



CATALYST
ACADEMIES TRUST

Supporting Pupils with Medical Conditions

Approved by: Catalyst Academies Trust

Reviewed September 2024

Supporting Pupils at School with Medical Conditions Policy

Section 100 of the Children and Families Act 2014 places a duty on the Governing Body and Senior Leadership Team to make arrangements for supporting pupils at the Academy with medical conditions. Pupils with special medical needs have the same right of admission to school as other children and cannot be refused admission or excluded from school on medical grounds alone. However, teachers and other school staff in charge of pupils have a common law duty to act in the place of the parent and may need to take swift action in an emergency. This duty also extends to teachers leading activities taking place off the school site. This could extend to a need to administer medicine. The prime responsibility for a child's health lies with the parent who is responsible for the child's medication and should supply the school with information.

This Policy will be reviewed regularly and will be readily accessible to Parents/Carers and Staff.

Policy Implementation

All schools and academies are expected by Ofsted to have a policy dealing with medical needs and to be able to demonstrate that this is implemented effectively. The overall responsibility for the successful administering and implementation of this Policy is given to the Headteacher. They will also be responsible for ensuring that sufficient staff are suitably trained and will ensure cover arrangements in case of staff absences or staff turnover to ensure that someone is always available and on site.

An appropriate member of staff will be responsible for briefing supply teachers, risk assessments for school visits and other school activities outside of the normal timetable and for the monitoring of individual healthcare plans.

All staff will be expected to show a commitment and awareness of children's medical conditions. All new members of staff will be inducted into the arrangements and guidelines set out in this Policy.

Definitions of Medical Conditions:

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

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

The Role of Staff

Some children with medical conditions may be disabled. Where this is the case governing bodies must comply with their duties under the Equality Act 2010. Some may also have Special Educational Needs and may have a statement, or Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. For children with SEN, this guidance should be read in conjunction with the SEN Policy.

If a child is deemed to have a long-term medical condition, the school will ensure that arrangements are in place to support them. In doing so, we will ensure that such children can access and enjoy the same opportunities at school as any other child. The Academy, health professionals, Parents/Carers and other support services will work together to ensure that children with medical conditions receive a full education, unless this would not be in their best interests because of their health needs. In some cases this will require flexibility and involve, for example, programmes of study that rely on part time attendance at school in combination with alternative provision arranged by the Local Authority and health professionals. Consideration will also be given to how children will be reintegrated back into school after long periods of absence.

We do not administer any unprescribed medication to children. Staff must not supervise the administration of prescribed medication without the completed permission form, and in line with the child's Health Care Plan. At the Academy, we recognise that appropriate training will be provided where necessary eg. Epipens. First Aid training will be provided to those staff members required. Healthcare professionals, will provide training and subsequent confirmation of the proficiency of staff in a medical procedure, or in providing medication.

Procedures to be followed when Notification is received that a Pupil has a Medical Condition

We will ensure that the correct procedures will be followed whenever we are notified that a pupil has a medical condition, the Trust will request medical evidence before procedures can be followed. The procedures will also be in place to cover any transitional arrangements between schools, the process to be followed upon reintegration or when pupil's needs change and arrangements for any staff training or support. For children starting school, arrangements will be in place in time for the start of the relevant school term. In other cases, such as a new diagnosis or children moving to the school mid-term, we will make every effort to ensure that arrangements are put in place as soon as possible. A child may not be able to start without appropriate training for staff, training may be needed to be provided by a healthcare professional prior to the child starting school.

In making the arrangements, the Academy will take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening.

We will also acknowledge that some medical conditions will be more obvious than others. We will therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life. The Academy will ensure that arrangements give Parents/Carers and pupils confidence in the Academy's ability to provide effective support for medical conditions in school. The arrangements will show an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care. We will ensure that staff are properly trained to provide the support that pupils need. The Academy will ensure that arrangements are clear and unambiguous about the need to support actively pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so. The Academy will make arrangements for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible. The Academy will make sure that no child with a medical condition is denied admission or prevented from attending the Academy because arrangements for their medical condition have not been made. However, in line with our Safeguarding duties, we will ensure that pupils' health is not put at unnecessary risk from, for example infectious diseases. We will therefore not accept a child in school at times where it would be detrimental to the health of that child or others.

The Academy does not have to wait for a formal diagnosis before providing support to pupils. In cases where a pupil's medical condition is unclear, the Trust will request evidence of a relevant referral. This will require medical evidence and consultation with Parents/Carers. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place. This will usually be led by the Headteacher or designated delegate. Following the discussions an Individual Health Care Plan will be put in place. Where an allergy has been submitted on the child's admissions forms, the Academy will not accept without a relevant Health Care Plan from a medical professional. Please refer to the Trust Allergy Policy, Appendix 1.

Where a child has an Individual Health Care Plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the Academy should know what to do in general terms, such as informing a teacher immediately if they think help is needed. If a child (regardless of whether

they have an Individual Health Care Plan) needs to be taken to hospital, staff should stay with the child until the Parent/Carer arrives, or accompany a child taken to hospital by ambulance.

Individual Health Care Plans

Individual Health Care Plans will be written, if appropriate, and reviewed by the appropriate member of staff, but it will be the responsibility of parents and medical professions to create with staff. All members of staff supporting the individual children must ensure that the Plan is followed. The class teacher will be responsible for the child's development and ensuring that they and their medical conditions are supported at school. Individual Health Care Plan must be completed by an appropriate member of staff with support from Parents/Carers, and a relevant healthcare professional, e.g. school, specialist or children's community nurse, who can best advise on the particular needs of the child. Pupils should also be involved whenever appropriate. The responsibility for ensuring it is finalised and implemented rests with the Academy.

Individual Healthcare Plans will help to ensure that the Academy effectively supports pupils with medical conditions. They will provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed. They are likely to be helpful in the majority of other cases too, especially where medical conditions are long-term and complex.

Individual Health Care Plans will be easily accessible to all who need to refer to them, while preserving confidentiality. Plans will capture the key information and actions that are required to support the child effectively. The level of detail within plans will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support. Where a child has SEN but does not have a statement or EHC plan, the child may have a care plan. A care plans, (and their Review), may be initiated, in consultation with the Parent/Carer, by a member of school staff or a healthcare professional involved in providing care to the child.

It is the parent's responsibility to inform the school of any changes, the Individual Health Care Plan will be developed and reviewed with the child's best interests in mind and ensure that the Academy assesses and manages risks to the child's education, health and social wellbeing and minimises disruption. The Academy will not make any changes to a child's Health Care Plan without evidence provided by a medical professional.

Where there are any changes to a child's health needs, medical evidence must be provided. Where the child has a SEN identified in a statement or EHC plan, the child's care plan should be linked to or become part of that statement or EHC plan.

Individual Health Care Plan must include, but not limited to;

- the 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 e.g. crowded/noisy conditions, 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 tests, 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 should be clearly stated with appropriate arrangements for monitoring
- who will provide this 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/Carers and the Headteacher for medication to be supervised by a member of staff, or self-administered by the pupil during school hours – see Administration of Medication in School
- 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, e.g. risk assessments;
- what to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an Emergency Health Care Plan prepared by their lead clinician that could be used to inform development of their Individual Health Care Plan. The Emergency Health Care Plan will not be the Academy's responsibility to write or review.

The Child's Role in managing their own Medical Needs

After discussion with relevant individuals, including Parents/Carers, the school will encourage the child to take responsibility and manage their own health needs and medicines.

This will be reflected within their Individual Health Care Plans.

All prescribed medication will be stored securely in the school office to ensure that the safeguarding of other children is not compromised. The Academy does also recognise that children who can take their prescribed medicines themselves or manage procedures may require an appropriate level of supervision. If a child is not able to self-medicate then relevant staff should help to administer medicines and manage procedures for them. Emergency medicines and devices eg. Asthma pumps and adrenaline pens will be stored in the classroom, whereby staff will have access to them at all times.

If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so but instead follow the procedure agreed in the Individual Health Care Plan. Parents/Carers should be informed, outside of the review, so that alternative options can be considered.

Managing Medicines on Site

The following are the procedures to be followed for managing medicines:

- Medicines must be supervised at the Academy. Staff will cross reference the name on the prescribed medication to ensure it is the same as the permission form.
- No child under 16 should be given medicines without their Parents/Carers written consent.
- We will not administer medicines to a child, unless a long term medical condition has been diagnosed. If a child requires medication during the Academy day, the parent will need to come to the Academy to administer it to their child. Parents/ Carer will make arrangements, where possible, to arrange possible timings of medication outside of the school day.
- The Academy 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 inside an insulin pen or a pump, rather than in its original container.
- All medicines will be stored safely. Children should know where their medicines are at all times and be able to access them immediately.
- Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away; these will be stored safely where a Class Teacher, First Aider, Teaching Assistant and child know how to access them. If a child requires an asthma inhaler it is crucial that there is an inhaler in the Academy at all times.
- During school trips, the first aid trained member of staff/member of staff in charge of first aid will carry all medical devices and medicines required.
- Staff supervising medicines should do so in accordance with the child's Health Care Plan. The Academy 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 the Academy should be noted. Written records are kept of all medicines administered to children. These records offer protection to staff and children and provide evidence that agreed procedures have been followed.

- When no longer required, medicines should be returned to the Parent/Carer to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.

Unacceptable Practice

Although Academy staff should use their discretion and judge each case on its merits with reference to the child's Individual Health Care 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/Carers; 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; or
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of Academy life, including school trips, e.g. by requiring Parents/Carers to accompany the child.

Insurance

The school's insurance cover is provided by Zurich Municipal and is renewed each year on 31st August.

Complaints

Should Parents/Carers or pupils be dissatisfied with the support provided they should discuss their concerns directly with the Academy. If for whatever reason this does not resolve the issue, they may make a formal complaint via the complaints procedure outlined in the Academy's Complaints Policy.

Supporting Pupils with Medical Conditions Procedure

1. Child diagnosed or due to attend new school
2. Parent or healthcare professional informs school
3. A meeting to agree individual health care plan (IHCP) or delegates this to a senior member of staff named in the policy
4. Meeting to agree IHCP to include child, parent, specialist nurse, school nurse and GP or paediatrician, delegated member of staff
5. School staff training needs to be identified
6. Specialist nurse/school nurse delivers training and staff signed-off as competent
7. IHCP implemented and circulated to all relevant staff
8. IHCP reviewed annually or when condition changes. Parent or healthcare professional to initiate.

Allergy management within Catalyst Academies Trust

This policy is designed to be annexed to the schools wider medical conditions policy as required by the Supporting Pupils in schools with medical conditions statutory guidance

1. Introduction

An allergy is a reaction of the body's immune system to substances that are usually harmless. The reaction can cause minor symptoms such as itching, sneezing or rashes but sometimes causes a much more serious reaction called anaphylaxis.

Anaphylaxis is a serious, life-threatening allergic reaction. It is at the extreme end of the allergic spectrum. The whole body is affected often within minutes of exposure to the allergen, but sometimes it can be hours later. Causes can include foods, insect stings, and drugs.

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

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

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

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

This policy sets out how schools within Catalyst Academies Trust will support pupils with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in school life.

2. Role and responsibilities

Parent Responsibilities

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

- Relevant staff will complete anaphylaxis training. Training is provided as required at the request of the Headteacher.
- Staff must be aware of the pupils in their care (regular or cover classes) who have known allergies as an allergic reaction could occur at any time and not just at mealtimes. Any food-related activities must be supervised with due caution.
- Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils with medical conditions, including allergies, carry their medication. Pupils unable to produce their required medication will not be able to attend the excursion.
- The SENCO / Pupils Services Officer / Family Support Worker 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 SENCO / Pupils Services Officer / Family Support Worker will regularly check medication kept at school and send a reminder to parents if medication is approaching expiry.
- SENCO / Pupils Services Officer / Family Support Worker keeps a register of pupils who have been prescribed an adrenaline auto-injector (AAI) and a record of use of any AAI(s) and emergency treatment given.

Pupil Responsibilities

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

3. [Allergy Action Plans](#)

Allergy action plans are designed to function as individual healthcare plans for children with food allergies, providing medical and parental consent for schools to administer medicines in the event of an allergic reaction, including consent to administer a spare adrenaline auto-injector.

Catalyst Academies Trust recommends using the British Society of Allergy and Clinical Immunology ([BSACI](#)) [Allergy Action Plans](#) to ensure continuity. This is a national plan that has been agreed by the BSACI, Anaphylaxis UK and Allergy UK.

It is the parent/carer's responsibility to complete the allergy action plan with help from a healthcare professional (e.g. GP/School Nurse/Allergy Specialist) and provide this to the school. The care plan will not be created by the school, nor on the basis of information solely provided by parents. The school will only list an allergy on receipt of medical evidence from a health care professional. To ensure the appropriate care and safety of all our pupils, once an allergy is named, the school will not provide any form of the allergen until medical evidence is provided. For example, if a food challenge is completed, signed medical evidence will be required before the school can provide this allergen to the child.

4. [Emergency Treatment and Management of Anaphylaxis](#)

What to look for:

Symptoms usually come on quickly, within minutes of exposure to the allergen.

Mild to moderate allergic reaction symptoms may include:

- a red raised rash (known as hives or urticaria) anywhere on the body
- a tingling or itchy feeling in the mouth
- swelling of lips, face or eyes
- stomach pain or vomiting.

More serious symptoms are often referred to as the ABC symptoms and can include:

- AIRWAY - swelling in the throat, tongue or upper airways (tightening of the throat, hoarse voice, difficulty swallowing).
- BREATHING - sudden onset wheezing, breathing difficulty, noisy breathing.
- CIRCULATION - dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness.

The term for this more serious reaction is anaphylaxis. In extreme cases there could be a dramatic fall in blood pressure. The person may become weak and floppy and may have a sense of something terrible happening. This may lead to collapse and unconsciousness and, on rare occasions, can be fatal.

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

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

What does adrenaline do?

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

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

- Keep the child where they are, call for help and do not leave them unattended.
- **LIE CHILD FLAT WITH LEGS RAISED** – they can be propped up if struggling to breathe but this should be for as short a time as possible.
- **USE ADRENALINE AUTO-INJECTOR WITHOUT DELAY** and note the time given. AAI should be given into the muscle in the outer thigh. Specific instructions vary by brand – always follow the instructions on the device.
- CALL **999** and state **ANAPHYLAXIS (ana-fil-axis)**.
- If no improvement after 5 minutes, administer second AAI.
- If no signs of life commence CPR.
- Call parent/carer as soon as possible.

Whilst you are waiting for the ambulance, keep the child where they are. Do not stand them up, or sit them in a chair, even if they are feeling better. This could lower their blood pressure drastically, causing their heart to stop.

All pupils must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can reoccur after treatment.

5. Supply, storage and care of medication

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

For younger children or those not ready to take responsibility for their own medication, medication will be kept safely and easily **accessible to all staff**.

Medication should be stored in a suitable container (provided by the parent / carer) and clearly labelled with the pupil's name. The pupil's medication storage container should contain:

- Two AAls i.e. EpiPen® or Jext® or Emerade®
- An up-to-date allergy action plan
- Antihistamine as tablets or syrup (if included on allergy action plan)
- Spoon if required
- Asthma inhaler (if included on allergy action plan).

It is the responsibility of the child's parents to ensure that the anaphylaxis kit is up-to-date and clearly labelled, however the SENCO / Pupils Services Officer / Family Support Worker will check medication kept at school regularly and send a reminder to parents if medication is approaching expiry.

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

Older children and medication

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

Storage

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

Disposal

AAls are single use only and must be disposed of as sharps. Used AAls can be given to ambulance paramedics on arrival or will be returned to the parent / carer for appropriate disposal.

6. [Staff Training](#)

The Headteacher is responsible for delegating the co-ordination of staff anaphylaxis training and the upkeep of the school's anaphylaxis policy.

All staff trained in pediatric first aid, catering staff, admin staff, staff within wrap around provision and anyone working with a child with anaphylaxis will complete relevant training as required.

Training includes:

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

7. [Inclusion and safeguarding](#)

Catalyst Academies Trust 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.

8. [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 weekly/fortnightly/monthly advance with all ingredients listed and allergens highlighted on the school website. Parents can choose the appropriate meal for their child in advance. If a meal is chosen which does not match the allergy requirement for the child, the child will be given a suitable alternative.

The SENCO / Pupils Services Officer / Family Support Worker will inform the Head Cook of pupils with food allergies.

All kitchens within the Trust will have children with severe, diagnosed allergies requiring an epipen, displayed within the kitchen near the serving area. This will be reviewed half termly by the Catering staff, in line with allergy list held by the school office.

To support with identifying these children, all children with diagnosed allergies will wear a lanyard during meal service, the lanyard should include the child's photo, full name, class and a list of diagnosed allergies. This will allow staff to identify these pupils easily and safely. When these children are served, the catering staff are responsible for checking the lanyard against the meal choice before serving.

Where appropriate parents/carers are encouraged to meet with the Cook to discuss their child's needs. Where appropriate, until all required medical evidence has been provided, the school may request a packed lunch is provided by the parent / carer.

The Cook co-ordinates the management of allergies within the school kitchen, and it is the responsibility of those working within the kitchen to ensure that they have knowledge of children with allergies. This includes ensuring that the menu choice reflects the allergy requirements of the child.

Staff working within the classroom, alongside the child, will check the menu choice against the known allergens.

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

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

9. School trips

Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils with medical conditions, including allergies, carry their medication. Pupils unable to produce their required medication will not be able to attend the excursion.

All the activities on the school trip will be risk assessed to see if they pose a threat to allergic pupils and alternative activities planned to ensure inclusion.

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

Sporting Excursions

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

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

10. Allergy awareness and nut bans

Catalyst Academies Trust supports the approach advocated by Anaphylaxis UK towards nut bans/nut free schools. They would not necessarily support a blanket ban on any particular allergen in any establishment, including in schools. This is because nuts are only one of many allergens that could affect pupils, and no school could guarantee a truly allergen free environment for a child living with food allergy. They advocate instead for schools to adopt a culture of allergy awareness and education.

A 'whole school awareness of allergies' is a much better approach, as it ensures teachers, pupils and all other staff are aware of what allergies are, the importance of avoiding the pupils' allergens, the signs & symptoms, how to deal with allergic reactions and to ensure policies and procedures are in place to minimise risk.

11. Risk Assessment

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

12. Useful Links

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

- Safer Schools Programme - <https://www.anaphylaxis.org.uk/education/safer-schools-programme/>
- AllergyWise for Schools online training - <https://www.allergywise.org.uk/p/allergywise-for-schools1>

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

- Resources for managing allergies at school - <https://www.allergyuk.org/living-with-an-allergy/at-school/>

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

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

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

Department of Health Guidance on the use of adrenaline auto-injectors in schools - [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline auto injectors in schools.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf)

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

Anaphylaxis: assessment and referral after emergency treatment (The National Institute for Health and Care Excellence, 2020) <https://www.nice.org.uk/guidance/cg134?unlid=22904150420167115834>




Allergy Action Plan



THIS CHILD HAS THE FOLLOWING ALLERGIES:

Name:

DOB:

Photo

Emergency contact details:

1)

2)

Child's Weight: Kg

PARENTAL CONSENT: I hereby authorise school staff to administer the medicines listed on this plan, including a 'spare' back-up adrenaline autoinjector (AAI) if available, in accordance with Department of Health Guidance on the use of AAI's in schools.

Signed: _____

(PRINT NAME)

Date: _____

Mild-moderate allergic reaction:

- Swollen lips, face or eyes
- Itchy / tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

ACTION:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine:
- Phone parent/emergency contact (If vomited, can repeat dose)

Watch for signs of ANAPHYLAXIS
(life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: **ALWAYS** consider anaphylaxis in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY**

AIRWAY: Persistent cough, hoarse voice
difficulty swallowing, swollen tongue

BREATHING: Difficult or noisy breathing,
wheeze or persistent cough

CONSCIOUSNESS: Persistent dizziness / pale or floppy
suddenly sleepy, collapse, unconscious

If ANY ONE (or more) of these signs are present:

1. Lie child flat: (if breathing is difficult, allow child to sit)
2. Use Adrenaline autoinjector (eg. EpiPen) **without delay**
3. Dial 999 for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

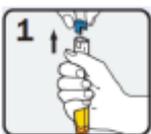
*** IF IN DOUBT, GIVE ADRENALINE ***

After giving Adrenaline:

1. Stay with child until ambulance arrives, do NOT stand child up
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement after 5 minutes, give a 2nd adrenaline dose using a second autoinjector device, if available.

You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis.

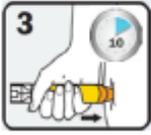
How to give EpiPen®



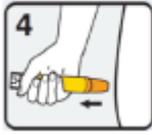
Form fist around EpiPen® and PULL OFF BLUE SAFETY CAP



SWING AND PUSH ORANGE TIP against outer thigh (with or without clothing) until a click is heard



HOLD FIRMLY in place for 10 seconds



REMOVE EpiPen®. Massage injection site for 10 seconds

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Additional instructions:

if wheezy, give adrenaline FIRST, then asthma reliever puffer (blue inhaler) via spacer

This is a medical document that can only be completed by the child's healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2017.

This plan has been prepared by:

SIGN & PRINT NAME:

Hospital/Clinic:

Date:

This child has the following allergies:

Name:

DOB:

Photo

Mild/moderate reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

Action to take:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine:

 (if visited, can repeat dose)

- Phone parent/emergency contact

Watch for signs of ANAPHYLAXIS

(life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: ALWAYS consider anaphylaxis in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY**

- | | | |
|--|--|---|
| <p>A AIRWAY</p> <ul style="list-style-type: none"> • Persistent cough • Hoarse voice • Difficulty swallowing • Swollen tongue | <p>B BREATHING</p> <ul style="list-style-type: none"> • Difficult or noisy breathing • Wheeze or persistent cough | <p>C CONSCIOUSNESS</p> <ul style="list-style-type: none"> • Persistent dizziness • Pale or floppy • Suddenly sleepy • Collapse/unconscious |
|--|--|---|

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

- 1 Lie child flat with legs raised (if breathing is difficult, allow child to sit)

✓
 ✓
 ✗
- 2 Immediately dial 999 for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")
- 3 In a school with 'spare' back-up adrenaline autoinjectors, ADMINISTER the SPARE AUTOINJECTOR if available
- 4 Commence CPR if there are no signs of life
- 5 Stay with child until ambulance arrives, do NOT stand child up
- 6 Phone parent/emergency contact

***** IF IN DOUBT, GIVE ADRENALINE *****

You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis. For more information about managing anaphylaxis in schools and 'spare' back-up adrenaline autoinjectors, visit sparepensinschools.uk

Emergency contact details:

1) Name:



2) Name:



Parental consent: I hereby authorise school staff to administer the medicines listed on this plan, including a 'spare' back-up adrenaline autoinjector (AAI) if available, in accordance with Department of Health Guidance on the use of AAIs in schools

Signed:

Print name:

Date:

For more information about managing anaphylaxis in schools and 'spare' back-up adrenaline autoinjectors, visit: sparepensinschools.uk

Additional instructions:

If wheezy: DIAL 999 and GIVE ADRENALINE using a 'back-up' adrenaline autoinjector if available, then use asthma reliever (blue puffer) via spacer

This BSACI Action Plan for Allergic Reactions is for children and young people with mild food allergies, who need to avoid certain allergens. For children at risk of anaphylaxis and who have been prescribed an adrenaline autoinjector device, there are BSACI Action Plans which include instructions for adrenaline autoinjectors. These can be downloaded at bsaci.org

For further information, consult NICE Clinical Guidance CG116 Food allergy in children and young people at guidance.nice.org.uk/CG116

This is a medical document that can only be completed by the child's healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' adrenaline autoinjector in the event of the above-named child having anaphylaxis (as permitted by the Human Medicines (Amendment) Regulations 2017). The healthcare professional named below confirms that there are no medical contra-indications to the above-named child being administered an adrenaline autoinjector by school staff in an emergency. This plan has been prepared by:

Sign & print name:

Hospital/Clinic:



Date:

Anaphylaxis Risk Assessment

This form should be completed by the setting in liaison with the parents/carers and the child, if appropriate. It should be shared with everyone who has contact with the child/young person.

Child/Young Person Name:	Date of Birth:
Setting/School:	Key Worker/Teacher/Tutor:
Phase: Primary/Secondary:	
Name and role of other professionals involved in this Risk Assessment (i.e. Specialist Nurse or School Nurse):	
Date of Assessment:	Reassessment due (this would usually be annually, unless there is an incident, at which point the risk assessment should be reviewed):
I give permission for this to be shared with anyone who needs this information to keep the child/young person safe:	
Signatures:	
Setting Manager/Head teacher:	Date
Parents/Carers	Date

Activities
Crayons/painting:
Creative activities: i.e. craft paste/glue, pasta
Science type activity: i.e. bird feeders, planting seeds, food
Musical instrument sharing (cross contamination issue):
Cooking (food prep area and ingredients):
Meal time: kitchen prepared food (is allergy information available): packed lunches:
Snacks (is allergy information available):
Drinks:
Celebrations: e.g. Birthday, Easter:
Hand washing (secondary school how accessible is this for the child):
Indoor play/PE (AAIs to be with the child):
Outdoor play/PE (AAIs to be with the child):
School field (AAIs to be with the child):
Forest school (AAIs to be with the child):
Offsite trips (are staff who accompany trip trained to use AAI?):
Allergy Management
Does the child know when they are having an allergic reaction?
What signs are there that the child is having an allergic reaction?

What action needs to be taken if the child has an allergic reaction?

If the medication is stored in one secure place are there any occasions when this will not be within 5 minutes reach if required? Yes No

If Yes state when and how this can be adjusted:

If the child is trained and confident can the medication be carried by them throughout the day? Yes No

If No state reason:

Does the child have two of their own prescribed AAIs?

How many staff need to be trained to meet this child's need?

Are there backup spare AAIs available and where are they located?

Outcome of Risk Assessment

New Allergy Action Plan/Individual Healthcare Plan required? YES NO

Existing Allergy Action Plan/Individual Healthcare Plan to be updated? YES NO