



Supporting Pupils With Medical Conditions

Policy and Procedures

Annex A – School Anaphylaxis Policy

Policy:	Supporting Pupil with Medical Conditions Policy
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1. Introduction

At Welbourne Primary Academy we believe that all children should have the opportunity, as far as they are able, to be fully participating members of the school community.

To this end we will seek to make sure that all children with temporary or recurring medical conditions, 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.

In compliance with Section 100 of the Children and Families Act 2014, the Governing body will ensure that arrangements are in place in school to provide that support as appropriate

The school's co-ordinator for children with medical needs will have overall responsibility for ensuring that this, and any other relevant policies and procedures, are regularly reviewed and fully implemented.

The named Co-ordinator is: Karin Rudd

2. Procedure to be followed when notification is received that a pupil has a medical condition

- advice will be sought from relevant health professionals and a care plan will be agreed.
- Any necessary staff training will be arranged.
- The child's medical needs and symptoms to be aware of will be displayed alongside the child's photograph in the staff room and appropriate classrooms.

3. Individual Health Plans

- An Individual Health Care Plan (IHCP) will be specific to each child with a medical condition and will capture key information in order to ensure that the school is effectively supporting that child.
- IHCPs are developed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social well-being and minimises disruption.
- An IHCP will provide clarity about what needs to be done, when and by whom. Any plan must therefore be easily accessible to anyone who needs to refer to it, whilst still preserving confidentiality. (A copy is kept in the child's classroom and another copy is kept in the first aid cupboard)

- The level of detail within plans will depend on the complexity of a child's condition and degree of support needed. Each plan is specific to a particular child, recognising the uniqueness of each child's medical condition and support needs.
- The aim of an IHCP is to capture the steps which the school should take to help the child manage their condition and overcome any potential barriers to getting the most from their education.
- Where the child has a special educational need identified in an EHC plan, the individual healthcare plan will be linked to or become part of that EHC plan.
- Input from parents/carers and the pupils themselves will be welcomed but the responsibility for finalising and implementing the plan will rest with the school.
- The governing body will ensure that plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed

When deciding what information should be recorded on individual healthcare plans, the governing body will consider the following:

- the child's medical condition, its triggers, signs, symptoms and treatments;
- the pupil's resulting needs, including medication (dose, side-effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues eg crowded corridors, travel time between lessons;
- specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions;
- the level of support needed, (some children will be able to take responsibility for their own health needs), including in emergencies;
- If a child is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring;
- who will provide the support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable;
- who in the school needs to be aware of the child's condition and the support required;
- arrangements for written permission from parents and the Headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours;
- separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, eg risk assessments;

- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition;
- what to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

At Welbourne Academy the person responsible for ensuring IHCPs are written is the school SENCO.

4. In the case of emergency

In the case of emergency the ambulance should be directed to the school office.

5. Responsibilities:

- **Collaborative working**

Supporting a child with a medical condition is not the sole responsibility of one person or organisation. For each child requiring this particular support the school staff will work in partnership with healthcare professionals, and where appropriate social care professionals, the local authority and parents and pupils. This collaborative working is critical to the best interests and well-being of the child concerned.

- **The Governing Body will**

- Ensure that arrangements are in place to support pupils with medical conditions, so that they can access and enjoy the same opportunities at school as any other child, according to our statutory responsibilities.
- Ensure that all relevant policies, procedures, plans and systems are properly and effectively implemented.
- Ensure that no child with a medical condition will be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made.
- Take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. Some will be long-term, on-going and complex and some will be more obvious than others. The Governing body will therefore ensure that the focus is on the needs of each individual child and how their particular medical condition impacts on their school life.
- Seek to ensure that any arrangements made will give parents and pupils confidence in the school's ability to provide effective support for the child's medical condition in school. The arrangements will show an

understanding of how the child's medical condition impacts on his/her ability to learn, as well as increase confidence and promote self-care.

- Ensure that sufficient staff are properly trained to provide the support that pupils need and are competent, before they take on the responsibility to support a children with medical conditions
- Ensure that any members of staff at the school who provide support for pupils with medical conditions are able to access information and other teaching support materials as needed.
- In line with our safeguarding duties, the governing body will ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases. We are not therefore obliged to accept a child in school at times where it would be detrimental to the health of that child or others to do so.

- **The Headteacher will:**

- Ensure that their school's policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation.
- Ensure that all staff who need to know are aware of the child's condition.
- Ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. This may involve recruiting a member of staff for this purpose.
- Have overall responsibility for the development of individual healthcare plans.
- Make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way.
- Contact the school nursing service in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.

- **School Staff**

- Any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach.
- School staff will receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions.

- Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help

- **Pupils**

- Pupils with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan.
- Children who are competent will be encouraged to take responsibility for managing their own medicines and procedures. Wherever possible children will be allowed to carry their own medicines and relevant devices or should be able to access their own medicines for self-medication, quickly and easily. Children who take their medicines themselves or manage procedures may require a certain amount of supervision

- **Parents:**

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

- **School Nurse/qualified Healthcare professionals:**

- are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school.
- The school nursing service will **not** usually have an extensive role in ensuring that the school is taking appropriate steps to support children with medical

conditions, but may be called upon to support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training.

- can liaise with lead clinicians locally on appropriate support for a child and associated staff training needs

School nursing can be contacted by email:

Cpm-tr.peterboroughschoolnurses@nhs.net

Or phone: 0300 029 5050

- **The Local Authority will:**

- Promote cooperation between relevant partners such as the governing bodies of the school, clinical commissioning groups and NHS England, with a view to improving the well-being of children so far as relating to their physical and mental health, and their education, training and recreation.
- Provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered effectively.
- Will work with the school to support pupils with medical conditions to attend full time.
- Should it become clear that a pupil who would not receive a suitable education in our mainstream school because of their health needs, the local authority has a duty to make other arrangements.

- **Providers of Health services will:**

- co-operate with schools that are supporting children with a medical condition, including appropriate communication, liaison with school nurses and other healthcare professionals such as specialist and children's community nurses, as well as participation in locally developed outreach and training.
- Health services can provide valuable support, information, advice and guidance to schools, and their staff, to support children with medical conditions at school.

6. Staff training and Support

- **Any member of school staff providing support to a pupil with medical needs will have first received suitable training.**

This will have been identified during the development or review of an individual healthcare plan. Some staff may already have some knowledge of the specific support needed by a child with a medical condition and so extensive training may not be required. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

- The healthcare professional who has been involved previously with the child will normally lead on identifying and agreeing with the school, the type and level of training required, and how this can be obtained. Should the school choose to arrange training themselves we will ensure this remains up-to-date.
- Any training will be sufficient to ensure that staff are competent and have confidence in their ability to support a pupil with a medical condition, and to fulfil the requirements as set out in the individual healthcare plans. It is essential that they have an understanding of the specific medical condition(s) they are being asked to deal with, their implications and preventative measures.
- **Staff must not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect any individual healthcare plans).** A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.
- Healthcare professionals, including the school nurse, can provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.
- We consider that the child's family to be key in providing relevant information to school staff about how their child's needs can best be met, and parents will therefore be asked for their views. They should provide specific advice, but will not be the sole trainer.

7. Managing medicines on School premises

- Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so;
- No child will be given prescription or non-prescription medicines without their parent's written consent
- No child under 16 will be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, will never be administered without first checking maximum dosages and when the previous dose was taken. Parents will be informed;
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours;
- The school will only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is

insulin which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container;

- All medicines will be stored safely. Children will know where their medicines are at all times and be able to access them immediately. Where relevant, they will know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will be readily available to children and not locked away.
- A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. Monitoring arrangements may be necessary.
- Staff administering medicines will do so in accordance with the prescriber's instructions.
- When no longer required, medicines will be returned to the parent/carer to arrange for safe disposal. Sharps boxes will always be used for the disposal of needles and other sharps.

8. Record Keeping

- The school will keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted and if for any reason the medication is not given a record will be kept and parents informed;
- A record of all children with allergies – including details of the allergy; the probable reaction and treatment necessary.

9. Liability and Indemnity

- The Governing Body will ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk.
- Zurich Municipal are the school's liability insurer with the policyholder being Peterborough City Council copy of this can be found on the wall in the school office. The Insurance policy will be accessible to staff providing such support.
- Our Insurance policy provides liability cover relating to the administration of medication. However individual cover may need to be arranged for any healthcare procedures.
- Any requirements of the insurance, such as need for staff to be trained will be made clear and complied with.
- In the event of a claim alleging negligence by a member of staff, civil actions are likely to be brought against the employer

10. Day Trips, residential visits and sporting activities

- Reasonable adjustments will be made to encourage pupils with medical conditions to participate in school trips and visits and sporting activities.
- Teachers will be aware of how a child's medical condition will impact on their participation, but will endeavour to provide enough flexibility for all children to participate according to their abilities.
- The school will make arrangements for the inclusion of pupils in such activities unless evidence from a clinician such as a GP or a consultant states that this is not possible

11. Unacceptable practice

Although school staff will use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, it is not generally acceptable practice to:

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- assume that every child with the same condition requires the same treatment;
- ignore the views of the child or their parents; or ignore medical evidence or opinion, (although this may be challenged);
- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- penalise children for their attendance record if their absences are related to their medical condition e.g. hospital appointments;
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs;
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

12. Complaints

Should parents/carers be dissatisfied with the support provided to their child by the school they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure, which can be found on the school's website.

13. Supporting children through absence from school

It is recognised that for some pupils, their health condition will require them to have an extended period of time out of school. The school will do all it can to ensure that such children are supported through their period of absence from school and sensitively re-integrated once they are well enough to attend.

Annex A

School Anaphylaxis Policy

Purpose:

To minimise the risk of any pupil suffering a severe allergic reaction whilst at school or attending any school related activity. To ensure staff are properly prepared to recognise and manage severe allergic reactions should they arise.

Karin Rudd and Rachel Smith are the named staff members responsible for coordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy.

Introduction

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. 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.

Definition: Anaphylaxis is a severe life threatening generalised or systemic hypersensitivity reaction. This is characterised by rapidly developing life-threatening airway / breathing / circulatory problems usually associated with skin or mucosal changes.

It is possible to be allergic to anything which contains a protein, however most people will react to a fairly small group of potent allergens. Common UK Allergens include (but not limited to):- Peanuts, Tree Nuts, Sesame, Milk, Egg, Fish, Latex, Insect venom, Pollen and Animal Dander.

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

Role and Responsibilities

Parent responsibilities:

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

Staff Responsibilities:

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

Pupil Responsibilities

- Pupils are encouraged to have a good awareness of their symptoms and to let an adult know as soon as they suspect they are having an allergic reaction.

- Pupils who are trained and confident to administer their own auto-injectors will be encouraged to take responsibility for carrying them on their person at all times.

Allergy Action Plans

Allergy action plans are designed to function as Individual Healthcare Plans for children with food allergies, providing medical and parental consent for schools to administer medicines in the event of an allergic reaction, including consent to administer a spare adrenaline autoinjector.

Welbourne Primary 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. 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.

Emergency Treatment and Management of Anaphylaxis

What to look for:

- swelling of the mouth or throat
- difficulty swallowing or speaking
- difficulty breathing
- sudden collapse / unconsciousness
- hives, rash anywhere on the body
- abdominal pain, nausea, vomiting
- sudden feeling of weakness
- strong feelings of impending doom

Anaphylaxis is likely if all of the following 3 things happen:

- sudden onset (a reaction can start within minutes) and rapid progression of symptoms.
- 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)
- 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.

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

Anaphylaxis can develop very rapidly, so a treatment is needed that works rapidly. Adrenaline is the mainstay of treatment and it starts to work within seconds. Adrenaline should be administered by an injection into the muscle (intramuscular injection) What does adrenaline do?

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

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.

ACTION:

- Stay with the child and call for help. DO NOT MOVE CHILD OR LEAVE UNATTENDED
- Remove trigger if possible (e.g. Insect stinger)
- Lie child flat (with or without legs elevated) – A sitting position may make breathing easier
- USE ADRENALINE WITHOUT DELAY and note time given. (inject at upper, outer thigh - through clothing if necessary)
- CALL 999 and state ANAPHYLAXIS
- If no improvement after 5 minutes, administer second adrenaline auto-injector
- If no signs of life commence CPR
- Phone parent/carer as soon as possible All pupils must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can reoccur after treatment.

Supply, storage and care of medication

An anaphylaxis kit should be kept in school, which is kept safely, not locked away and accessible to all staff. Medication should be stored in a container and clearly labelled with the pupil's name and a photograph. The pupil's medication storage box should contain:

- adrenaline injectors i.e. EpiPen® or Jext® (two of the same type being prescribed)
- an up-to-date allergy action plan
- antihistamine as tablets or syrup (if included on plan)
- spoon if required
- asthma inhaler (if included on plan).

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

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

Storage

AAIs should be stored at room temperature, protected from direct sunlight and temperature extremes. Disposal AAIs are single use only and must be disposed of as sharps. Used AAIs can be given to ambulance paramedics on arrival.

‘Spare’ adrenaline auto injectors in school

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

These are stored in a box in the first aid bag, clearly labelled ‘Emergency Anaphylaxis Adrenaline Pen’, kept safely, not locked away and accessible and known to all staff.

Mrs Smith is responsible for checking the spare medication is in date on a monthly basis and to replace as needed. Written parental permission for use of the spare AAIs is included in the IHCP.

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.

Staff Training

Karin Rudd and Rachel Smith are the named staff members responsible for coordinating all staff anaphylaxis training and the upkeep of the school’s anaphylaxis policy.

All staff will complete online anaphylaxis awareness training at the start of every new academic year and will receive practical training from the school nurse team on a regular basis.

Training is also available on an ad-hoc basis for any new members of staff.

Training includes:

- Knowing the common allergens and triggers of allergy
- Spotting the signs and symptoms of an allergic reaction and anaphylaxis. Early recognition of symptoms is key, including knowing when to call for emergency services
- Administering emergency treatment (including AAIs) in the event of anaphylaxis – knowing how and when to administer the medication/device
- Measures to reduce the risk of a child having an allergic reaction e.g. allergen avoidance Knowing who is responsible for what

- Associated conditions e.g. asthma
- Managing allergy action plans and ensuring these are up to date
- A practical session using trainer devices (these can be obtained from the manufacturers' websites www.epipen.co.uk and www.jext.co.uk)

Inclusion and safeguarding

Welbourne Primary 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.

Catering

All food businesses (including school caterers) must follow the Food Information Regulations 2014 which states that allergen information relating to the 'Top 14' allergens must be available for all food products. The school menu is available for parents to view in advance with all ingredients listed and allergens highlighted on the school website.

The school will inform the Catering Manager of pupils with food allergies. Parents/carers are encouraged to meet with the Catering Manager to discuss their child's needs.

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

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

- Use of food in crafts, cooking classes, science experiments and special events (e.g. fetes, assemblies, cultural events) needs to be considered and may need to be restricted/risk assessed depending on the allergies of particular children and their age.

School trips

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

Sporting Excursions

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

Allergy awareness

Welbourne Primary 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 particular allergen in any establishment, including in schools. This is because nuts are only one of many allergens that could affect pupils, and no school could guarantee a truly allergen free environment for a child living with food allergy. They advocate instead for schools to adopt a culture of allergy awareness and education. A 'whole school awareness of allergies' is a much better approach, as it ensures teachers, pupils and all other staff 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.

Risk Assessment

The school 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.