school makes sure that all staff understand what constitutes an emergency for an individual child and makes sure that emergency medication/equipment, e.g. asthma inhalers, epi-pens etc. are readily available wherever the child is in the school and on off-site activities, and are not locked away.
- Pupils may carry their own medication/equipment, or they should know exactly where to access it. Those pupils deemed competent to carry their own medication/equipment with them will be identified and recorded through the pupil's IHP in agreement with parents/carers.
- Pupils can carry controlled drugs if they are deemed competent to do so, otherwise this school will store controlled drugs securely in a non-portable container, with only named staff having access. Staff at this school can administer a controlled drug to a pupil once they have had specialist training.
- This school will make sure that all medication is stored safely, and that pupils with medical conditions know where they are at all times and have access to them immediately. Under no circumstances will medication be stored in first aid boxes.
- This school will only accept medication that is in date, labelled and in its original container including prescribing instructions for administration. The exception to this is insulin, which though must still be in date, will generally be supplied in an insulin injector pen or a pump.
- Parents/carers are asked to collect all medications/equipment at the end of the school term, and to provide new and in-date medication at the start of each term.
- This school disposes of needles and other sharps in line with local policies. Sharps boxes are kept securely at school and will accompany a child on off-site visits. They are collected and disposed of in line with local authority procedures.

#### **This school has clear guidance about record keeping:**

- As part of the school's admissions process and annual data collection exercise parents/carers are asked if their child has any medical conditions. These procedures also cover transitional arrangements between schools.
- This school uses an IHP to record the support an individual pupil needs around their medical condition. The IHP is developed with the pupil (where appropriate), parent/carer, designated named member of



school staff, specialist nurse (where appropriate) and relevant healthcare services. Where a child has SEN but does not have an EHC plan, their special educational needs are mentioned in their IHP. Appendix 1 is used to identify and agree the support a child needs and the development of an IHP.

- This school has a centralised register of IHPs, and an identified member of staff has the responsibility for this register.
- IHPs are regularly reviewed, at least every year or whenever the pupil's needs change.
- The pupil (where appropriate) parents/carers, specialist nurse (where appropriate) and relevant healthcare services hold a copy of the IHP. Other school staff are made aware of and have access to the IHP for the pupils in their care.
- This school makes sure that the pupil's confidentiality is protected.
- This school seeks permission from parents/carers before sharing any medical information with any other party.
- This school keeps an accurate record of all medication administered, including the dose, time, date and supervising staff.

**This school ensures that the whole school environment is inclusive and favourable to pupils with medical conditions. This includes the physical environment, as well as social, sporting and educational activities:**

- This school is committed to providing a physical environment accessible to pupils with medical conditions and pupils are consulted to ensure this accessibility. This school is also committed to an accessible physical environment for out-of-school activities.
- This school makes sure the needs of pupils with medical conditions are adequately considered to ensure their involvement in structured and unstructured activities, extended school activities and residential visits.
- All staff are aware of the potential social problems that pupils with medical conditions may experience and use this knowledge, alongside the school's anti bullying policy, to help prevent and deal with any problems. They use opportunities such as PSHE and science lessons to raise awareness of medical conditions to help promote a positive environment.
- This school understands the importance of all pupils taking part in off site visits and physical activity and that all relevant staff make reasonable and appropriate adjustments to such activities in order they are accessible to all pupils. This includes out-of-school clubs and team sports. Risk assessments will be conducted as part of the planning process to take account of any additional controls required for individual pupil needs.



- This school understands that all relevant staff are aware that pupils should not be forced to take part in activities if they are unwell. They should also be aware of pupils who have been advised to avoid/take special precautions during activity, and the potential triggers for a pupil's medical condition when exercising and how to minimise these.

**This school makes sure that pupils have the appropriate medication/equipment/food with them during physical activity and offsite visits:**

- This school makes sure that pupils with medical conditions can participate fully in all aspects of the curriculum and enjoy the same opportunities at school as any other child, and that appropriate adjustments and extra support are provided.
- All school staff understand that frequent absences, or symptoms, such as limited concentration and frequent tiredness, may be due to a pupil's medical condition.
- This school will not penalise pupils for their attendance if their absences relate to their medical condition.
- This school will refer pupils with medical conditions who are finding it difficult to keep up educationally to the SENCO/INCO who will liaise with the pupil (where appropriate), parent/carer and the pupil's healthcare professional.
- Pupils at this school learn what to do in an emergency.
- This school makes sure that a risk assessment is carried out before any out-of-school visit, including work experience and educational placements. The needs of pupils with medical conditions are considered during this process and plans are put in place for any additional medication, equipment or support that may be required.

**This school is aware of the common triggers that can make common medical conditions worse or can bring on an emergency. The school is actively working towards reducing or eliminating these health and safety risks and has a written schedule of reducing specific triggers to support this:**

- This school is committed to identifying and reducing triggers both at school and on out-of-school visits.
- School staff have been given training and written information on medical conditions which includes avoiding/reducing exposure to common triggers.
- The IHP details an individual pupil's triggers and details how to make sure the pupil remains safe throughout the whole school day and on out-of-school activities. Risk assessments are carried out on all out-of-school activities, taking into account the needs of pupils with medical needs.



- This school reviews all medical emergencies and incidents to see how they could have been avoided, and changes school policy according to these reviews.

**Each member of the school and health community knows their roles and responsibilities in maintaining and implementing an effective medical conditions policy:**

- This school works in partnership with all relevant parties including the pupil (where appropriate), parent/carer, school's governing body, all school staff, employers and healthcare professionals to ensure that the policy is planned, implemented and maintained successfully.
- Key roles and responsibilities are outlined in Appendix 2.

**Early Identification of pupils whose attendance has been affected:**

- All staff take responsibility for the identification of the children/young people who are on school roll but are absent from school with a medical need which may impact on their ability to access the curriculum. This will be monitored through the Designated Teacher and key staff identified.
- All staff will support the Designated Teacher to establish, where possible, the amount of time a pupil might be absent and identify ways in which the school can support the pupil in the short term e.g. providing work to be done at home in the first instance.
- The Designated Teacher will have the responsibility for liaising with the Education Support Team for Medical Absence (ESTMA), parents or carers and various agencies where the pupils are too ill to attend school.

**For children with health needs who cannot attend school:**

- The Designated Teacher will then discuss a referral to ESTMA with the parents/carer and will fill in a Hertfordshire Service Request Form clearly identifying the Education Support Team for Medical Absence (ESTMA) as the requested provider and request medical evidence from the parent/carer.
- The school will ensure that where pupils with long-term and recurrent conditions are absent, the ESTMA will be informed and medical evidence secured. Following the acceptance of the referral the school staff will communicate with other parties, attend reviews and facilitate communication between the pupil and the school.
- This contact will ensure that procedures are followed when a pupil is absent from school for medical reasons including procedures to support:
  - Early identification
  - Referrals





- Personal education plans
- Reintegration into school
- Pupils working towards public examinations
- Involvement of the pupil
- Evaluation of provision

## Evaluation

- The School's policy for the education of pupils with medical needs is accessible for all stakeholders.
- This policy statement and the school's performance in supporting pupils with medical needs will be monitored and evaluated regularly.
- The school policy takes account of the statutory guidance and legislation contained in:
  - Statutory Guidance for local authorities January 2013
  - Implementing the Disability Discrimination Act in Schools and Early Years Settings'. (2005) (DCSF and Disability Rights Commission)
  - 'Removing Barriers to Achievement' 10 year Government strategy for SEN (2004). DfES ES/0117/2004 DfES ES/0118/2004 (summary)
  - The Education Act 1996 (DfES)
  - CS ESTMA County Policy
  - Race Relations (Amendment) Act 2000 (RRAA)
  - Hertfordshire County Council Equality Policy

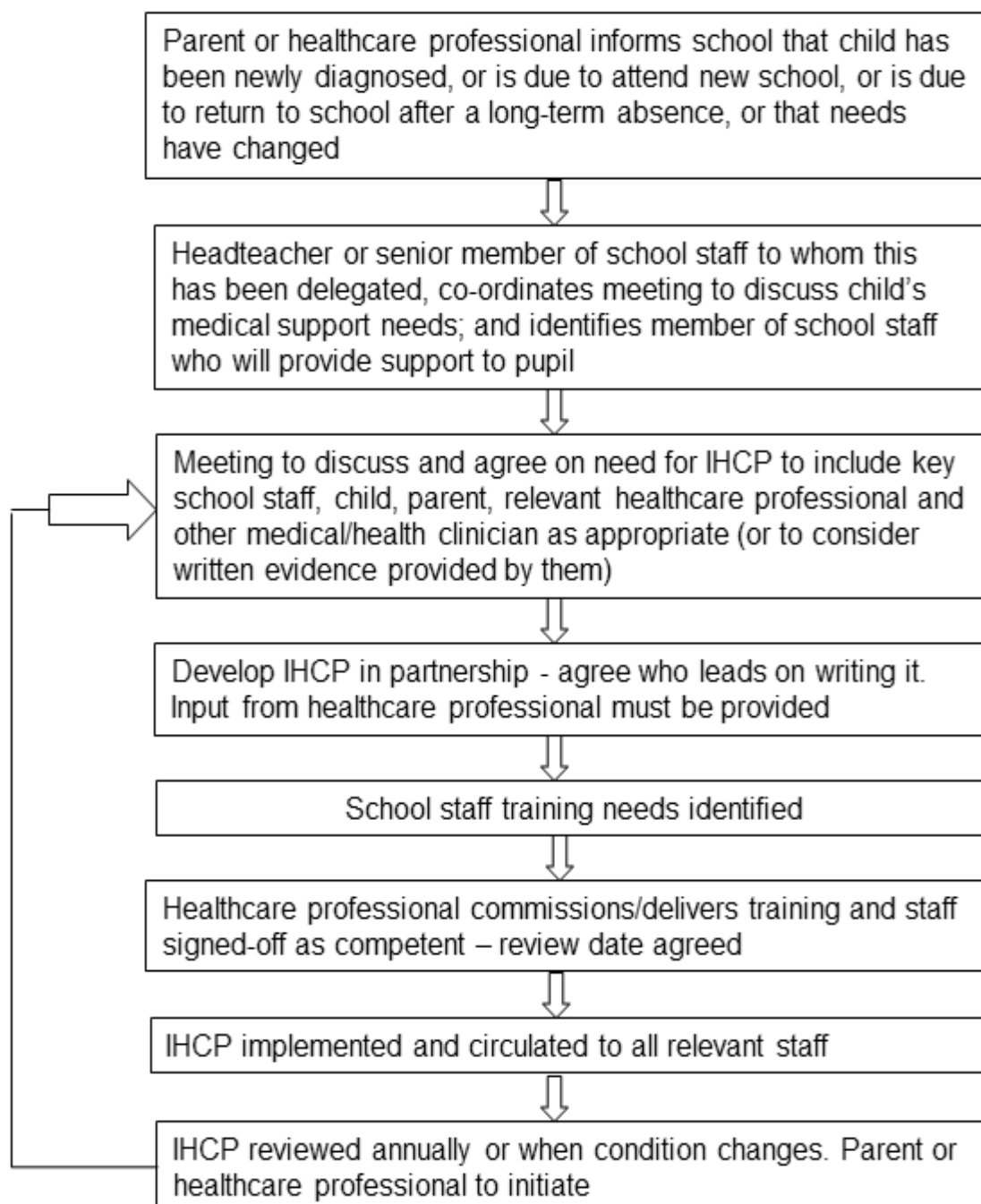
**The medical conditions policy is regularly reviewed, evaluated and updated. Updates are produced every year.**

In evaluating the policy, this school seeks feedback from key stakeholders including pupils, parents/carers, school nurses, specialist nurses and other relevant healthcare professionals, school staff, local emergency care services and governors. The views of pupils with medical conditions are central to the evaluation process. Should parents and pupils be dissatisfied with the support provided they should discuss these concerns with the Headteacher.



## Appendix 1

### Model process for developing individual healthcare plans





## Appendix 2

### Roles and responsibilities

**Governing body** – ensures that a policy is in place and being implemented.

**Headteacher** – should ensure that their school’s policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation. Headteachers should ensure that all staff who need to know are aware of the child’s condition. They should also ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. Headteachers have overall responsibility for the development of individual healthcare plans. They should also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. They should contact the school nursing service in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.

**School staff** – any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers’ professional duties, they should take into account the needs of pupils with medical conditions that they teach. School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

**School nurse** – every school has access to school nursing services. They are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they will do this before the child starts at the school. They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but may support staff on implementing a child’s individual healthcare plan and provide advice and liaison, for example on training. School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs - for example, there are good models of local specialist nursing teams offering training to local school staff, hosted by a local school. Community nursing teams will also be a valuable potential resource for a school seeking advice and support in relation to children with a medical condition.

**Other healthcare professionals** - including GPs, paediatricians, nurse specialists/community paediatric nurses – should notify the school nurse and work jointly when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing healthcare plans. Anyone dealing with the medical care of a pupil in school should contact the named school nurse for that school to ensure a coordinated approach.

**Pupils** – with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan. Other pupils will often be sensitive to the needs of those with medical conditions.



**Parents/carers** – should provide the school with sufficient and up-to-date information about their child’s medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parents/carers are key partners and should be involved in the development and review of their child’s individual healthcare plan, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, eg provide medicines and equipment and ensure they or another nominated adult are contactable at all times.



### **Appendix 3- Allergic reactions**

Author/s: Jade Harkness/ Clare Bellwood

Review Frequency: Yearly

Date approved by governors: September 2023

Date of next review: September 2024

#### **Purpose**

To minimise the risk of any pupil suffering a serious allergic reaction whilst at school or attending any school related activity.

To ensure staff are properly prepared to recognise and manage serious allergic reactions should they arise.

#### **Links with other policies**

Supporting children with medical needs

Code of Conduct

Child Protection

The named staff members (at least 2) responsible for co-ordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy are:-

Jade Harkness- Head teacher

Clare Jackelman- Office manager



## Contents

1. Introduction
2. Roles and responsibilities
3. Allergy action plans
4. Emergency treatment and management of anaphylaxis
5. Supply, storage and care of medication
6. 'Spare' adrenaline auto-injectors in school
7. Staff training
8. Inclusion and safeguarding
9. Catering
10. School trips
11. Allergy awareness and nut bans
12. Risk assessment
13. Useful links

### **1. Introduction**

An allergy is a reaction of the body's immune system to substances that are usually harmless. The reaction can cause minor symptoms such as itching, sneezing or rashes but sometimes causes a much more serious reaction called anaphylaxis. Anaphylaxis is a serious, life-threatening allergic reaction. It is at the extreme end of the allergic spectrum. The whole body is affected often within minutes of exposure to the allergen, but sometimes it can be hours later. Causes can include foods, insect stings, and drugs.

Most healthcare professionals consider an allergic reaction to be anaphylaxis when it involves difficulty breathing or affects the heart rhythm or blood pressure. Anaphylaxis symptoms are often referred to as the ABC symptoms (Airway, Breathing, Circulation).

It is possible to be allergic to anything which contains a protein, however most people will react to a fairly small group of potent allergens.

Common UK Allergens include (but are not limited to):-

Peanuts, Tree Nuts, Sesame, Milk, Egg, Fish, Latex, Insect venom, Pollen and Animal Dander.

This policy sets out how Sauncey Wood School will support pupils with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in school life.



## **2. Role and responsibilities**

### **Parent Responsibilities**

- On entry to the school, it is the parent's responsibility to inform Office Staff of any

Allergies and complete all paperwork. This information should include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication.

- Parents are to supply a copy of their child's Allergy Action Plan (BSACI plans preferred) to school. If they do not currently have an Allergy Action Plan this should be developed as soon as possible in collaboration with a healthcare professional e.g. School nurse/GP/allergy specialist.
- Parents are responsible for ensuring any required medication is supplied, in date and replaced as necessary.
- Parents are requested to keep the school up to date with any changes in allergy management. The Allergy Action Plan will be kept updated accordingly.

### **Staff Responsibilities**

- All staff will complete anaphylaxis training. Training is provided for all staff on a yearly basis and on an ad-hoc basis for any new members of staff.
- Staff must be aware of the pupils in their care (regular or cover classes) who have known allergies as an allergic reaction could occur at any time and not just at mealtimes. Any food-related activities must be supervised with due caution.
- Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils with medical conditions, including allergies, carry their medication. Pupils unable to produce their required medication will not be able to attend the excursion.
- Office Staff will ensure that the up-to-date Allergy Action Plan is kept with the pupil's medication.
- It is the parent's responsibility to ensure all medication is in date however the Office Staff will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry. Medication will be sent home at the end of each term to be reviewed by parents.
- The School Office keep a register of pupils who have been prescribed an adrenaline auto-injector (AAI) and a record of use of any AAI(s) and emergency treatment given.

### **Pupil Responsibilities**

- Pupils are encouraged to have a good awareness of their symptoms and to let an adult know as soon as they suspect they are having an allergic reaction.
- Pupils who are trained and confident to administer their own AAIs will be encouraged to take responsibility for carrying them on their person at all times.



### 3. Allergy Action Plans

Allergy action plans are designed to function as individual healthcare plans for children with food allergies, providing medical and parental consent for schools to administer medicines in the event of an allergic reaction, including consent to administer a spare adrenaline autoinjector. Sauncey Wood School recommends using the British Society of Allergy and Clinical Immunology

(BSACI) Allergy Action Plans to ensure continuity. This is a national plan that has been agreed by the BSACI, Anaphylaxis UK and Allergy UK.

It is the parent/carer's responsibility to complete the allergy action plan with help from a healthcare professional (e.g. GP/School Nurse/Allergy Specialist) and provide this to the school.

### 4. 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.

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.
- 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.

If the pupil has been exposed to something they are known to be allergic to, then it is more likely to be an anaphylactic reaction.

Anaphylaxis can develop very rapidly, so a treatment is needed that works rapidly. Adrenaline is the mainstay of treatment, and it starts to work within seconds.

What does adrenaline do?





- It opens up the airways
- It stops swelling
- It raises the blood pressure

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

Action:

- Keep the child where they are, call for help and do not leave them unattended.
- LIE CHILD 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 AUTO-INJECTOR WITHOUT DELAY and note the time given. AAI's should be given into the muscle in the outer thigh. 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 AAI.
- If no signs of life commence CPR.
- Call parent/carer as soon as possible.

Whilst you are waiting for the ambulance, keep the child 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 pupils must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can reoccur after treatment.

## **5. Supply, storage and care of medication**

Depending on their level of understanding and competence, pupils will be encouraged to take responsibility for and to carry their own two AAI's on them at all times (in a suitable bag/container).

For younger children or those not ready to take responsibility for their own medication, there should be an anaphylaxis kit which is kept safely, not locked away and accessible to all staff.

Medication should be stored in a suitable container and clearly labelled with the pupil's name. The pupil's medication storage container should contain:

- Two AAI's i.e. EpiPen® or Jext® or Emerade®
- An up-to-date allergy action plan



- Antihistamine as tablets or syrup (if included on allergy action plan)
- Spoon if required
- Asthma inhaler (if included on allergy action plan).

It is the responsibility of the child's parents to ensure that the anaphylaxis kit is up-to-date and clearly labelled, however the Office staff will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.

Parents can subscribe to expiry alerts for the relevant AAls their child is prescribed, to make sure they can get replacement devices in good time.

### **Older children and medication**

Older children and teenagers should, whenever possible, assume responsibility for their emergency kit under the guidance of their parents. However, symptoms of anaphylaxis can come on very suddenly, so school staff need to be prepared to administer medication if the young person cannot.

### **Storage**

AAls should be stored at room temperature, protected from direct sunlight and temperature extremes.

### **Disposal**

AAls are single use only and must be disposed of as sharps. Used AAls can be given to ambulance paramedics on arrival or can be disposed of in a pre-ordered sharps bin. Sharps bins to be obtained from and disposed of by a clinical waste contractor.

## **6. 'Spare' adrenaline auto-injectors in school**

Sauncey Wood School has purchased spare AAls for emergency use in children who are risk of anaphylaxis, but their own devices are not available or not working (e.g. because they are out of date).

These are stored in a container, clearly labelled 'Emergency Anaphylaxis Adrenaline Pen and asthma inhalers', kept safely, not locked away and accessible and known to all staff.

Sauncey Wood School holds 2 spare pens which are kept in the following location/s:-

On top of the medical cabinet

The Office Manager is responsible for checking the spare medication is in date on a monthly basis and to replace as needed. Written parental permission for use of the spare AAls is included in the pupil's allergy action plan.

If anaphylaxis is suspected in an undiagnosed individual call the emergency services and state you suspect ANAPHYLAXIS. Follow advice from them as to whether administration of the spare AAI is appropriate.



## 7. Staff Training

The named staff members (at least 2) responsible for co-ordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy are:-

Jade Harkness- Headteacher

Clair Jackelman- Office Manager

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All staff will complete anaphylaxis training yearly. Training is also available on an ad-hoc basis for any new members of staff.

Training includes:

- Knowing the common allergens and triggers of allergy
- Spotting the signs and symptoms of an allergic reaction and anaphylaxis. Early recognition of symptoms is key, including knowing when to call for emergency services
- Administering emergency treatment (including AAIs) in the event of anaphylaxis – knowing how and when to administer the medication/device
- Measures to reduce the risk of a child having an allergic reaction e.g. allergen avoidance, knowing who is responsible for what
- Managing allergy action plans and ensuring these are up to date
- A practical session using trainer devices (these can be obtained from the manufacturers' websites: [www.epipen.co.uk](http://www.epipen.co.uk) and [www.jext.co.uk](http://www.jext.co.uk) and [www.emerade-bausch.co.uk](http://www.emerade-bausch.co.uk))

## 8. Inclusion and safeguarding

Sauncey Wood School is committed to ensuring that all children with medical conditions, including allergies, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

## 9. Catering



All food businesses (including school caterers) must follow the Food Information Regulations 2014 which states that allergen information relating to the 'Top 14' allergens must be available for all food products. The school menu is available for parents to view in advance. Children with allergies make contact with HCL and sometimes require a special menu.

Parents/carers are encouraged to meet with the Catering Manager/Cook/Chef (delete or substitute as appropriate) to discuss their child's needs.

The school adheres to the following Department of Health guidance recommendations:

- Bottles, other drinks and lunch boxes provided by parents for pupils with food allergies should be clearly labelled with the name of the child for whom they are intended.
- If food is purchased from the school canteen/tuck shop, parents should check the appropriateness of foods by speaking directly to the catering manager.
- The pupil should be taught to also check with catering staff, before purchasing food or selecting their lunch choice.
- Where food is provided by the school, staff should be educated about how to read labels for food allergens and instructed about measures to prevent cross contamination during the handling, preparation and serving of food. Examples include: preparing food for children with food allergies first; careful cleaning (using warm soapy water) of food preparation areas and utensils. For further information, parents/carers are encouraged to liaise with the Catering Manager.
- Food should not be given to primary school age food-allergic children without parental engagement and permission (e.g. birthday parties, food treats).
- Use of food in crafts, cooking classes, science experiments and special events (e.g. fetes, assemblies, cultural events) needs to be considered and may need to be restricted/risk assessed depending on the allergies of particular children and their age.

## **10. School trips**

Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils with medical conditions, including allergies, carry their medication. Pupils unable to produce their required medication will not be able to attend the excursion. All the activities on the school trip will be risk assessed to see if they pose a threat to allergic pupils and alternative activities planned to ensure inclusion.

Overnight school trips should be possible with careful planning and a meeting for parents with the lead member of staff planning the trip should be arranged. Staff at the venue for an overnight school trip should be briefed early on that an allergic child is attending and will need appropriate food (if provided by the venue).

### **Sporting Excursions**

Allergic children should have every opportunity to attend sports trips to other schools. The school will ensure that the P.E. teacher/s are fully aware of the situation. The school being visited will be notified that a



member of the team has an allergy when arranging the fixture. A member of staff trained in administering adrenaline will accompany the team. If another school feels that they are not equipped to cater for any food-allergic child, the school will arrange for the child to take alternative/their own food.

Most parents are keen that their children should be included in the full life of the school where possible, and the school will need their co-operation with any special arrangements required.

### **11. Allergy awareness and nut bans**

Sauncey Wood School supports the approach advocated by Anaphylaxis UK towards nut bans/nut free schools. They would not necessarily support a blanket ban on any particular allergen in any establishment, including in schools. This is because nuts are only one of many allergens that could affect pupils, and no school could guarantee a truly allergen free environment for a child living with food allergy. They advocate instead for schools to adopt a culture of allergy awareness and education. A 'whole school awareness of allergies' is a much better approach, as it ensures teachers, pupils and all other staff are aware of what allergies are, the importance of avoiding the pupils' allergens, the signs & symptoms, how to deal with allergic reactions and to ensure policies and procedures are in place to minimise risk.

### **12. Risk Assessment**

Sauncey Wood School will conduct a detailed individual risk assessment for all new joining pupils with allergies and any pupils newly diagnosed, to help identify any gaps in our systems and processes for keeping allergic children safe.

Wiltshire Children Trust - Anaphylaxis Risk Assessment Example Template

### **13. Useful Links**

Anaphylaxis UK - <https://www.anaphylaxis.org.uk/>

- Safer Schools Programme - <https://www.anaphylaxis.org.uk/education/saferschools-programme/>

- AllergyWise for Schools online training -

<https://www.allergywise.org.uk/p/allergywise-for-schools1>

Allergy UK - <https://www.allergyuk.org>

- Whole school allergy and awareness management -

<https://www.allergyuk.org/schools/whole-school-allergy-awarenessandmanagement>

BSACI Allergy Action Plans - <https://www.bsaci.org/professionalresources/resources/paediatric-allergy-action-plans/>



Spare Pens in Schools - <http://www.sparepensinschools.uk>

Department for Education Supporting pupils at school with medical conditions -

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf)

Department of Health Guidance on the use of adrenaline auto-injectors in schools -

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/645476/Adrenaline\\_auto\\_injectors\\_in\\_schools.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf)

Food allergy quality standards (The National Institute for Health and Care Excellence, March 2016) <https://www.nice.org.uk/guidance/qs118>

Anaphylaxis: assessment and referral after emergency treatment (The National Institute for Health and Care Excellence, 2020)

<https://www.nice.org.uk/guidance/cg134?unlid=22904150420167115834>