ALLERGY AWARENESS POLICY

BRENTFORD SCHOOL FOR GIRLS

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1. Statement of Intent

The Governing Body believe that ensuring the health and welfare of staff, students and visitors is essential to the success of the school and is committed to ensuring that those with medical conditions, including allergies, especially those likely to have a severe reaction (anaphylaxis), are supported in all aspects of school life.

We will:

- Adhere to legislation and statutory guidance on caring for students with medical conditions, including the administration of allergy medication and adrenaline auto-injectors (AAIs), (commonly known by brand names such as EpiPen and Jext).
- Ensure all staff take part in allergy awareness training and are aware of this policy in line with Benedict's Law.
- Ensure that sufficient trained staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations.
- Ensure our school raises awareness of allergies and anaphylaxis to the whole school community.
- Conduct a detailed risk assessment to help identify any gaps in our systems and processes for keeping allergic students safe for all new joining students with allergies and any pupils newly diagnosed.
- Aim to reduce the risk of exposure to allergens to an acceptably low level.
- Make sure that the school is appropriately insured and that staff are aware that they are insured to support students when necessary.

Whilst we will endeavour to ensure our school provides a safe environment for all, we cannot guarantee our school will be allergen-free.

The school also has a First Aid and Administration of Medicines Policy, which may also be relevant, and all staff should be aware of.

This policy applies to all relevant school activities and is written in compliance with all current UK health and safety legislation.

2. Roles and Responsibilities

2.1 The Governing Board

2.1.1 The Governing Board has ultimate responsibility for health and safety matters - including Allergy Awareness in the school.

2.1.2 Ensure the Allergy Awareness Policy is reviewed biennially and/or after any operational changes, to ensure that the provisions remain appropriate for the activities undertaken.

2.2 The Headteacher

2.2.1 Carry out a risk assessment of allergy needs of students and staff, appropriate to the circumstances of the workplace, and review annually and/or after any significant changes.

2.2.2 Ensuring that an appropriate number of appointed persons have been provided with allergy awareness training and that their names are prominently displayed throughout the school.

2.2.3 Ensuring that appointed staff have an appropriate qualification, keep training up to date and remain competent to perform their role.

2.2.4 Ensuring all staff are aware of the school allergy awareness procedures.

2.2.5 Ensuring appropriate allergy awareness assessments are completed and appropriate measures are put in place.

2.2.6 Ensuring that catering is provided to the reasonable medical needs of staff and students.

2.2.7 Ensure allergy bullying is treated seriously, like any other bullying.

2.2.8 Reporting specified incidents to the Health and Safety Executive (HSE), when necessary.

2.3 Teaching staff

2.3.1 Ensuring they follow allergy awareness procedures.

2.3.2 Ensuring they know who the first aiders in school are and contact them straight away.

2.3.3 Completing accident reports for all incidents they attend to where a first aider is not called.

2.3.4 Informing the Headteacher or their manager of any specific health conditions or allergy needs.

2.4 Support staff

2.4.1 Ensuring they follow allergy awareness procedures.

2.4.2 Ensuring they know who the first aiders in school are and contact them straight away.

2.4.3 Completing accident reports for all incidents they attend to where a first aider is not called.

2.4.4 Informing the Headteacher or their manager of any specific health conditions or allergy needs

2.5 Business Manager

2.5.1. Ensuring they follow allergy awareness procedures.

2.5.2. Ensuring they know who the first aiders in school are and contact them straight away.

2.5.3. Completing accident reports for all incidents they attend to where a first aider is not called.

2.5.4. Informing the Headteacher or their manager of any specific health conditions or allergy needs.

2.6 Premises Manager

2.6.1. Ensuring they follow allergy awareness procedures.

2.6.2. Ensuring they know who the first aiders in school are and contact them straight away.

2.6.3. Completing accident reports for all incidents they attend to where a first aider is not called.

2.6.4. Informing the Headteacher or their manager of any specific health conditions or allergy needs.

2.7 Catering Manager and catering staff

2.7.1. The Kitchen manager is responsible for ensuring that the Food Allergy requirements are reviewed and reflective of the current menu offerings.

2.7.2. All catering staff and catering support staff have received Allergy Awareness Training & records retained https://allergytraining.food.gov.uk/ certification is retained and refresher training is provided in line with the training schedule.

2.7.3. The catering team have received all staff and student allergy requirements, the information is retained and reviews are undertaken. Any food allergies are reported to the catering team.

2.7.4. The Allergen Matrix is made available for dishes served - this will be dated and current to the menu offering for that day/week/fortnight and should cover all items on the menu offering. Menus clearly identify ingredients that may pose a risk to allergy sufferers, enabling informed choices to be made.

2.7.5. All dishes will be reviewed for allergen contents & that the catering team continue to review the individual ingredients. The frequency will be determined by the change in products delivered, new suppliers appointed and on a regular basis (As suppliers may substitute ingredients or products that previously didn't have an allergen contained, therefore the packaging label should be crossed checked with the school's allergen matrix & updated when required, the catering manager will redate the allergen matrix to reflect the review).

2.7.6. All purchased pre-packaged items have been provided with the list of all ingredients and that the allergen details provided are in bold. To report to supplier if any products have been delivered without the required legal labelling, and the product will not be used, until clarification of any allergens has been received by the manufacturer or supplier.

2.7.7. Rigorous food hygiene is maintained to reduce the risk of cross-contamination.

2.7.8. Cross-contamination is the physical movement or transfer of allergens from one person, object or place to another food item. Preventing cross-contamination is a key factor in preventing potential allergic reactions.

2.7.9 Controlling allergen cross-contamination

1. Any foods/dishes with any of these 14 allergens in must be carefully stored and handled in the kitchen so to prevent the risks of cross-contamination.
2. Staff training on kitchen procedures to prevent cross-contamination during storage, preparation and serving of food.
3. Cleaning utensils before each usage, especially if they were used to prepare meals containing allergens
4. A storage system should be in place to prevent cross-contamination of ingredients with other ingredients containing allergens. Keeping ingredients that contain allergens separate from other ingredients
5. Have a spillage plan in place to clean up allergenic ingredients: You should use disposable clothes/towels / blue rolls to prevent cross-contamination.
6. Effective cleaning, washing up and hand washing using hot water, cleaning and sanitising products.
7. Physical separation – putting a lid or cover on food, using a clean knife, board, plate, pan, working area, and aprons.
8. Using separate fryers/cooking equipment.

Allergen cross-contamination can also happen through using the same cooking oil. To cook gluten-free chips, you can't use the same oil which has been previously used for cooking battered fish.

If you can't avoid cross-contamination in food preparation, you should inform customers that you can't provide an allergen-free dish.

2.8. Contractors and visitors

To ensure:

2.8.1. The school's Allergy Awareness Policy and reporting procedure is followed

2.8.2. Their activities do not introduce an allergy risks to the school.

2.8.3. A high standard of hygiene is maintained whilst in school premises as a matter of good practice.

2.8.4. Any areas which may be contaminated are to be reported to the Site Team or their host.

2.9 Students and parents

2.9.1. The parents or carers of all new starters to the school are required to inform the school of any details of any food intolerances or allergies and their management should be described by completing the Allergy Declaration Form (Appendix 2).

2.9.2. If details are unclear or ambiguous, the school will follow this up with a phone call to parents for further information which will be recorded by the school.

2.9.3. It is parents' responsibility to ensure that if their child's medical needs change at any point that they make the school aware and a revised medical needs form must be completed. Updating the school if their child's medical needs change at any point. Parents are requested to keep the school up to date with any changes in allergy management with regards to clinic summaries, re-testing and new food challenges.

2.9.4. Ensuring that any required medication (adrenaline auto-injectors, inhalers and any specific antihistamine) is supplied, in date and replaced as necessary. The parents of all children who have adrenaline auto-injectors in school must complete specific healthcare plan sheets stating the emergency actions to be taken. They should also give permission for the spare emergency adrenaline auto-injectors to be used in the event it is required.

2.9.5. Attending any meeting as required to share further information about their child's food allergy, to plan for food management in school or to complete a care plan.

2.9.6. If an episode of anaphylaxis occurs outside school, the school must be informed.

2.9.7. Children of any age must be familiar with what their allergies are and the symptoms they may have that would indicate a reaction is happening.

2.9.8. Children are encouraged to take increased responsibility for managing choices that will reduce the risk of allergic reactions. Expectations are age appropriate.

2.9.9. Children are not allowed to share food with each other.

2.9.10. Members of staff or volunteers will be asked to disclose any food allergies as part of their induction.

3. Arrangements

3.1 Medication and Auto- adrenaline injectors

3.1.1. Students' medication is stored in:

- Wellbeing Office
- Students keep their own auto injectors with them and are expected to store **2** spare auto injectors in Wellbeing
- Students who's auto injectors are kept by the school are clearly detailed on the Health Care Plan (Appendix 1)

3.1.2. Student Allergy Declaration Forms are completed and stored on Arbor.

3.1.3 A copy of the Allergy Declaration Form, when containing Food Allergies is also provided to the catering team.

3.2 First Aid

3.2.1 In the case of a student's anaphylactic shock, the procedures are as follows:

a) The member of staff on duty calls for a first aider; or if the child can walk, takes him/her to a first aid post and calls for a first aider.

b) The first aider administers first aid and records details in on Arbor, the daily record sheet and the students' journal.

c) Full details of the accident are recorded in our online accident portal

d) It is standard procedure for an ambulance to be called for anaphylaxis and when the child has to be taken to hospital or the injury is `work' related, the accident is reported to the Governing Body.

e) If the incident is reportable under RIDDOR (Reporting of Injuries, Diseases & Dangerous Occurrences Regulations 2013), then as the employer the Governing Body will arrange for this to be done.

3.3 Insurance Arrangements

3.3.1 The School is a member of the DfE Risk Protection Arrangement (RPA)

3.4 Educational Visits

3.4.1 In the case of a **residential visit**, the residential first aider will administer First Aid. Reports will be completed in accordance with procedures at the Residential Centre.

3.4.2 In the case of **day visits** a trained First Aider will carry a travel kit in case of need, including spare auto-injectors required for the student's needs.

3.4.3 Any student with a prescribed auto-injector must carry two on any educational visit.

3.4.4 Where packed lunches are provided for day visits, the catering team will adhere to providing food taking into account the student's known allergies.

3.4.5 Where food is provided by a 3rd Party caterer on a day or residential trip, they will be provided with all known allergies of the students attending the educational visit.

3.5 Administering Medicines

3.5.1 **Prescribed medicines** may be administered in school (by a staff member appropriately trained by a healthcare professional) where it is deemed essential. Wherever possible, the student will administer their own medicine, under the supervision of a member of staff. In cases where this is not possible, the staff member will administer the medicine.

3.5.2 If a child refuses to take their medication, staff will accept their decision and inform the parents accordingly.

3.5.3 In all cases, we must have written parental permission outlining the type of medicine, dosage and the time the medicine needs to be given. (See Appendix 2 for Allergy Declaration and Appendix 3 Parental Agreement)

3.5.4 Staff will ensure that records are kept of any medication given.

3.5.5 Students cannot self-medicate, all non-prescribed medicines can only be taken under supervision in Wellbeing.

3.6 Storage/Disposal of Medicines

3.6.1 Children will be allowed to carry their own asthma inhaler and/or AAI or will be able to access their medicines in Wellbeing for self-medication, quickly and easily. Students' medicine will not be locked away out of the student's access; this is especially important on school trips. It is the responsibility of the school to return medicines that are no longer required, to the parent for safe disposal.

3.6.2 Spare AAIs will be held by the school for emergency use, as per the Department of Health's protocol.

3.7 Anaphylaxis

3.7.1 Anaphylaxis is a severe and potentially life-threatening reaction to a trigger such as an allergy. Anaphylaxis usually develops suddenly and gets worse very quickly and should always be treated as a medical emergency.

3.7.2 Symptoms of a mild to moderate allergic reaction include one or more of the following:

- Rash/hives (red raised, itchy bumps)

- Swelling of the lips, eyes or face
- Itchy or tingling mouth
- Stomach pain nausea, vomiting
- In the case of sting or bites, localised selling at sting sites
- feeling lightheaded or faint
- breathing difficulties – such as fast, shallow breathing
- wheezing
- a fast heartbeat
- clammy skin
- confusion and anxiety
- collapsing or losing consciousness

3.7.3 Symptoms of a **severe allergic reaction** (anaphylaxis) include one or more of the following:

- swollen tongue
- Difficulty swallowing/speaking
- Throat tightness
- Change in voice (hoarse or croaky sounds)
- Difficult or noisy breathing
- Chest tightness
- Persistent cough
- Wheeze (whistling noise due to a narrowed airway)
- Feeling dizzy or faint
- Collapse
- In babies and young children this may look like sudden onset of paleness and floppiness
- Loss of consciousness (unresponsive)

3.7.4 What to do if someone has anaphylaxis. Anaphylaxis is a medical emergency. It can be very serious if not treated quickly. If someone has symptoms of anaphylaxis, you should:

- Use an adrenaline auto-injector if the person has one – but make sure you know how to use it correctly first.
- Call 999 for an ambulance immediately (even if they start to feel better) – mention that you think the person has anaphylaxis.
- Remove any trigger if possible – for example, carefully remove any stinger stuck in the skin.
- Lie the person down flat – unless they're unconscious, pregnant or having breathing difficulties.
- Give another injection after 5 to 15 minutes if the symptoms do not improve and a second auto-injector is available.

People with potentially serious allergies are often prescribed adrenaline auto-injectors to carry at all times. These can help stop an anaphylactic reaction from becoming life-threatening.

They should be used as soon as a serious reaction is suspected, either by the person experiencing anaphylaxis or someone helping them.

Make sure you're aware of how to use your type of auto-injector correctly and carry two of them with you at all times.

There are 3 main types of an adrenaline auto-injector, which are used in slightly different ways. It is therefore important that staff have sufficient training and awareness of how to use the auto-injectors.

These are:
EpiPen
Jext

3.8 Accidents/Illnesses requiring Hospital Treatment

3.8.1. If a student has an incident, which requires urgent or non-urgent hospital treatment, the school will be responsible for calling an ambulance in order for the child to receive treatment. When an ambulance has been arranged, a staff member will stay with the student until the parent arrives, or accompany a child taken to the hospital by ambulance if required.

3.8.2. Parents will then be informed and arrangements made regarding where they should meet their child. It is vital therefore, that parents provide the school with up-to-date contact names and telephone numbers.

3.9 Defibrillators

3.9.1. Defibrillators are available within the school as part of the first aid equipment. First aiders are trained in the use of defibrillators.

3.9.2. Defibrillators are located in the school reception and the Pankhurst gym.

3.9.3. The local NHS ambulance service have been notified of its location.

3.10 Students with Special Medical Needs – Individual Healthcare Plans

3.10.1. Some students have medical conditions that, if not properly managed, could limit their access to education. These children may be:

a) Epileptic

b) Asthmatic

c) Have severe allergies, which may result in anaphylactic shock

d) Diabetic

Such students are regarded as having medical needs. Most children with medical needs are able to attend school regularly and, with support from the school, can take part in most school activities, unless evidence from a clinician/GP states that this is not possible.

3.10.2. The school will consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on school visits. A risk assessment will be used to take into account of any steps needed to ensure that students with medical conditions are included.

3.10.3. The school will not send students with medical needs home frequently or create unnecessary barriers to students participating in any aspect of school life. However, school staff may need to take extra care in supervising some activities to make sure that these students, and others, are not put at risk.

3.10.4. An individual health care plan will help the school to identify the necessary safety measures to support students with medical needs and ensure that they are not put at risk. The school appreciates that students with the same medical condition do not necessarily require the same treatment.

3.10.5. Parents/carers have prime responsibility for their child's health and should provide the school with information about their child's medical condition. Parents, and the student if they are mature enough, should give details in conjunction with their child's GP and Paediatrician. The Wellbeing Officer may also provide additional background information and practical training for school staff.

3.10.6. Procedure that will be followed when the school is first notified of a student's medical condition:

a) All students will have an Individual Health Care Plan (Appendix 1). This will be held centrally and shared with the required staff within the school.

b) This will be in place in time for the start of the relevant term for a new student starting at the school or no longer than two weeks after a new diagnosis or in the case of a new student moving to the school mid-term.

3.11 Accident Recording and Reporting

3.11.1 First aid and accident record book (online)

a) An accident form will be completed by the relevant member of staff on the same day or as soon as possible after an incident resulting in an anaphylactic shock. A copy will be emailed or printed out and sent to parents.

b) As much detail as possible should be supplied when completing the accident form – which must be completed fully.

c) Records held in the first aid and accident book will be retained by the school for a minimum of 3 years, in accordance with regulation 25 of the Social Security (Claims and Payments) Regulations 1979, and then securely disposed of.

3.11.2 Reporting to the HSE

a) The School Business Manager will keep a record of any accident which results in a reportable injury, disease, or dangerous occurrence as defined in the RIDDOR 2013 legislation (regulations 4, 5, 6 and 7).

b) The School Business Manager will report these to the Health and Safety Executive as soon as is reasonably practicable and in any event within 15 days of the incident. Reportable injuries, diseases or dangerous occurrences include:

1. Death
2. Specified injuries, which are:
    - Fractures, other than to fingers, thumbs and toes
    - Amputations
    - Any injury likely to lead to permanent loss of sight or reduction in sight
    - Any crush injury to the head or torso causing damage to the brain or internal organs
    - Serious burns (including scalding)
    - Any scalping requiring hospital treatment
    - Any loss of consciousness caused by head injury or asphyxia
    - Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness, or requires resuscitation or admittance to hospital for more than 24 hours
    - Injuries where an employee is away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident).
3. Where an accident leads to someone being taken to hospital
4. Near-miss events that do not result in an injury but could have done. Examples of near-miss events include, but are not limited to:
    - The collapse or failure of load-bearing parts of lifts and lifting equipment.
    - The accidental release of a biological agent likely to cause severe human illness.
    - The accidental release or escape of any substance that may cause a serious injury or damage to health.
    - An electrical short circuit or overload causing a fire or explosion.

c) Information on how to make a RIDDOR report is available here:

http://www.hse.gov.uk/riddor/report.htm

3.11.3 Notifying parents

The first aider who has administered the first aid check will inform parent/carer of any accident or injury sustained by the student, and any first aid treatment given, on the same day.

3.11.4 Reporting to child protection agencies

The Headteacher will also notify the relevant Local Authority of any serious accident or injury to, or the death of, a student while in the school care.

3.12 Difference between Food Allergy and Food Intolerance

a) **A food allergy** is when the body's immune system (which is the body's defense against infection) mistakenly treats the protein in food as a threat. The body responds to this threat by releasing a number of chemicals in the body. These chemicals cause symptoms of an allergic reaction.

b) **A Food intolerance** is more common than food allergies. Food intolerances are thought to affect 1 in 10 people. Food intolerances do not involve the immune system. Instead, food intolerance involves the digestive system and can cause difficulty digesting certain foods leading to symptoms such as abdominal pain, gas and diarrhoea. Those who are affected often rely on allergen labelling to avoid the foods that make them ill.

3.13 Food Allergens

3.13.1 The Food Information (Amendment) (England) Regulations 2019

The UK Food Information Amendment, also known as Natasha's Law, came into effect on the 1st of October 2021 and requires food businesses to provide full ingredient lists and allergen labelling on foods pre-packaged for direct sale on the premises. The legislation was introduced to protect allergy sufferers and give them confidence in the food they buy.

Under the new rules, food that is pre-packaged for direct sale (PPDS) must display the following clear information on its packaging:

1) **The food's name**
2) **A full list of ingredients, emphasising any allergenic ingredients.**

For schools, the new labelling requirements will apply to all food they make on-site and package, such as sandwiches, wraps, salads, and cakes. It applies to food offered at mealtimes and as break-time snacks. And, as mentioned earlier, it will apply to food the pupils select themselves or that caterers keep behind the counter.

Food businesses need to tell customers if any food they provide contains any of the listed allergens as an ingredient.

Consumers may be allergic or have an intolerance to other ingredients, but only the 14 allergens are required to be declared as allergens by food law in the UK.

The main 14 allergens (as listed in Annex II of the EU Food Information for Consumers) are:

a) **Cereals containing gluten -** namely wheat (such as spelt and Khorasan wheat), rye, barley and oats

b) **Crustaceans -** Invertebrates (they have no backbone) with a segmented body and jointed legs. Crab, crayfish, langoustine, lobster, prawn, shrimp, scampi.

c) **Egg -** Egg does not have to be eaten to cause an allergic reaction; coming into contact with eggshells or touching (raw) egg can cause allergic symptoms usually affecting just the skin in highly sensitive individuals.

d) **Fish -** Vertebrates (they have a backbone). Most fish are covered in scales and have fins. Anchovy, basa, cod, cuttlefish, haddock, hake, halibut, mackerel, monkfish, pilchards, plaice, pollock, salmon, sardine, sea bass, swordfish, trout, tuna, turbot, whitebait.

e) **Peanuts** - Different varieties of peanuts are produced for different uses (for example, peanuts to be used in peanut butter and peanuts in the shell for roasting,). Peanuts are from a family of plants called legumes, the same family as garden peas, lentils, soya beans and chickpeas. Most people will be able to eat other types of legumes without any problems and it is rare for people with a peanut allergy to react to other legumes.

Peanut allergy affects around 2% (1 in 50) of children in the UK and has been increasing in recent decades.

f) **Soybeans - Soy** comes from soybeans and immature soybeans are called edamame beans. Soya can be ingested as whole beans, soya flour, soya sauce or soya oil. Soya can also be used in foods as a texturiser (texturised vegetable protein), emulsifier (soya lecithin) or protein filler. Soya flour is widely used in foods including; breads, cakes, processed foods (ready meals, burgers and sausages) and baby foods.

g) **Milk -** includes dairy items, butter, cheese, cream, yoghurt, ice-cream, ghee, whey, buttermilk, milk powders.

h) **Nuts - (**namely almond, hazelnut, walnut, cashew, pecan nut, Brazil nut, pistachio nut and macadamia nut (Queensland nut). Can be found in curry powders and mixes, savoury sauces, salad dressing, marinades, soup, Indian dishes, English, French and American dishes

i) **Celery** - celery sticks, celery leaves, celery spice, celery seeds, which can be used to make celery salt.

j) **Mustard -** Mustard seeds are produced by the mustard plant which is a member of the Brassica family. Seeds can be white, yellow, brown or black. Whole seeds can be used in a variety of ways in cooking including roasting, marinating or as an addition to pickled products. Whole, ground, cracked or bruised mustard seeds are mixed with other ingredients to make table mustard.

k) **Sesame seeds -** Also known as: Benne (African name), gingelly (Sesame Oil), gomashio (Japanese Condiment), til (seed of sesame) Foods that sometimes have sesame as an ingredient include: veggie burgers, breadsticks, crackers, burger buns, cocktail biscuits, Middle Eastern foods, Chinese, Thai and Japanese foods, stir-fry vegetables, salad dishes and health food snacks.

l) **Sulphur dioxide and/or sulphites -** Also known as: Sulphur dioxide (E220) and other sulphites (from numbers E221 to E228) are used as preservatives in a wide range of foods, especially soft drinks, sausages, burgers, and dried fruits and vegetables.

E220 (Sulphur dioxide), E221 Sodium sulphite, E222 Sodium hydrogen sulphite, E223 Sodium metabisulphite, E224 Potassium metabisulphite, E226 Calcium sulphite, E227 Calcium hydrogen sulphite, E228 Potassium hydrogen sulphite, E150b Caustic sulphite caramel, E150d Sulphite ammonia caramel. It can be found in foods as a preservative, dried fruit and vegetables, soft drinks, fruit juices, fermented drinks (wine, beer and cider), sausages and burgers. Anyone who has asthma or allergic rhinitis may react to inhaling sulphur dioxide.

m) **Lupin -** Also known as lupin seeds, lupin beans and lupin flour. The lupin is well-known as a popular garden flower with its tall, colourful spikes. The seeds from certain lupin species are also cultivated as food. These are normally crushed to make lupin flour, which can be used in baked goods such as pastries, pies, pancakes and in pasta.

n) **Molluscs –** Also invertebrates. They are soft bodied inside and some have a shell. Abalone, squid, cuttlefish, octopus, snails and whelk. Those that have a shell that opens and closes are called 'bivalve molluscs', such as clams, cockles, oysters, mussels and scallops. This also applies to additives, processing aids and any other substances which are present in the final product.

4. Conclusions

4.1 This Allergy Awareness policy reflects the school's serious intent to accept its responsibilities in all matters relating to management of allergy awareness and the administration of auto-injectors / medicines. The clear lines of responsibility and organisation describe the arrangements which are in place to implement all aspects of this policy.

4.2 The storage, organisation and administration of first aid and medicines provision is taken very seriously. The school carries out regular reviews to check the systems in place meet the objectives of this policy.

Appendix 1 - Health Care Plan

School Name	
Student Name & Address	
Date of Birth	
Class	
Medical Diagnosis	
Triggers	
Who needs to know about the student's condition and what constitutes an emergency?	
Action to be taken in emergency and by whom	
Follow Up Care	
Family Contacts **Names** **Telephone Numbers**	
Clinic/Hospital Contacts **Name** **Number**	
GP **Name** **Number**	
Description of medical needs and signs and symptoms	
Daily Care Requirements	
Who is Responsible for Daily Care	
Transport Arrangements	

If the student has a life-threatening condition, specific transport healthcare plans will be carried on vehicles	
School Trip Support/Activities outside school Hours **(e.g. risk assessments, who is responsible in an emergency)**	
Form Distributed To	

Date _____

Review date _____

This will be reviewed at least annually or earlier if the child's needs change

Arrangements that will be made in relation to the child travelling to and from the school. ***If the student has a life-threatening condition, specific transport healthcare plans will be carried on vehicles***

_____

_____

_____

_____

_____

_____

Appendix 2A – Pupil Allergy Declaration Form

Name of pupil:			
Date of birth:		**Year group:**	
Name of GP:			
Address of GP:			

Nature of allergy:	
Severity of allergy:	
Symptoms of an adverse reaction:	
Details of required medical attention:	
Instructions for administering medication:	
Control measures to avoid an adverse reaction:	

Date

Review date

This will be reviewed at least annually or earlier if the child's needs change

Arrangements that will be made in relation to the child travelling to and from the school. ***If the student has a life-threatening condition, specific transport healthcare plans will be carried on vehicles***

Appendix 2B – Staff Allergy Declaration Form

Name of Staff:			
Date of birth:		**Position:**	
Name of GP:			
Address of GP:			

Nature of allergy:	
Severity of allergy:	
Symptoms of an adverse reaction:	
Details of required medical attention:	
Instructions for administering medication:	
Control measures to avoid an adverse reaction:	

Date _____

Review date _____

This will be reviewed at least annually or earlier if the staff's needs change

Appendix 3 - Parental agreement to administer medicine

One form is to be completed for each medicine.

The school will not give your child medicine unless this form is fully completed and signed.

Name of child

Date of Birth _____/_____/_____

Medical condition or illness

Medicine: To be in the original container with the label as dispensed by a pharmacy

Name/type and strength of the medicine
(as described on the container)

Date commenced _____/_____/_____

Dosage and method

Time to be given

Special precautions

Are there any side effects that the school should know about?

Self-administration Yes/No (delete as appropriate)

Procedures to take in an emergency

Parent/Carer Contact Details:
Name

Daytime telephone no.

Relationship to child

Address

I understand that I must deliver the medicine safely to Wellbeing.
The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to appropriately trained school staff administering medicine in accordance with the school policy. 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.

Parent/Carer's signature

Print Name

Date

Appendix 4 – AAI: Emergency Instructions

EMERGENCY INSTRUCTIONS FOR AN ALLERGIC REACTION

Child's Name: _____

DOB: _____

Allergic to: _____

ASSESS THE SITUATION

Send someone to get the emergency kit, which is kept in:

State Details / Location Here

IT IS IMPORTANT TO REALISE THAT THE STAGES DESCRIBED BELOW MAY MERGE INTO EACH OTHER RAPIDLY AS A REACTION DEVELOPS

MILD REACTION

- Generalised itching
- Mild swelling of lips or face
- Feeling unwell/Nausea
- Vomiting

SEVERE REACTION

- Difficulty breathing/choking/coughing
- Severe swelling of lips/eyes/face
- Pale/floppy
- Collapsed/unconscious

ACTION

- Give _____ (Antihistamine) immediately
- Monitor child until you are happy he/she has returned to normal.
- If symptoms worsen see – **SEVERE REACTION**

ACTIONS

1. Get _____AAI out and send someone to telephone 999 and tell the operator that the child is having an

'ANAPHYLACTIC REACTION'

2. Sit or lay the child on the floor.

3. Take AAI and remove the safety cap (Epipen = Grey, Jext = yellow).

4. Hold AAI approximately 10cm away from the outer thigh.

5. Swing and jab the black tip of AAI firmly into the outer thigh. MAKE SURE A CLICK IS HEARD AND HOLD IN PLACE FOR 10 SECONDS.

6. Remain with the child until the ambulance arrives.

7. Place the used AAI into the container without touching the needle.

8. Contact parent/carer as overleaf.

Appendix 5 – Emergency Contact Numbers

Emergency Contact Numbers

Mother: _____

Father: _____

Other: _____

Signed Headteacher: _____ Print Name: _____

Signed parent/guardian: _____ Print Name: _____

Relationship to child: _____ Date agreed: _____

Signed Paediatrician/GP: _____ Print Name: _____

Care Plan written by: _____ Print Name: _____

Designation: _____

Date of review: _____

Date	Time	Given by (print name)	Observation/evaluation of care	Signed/date/time

Check the expiry date of Auto-Injectors every month

Appendix 6 – Note to parent/carer for medication given

Note to parent/carer

Name of school _____

Name of child _____

Group/class/form _____

Medicine given _____

Date and time given _____

Reason _____

Signed by _____

Print Name _____

Designation _____

Appendix 7 - Contacting Emergency Services

Request for an Ambulance

Dial 999, ask for ambulance and be ready with the following information:

1. Your telephone number:

   _____

2. Give your location as follows *(insert school address*)

   _____

   _____

   _____

3. State that the postcode is:

   _____

4. Give exact location in the school *(insert brief description)*

   _____

   _____

   _____

5. Give your name: _____

6. Give name of child and a brief description of child's symptoms

   _____

   _____

   _____

7. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to the casualty

Speak clearly and slowly and be ready to repeat information if asked

Put a completed copy of this form by the telephone.

Appendix 8 - Checklist for Responding to Emergency Situations

The school must have a clear emergency procedure for cases of anaphylaxis, which should include arrangements for:

1. Summoning an ambulance in an emergency.
2. Treating the child if necessary whilst waiting for the ambulance to arrive.
3. Where to find the adrenaline, e.g., in a known, accessible location and not locked away.
4. Who should administer the adrenaline and how they can be contacted swiftly in an emergency.
5. Who else must be contacted in an emergency.
6. Ensuring that accident forms are filled out if applicable.

These procedures should be agreed with the relevant parties and clearly set out in the student's individual care plan.

Remember that even if the student is only displaying mild symptoms, care should be taken to remain very vigilant as these signs might be the precursor to a more serious attack. The serious signs to watch out for can be summarised in the form of the following questions:

- Is the student having marked difficulty in breathing or swallowing?
- Does the child appear suddenly weak or debilitated?
- Is there are steady deterioration?

If the answer to any of these questions is yes, adrenaline should be administered without delay, and an ambulance must be called.