

Academy Policy

Supporting pupils with medical conditions

CEO approval:	Sean Kelly	Autumn 2024
LGB Cluster ratification	SEND Cluster	
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To be Ratified

Contents

1.	Introduction.....	3
2.	Legislation and statutory responsibilities.....	3
3.	Roles and responsibilities	3
4.	Equal Opportunities	4
5.	Being notified that a child has a medical condition	4
6.	Individual healthcare plans	4
7.	Managing Medicines	5
8.	Controlled drugs.....	5
9.	Emergency procedures.....	6
10.	Training.....	6
11.	Record keeping.....	6
12.	Liability and indemnity	6
13.	Complaints.....	6
14.	Monitoring.....	6
15.	Links to other policies.....	7
	Appendix 1 – Being notified a child has a medical condition	8
	Appendix 3 - Daily Medication Log	11
	Appendix 4 - Medication Received Log	12
	Appendix 5 - Staff training record – administration of medicines.....	12
	Appendix 6 - Contacting emergency services	14
	Appendix 7 – Model letter inviting parents to contribute to individual healthcare plan development	15
	Appendix 8 – Allergy Management	16
1.	Introduction.....	16
2.	Role and Responsibilities.....	16
3.	Allergy Action Plans	17
4.	Emergency Treatment and Management of Anaphylaxis	17
5.	Supply, storage and care of medication	19
6.	Spare adrenaline auto injectors in school	20
7.	Staff Training	20
8.	Inclusion and safeguarding.....	21
9.	Catering	21
10.	School trips.....	22
11.	Allergy awareness.....	23
12.	Risk Assessment	24
13.	Useful Links.....	24

1. Introduction

- 1.1 This policy aims to ensure that:
- a) Pupils, staff and parents understand how our Academies/trust will support pupils with medical conditions.
 - b) Pupils, staff and parents understand how our Academies/trust will support pupils with medical conditions.
- 1.2 The trust will implement this policy by:
- a) Making sure sufficient staff are suitably trained
 - b) Making staff aware of pupil's condition, where appropriate
 - c) Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions
 - d) Providing supply teachers with appropriate information about the policy and relevant pupils
 - e) Developing and monitoring individual healthcare plans (IHPs).
- 1.3 The named person within the Academy with responsibility for implementing this policy is Lee Morgan – Principal.

2. Legislation and statutory responsibilities

- 2.1 This policy meets the requirements under Section 100 of the Children and Families Act 2014, which places a duty to make arrangements for supporting pupils at their school with medical conditions.
- 2.2 It is also based on the Department for Education's statutory guidance: Supporting pupils at school with medical conditions.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf

- 2.3 This policy also complies with our funding agreement and articles of association.

3. Roles and responsibilities

3.1 The board of Trustees

- 3.1.1 The board has the ultimate responsibility to make arrangements to support pupils with medical conditions. The board will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

3.2 Pupils

- 3.2.1 Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs.

3.3 School nurses and other health professionals

3.3.1 Our school nursing service will notify the Academy when a pupil has been identified as having a medical condition that will require support in the Academy. This will be before the pupil starts at the Academy, wherever possible.

3.3.2 Healthcare professionals, such as GPs and paediatricians, will liaise with the school's nurses and notify them of any pupils identified as having a medical condition.

4. Equal Opportunities

4.1 Our trust is clear about the need to actively support pupils with medical conditions to participate in Academy trips and visits, or sporting activities, and not prevent them from doing so.

4.2 The Academy will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on trips, visits and sporting activities.

4.3 Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

5. Being notified that a child has a medical condition

5.1 When an Academy is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires an IHP.

5.2 The Academy will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to an Academy.

6. Individual healthcare plans

6.1 The principal has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to:

6.2 Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.

a) Separate arrangements or procedures required for trips or other activities outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments

b) Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition

c) What to do in an emergency, including who to contact, and contingency arrangements.

7. Managing Medicines

- 7.1 Prescription and non-prescription medicines will only be administered at the Academy:
- When it would be detrimental to the pupil's health or attendance not to do so and
 - Where we have parents' written consent.
- 7.2 The only exception to this is where the medicine has been prescribed to the pupil without the knowledge of the parents.
- 7.3 Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.
- 7.4 The Academy will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.
- 7.5 Anyone giving a pupil any medication outside of the Individual Healthcare Plan (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents will always be informed.
- In-date
 - Labelled
 - Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage.
- 7.6 The Academy will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.
- 7.7 All medicines will be stored safely. Pupils will be informed about where their medicines are always and can access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away.
- 7.8 Medicines will be returned to parents to arrange for safe disposal when no longer required.

8. Controlled drugs

- 8.1 Controlled drugs are prescription medicines that are controlled under the Misuse of Drugs Regulations 2001 and subsequent amendments, such as morphine or methadone.
- Require parents, or otherwise make them feel obliged, to attend the Academy to administer medication or provide medical support to their pupil, including with toileting issues. No parent should have to give up working because the Academy is failing to support their child's medical needs.
 - Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of Academy life, including trips, e.g. by requiring parents to accompany their child
 - Administer, or ask pupils to administer, medicine in Academy toilets.

9. Emergency procedures

- 9.1 Require parents, or otherwise make them feel obliged, to attend the Academy to administer medication or provide medical support to their pupil, including with toileting issues. No parent should have to give up working because the Academy is failing to support their child's medical needs.
- 9.2 Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of Academy life, including trips, e.g. by requiring parents to accompany their child
- 9.3 Administer, or ask pupils to administer, medicine in Academy toilets.

10. Training

- 10.1 Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so.
- 10.2 The training will be identified during the development or review of IHPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.
- 10.3 The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the principal. Training will be kept up to date.
- 10.4 The training will
 - a) Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils.
 - b) Fulfil the requirements in the IHPs.
 - c) Help staff to understand the specific medical conditions they are being asked to deal with, their implications and preventative measures.

11. Record keeping

- 11.1 The Trust Board will ensure that written records are kept of all medicine administered to pupils. Parents will be informed if their pupil has been unwell at the Academy.
- 11.2 IHPs are kept in a readily accessible place that all staff are aware of.

12. Liability and indemnity

- 12.1 The board will ensure that the appropriate level of insurance is in place and appropriately reflects the Trust's / Academy's level of risk.
- 12.2 The Trust is a member of the RPA and all records relating to accident/injury at work are retained in line with the IRMS toolkit advice and guidance.

13. Complaints

- 13.1 Parents with a complaint about their child's medical condition should discuss these directly with the Principal in the first instance. If the Principal cannot resolve the matter, they will direct parents to the trust's complaints procedure.

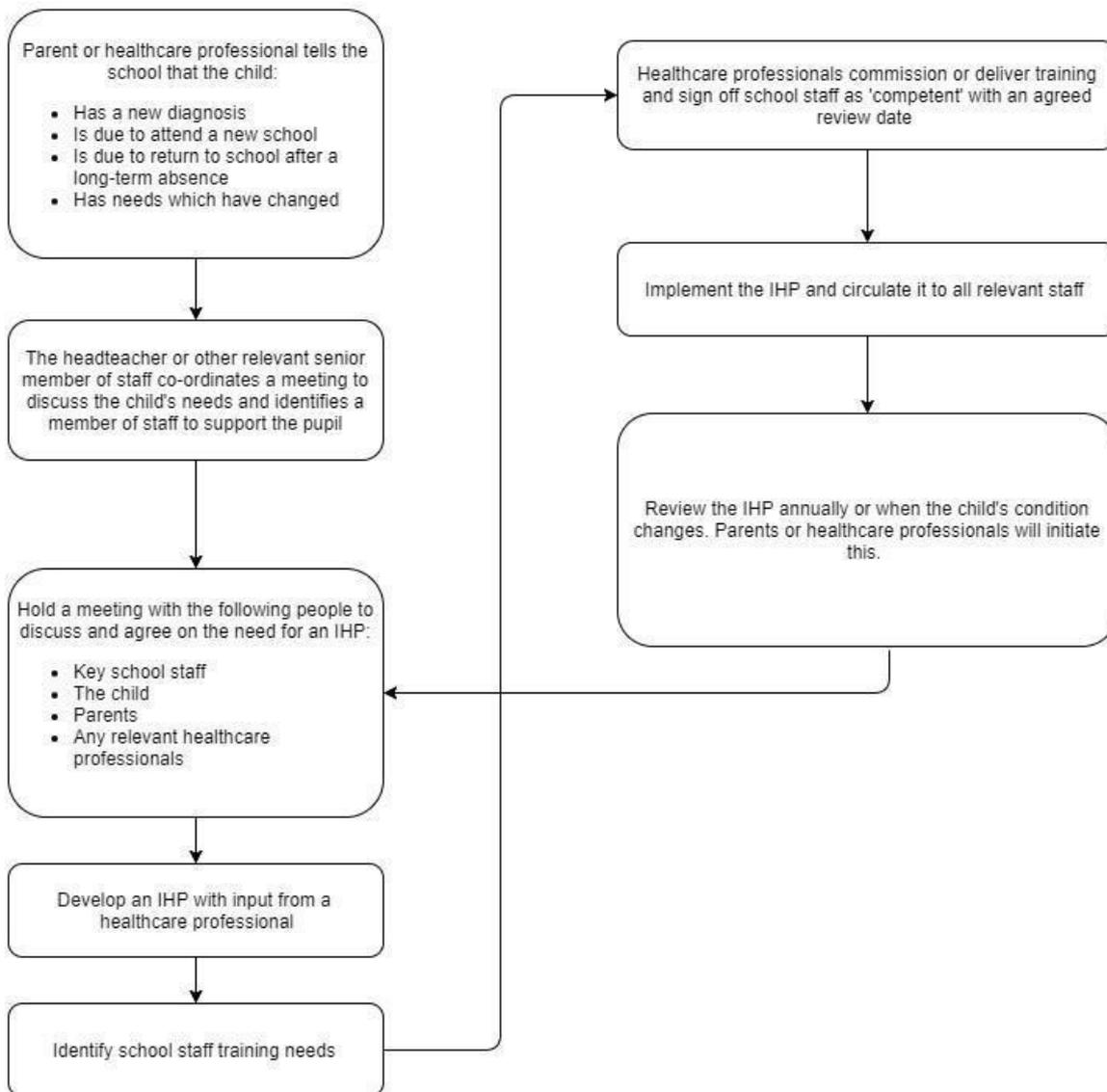
14. Monitoring

14.1 This policy will be reviewed annually and approved by the Trust Board annually.

15. Links to other policies

- a) Accessibility plan
- b) Complaints
- c) Equality information and objectives
- d) First aid
- e) Health and safety
- f) Safeguarding
- g) Special educational needs information report and policy.

Appendix 1 – Being notified a child has a medical condition



Appendix 2 – Individual healthcare plan

Westbury Academy part of Raleigh Education Trust Staff cannot give your child medication unless this form is completed and signed	
Name of Academy:	
Childs Name:	
Date of Birth:	
Year Group: Tutor:	
Date:	
Review Date:	
Medical Diagnosis or Condition:	
Describe medical needs and give details of the child's symptoms and/or triggers:	
Daily Care Requirements (e.g. before lunch):	
Describe what constitutes an emergency for the student, and the action to take if this occurs:	
Medication	
Medication Name:	
Dose:	
Times Taken:	
Self-Administered:	
Any other information that may be relevant	
Family Contact Information	

CONTACT 1:
Name:
Phone Number (work):
Phone Number (Home/ Mobile):
Relationship to Child:
CONTACT 2:
Name:
Phone Number (work):
Phone Number (Home/ Mobile):
Relationship to Child:
Clinic/ Hospital Contact
Clinic/ Hospital Name:
Doctor/ Paediatrician Name:
Phone Number:
Any other information that may be relevant

Appendix 3 - Daily Medication Log

Name:

Medication Name:

Date of Birth:

Form:

Date	Medication Name	Current Amount in stock	Time	Dosage	Given by	Witnessed	Amount Left in stock

Staff Signature	

Appendix 4 - Medication Received Log

<u>Name of Pupil</u>	
<u>Date</u>	
<u>Medication</u>	
<u>Quantity</u>	
<u>Expiry Date</u>	
<u>Parent/Carer</u> <u>Signature</u>	
<u>Staff Signature</u>	

Appendix 5 - Staff training record – administration of medicines

Name of Academy/setting	
Name	
Type of training received	
Date of training completed	
Training provided by	
Profession and title	

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date

Appendix 6 - Contacting emergency services

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.

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

your telephone number

- i. your name
- ii. your location as follows [insert school/setting address]
- iii. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
- iv. provide the exact location of the patient within the school setting
- v. provide the name of the child and a brief description of their symptoms
- vi. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
- vii. put a completed copy of this form by the phone

Appendix 7 – Model letter inviting parents to contribute to individual healthcare plan development

Dear Parent/carer,

Developing an individual healthcare plan for your child

Thank you for informing us of your child's medical condition. I enclose a copy of the Academy's policy for supporting pupils with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the Academy, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, not all children may require one. We will need to make judgements about how your child's medical condition impacts their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you can attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you to contact me [them] by email or to speak by phone if this would be helpful. Yours sincerely,

Principal

Appendix 8 – Allergy Management

1. Introduction

- 1.1 An allergy is a reaction by the body's immune system to substances that are usually harmless. The reaction can cause minor symptoms such as itching, sneezing or rashes but sometimes causes a much more severe reaction called anaphylaxis.
- 1.2 Anaphylaxis is a severe systemic allergic reaction. It is at the extreme end of the allergic spectrum. The whole body is affected often within minutes of exposure to the allergen, but sometimes it can be hours later. Causes often include foods, insect stings, or drugs.
- 1.3 Definition: Anaphylaxis is a severe life threatening generalised or systemic
- 1.4 Hypersensitivity reaction. This is characterised by rapidly developing life-threatening airway/ breathing/ circulatory problems usually associated with skin or mucosal changes.
- 1.5 It is possible to be allergic to anything which contains a protein, however most people will react to a small group of potent allergens.
- 1.6 Common UK Allergens include (but not limited to) Peanuts, Tree Nuts, Sesame, Milk, Egg, Fish, Latex, Insect venom, Pollen and Animal Dander.
- 1.7 This policy sets out how we will support pupils with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in school life.

2. Role and Responsibilities

2.1 Parent responsibilities

- 2.1.1 On entry to the school, it is the parent's responsibility to inform reception staff/ School Nurse/SENCO/First Aider (*delete or substitute as appropriate*) of any allergies. This information should include all previous severe allergic reactions, history of anaphylaxis and details of all prescribed medication.
- 2.1.2 Parents are to supply a copy of their child's Allergy Action Plan ([BSACI plans](#) preferred) to school. If they do not currently have an Allergy Action Plan this should be developed as soon as possible in collaboration with a healthcare professional e.g. Schools nurse/GP/allergy specialist.
- 2.1.3 Parents are responsible for ensuring any required medication is supplied, in date and replaced as necessary.
- 2.1.4 Parents are requested to keep the school up to date with any changes in allergy management. The Allergy Action Plan will be kept updated accordingly.

2.2 Staff

- 2.2.1 All staff will complete anaphylaxis training. Training is provided for all staff on a yearly basis and on an ad-hoc basis for any new members of staff.
- 2.2.2 Staff must be aware of the pupils in their care (regular or cover classes) who have known allergies as an allergic reaction could occur at any time and not just at mealtimes. Any food-related activities must be supervised with due caution.

- 2.2.3 Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils with medical conditions, including allergies, carry their medication. Pupils unable to produce their required medication will not be able to attend the excursion.
- 2.2.4 School Nurse/SENCO/First Aider (delete or substitute as appropriate) will ensure that the up-to-date Allergy Action Plan is kept with the pupil's medication.
- 2.2.5 It is the parent's responsibility to ensure all medication is in date however the
- 2.2.6 Staff cited in Section 7 will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.

3. Allergy Action Plans

- 3.1 Allergy action plans are designed to function as Individual Healthcare Plans for children with food allergies, providing medical and parental consent for schools to administer medicines in the event of an allergic reaction, including consent to administer a spare adrenaline auto-injector.
- 3.2 Westbury Academy recommends using the British Society of Allergy and Clinical Immunology (BSACI) Allergy Action Plan to ensure continuity. This is a national plan that has been agreed by the BSACI, the Anaphylaxis Campaign and Allergy UK.
- 3.3 It is the parent/carer's responsibility to complete the allergy action plan with help from a healthcare professional (e.g. GP/School Nurse/Allergy Specialist) and provide this to the school.

4. Emergency Treatment and Management of Anaphylaxis

- 4.1 What to look for:
 - a) swelling of the mouth or throat
 - b) difficulty swallowing or speaking
 - c) difficulty breathing
 - d) collapse / unconsciousness
 - e) hives, rash anywhere on the body
 - f) abdominal pain, nausea, vomiting
 - g) sudden feeling of weakness
 - h) strong feelings of impending doom

- 4.2 Anaphylaxis is likely if all the following 3 things happen:
- a) sudden onset (a reaction can start within minutes) and rapid progression of symptoms
 - b) life threatening airway and/or breathing difficulties and/or circulation problems (e.g. alteration in heart rate, sudden drop in blood pressure, feeling of weakness)
 - c) changes to the skin e.g. flushing, urticaria (an itchy, red, swollen skin eruption showing markings like nettle rash or hives), angioedema (swelling or puffing of the deeper layers of skin and/or soft tissues, often lips, mouth, face etc.) Note: skin changes on their own are not a sign of an anaphylactic reaction, and in some cases don't occur at all.
- 4.3 sudden onset (a reaction can start within minutes) and rapid progression of symptoms
- 4.4 life threatening airway and/or breathing difficulties and/or circulation problems (e.g. alteration in heart rate, sudden drop in blood pressure, feeling of weakness)
- 4.5 changes to the skin e.g. flushing, urticaria (an itchy, red, swollen skin eruption showing markings like nettle rash or hives), angioedema (swelling or puffing of the deeper layers of skin and/or soft tissues, often lips, mouth, face etc.) Note: skin changes on their own are not a sign of an anaphylactic reaction, and in some cases don't occur at all.
- 4.6 The pupil has been exposed to something they are known to be allergic to, then it is more likely to be an anaphylactic reaction.
- 4.7 Anaphylaxis can develop very rapidly, so a treatment is needed that works
- 4.8 Rapidly. Adrenaline is the mainstay of treatment, and it starts to work within seconds. Adrenaline should be administered by an injection into the muscle (intramuscular injection)
- 4.9 What does adrenaline do?
- a) It opens the airways
 - b) It stops swelling
 - c) It raises the blood pressure.
- 4.10 Adrenaline must be administered with the **minimum of delay** as it is more effective in preventing an allergic reaction from progressing to anaphylaxis than in reversing it once the symptoms have become severe.

4.11 Action

- a) Stay with the child and call for help. **DO NOT MOVE CHILD OR LEAVE UNATTENDED**
- b) Remove trigger if possible (e.g. Insect stinger)
- c) Lie child flat (with or without legs elevated) – A sitting position may make breathing easier
- d) **USE ADRENALINE WITHOUT DELAY** and note time given. (inject at upper, outer thigh
- e) - through clothing if necessary)
- f) CALL **999** and state **ANAPHYLAXIS**
- g) If no improvement after 5 minutes, administer second adrenaline auto-injector
- h) If no signs of life commence CPR
- i) Phone parent/carer as soon as possible

5. Supply, storage and care of medication

- 5.1 (Around age 11 years +) Pupils will be encouraged to take responsibility for and to always carry their own two adrenaline injectors on them (in a suitable bag/ container).
- 5.2 For younger children or those assessed as not ready to take responsibility for their own medication there should be an anaphylaxis kit which is kept safely, not locked away and accessible to all staff.
- 5.3 Medication should be stored in a rigid box and clearly labelled with the pupil's name and a photograph.
- 5.4 The pupil's medication storage box should contain:
 - a) adrenaline injectors i.e. EpiPen® or Jext® (two of the same type being prescribed)
 - b) an up-to-date allergy action plan
 - c) antihistamine as tablets or syrup (if included on plan)
 - d) spoon if required
 - e) asthma inhaler (if included on plan).
- 5.5 It is the responsibility of the child's parents to ensure that the anaphylaxis kit is up-to-date and clearly labelled, however the School Nurse/SENCO/First Aider (delete or substitute as appropriate) will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.
- 5.6 Parents can subscribe to expiry alerts for the relevant adrenaline auto-injectors their child is prescribed, to make sure they can get replacement devices in good time.

5.7 Older children and medication

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

5.8 Storage

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

5.9 Disposal

- 5.9.1 AAls are single use only and must be disposed of as sharps. Used AAls can be given to ambulance paramedics on arrival or can be disposed of in a pre-ordered sharps bin. Sharps bins to be obtained from and disposed of by a clinical waste contractor/specialist collection service/local authority. The sharps bin is kept in the medical room.

6. Spare adrenaline auto injectors in school

- 6.1 Westbury Academy has purchased KittMedical which is a box of spare adrenaline auto-injector (AAI) devices for emergency use in children and adults who are having presenting symptoms of anaphylaxis. There are two KittMedical packs and these are kept next to the two defibrillators, one of which is in the front office and one which is stored in the staff room.
- 6.2 These are stored in an orange colour box, clearly labelled 'Anaphylaxis Kit', kept safely, not locked away and accessible and known to all staff.
- 6.3 The School Nurse/SENCO/First Aider (delete or substitute as appropriate) is responsible for checking the spare medication is in date monthly and to replace as needed.
- 6.4 Written parental permission for use of the spare AAls is included in the pupil's Allergy Action Plan.
- 6.5 If anaphylaxis is suspected in an undiagnosed individual call the emergency services and state, you suspect ANAPHYLAXIS. Follow advice from them as to whether administration of the spare AAI is appropriate.

7. Staff Training

- 7.1 The named staff members responsible for co-ordinating all staff anaphylaxis training and the upkeep of the school's anaphylaxis policy are Megan Smith and Charlotte Timson
- 7.2 All staff will complete online anaphylaxis awareness training at the start of every new academic year.
- 7.3 Training is also available on an ad-hoc basis for any new members of staff.

7.4 Training includes:

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

8. Inclusion and safeguarding

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

9. Catering

- 9.1 All food businesses (including school caterers) must follow the Food Information Regulations 2014 which states that allergen information relating to the 'Top 14' allergens must be available for all food products.
- 9.2 The school menu is available for parents to view in weekly/fortnightly/monthly advance with all ingredients listed and allergens highlighted on the school website at - <https://www.westbury.raleightrust.org>
- 9.3 The staff cited in section 7 will inform the Catering Manager/Cook/Chef of pupils with food allergies. Every school should have a system in place to ensure catering staff can identify pupils with allergies e.g., a list with photographs– include details here of your school system for identifying pupils and who has responsibility for keeping this up to date.
- 9.4 Parents/carers are encouraged to meet with the Catering Manager/Cook/Chef (delete or substitute as appropriate) to discuss their child's needs.
- 9.5 The school adheres to the following Department of Health guidance recommendations:
- a) Bottles, other drinks and lunch boxes provided by parents for pupils with food allergies should be clearly labelled with the name of the child for whom they are intended.
 - b) If food is purchased from the school canteen/tuck shop, parents should check the appropriateness of foods by speaking directly to the catering manager.

- c) The pupil should be taught to also check with catering staff, before purchasing food or selecting their lunch choice.
- d) Where food is provided by the school, staff should be educated about how to read labels for food allergens and instructed about measures to prevent cross contamination during the handling, preparation and serving of food. Examples include preparing food for children with food allergies first; careful cleaning (using warm soapy water) of food preparation areas and utensils. For further information, parents/carers are encouraged to liaise with the Catering Manager.
- e) Food should not be given to primary school age food-allergic children without parental engagement and permission (e.g. birthday parties, food treats).
- f) Foods containing nuts are discouraged from being brought in to school.
- g) Use of food in crafts, cooking classes, science experiments and special events (e.g. fetes, assemblies, cultural events) needs to be considered and may need to be restricted/risk assessed depending on the allergies of children and their age.

10. School trips

- 10.1 Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils with medical conditions, including allergies, carry their medication. Pupils unable to produce their required medication will not be able to attend the excursion.
- 10.2 All the activities on the school trip will be risk assessed to see if they pose a threat to allergic pupils and alternative activities planned to ensure inclusion.
- 10.3 Overnight school trips may be possible with careful planning and a meeting for parents with the lead member of staff planning the trip should be arranged. Staff at the venue for an overnight school trip should be briefed early on that an allergic child is attending and will need appropriate food (if provided by the venue).

10.4 School Excursions

- 10.4.1 Allergic children should have every opportunity to attend sports trips to other schools. The school will ensure that the P.E. teacher/s are fully aware of the situation. The school being visited will be notified that a member of the team has an allergy when arranging the fixture. A member of staff trained in administering adrenaline will accompany the team. If another school feels that they are not equipped to cater for any food-allergic child, the school will arrange for the child to take alternative/their own food.
- 10.4.2 Most parents are keen that their children should be included in the full life of the school where possible, and the school will need their co-operation with any special arrangements required.

11. Allergy awareness

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

12. Risk Assessment

- 12.1 Westbury Academy will conduct a detailed risk assessment to help identify any gaps in our systems and processes for keeping allergic children safe for all new joining pupils with allergies and any pupils newly diagnosed. [Template Risk Assessment](#).

13. Useful Links

- 13.1 Anaphylaxis Campaign- <https://www.anaphylaxis.org.uk>
- 13.2 AllergyWise training for schools- <https://www.anaphylaxis.org.uk/informationtraining/allergywisetraining/for-schools/>
- 13.3 AllergyWise training for Healthcare Professionals- <https://www.anaphylaxis.org.uk/informationtraining/allergywise-training/for-healthcareprofessionals/>
- 13.4 Allergy UK - <https://www.allergyuk.org>
- 13.5 Whole school allergy and awareness management (Allergy UK)- <https://www.allergyuk.org/schools/wholeschool-allergy-awareness-andmanagement>
- 13.6 Spare Pens in Schools - <http://www.sparepensinschools.uk>
- 13.7 Official guidance relating to supporting pupils with medical needs in schools- <http://medicalconditionsatschool.org.uk/documents/Legal-Situation-in-Schools.pdf>
- 13.8 Education for Health- <http://www.educationforhealth.org>
- 13.9 Food allergy quality standards (The National Institute for Health and Care Excellence, March 2016)- <https://www.nice.org.uk/guidance/qs118>
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