

Guilden Sutton Church of England Primary School



'Love and Justice for All'

'And what does the Lord require of you? To act justly and to love mercy and to walk humbly with your God.'
Micah 6:8.

*through the teachings of Jesus all can flourish spiritually, emotionally and academically throughout life,
living out love and justice for all.*

Medical & Health Needs Policy

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Contents:

1. Supporting Pupils with Special Medical Needs Policy	Page 3-4
2. Pupils with Additional Health Needs Policy	Page 5-10
3. Administration of Medicines Policy	Page 11-17
4. Allergen and Anaphylaxis Policy	Page 23-36
5. Nut Allergy Awareness Policy	Page 37
• Appendix 1 - Parental consent to administer a prescribed medicine	Page 18-19
• Appendix 2 – Administration of Medicines for Young People & Health Care Plan	Page 20-21
• Appendix 3 - Child with Asthma	Page 22
• Appendix 4 – List of Contacts	Page 23

1. Supporting Pupils with Special Medical Needs Policy

Definition

Pupils' medical needs may be broadly summarized as being of two types:

- Short-term affecting their participation in school activities for which they are on a course of medication
- Long-term potentially limiting their access to education and requiring extra care and support (deemed special medical needs).

Rationale

LAs and schools have a responsibility for the health and safety of pupils in their care. The Health and Safety at Work Act 1974 makes employers responsible for the health and safety of employees and anyone else on the premises. In the case of pupils with special medical needs, the responsibility of the employer is to make sure that safety measures cover the needs of all pupils at the school. This may mean making special arrangements for particular pupils who may be more at risk than their peers. Individual procedures may be required. The employer is responsible for making sure that relevant staff know about and are, if necessary, trained to provide any additional support these pupils may need.

The Children and Families Act 2014, from September 2014, section 100, places a duty on schools to make arrangements for children with medical conditions. Pupils with special medical needs have the same right of admission to school as other children and cannot be refused admission or excluded from school on medical grounds alone. However, teachers and other school staff in charge of pupils have a common law duty to act in loco parentis and may need to take swift action in an emergency. This duty also extends to teachers leading activities taking place off the school site. This could extend to a need to administer medicine.

The prime responsibility for a child's health lies with the parent who is responsible for the child's medication and should supply the school with information. The school takes advice and guidance from Cheshire West & Chester Council which encourages self-administration of medication when possible.

Aims

The school aims to:

- ensure cover is always available
- assist parents in providing medical care for their children
- make staff aware and educate them and children in respect of special medical needs
- adopt and implement the LA policy of Medication in Schools
- liaise as necessary with medical services in support of the individual pupil
- ensure access to full education if possible
- monitor and keep appropriate records, including Education and Health Care Plans and risk assessments for activities outside the normal timetable

Entitlement

The school accepts that pupils with medical needs should be assisted if at all possible and that they have a right to the full education available to other pupils.

The school believes that pupils with medical needs should be enabled to have full attendance and receive necessary care and support.

The school accepts all employees have rights in relation to supporting pupils with medical needs as follows: -

- choose whether or not they are prepared to be involved
- receive appropriate training (SENDCo to arrange)
- work to clear guidelines
- have concerns about legal liability
- bring to the attention of management any concern or matter relating to supporting pupils with medical needs.

Expectations

It is expected that:

- parents will be encouraged to co-operate in training children to self-administer medication if this is practicable and that members of staff will only be asked to be involved if there is no alternative
- where parents have asked the school to administer the medication for their child they must ask the pharmacist to supply any such medication to be dispensed in a separate container, containing only the quantity required for school use. The prescription and dosage regime should be typed or printed clearly on the outside. The school will only administer medicines in which the dosage is required 4 times a day. The name of the pharmacist should be visible. Any medications not presented properly will not be accepted by school staff. Pupils should not bring in their own medicine. This should be brought into school by the parent.
- that employees will consider carefully their response to requests to assist with the giving of medication or supervision of self-medication and that they will consider each request separately.
- the school will liaise with the School Health Service for advice about a pupil's special medical needs and will seek support from the relevant practitioners where necessary and in the interests of the pupil
- any medicines brought into school by the staff e.g. headache tablets for personal use should be stored in an appropriate place and kept out of reach of pupils. Any staff medicine is the responsibility of the individual concerned and not the school

Policy into Practice

The school will follow the DFE statutory guidance for governing bodies 'Supporting Pupils at School with Medical Conditions,' April 2014.

2. Pupils with Additional Health Needs Policy

Statement of intent

Guilden Sutton Church of England Primary School aims to support the LA and ensure that all pupils who are unable to attend school due to medical needs, and who would not receive suitable education without such provision, continue to have access to as much education as their medical condition allows, to enable them to reach their full potential.

Due to the nature of their health needs, some pupils may be admitted to hospital or placed in alternative forms of education provision. We recognise that, whenever possible, pupils should receive their education within their school and the aim of the provision will be to reintegrate pupils back into school as soon as they are well enough.

We understand that we have a continuing role in a pupil's education whilst they are not attending the school and will work with the LA, healthcare partners and families to ensure that all pupils with medical needs receive the right level of support to enable them to maintain links with their education.

Definitions

Children who are unable to attend school as a result of their medical needs may include those with:

- Physical health issues.
- Physical injuries.
- Mental health problems, including anxiety issues.
- Emotional difficulties or school refusal.
- Progressive conditions.
- Terminal illnesses.
- Chronic illnesses.

Children who are unable to attend mainstream education for health reasons may attend any of the following:

- Hospital school: a special school within a hospital setting where education is provided to give continuity whilst the child is receiving treatment.
- Home tuition: many LAs have home tuition services that act as a communication channel between schools and pupils on occasions where pupils are too ill to attend school and are receiving specialist medical treatment.

Roles and responsibilities

The governing board is responsible for:

- Ensuring arrangements for pupils who cannot attend school as a result of their medical needs are in place and are effectively implemented.
- Ensuring the termly review of the arrangements made for pupils who cannot attend school due to their medical needs.
- Ensuring the roles and responsibilities of those involved in the arrangements to support the needs of pupils are clear and understood by all.
- Ensuring robust systems are in place for dealing with health emergencies and critical incidents, for both on- and off-site activities.
- Ensuring staff with responsibility for supporting pupils with additional health needs are appropriately trained.

The Headteacher is responsible for:

- Working with the governing board to ensure compliance with the relevant statutory duties when supporting pupils with additional health needs.
- Working collaboratively with parents and other professionals to develop arrangements to meet the best interests of pupils.
- Ensuring the arrangements put in place to meet pupils' health needs are fully understood by all those involved and acted upon.
- Appointing a named member of staff who is responsible for pupils with additional health needs and liaises with parents, pupils, the LA, key workers and others involved in the pupil's care.
- Ensuring the support put in place focusses on and meets the needs of individual pupils.
- Arranging appropriate training for staff with responsibility for supporting pupils with additional health needs.
- Providing teachers who support pupils with additional health needs with suitable information relating to a pupil's health condition and the possible effect the condition and/or medication taken has on the pupil.
- Providing annual reports to the governing board on the effectiveness of the arrangements in place to meet the health needs of pupils.
- Notifying the LA when a pupil is likely to be away from the school for a significant period of time due to their health needs.
- The named member of staff is responsible for:
 - Dealing with pupils who are unable to attend school because of their health needs.
 - Actively monitoring pupil progress and reintegration into school.
 - Supplying pupils' education providers with information about pupils' capabilities, progress and outcomes.
 - Liaising with the Headteacher, education providers and parents to determine pupils' programmes of study whilst they are absent from school.
 - Keeping pupils informed about school events and encouraging communication with their peers.
 - Providing a link between pupils and their parents, and the LA.

- Teachers and support staff are responsible for:
- Understanding confidentiality in respect of pupils' health needs.
- Designing lessons and activities in a way that allows those with additional health needs to participate fully and ensuring pupils are not excluded from activities that they wish to take part in without a clear evidence-based reason.
- Understanding their role in supporting pupils with additional health needs and ensuring they attend the required training.
- Ensuring they are aware of the needs of their pupils through the appropriate and lawful sharing of individual pupils' health needs.
- Ensuring they are aware of the signs, symptoms and triggers of common life-threatening medical conditions and know what to do in an emergency.
- Keeping parents informed of how their child's health needs are affecting them whilst in school.
- Parents are expected to:
- Ensure the regular and punctual attendance of their child at the school where possible.
- Work in partnership with the school to ensure the best possible outcomes for their child.
- Notify the school of the reason for any of their child's absences without delay.
- Provide the school with sufficient and up-to-date information about their child's medical needs.
- Attend meetings to discuss how support for their child should be planned.
- Managing absence

The school will provide support to pupils who are absent from school because of illness for a period of less than 15 school days by liaising with the pupil's parents to arrange schoolwork, as soon as the pupil is able to cope with it, or part-time education at school. The school will give due consideration to which aspects of the curriculum are prioritised in consultation with the pupil, their parents and relevant members of staff.

For periods of absence that are expected to last for 15 or more school days, either in one absence or over the course of a school year, the SENDCo with responsibility for pupils with additional health needs will notify the LA, who will take responsibility for the pupil and their education.

Where absences are anticipated or known in advance, the school will liaise with the LA to enable education provision to be provided from the start of the pupil's absence.

For hospital admissions, the appointed named member of staff will liaise with the LA regarding the programme that should be followed while the pupil is in hospital.

The LA will set up a personal education plan (PEP) for the pupil which will allow the school, the LA and the provider of the pupil's education to work together.

The school will monitor pupil attendance and mark registers to ensure it is clear whether a pupil is, or should be, receiving education other than at school.

The school will only remove a pupil who is unable to attend school because of additional health needs from the school roll where:

- The pupil has been certified by the school's medical officer as unlikely to be in a fit state of health to attend school, before ceasing to be of compulsory school age; and
- Neither the pupil nor their parent has indicated to the school the intention to continue to attend the school, after ceasing to be of compulsory school age.

A pupil unable to attend school because of their health needs will not be removed from the school register without parental consent and certification from the school's medical officer, even if the LA has become responsible for the pupil's education.

Support for pupils

Where a pupil has a complex or long-term health issue, the school will discuss the pupil's needs and how these may be best met with the LA, relevant medical professionals, parents and, where appropriate, the pupil.

The LA expects the school to support pupils with additional health needs to attend full-time education wherever possible, or for the school to make reasonable adjustments to pupils' programmes of study where medical evidence supports the need for those adjustments.

The school will make reasonable adjustments under pupils' Individual Health and Care Plan (IHPs), in accordance with the Supporting Pupils with Medical Needs Policy.

Pupils admitted to hospital will receive education as determined appropriate by the medical professionals and hospital tuition team at the hospital concerned.

During a period of absence, the school will work with the provider of the pupil's education to establish and maintain regular communication and effective outcomes.

Whilst a pupil is away from school, the school will work with the LA to ensure the pupil can successfully remain in touch with their school using the following methods:

- School letters
- Emails
- Invitations to school events
- Cards or letters from peers and staff

Where appropriate, the school will provide the pupil's education provider with relevant information, curriculum materials and resources.

To help ensure a pupil with additional health needs is able to attend school following an extended period of absence, the following adaptations will be considered:

- A personalised or part-time timetable, drafted in consultation with the named staff member
- Access to additional support in school
- Online access to the curriculum from home
- Movement of lessons to more accessible rooms
- Places to rest at school
- Special exam arrangements to manage anxiety or fatigue

Reintegration

When a pupil is considered well enough to return to school, the school will develop a tailored reintegration plan in collaboration with the LA.

The school will work with the LA when reintegration into school is anticipated to plan for consistent provision during and after the period of education outside school.

As far as possible, the pupil will be able to access the curriculum and materials that they would have used in school.

If appropriate, a specialist nurse will be involved in the development of the pupil's reintegration plan and informed of the timeline of the plan by the appointed named member of staff, to ensure they can prepare to offer any appropriate support to the pupil.

The school will consider whether any reasonable adjustments need to be made to provide suitable access to the school and the curriculum for the pupil.

For longer absences, the reintegration plan will be developed near to the pupil's likely date of return, to avoid putting unnecessary pressure on an ill pupil or their parents in the early stages of their absence.

The school is aware that some pupils will need gradual reintegration over a long period of time and will always consult with the pupil, their parents and key staff about concerns, medical issues, timing and the preferred pace of return.

The reintegration plan will include:

- The date for planned reintegration, once known.
- Details of regular meetings to discuss reintegration.
- Details of the named member of staff who has responsibility for the pupil.
- Clearly stated responsibilities and the rights of all those involved.
- Details of social contacts, including the involvement of peers and mentors during the transition period.
- A programme of small goals leading up to reintegration.
- Follow-up procedures.

The school will ensure a welcoming environment is developed and encourage pupils and staff to be positive and proactive during the reintegration period.

Following reintegration, the school will support the LA in seeking feedback from the pupil regarding the effectiveness of the process.

Information sharing

It is essential that all information about pupils with additional health needs is kept up-to-date. All teachers, TAs, supply, middays and support staff will be provided with access to relevant information, including high-risk health needs, first aiders and emergency procedures, via Health Care Plans, the Book of Concerns and verbal discussions.

Parents will be made aware of their own rights and responsibilities regarding confidentiality and information sharing. To help achieve this, the school will:

- Ensure this policy and other relevant policies are easily available and accessible.
- Provide the pupil and their parents with a copy of the policy on information sharing.
- Ask parents to sign a consent form which clearly details the organisations and individuals that their child's health information will be shared with and which methods of sharing will be used.
- Consider how friendship groups and peers may be able to assist pupils with additional health needs.

When a pupil is discharged from hospital or is returning from other education provision, the school will ensure the appropriate information is received to allow for a smooth return to the school. The named member of staff will liaise with the hospital or other tuition service as appropriate.

Record keeping

In accordance with the Supporting Pupils with Medical Needs Policy, written records will be kept of all medicines administered to pupils.

Proper record keeping will protect both staff and pupils and provide evidence that agreed procedures have been followed.

Training

Healthcare professionals should be involved in identifying and agreeing with the school the type and level of training required. Training will be sufficient to ensure staff are confident in their ability to support pupils with additional health needs.

Staff will be trained in a timely manner to assist with a pupil's return to school.

Once a pupil's return date has been confirmed, staff will be provided with relevant training one week before the pupil's anticipated return.

Parents of pupils with additional health needs may provide specific advice but will not be the sole trainer of staff.

Examinations and assessments

The named member of staff will liaise with the alternative provision provider over planning and examination course requirements where appropriate.

Relevant assessment information will be provided to the alternative provision provider if required.

Awarding bodies may make special arrangements for pupils with permanent or long-term disabilities and learning difficulties, or temporary disabilities and illnesses. Applications for such arrangements will be submitted by the school, or LA if more appropriate, as early as possible.

3. Administration of Medicines Policy

Parental Responsibility in respect of a child's medical needs

Parents have the prime responsibility for their child's health and should provide the school with information about their child's medical condition, obtaining details from the GP or paediatrician if needed. The school doctor, nurse or health visitor may also be able to provide information for staff.

Ideally it is preferable that parents, or their nominee, administer medicines to their children. This could be achieved by the young person going home during a suitable break or the parent visiting the school. However, there will be times when this may not be appropriate. In such cases it is likely that a request will be made for medicine to be administered to the young person at school, using the form

The need for prior written agreement from parents for administration of medicines

The school must receive a written request from the parent giving clear instructions regarding required dosage (Appendix 1). The necessary form should be completed by the parent whenever a request is made for medicine to be administered on each and every occasion. This request should be reviewed termly.

Procedures for managing prescription medicines which need to be taken during the school day

Prescribed Medicines

School should only accept medicines that have been prescribed by a doctor, dentist or nurse prescriber. Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration. School should never accept medicines that have been taken out of the container as originally dispensed nor make changes to dosage on parents' instructions. Ideally, if medicines are prescribed in dose frequencies which enable it to be taken outside school hours, parents should be encouraged to ask their prescriber about this. However, there will be times when medication e.g. antibiotics and ADHD medication needs to be administered at specific times throughout the school.

Staff will not administer a controlled drug to a young person, notwithstanding that this may have been prescribed by a medical professional.

Non-prescribed medicines

Staff should not give a non-prescribed medicine (e.g. Piriton, Calpol) to a young person unless there is a specific prior written agreement from parents has been completed).

Where a non-prescribed medicine is administered to a child it should be recorded in the Record of Medicines log.

Criteria, in the national standards for under 8s day care providers, make it clear that non-prescription medicines should not normally be administered. If a young person suffers from frequent or acute pain the parents should be encouraged to refer the matter to their GP. A young person under 16 should never be given aspirin-containing medicine unless prescribed by a doctor.

However, during an Educational Visit involving a residential or overnight stay (when a parent is unlikely to be available to administer pain/flu relief to their child) an appropriate pain/flu relief may be administered so long as the parent has given consent and specified the medicine on the 'Parent/Guardian Consent for an Educational Visit' form which is available in from school of the 'Educational Visits and Overnight Stays' guidance note.

Record Keeping

The school will keep a written record of each time medicines are given, and staff will complete and sign the record book.

If a young person refuses to take medicine, staff should not force them to do so, but should note this in the records and follow agreed procedures. Parents should be informed of the refusal on the same day.

The roles and responsibilities of staff managing the administration of medicines

There is no legal duty that requires school staff to administer medicines, but all staff have a common law duty of care to act like any reasonable prudent parent. School will ensure that it has sufficient staff that are appropriately trained to administer medicines as part of their duties. These members of staff should receive appropriate training and support from health professionals.

Staff training in dealing with medical needs

Where possible the medicine, in the smallest amount, should be brought into school by the parent (or their nominee) and it should be delivered personally to the Headteacher, the Admin Team or a First Aider. If a young person brings to school any medicine for which the Headteacher has not received written notification, the staff at the school will not be responsible for that medicine.

Only one member of staff at any one time should administer medicines to a young person (to avoid the risk of double dosing). However, there may be circumstances in which an additional member of staff may check doses before they are administered. Arrangements should be made to relieve the member(s) of staff from other duties while preparing or administering doses (to avoid the risk of interruption before the procedure is completed). If more than one person administers medicines, staff should refer to the record of medicines given to avoid the risk of double dosing.

Staff with a young person with medical needs in their class or group should be informed about the nature of the condition and when and where the young person may need extra attention.

Assisting young people with long term or complex medical needs

It is important to have sufficient information about the medical condition of any young person with long-term medical needs. Schools need to know about any particular needs before the young person attends for the first time, or when they first develop a medical need. It is helpful to develop a written Health Care Plan (Appendix 2) for such a young person, involving the parents and relevant health professionals. Such plans would include the following:

- Details of the young person's condition
- Special requirements e.g. dietary needs, pre-activity precautions
- Any side effects of the medicines
- What constitutes an emergency
- What action to take in an emergency
- Who to contact in an emergency
- The role staff can play

Emergency Procedures

The school's emergency procedures are part of the school's First Aid procedures. Individual Health Care Plans should include instructions as to how to manage a young person in the event of an emergency, and should identify who is the responsible member of staff (for example, if there is an incident in the playground a lunchtime assistant needs to be very clear of their role).

Procedures for managing prescription medicines on school visits

School will consider what reasonable adjustments it may need to make to enable young people with medical needs to participate fully and safely on visits i.e. review existing policy and procedures and ensure risk assessments cover arrangements for such young people. Arrangements for taking any necessary medicines will need to be taken into consideration. Staff supervising excursions should always be aware of the medical needs and relevant emergency procedures. A copy of any individual's Health Care Plan should be available during the visit (in the event of an emergency).

If staff members are concerned about whether they can provide for a young person's safety, or the safety of others, on a visit, the school should seek parental views and medical advice from the school health service and/or the young person's GP, Specialist Nurse or Hospital Consultant.

However, during an Educational Visit involving a residential or overnight stay (when a parent is unlikely to be available to administer pain /flu relief to their child) an appropriate pain/flu relief may be administered so long as the parent has given consent and specified the medicine on the 'Parent/Guardian Consent for an Educational Visit' form which is available from school Educational Visits and Overnight Stays' guidance note. A young person under 16 should never be given aspirin or medications containing ibuprofen unless prescribed by a doctor.

Circumstances requiring special caution

Whilst the administration of all medicines requires caution, there are certain circumstances which require special attention before school accepts responsibility for administering medicine when the parents are unable to come to school themselves. These are:

- Where the timing and nature of the administration are of vital importance and where serious consequences could result if a dose is not taken;
- Where some technical or medical knowledge or expertise is required;
- Where intimate contact is necessary.

In such exceptional circumstances Headteachers are advised to consider the best interests of the child as well as considering carefully what is being asked of the staff concerned. The Headteacher will seek advice from the consultant community paediatrician, G.P. or school doctor (see Appendix 4).

Procedures

Some children require types of treatment such as the administration of rectal valium, assistance with catheters or the use of equipment for young people with tracheotomies. Only staff who have been appropriately trained are to administer such treatment. This must be in accordance with instructions issued by the paediatrician or G.P. Training in invasive procedures should be conducted by qualified medical personnel e.g. Specialist Nurse. For the protection of both staff and young people a second member of staff must be present while more intimate procedures are followed.

Where it is known in advance that a young person may be vulnerable to life-threatening circumstances the school will have in place an agreed Health Care Plan. This will include the holding of appropriate medication, and appropriate training of those members of staff required to carry out the particular medical procedures.

The school should devise an emergency action plan for such situations after liaising with the appropriate community paediatrician or Specialist Nurse. This has implications for school journeys, educational visits and other out of school activities. There may be occasions when individual young people have to be excluded from certain activities if appropriate safeguards cannot be guaranteed.

Common conditions and practical advice

The medical conditions in young people that most commonly cause concern in schools are asthma, diabetes, epilepsy and severe allergic reactions (anaphylaxis). The following notes offer some basic information but it is important that the needs of the young person are assessed on an individual basis – individual Health Care Plans should be developed.

Asthma

Asthma is common; one in ten young people have asthma in the UK. The most common symptoms of asthma are coughing, wheezing or a whistling noise in the chest, tight feelings in the chest or becoming short of breath.

Staff may not be able to rely on the very young to be able to identify or verbalise when their symptoms are becoming worse, or what medicines they should take and when. Staff who have such children in their classes must know how to identify when symptoms are worsening and what to do when this happens.

There are two main types of medicines to treat asthma - relievers and preventers:

- **Relievers** (blue inhalers) are medicines taken immediately to relieve asthma symptoms and are taken during an attack. These quickly open up narrowed airways and help breathing difficulties.
- **Preventers** (brown, red, orange or green inhalers) taken daily to make airways less sensitive to the triggers. Preventers are usually used out of school hours.

Young people with asthma need to have immediate access to their reliever inhalers when they need them. Staff should ensure they are stored safely but in an accessible place, clearly marked with the young person's name and always available during physical education, sports activities and educational visits. Pupils with asthma are encouraged to carry their reliever inhalers as soon as the parent/carer, Doctor or Asthma Nurse and class teacher agree they are mature enough.

The school must receive a written request from the parent giving clear instructions regarding required dosage (Appendix 3).

Epilepsy

Young people with epilepsy have repeated seizures that start in the brain. An epileptic seizure, sometimes called a fit, turn or blackout can happen to anyone at any time. Around one in 200 children have epilepsy, but most children with diagnosed epilepsy never have a seizure during the school day.

Seizures can take many different forms. Parents and health care professionals should provide information to schools, setting out the particular pattern of an individual young person's epilepsy. This should be incorporated into the Health Care Plan.

If a young person experiences a seizure in school the following details should be recorded and relayed to the parents.

- Any factors which might have acted as a trigger to the seizure e.g. visual/auditory, stimulation or emotion.
- Unusual 'feelings' reported by the young person prior to the seizure.
- Parts of the body showing signs of the seizure (e.g. limbs or facial muscles)

- Timing of the seizure – when it began and how long it lasted.
- Whether the young person lost consciousness.
- Whether the young person was incontinent.
- After a seizure the young person may feel tired, be confused, or have a headache and need time to rest or sleep.

Most young people with epilepsy take anti – epilepsy medicines to stop or reduce their seizures. Regular medicine should not need to be given during school hours. Triggers such as anxiety, stress, tiredness and being unwell may increase the chance of having a seizure. Flashing and flickering lights can also trigger seizures (photosensitivity), but this is very rare. Extra care may be needed for some activities such as swimming or working in science laboratories. Such concerns regarding safety of the young person should be covered in the Health Care Plan.

During a seizure it is important to make sure the young person is in a safe position. The seizure should be allowed to take its course. Placing something soft under the person’s head will help protect them during a convulsive seizure. Nothing should be placed in the mouth. After the seizure has stopped they should be placed in the recovery position and stayed with until fully recovered. Emergency procedures should be detailed in the Health Care Plan. Further information regarding Epilepsy is available via the following link:

http://www/Services/Education/INTRANET/hsrc/epilepsyaction_schools_policy.pdf

Diabetes

One in 550 school age children will have diabetes. Most have Type 1 diabetes. Diabetes is a condition where the level of glucose in the blood rises. This is either due to lack of insulin (Type 1 diabetes) or because there is insufficient insulin for the young person’s needs (or the insulin is not working properly) (Type 2 diabetes).

Each young person may experience different symptoms and these should be detailed in their Health Care Plan. Increased need to go to the toilet or to drink, tiredness and weight loss may indicate poor diabetic control. Staff noticing such changes will wish to draw these signs to parents’ attention.

Diabetes is mainly controlled by insulin injections; with most younger children, a twice-daily injection regime of a longer-acting insulin is unlikely to involve medicines being given during school hours. Older children may be on multiple injections or use an insulin pump. Most young people can manage their injections but supervision and a suitable private place to administer the injection, at school, may be required.

Young people with diabetes need to ensure their blood glucose levels remain stable – they may check their levels by taking a small sample of blood and using a small monitor. They may need to do this during school lunch break, before PE or more regularly if insulin needs adjusting. Most young people will be able to do this themselves, but younger children may need supervision to carry out/interpret test and results. Appropriate training for staff should be provided by health care professionals.

Young people with diabetes need to be allowed to eat regularly during the day (e.g. eating snacks during class time or prior to exercise). Staff in charge of physical education or other physical activity should be aware of the need for young people with diabetes to have glucose tablets or a sugary drink to hand.

The following symptoms, individually or combined, may be signs of low blood sugar – a

- **hypoglycaemic** reaction: i.e. hunger, sweating, drowsiness, pallor, glazed eyes, shaking or trembling, lack of concentration, mood swings or headache. Some young people may experience **hyperglycaemic** (high glucose level) and have a greater need to go to the toilet or drink. The individual's Health Care Plan should detail their expected symptoms and the emergency procedures to be followed.

Anaphylaxis

Anaphylaxis is an acute, severe allergic reaction requiring immediate medical attention. It usually occurs within seconds or minutes of exposure to certain food or substances. Occasionally this may happen after a few hours. Common triggers include peanuts, tree nuts, sesame, eggs, cow's milk, fish, certain fruit (kiwi fruit) and also penicillin, latex or stinging insects (bees, wasps or hornets).

The most severe form of allergic reaction is anaphylactic shock, in which the blood pressure falls dramatically and the patient loses consciousness. More commonly among young people there may be swelling in the throat which can restrict the air supply, or severe asthma. Less severe symptoms may include tingling or itching in the mouth, hives anywhere on the body, generalised flushing of the skin or abdominal cramps, nausea or vomiting.

The treatment for a severe allergic reaction is an injection of adrenaline. Pre-loaded injection devices containing one measured dose of adrenaline are available (via prescription). Should a severe allergic reaction occur, the adrenalin injection should be administered into the muscle of the upper outer thigh. An Ambulance should always be called.

Adrenaline injectors, given in accordance with the prescribed instructions, are a safe delivery mechanism. It is not possible to give too large a dose using this device. In cases of doubt it is better to give the injection than hold back.

Day to day policy measures are needed for food management, as is awareness of the young person's needs in relation to diet, school menu, individual meal requirements and snacks in school.

Parents often ask headteachers for the exclusion from school premises of the food to which their child is allergic. This is not always feasible, although the school takes appropriate steps to minimise any risks to allergic young people (see Nut Awareness Policy).

Anaphylaxis is manageable; with sound precautionary measures and support from the staff, school life may continue as normal for all concerned. Please see Allergens and Anaphylaxis Policy.

APPENDIX 1



Guiden Sutton Church of England Primary School

Love and Justice for All

Parental consent to administer a prescribed medicine

- All prescribed medicines must be in the original container as dispensed by the pharmacy, with the child’s name, the name of the medicine, the dose and the frequency of administration, the expiry date and the date of dispensing included on the pharmacy label.
- A separate form is required for **each medicine**.

Child’s name	
Child’s date of birth	
Year Group	
Name of medicine	
Strength of medicine	
How much (dose) to be given. For example: One tablet One 5ml spoonful	
At what time(s) the medication should be given – before or after food	
Reason for medication	
Duration of medicine Please specify how long your child needs to take the medication for.	

Are there any possible side effects that the school needs to know about? If yes, please list them	
---	--

I give my permission for a qualified first aider staff member to administer the prescribed medicine to my son/daughter during the time he/she is at school. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

- I understand that it may be necessary for this medicine to be administered during educational visits and other out of school activities, as well as on the school premises.
- I understand that the medicine must be delivered and collected by myself or a responsible adult.
- I also agree that I am responsible for collecting any unused or out of date medicines and returning them to the pharmacy for disposal and supplying new stock to the school, if necessary.
- The above information is, to the best of my knowledge, accurate at the time of writing.

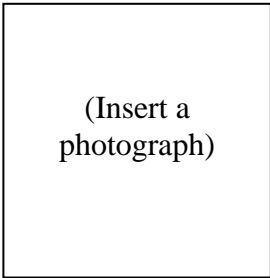
Parent/carer name	
Parent/carer signature	
Date	

Notes for Parents

1. Medication will **NOT** be accepted by the school unless this form is completed and signed by the parent or legal guardian of the child named and the administration of the medicine is agreed by the Headteacher.
2. The Governors and Headteacher reserve the right to withdraw this service.

APPENDIX 2

**ADMINISTRATION OF MEDICINES FOR YOUNG PEOPLE
HEALTH CARE PLAN**



SCHOOL

Young person's name

Date of birth Group/class/form

Young person's address

Medical diagnosis or condition

Date Review date

Family Contact Information

Name Phone no. (work)
(home)..... (mobile)

Name Phone no. (work)
(home)..... (mobile)

Clinic/Hospital Contact

Name Phone no.
G.P Name..... Phone no.

Describe needs and give details of young person's symptoms.
.....
.....
.....
.....

Medicines to be kept in

Daily care requirements (e.g. before sport/at lunchtime).

.....
.....
.....
.....

Describe what constitutes an emergency for the child, and the action to take if this occurs.

.....
.....
.....
.....

Follow up care.

.....
.....
.....
.....

Who is responsible in an emergency (state if different for off-site activities)?

.....
.....
.....
.....

Form copied to:

.....
.....
.....

APPENDIX 3



Guilden Sutton Church of England Primary School

Love and Justice for All

Child with Asthma

Name of Child: _____

Access to Inhalers

I would like the inhaler

- a) to be used by the child, but with **the knowledge of the teacher** _____
- b) to be kept by the teacher in a place that is accessible to the child at all times. _____

It is our recommendation that parents should only consider a) if their child is in the top juniors or is liable to frequent attacks.

If the inhaler is kept by the pupil parents should stress the importance of it being:-

1. kept safe on the child's person.
2. used strictly according to directions.
3. not offered to any other child.

The school cannot be responsible for the loss of an inhaler if it is to be kept by the child.

Parent's signature _____

Date _____

Guilden Sutton C. of E. Primary School, Arrowcroft Road, Guilden Sutton, Cheshire. CH3 7ES

Tel: 01244 300353 Email: admin@guildensutton.cheshire.sch.uk

Website: www.guildensutton.cheshire.sch.uk

Headteacher: Mrs Theresa Rainford, B.Ed. National SENDCO Qual. NPQSL.



APPENDIX 4: LIST OF CONTACTS

School Nurse

NAME	ADDRESS	TELEPHONE
Fiona Weir		01244 682991

Consultant Community Paediatricians

NAME	ADDRESS	TELEPHONE
Dr R Mittal	Consultant Community Paediatrician Countess of Chester NHS Hospital Trust Liverpool Road Chester CH2 1UL	01244 364802
Dr T Crockford	Consultant Community Paediatrician Countess of Chester NHS Hospital Trust Liverpool Road Chester CH2 1UL	01244 362082

Children's Services Medical Needs Service

County Offices
Stanney Lane
Ellesmere Port
CH65 6QL

Tel: 0151 357 6886

4. Allergen and Anaphylaxis

Statement of intent

Guilden Sutton Church of England Primary School strives to ensure the safety and wellbeing of all members of the school community. For this reason, this policy is to be adhered to by all staff members, parents and pupils, with the intention of minimising the risk of anaphylaxis occurring whilst at school.

In order to effectively implement this policy and ensure the necessary control measures are in place, parents are responsible for working alongside the school in identifying allergens and potential risks, in order to ensure the health and safety of their children.

The school does not guarantee a completely allergen-free environment; however, this policy will be utilised to minimise the risk of exposure to allergens, encourage self-responsibility, and plan for an effective response to possible emergencies.

Definitions

For the purpose of this policy:

Allergy – is a condition in which the body has an exaggerated response to a substance. This is also known as hypersensitivity.

Allergen – is a normally harmless substance that triggers an allergic reaction for a susceptible person.

Allergic reaction – is the body's reaction to an allergen and can be identified by, but not limited to, the following symptoms:

- Hives
- Generalised flushing of the skin
- Itching and tingling of the skin
- Tingling in and around the mouth
- Burning sensation in the mouth
- Swelling of the throat, mouth or face
- Feeling wheezy
- Abdominal pain
- Rising anxiety
- Nausea and vomiting
- Alterations in heart rate
- Feeling of weakness

Anaphylaxis – is also referred to as anaphylactic shock, which is a sudden, severe and potentially life-threatening allergic reaction. This kind of reaction may include the following symptoms:

- Difficulty breathing
- Feeling faint
- Reduced level of consciousness
- Lips turning blue
- Collapsing
- Becoming unresponsive

Roles and responsibilities

The Governing board is responsible for:

- Ensuring that arrangements are in place to support pupils with allergies and who are at risk of anaphylaxis and that these arrangements are sufficient to meet statutory responsibilities.
- Ensuring that policies, plans, systems and procedures are implemented to minimise the risks of pupils suffering allergic reactions or anaphylaxis at school.
- Ensuring that the school's approach to allergies and anaphylaxis focusses on, and accounts for, the needs of each individual pupil.
- Ensuring that the school's arrangements give parents and pupils confidence in the school's ability to minimise susceptible pupils' contact with allergens, and to effectively support pupils should an allergic reaction or anaphylaxis occur.
- Ensuring that staff are properly trained to provide the support that pupils need, and that they receive allergy and anaphylaxis training at least annually.
- Monitoring the effectiveness of this policy and reviewing it on an annual basis, and after any incident where a pupil experiences an allergic reaction.

The Headteacher is responsible for:

- The development, implementation and monitoring of the Allergen and Anaphylaxis Policy.
- Ensuring that parents are informed of their responsibilities in relation to their child's allergies.
- Ensuring that all school trips are planned in accordance with the Educational Visits and School Trips Policy, taking into account any potential risks the activities involved pose to pupils with known allergies.
- Ensuring that the Whole-School Food Policy and the associated protocols are effectively implemented, including those in relation to labelling foods that may contain common allergens, e.g. nuts.
- Ensuring that all relevant risk assessments, e.g. to do with food preparation, have been carried out and controls to mitigate risks are implemented.

- Ensuring that all designated first aiders are trained in the use of adrenaline auto-injectors (AAIs – Epi Pens) and the management of anaphylaxis.
- Ensuring that all staff members are provided with information regarding anaphylaxis, as well as the necessary precautions and action to take.
- Ensuring that catering staff are aware of, and act in accordance with, the school’s policies regarding food and hygiene, including this policy.
- Ensuring that catering staff are aware of any pupils’ allergies which may affect the school meals provided.

The school nurse is responsible for:

- Ensuring that there are effective processes in place for medical information to be regularly updated and disseminated to relevant staff members, including supply and temporary staff.
- Seeking up-to-date medical information about each pupil via a medical form sent to parents on an annual basis, including information regarding any allergies.
- Contacting parents for required medical documentation regarding a child’s allergy.
- Ensuring that the necessary staff members are informed about pupils’ allergies.
- Understanding the action to take and processes to follow in the event of a pupil going into anaphylactic shock, and ensuring that this information is passed onto staff members.
- All staff members are responsible for:
 - Acting in accordance with the school’s policies and procedures at all times.
 - Attending relevant training regarding allergens and anaphylaxis.
 - Being familiar with and implementing pupils’ individual healthcare plans (IHPs) as appropriate.
 - Responding immediately and appropriately in the event of a medical emergency.
 - Reinforcing effective hygiene practices, including those in relation to the management of food.
 - Promoting hand washing before and after eating.
 - Monitoring all food supplied to pupils by both the school and parents, including snacks, ensuring food containing known allergens is not provided.
 - Ensuring that pupils do not share food and drink in order to prevent accidental contact with an allergen.
 - Ensuring that any necessary medication is out of the reach of pupils but still easily accessible to staff members.
 - Liaising with the school nurse and pupils’ parents to ensure the necessary control measures are in place.

The Kitchen Manager is responsible for:

- Monitoring the food allergen log and allergen tracking information for completeness.
- Reporting any non-conforming food labelling to the supplier, where necessary.
- Ensuring the practices of kitchen staff comply with food allergen labelling laws and that training is regularly reviewed and updated.
- Recording incidents of non-conformity, either in allergen labelling, use of ingredients or safe staff practice, in an allergen incident log.
- Acting on entries to the allergen incident log and ensuring the risks of recurrence are minimised.

Kitchen staff are responsible for:

- Ensuring they are fully aware of the rules surrounding allergens, the processes for food preparation and the processes for identifying pupils with specific dietary requirements.
- Ensuring they are fully aware of whether each item of food served contains any of the main 14 allergens, as is a legal obligation, and making sure this information is readily available for those who may need it.
- Ensuring that the required food labelling is complete, correct, clearly legible, and is either printed on the food packaging or attached via a secure label.
- Reporting to the kitchen manager if food labelling fails to comply with the law.

All parents are responsible for:

- Notifying the school nurse of the following information:
 - Their child's allergens
 - The nature of the allergic reaction
 - What medication to administer
 - Specified control measures and what can be done to prevent the occurrence of an allergic reaction
- Keeping the school up-to-date with their child's medical information.
- Providing written consent for the use of a spare.
- Providing the school with up-to-date emergency contact information.
- Providing the school with written medical documentation, including instructions for administering medication as directed by the child's doctor.
- Providing the school with any necessary medication, in line with the procedures outlined in the Supporting Pupils with Medical Conditions Policy.
- Communicating to the school any specific control measures which can be implemented in order to prevent the child from coming into contact with the allergen.
- Providing the school, in writing, any details regarding the child's allergies.

- Working alongside the school to develop an Individual Healthcare Plan to accommodate the child's needs, as well as undertaking the necessary risk assessments.
- Signing their child's Individual Healthcare Plans, where required.
- Acting in accordance with any allergy-related requests made by the school, such as not providing nut-containing items in their child's packed lunch.
- Ensuring their child is aware of allergy self-management, including being able to identify their allergy triggers and how to react.
- Providing a supply of 'safe' snacks for any individual attending school events.
- Raising any concerns, they may have about the management of their child's allergies with the classroom teacher.
- Ensuring that any food their child brings to school is safe for them to consume.
- Liaising with staff members, including those running breakfast and afterschool clubs, regarding the appropriateness of any food or drink provided.

All pupils are responsible for:

- Ensuring that they do not exchange food with other pupils.
- Avoiding food which they know they are allergic to, as well as any food with unknown ingredients.
- Being proactive in the care and management of their allergies.
- Notifying a member of staff immediately in the event they believe they are having an allergic reaction, even if the cause is unknown.
- Notifying a member of staff when they believe they may have come into contact with something containing an allergen.
- Learning to recognise personal symptoms of an allergic reaction.
- Keeping necessary medications in an agreed location which members of staff are aware of.
- Developing greater independence in keeping themselves safe from allergens.
- Notifying a staff member if they are being bullied or harassed as a result of their allergies.

Food allergies

Parents will provide the school with a written list of any foods that their child may have an adverse reaction to, as well as the necessary action to be taken in the event of an allergic reaction, such as any medication required.

Information regarding all pupils' food allergies will be collated, indicating whether they consume a school dinner or a packed lunch, and this will be passed on to the school's catering service.

When making changes to menus or substituting food products, the school will ensure that pupils' special dietary needs continue to be met by:

- Checking any product changes with all food suppliers
- Asking caterers to read labels and product information before use
- Using the Food Standards Agency's allergen matrix to list the ingredients in all meals.

- Ensuring allergen ingredients remain identifiable.

Kitchen staff will have a full list of allergens and will avoid using them within the menu where possible.

Where meals include allergens or traces of allergens, staff will use clear and fully visible labels, to denote the allergens of which consumers should be aware.

The school will ensure that there are always dairy- and gluten-free options available for pupils with allergies and intolerances.

Where a pupil who attends the school has a nut allergy, the school will follow the processes outlined in the Nut-free Policy, including:

- Requesting that the school catering service eliminates nuts, and food items with nuts as ingredients, from meals as far as possible
- Ensuring that food items containing nuts will not be served at, or be brought onto, school premises.
- Maintaining an allergy log and ensuring staff know where it can be located.

To ensure that catering staff can appropriately identify pupils with dietary needs, photographs of children and a list of their allergies will be displayed in the kitchen.

All food tables will be disinfected before and after being used.
Anti-bacterial wipes and cleaning fluid will be used.

Boards and knives used for fruit and vegetables will be a different colour to the rest of the kitchen knives in order to remind kitchen staff to keep them separate.

Any sponges or cloths that are used for cleaning will be colour-coded according to the areas that they are used to clean, e.g. a red sponge for an area which has been used for raw meat, to prevent cross-contamination.

There will be a set of kitchen utensils that are only for use with the food and drink of the pupils at risk.

There will also be a set of kitchen utensils with a designated colour. These utensils will be used only for food items that contain bread and wheat related products.

Food items containing bread and wheat will be stored separately.

The chosen catering service of the school is responsible for ensuring that the school's policies are adhered to at all times, including those in relation to the preparation of food, taking into account any allergens.

Learning activities which involve the use of food, such as food technology lessons, will be planned in accordance with pupils' IHPs, taking into account any known allergies of the pupils involved.

Food allergen labelling

From 1 October 2021, the school will adhere to new allergen labelling rules for pre-packed food goods, in line with the Food Information (Amendment) (England) Regulations 2019, also known as Natasha's Law.

The school will ensure that all food is labelled accurately, that food is never labelled as being 'free from' an ingredient unless staff are certain that there are no traces of that ingredient in the product, and that all labelling is checked before being offered for consumption.

The relevant staff, e.g. kitchen staff, will be trained prior to storing, handling, preparing, cooking and/or serving food to ensure they are aware of their legal obligations. Training will be reviewed on an annual basis, or as soon as there are any revisions to related guidance or legislation.

Food labelling

Food goods classed as 'pre-packed for direct sale' (PPDS) will clearly display the following information on the packaging:

- The name of the food
- The full ingredients list, with ingredients that are allergens emphasised, e.g. in bold, italics, or a different colour

The school will ensure that allergen traceability information is readily available. Allergens will be tracked using the following method:

- Allergen information will be obtained from the supplier and recorded, upon delivery, in a food allergen log stored in the kitchen.
- Allergen tracking will continue throughout the school's handling of allergen-containing food goods, including during storage, preparation, handling, cooking and serving
- The food allergen log will be monitored for completeness on a weekly basis by the kitchen manager
- Incidents of incorrect practices and incorrect and/or incomplete packaging will be recorded in an incident log and managed by the kitchen manager

Declared allergens

The following allergens will be declared and listed on all PPDS foods in a clearly legible format:

- Cereals containing gluten and wheat, e.g. spelt, rye and barley
- Crustaceans, e.g. crabs, prawns, lobsters

- Nuts, including almonds, hazelnuts, walnuts, cashews, pecan nuts, brazil nuts and pistachio nuts
- Celery
- Eggs
- Fish
- Peanuts
- Soybeans
- Milk
- Mustard
- Sesame seeds
- Sulphur dioxide and sulphites at concentrations of more than 10mg/kg or 10mg/L in terms of total sulphur dioxide
- Lupin
- Molluscs, e.g. mussels, oysters, squid, snails

The above list will apply to foods prepared on site, e.g. sandwiches, salad pots and cakes, that have been pre-packed prior to them being offered for consumption.

Kitchen staff will be vigilant when ensuring that all PPDS foods have the correct labelling in a clearly legible format, and that this is either printed on the packaging itself or on an attached label. Food goods with incorrect or incomplete labelling will be removed from the product line, disposed of safely and no longer offered for consumption.

The cook, class teacher and parents will be responsible for monitoring food ingredients, packaging and labelling.

Changes to ingredients and food packaging

The school will ensure that communication with suppliers is robust and any changes to ingredients and/or food packaging are clearly communicated to kitchen staff and other relevant members of staff.

Following any changes to ingredients and/or food packaging, all associated documentation will be reviewed and updated as soon as possible.

Animal allergies

Pupils with known allergies to specific animals will have restricted access to those that may trigger a response.

In the event of an animal on the school site, staff members will be made aware of any pupils to whom this may pose a risk and will be responsible for ensuring that the pupil does not come into contact with the specified allergen.

The school will ensure that any pupil or staff member who comes into contact with the animal washes their hands thoroughly to minimise the risk of the allergen spreading.

A supply of antihistamine tablets will be kept in the school office in case of an allergic reaction.

Seasonal allergies

The term 'seasonal allergies' refers to common outdoor allergies, including hay fever and insect bites.

Precautions regarding the prevention of seasonal allergies include ensuring that grass within the school premises is not mown whilst pupils are outside.

Pupils with severe seasonal allergies will be provided with an indoor supervised space to spend their break and lunchtimes in, avoiding contact with outside allergens.

Staff members will monitor pollen counts, making a professional judgement as to whether the pupil should stay indoors.

Pupils will be encouraged to wash their hands after playing outside.

Pupils with known seasonal allergies are encouraged to bring an additional set of clothing to school to change in to after playing outside, with the aim of reducing contact with outdoor allergens, such as pollen.

Staff members will be diligent in the management of wasp, bee and ant nests on school grounds and in the school's nearby proximity, reporting any concerns to the site manager.

The site manager is responsible for ensuring the appropriate removal of wasp, bee and ant nests on and around the school premises.

Where a pupil with a known allergy is stung or bitten by an insect, medical attention will be given immediately.

Adrenaline auto-injectors (AAs - Epi Pens)

Pupils who suffer from severe allergic reactions may be prescribed an Epi Pen for use in the event of an emergency.

For pupils who have prescribed Epi Pens, these are stored in a suitably safe and central location: in the classroom of the child who has the allergy.

All staff have access to Epi Pens, but these are out of reach and inaccessible to pupils – Epi Pens are not locked away where access is restricted.

In line with manufacturer's guidelines, all Epi Pens devices are stored at room temperature in line with manufacturer's guidelines, protected from direct sunlight and extreme temperature.

Any used or expired Epi Pens are disposed of after use in accordance with manufacturer's instructions.

Used Epi Pens may also be given to paramedics upon arrival, in the event of a severe allergic reaction.

A sharps bin is utilised where used or expired Epi Pens are disposed of on the school premises.

Where any Epi Pens are used, the following information will be recorded on the Epi Pen Record:

- Where and when the reaction took place
- How much medication was given and by whom
- Name of pupil
- Class
- Known allergens
- Risk factors for anaphylaxis
- Whether medical authorisation has been received
- Whether written parental consent has been received
- Dosage requirements

Parents are required to provide consent on an annual basis to ensure the register remains up-to-date.

Parents can withdraw their consent at any time. To do so, they must write to the Headteacher.

Medical attention and required support

Once a pupil's allergies have been identified, a meeting will be set up between the pupil's parents, the relevant classroom teacher and any other relevant staff members, in which the pupil's allergies will be discussed and a plan of appropriate action/support will be developed.

All medical attention, including that in relation to administering medication, will be conducted in accordance with the Administering Medication Policy and the Supporting Pupils with Medical Conditions Policy.

Parents will provide the school with any necessary medication, ensuring that this is clearly labelled with the pupil's name, class, expiration date and instructions for administering it. Pupils will not be able to attend school or educational visits without any life-saving medication that they may have, such as Epi Pens.

All members of staff involved with a pupil with a known allergy are aware of the location of emergency medication and the necessary action to take in the event of an allergic reaction. Any specified support which the pupil may require is outlined in their Individual Healthcare Plans.

All staff members providing support to a pupil with a known medical condition, including those in relation to allergens, will be familiar with the pupil's Individual Healthcare Plans .

Guilden Sutton Church of England Primary School is responsible for working alongside relevant staff members and parents in order to develop Individual Healthcare Plans for pupils with allergies, ensuring that any necessary support is provided and the required documentation is completed, including risk assessments being undertaken.

Headteacher has overall responsibility for ensuring that Individual Healthcare Plans are implemented, monitored and communicated to the relevant members of the school community.

Staff training

All staff members will be trained (annually) in how to administer an Epi Pen, and the sequence of events to follow when doing so.

In accordance with the Supporting Pupils with Medical Conditions Policy, staff members will receive appropriate training and support relevant to their level of responsibility, in order to assist pupils with managing their allergies.

The school will have up-to-date specialist training annually.

The relevant staff, e.g. kitchen staff, will be trained on how to identify and monitor the correct food labelling and how to manage the removal and disposal of PPDS foods that do not meet the requirements set out in Natasha's Law.

All staff members will:

- Be trained to recognise the range of signs and symptoms of an allergic reaction.
- Understand how quickly anaphylaxis can progress to a life-threatening reaction, and that anaphylaxis can occur with prior mild-moderate symptoms.
- Understand that AAI should be administered without delay as soon as anaphylaxis occurs.
- Understand how to check if a pupil is on the Register of an Epi Pen.
- Understand how to access Epi Pen.
- Understand who the designated members of staff are, and how to access their help.
- Understand that it may be necessary for staff members other than designated staff members to administer an Epi Pen, e.g. in the event of a delay in response from the designated staff members, or a life-threatening situation.
- Be aware of how to administer an Epi Pen should it be necessary.
- Be aware of the provisions of this policy.

In the event of a mild-moderate allergic reaction

Mild-moderate symptoms of an allergic reaction include the following:

- Swollen lips, face or eyes
- Itchy/tingling mouth

- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

If any of the above symptoms occur in a pupil, the nearest adult will stay with the pupil and call for help from the designated staff members able to administer an Epi Pen.

The pupil's prescribed Epi Pen will be administered by a staff member. Spare Epi Pens will only be administered where appropriate consent has been received.

Where there is any delay in contacting designated staff members, or where delay could cause a fatality, the nearest staff member will administer the Epi Pen

An updated list of those children who have specific allergies will be displayed in every classroom cupboard, to access in the event of an allergic reaction.

The pupil's parents will be contacted immediately if a pupil suffers a mild-moderate allergic reaction, and if an Epi pen has been administered.

In the event that a pupil without a prescribed Epi Pen, or who has not been medically diagnosed as being at risk of anaphylaxis, suffers an allergic reaction, a designated staff member will contact the emergency services and seek advice as to whether an Epi Pen should be administered. An Epi Pen will not be administered in these situations without contacting the emergency services.

For mild-moderate allergy symptoms, the Epi Pen will usually be sufficient for the reaction; however, the pupil will be monitored closely to ensure the reaction does not progress into anaphylaxis.

In the event of anaphylaxis

Anaphylaxis symptoms include the following:

- Persistent cough
- Hoarse voice
- Difficulty swallowing, or swollen tongue
- Difficult or noisy breathing
- Persistent dizziness
- Becoming pale or floppy
- Suddenly becoming sleepy, unconscious or collapsing

In the event of anaphylaxis, the nearest adult will lay the pupil flat on the floor with their legs raised, and will call for help from a designated staff member.

A staff member will administer an Epi Pen to the pupil. Spare Epi Pen will only be administered if appropriate consent has been received.

The emergency services will be contacted immediately.

A member of staff will stay with the pupil until the emergency services arrive – the pupil will remain lay flat and still.

The Headteacher will be contacted immediately, as well as a suitably trained individual, such as a first aider.

If the pupil stops breathing, a suitably trained member of staff will administer CPR.

If there is no improvement after five minutes, a further dose of adrenaline will be administered using another Epi Pen, if available.

In the event that a pupil without a prescribed Epi Pen, or who has not been medically diagnosed as being at risk of anaphylaxis, suffers an allergic reaction, a staff member will contact the emergency services and seek advice as to whether an Epi Pen should be administered. An Epi Pen **will not** be administered in these situations without contacting the emergency services.

A staff member will contact the pupil's parents as soon as is possible.

Upon arrival of the emergency services, the following information will be provided:

- Any known allergens the pupil has
- The possible causes of the reaction, e.g. certain food
- The time the Epi Pen was administered – including the time of the second dose, if this was administered

Any used Epi Pens will be given to paramedics.

Staff members will ensure that the pupil is given plenty of space, moving other pupils to a different room where necessary.

Staff members will remain calm, ensuring that the pupil feels comfortable and is appropriately supported.

A member of staff will accompany the pupil to hospital in the absence of their parents.

If a pupil is taken to hospital by car, two members of staff will accompany them.

Following the occurrence of an allergic reaction, the SLT, in conjunction with all first aiders, will review the adequacy of the school's response and will consider the need for any additional support, training or other corrective action.

5. Nut Allergy Awareness

Purpose:

- To provide a safe learning environment for all members of Guilden Sutton Church of England Primary School.
- To raise the awareness of all members of the community regarding severe allergies.

Management:

The Nut Awareness policy will be managed by:

- parents and carers being requested **NOT** to send food to school that contains nuts. This includes peanut paste, Nutella, all nuts and cooking oil containing peanut oil, as well as foods containing nuts.
- Staff supervising eating at lunch time. Should it be noticed that a child has brought food containing nuts, staff will handle the situation sensibly and sensitively to prevent those children known to have nut allergies coming into contact with the food. Staff will ensure that any child who has touched nut products washes his/her hands thoroughly.
- Children being encouraged **NOT** to share food.
- Children being encouraged to wash hands before **and** after eating.
- Staff participating in training from school health advisors in understanding and dealing with anaphylaxis (severe allergic reactions) as the need arises.
- The School catering staff complying with the Nut Awareness Policy. Whilst recognising that it is very difficult to be certain that everything that is sent to school by catering suppliers is nut-free, as some of the most unusual items contain nut traces, the catering staff will make every effort to serve food that is nut-free.

The staff will be 'nut aware' in the following ways:

- Ensuring that school baking sessions use ingredients that do not contain nuts.
- Being vigilant when using boxes as part of craft activities e.g. do not use cereal boxes or containers that make be contaminated with nuts
- Food checked, in collaboration with parents, at occasions such as Bike It Breakfasts, Trustees events and Children in Need.

The policy will be promoted by:

- Parents and carers being informed via the newsletter
- New families to the school community being informed via the Induction Package and as part of the new Reception Parent's Evening.
- Staff being informed and provided with training opportunities
- Liaison with parents so that an alternative 'treat' is available for children with nut allergies or other dietary requirements for events such as Sports Day and Children in Need, be it provided by the parents or by school
- Children being informed via teachers, signs and the newsletter. This school acknowledges that due to food processing practices it is impractical to eliminate nuts or nut products entirely from an environment where there is food; thus Nut 'Aware' School.