



## Allergy Awareness Policy

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*Document History Record of recent Policy changes*

Date	Version	Author/Owner	Change	Origin of
November 22	1.0	Andrea Bizley	New Trust policy	Judicium template for new policy
January 2024	1.0	Andrea Bizley	No change	Post Judicium review

Trustees 'Committee	Operations / Health and Safety Committee
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Review date	Autumn 24

## 1. Statement of Intent

### 1. Statement of Intent

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

We will:

- Ensure all staff (including supply staff) are aware of this policy and that sufficient trained staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations.
- Ensure our school raises awareness of allergies and anaphylaxis to the whole school community.
- Aim to reduce the risk of exposure to allergens to an acceptably low level.
- Make sure that the school is appropriately insured and that staff are aware that they are insured to support students when necessary.

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

In the event of minor illness, a student would come to the office with a buddy. In the event of a serious illness the staff member would call the office for assistance. In the Infant school the child would be dealt with within the class and the SLT member of duty would be on call. In order to manage their medical condition effectively, the school will not prevent students from eating, drinking or taking breaks whenever they need to.

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

This policy applies to all relevant school activities and is written in compliance with all current UK health and safety legislation and has been consulted with staff and their safety representatives (Trade Union and Health and Safety Representatives).

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## **2. Roles and Responsibilities**

### **2.1 The Board of Trustees**

- 2.1.1 The Board of Trustees has ultimate responsibility for health and safety matters - including Allergy Awareness in the Trust.
- 2.1.2 Ensure the Allergy Awareness Policy is reviewed annually and/or after any operational changes, to ensure that the provisions remain appropriate for the activities undertaken.

### **2.2 The Executive Headteacher**

- 2.2.1 Carry out an assessment of allergy needs of students and staff, appropriate to the circumstances of the workplace, review annually and/or after any significant changes.
- 2.2.2 Ensuring that an appropriate number of appointed persons have been provided with allergy awareness training and that their names are prominently displayed throughout the Trust.
- 2.2.3 Ensuring that appointed staff have an appropriate qualification, keep training up to date and remain competent to perform their role.
- 2.2.4 Ensuring all staff are aware of the Trust allergy awareness procedures.
- 2.2.5 Ensuring appropriate allergy awareness assessments which take the form of an allergy declaration form completed and appropriate measures are put in place.
- 2.2.6 Ensuring that catering is provided to the reasonable medical needs of staff and students.
- 2.2.7 Reporting specified incidents to the Health and Safety Executive (HSE), when necessary.

### **2.3 Teaching staff**

- 2.3.1 Ensuring they follow allergy awareness procedures.
- 2.3.2 Ensuring they know who the first aiders in school are and contact them straight away, details are on the staff notice board in the staff room in both schools.
- 2.3.3 Completing an accident/incident form for all incidents.
- 2.3.4 Informing the Executive Headteacher or their line manager of any specific health conditions or allergy needs.

### **2.4 Support staff**

- 2.4.1 Ensuring they follow allergy awareness procedures.
- 2.4.2 Ensuring they know who the first aiders in school's are and contact them straight away, details on staff noticeboards in both schools.
- 2.4.3 Completing an accident/incident form for all incidents.

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

## **2.5 Director of Finance and Operations / School Business Manager**

2.5.1 Ensuring they follow allergy awareness procedures.

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

2.5.3 Completing accident/incident reports for all incidents they attend.

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

## **2.6 Premises Staff**

2.6.1 Ensuring they follow allergy awareness procedures.

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

2.6.3 Completing accident reports/ incident reports for all incidents.

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

## **2.7 Kitchen manager and catering staff**

2.7.1 The Trust has an Allergy Awareness Policy; the catering manager is responsible for ensuring that the Food Allergy requirements are reviewed and reflective of the current menu offerings.

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

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

2.7.4 The **Allergen Matrix** is made available for dishes served - this will be dated and current to the menu offering for that day/week/fortnight and should cover all items on the menu

offering. Menus clearly identify ingredients that may pose a risk to allergy sufferers, enabling informed choices to be made.

- 2.7.5 All dishes will be reviewed for allergen contents & that the catering team continue to review the individual ingredients. The frequency will be determined by the change in products delivered, new suppliers appointed and on a regular basis (As suppliers may substitute ingredients or products that previously didn't have an allergen contained, therefore the packaging label should be crossed checked with the school's allergen matrix & updated when required, the catering manager will re-date the allergen matrix to reflect the review).
- 2.7.6 All purchased pre-packaged items have been provided with the list of all ingredients and that the allergen details provided are in bold. To report to supplier if any products have been delivered without the required legal labelling and the product will not be used, until clarification of any allergens has been received by the manufacturer or supplier.
- 2.7.7 Rigorous food hygiene is maintained to reduce risk of cross contamination.

## **2.8. Contractors and visitors**

To ensure:

- 2.8.1. The school's Allergy Policy and reporting procedure is followed
- 2.8.2. Their activities do not introduce an allergy risks to the Trust.
- 2.8.3. A high standard of hygiene is maintained whilst in school premises as a matter of good practice.
- 2.8.4. Any areas which may be contaminated are to be reported to the Premises Team or their host.

## **2.8 Pupils and parents**

- 2.8.1 The parents or carers of all new starters to the school are required to inform the school of any details of any food intolerances or allergies and their management should be described by completing the Allergy Declaration Form (Appendix 2).
- 2.8.2 If details are unclear or ambiguous, the school will follow this up with a phone call to parents for further information which will be recorded by the school.

- 2.8.3 It is parents' responsibility to ensure that if their child's medical needs change at any point that they make the school aware and a revised medical needs form must be completed. Updating the school if their child's medical needs change at any point. Parents are requested to keep the school up to date with any changes in allergy management with regards to clinic summaries, re-testing and new food challenges.
- 2.8.4 Ensuring that any required medication (Epi-pens or other adrenalin injectors, inhalers and any specific antihistamine) is supplied, in date and replaced as necessary. The parents of all children who have an epi-pen in school must complete specific healthcare plan sheets stating the emergency actions to be taken. They should also give permission for the spare emergency epi-pen to be used in the event it is required.
- 2.8.5 Attending any meeting as required to share further information about their child's food allergy, to plan for food management in school or to complete a care plan.
- 2.8.6 If an episode of anaphylaxis occurs outside school, the school must be informed.
- 2.8.7 Children of any age must be familiar with what their allergies are and the symptoms they may have that would indicate a reaction is happening.
- 2.8.8 Children are encouraged to take increased responsibility for managing choices that will reduce the risk of allergic reaction. Expectations are age appropriate.
- 2.8.9 Children are not allowed to share food with each other.
- 2.8.10 Members of staff or volunteers will be asked to disclose any food allergies as part of their induction.



### 3. Arrangements

#### 3.1 Medication and Auto-injectors

3.1.1. Students' medication is stored in:

- Junior school asthma and epipen in classroom with backups in the office and some generics held
- Infant school in classroom with backup spares in school office
- All other medication is held in the office
- Students keep their own auto injectors with them
- Students who's auto injectors are kept by the school are clearly detailed on the Individual Health Care Plan(Appendix 1) and Allergy Declaration Form(Appendix 2)

3.1.2. Student Allergy Declaration Forms are completed and stored in ARBOR the schools Management Information system and information updated on the child's Arbor profile.

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

#### 3.2 First Aid

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

- a) The member of staff on duty calls for a first aider if they are not trained using the staff list on the H&S board; or if the child can walk, takes him/her to a first aid post and calls for a first aider.
- b) The first aider administers first aid and records details in our treatment book.
- c) Full details of the accident are recorded in our accident book
- d) If the child has to be taken to hospital or the injury is 'work' related then the accident is reported to the Chair of Trustees and the Chair of H&S.
- e) If the incident is reportable under RIDDOR (Reporting of Injuries, Diseases & Dangerous Occurrences Regulations 2013), then as the employer the Governing Body will arrange for this to be done.

#### 3.3 Insurance Arrangements

3.3.1 The Trust is insured through the Department of Education, Risk Protection Arrangement.

The risk protection arrangement is an alternative to commercial insurance for academy Trusts. Under the RPA, the UK government covers the losses instead of commercial insurance.

Link:<https://www.gov.uk/guidance/academies-risk-protection-arrangement-rpa>

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### 3.4 Educational Visits

- 3.4.1 In the case of a **residential visit**, the residential first aider will administer First Aid. Reports will be completed in accordance with procedures at the Residential Centre.
- 3.4.2 In the case of **day visits** a trained First Aider will carry a travel kit in case of need, including a spare auto-injector required for the pupils needs.
- 3.4.3 Any pupil with a prescribed auto-injector must carry this on any educational visit.
- 3.4.4 Where packed lunches are provided for day visits, the catering team will adhere to providing food taking into account the pupils known allergies.
- 3.4.5 Where food is provided by a 3rd Party caterer on a day or residential trip, they will be provided with all known allergies of the pupils attending the educational visit.

### 3.5 Administering Medicines

- 3.5.1 **Prescribed medicines** may be administered in school (by a staff member appropriately trained by a healthcare professional ) where it is deemed essential. Wherever possible, the student will administer their own medicine, under the supervision of a member of staff. In cases where this is not possible, the staff member will administer the medicine.
- 3.5.2 If a child refuses to take their medication, staff will accept their decision and inform the parents accordingly that day.
- 3.5.3 In all cases, we must have written parental permission outlining the type of medicine, dosage and the time the medicine needs to be given. These forms are available in the school office. (See Appendix 2 for Allergy Declaration and Appendix 3 Parental Agreement)

#### 3.5.4 Non -Prescription medicines

Staff should never volunteer to give non-prescribed medicines to children unless:

- there is specific prior written permission from parents; and
- it is carried out in accordance with the Trust policy.

Children under 16 should never be given aspirin or medicines containing ibuprofen unless prescribed by a doctor.

### 3.6 Storage/Disposal of Medicines

- 3.6.1 Wherever possible, children will be allowed to carry their own medicines/ relevant devices or will be able to access their medicines in the school office for self-medication, quickly and

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easily. Students' medicine will not be locked away out of the student's access; this is especially important on school trips. It is the responsibility of the school to return medicines that are no longer required, to the parent for safe disposal.

3.6.2 Spare Auto Injectors (Epi Pens) will be held by the school for emergency use, as per the Department of Health's protocol.

### 3.7 Anaphylaxis

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

3.7.2 The symptoms include:

- feeling lightheaded or faint
- breathing difficulties – such as fast, shallow breathing
- wheezing
- a fast heartbeat
- clammy skin
- confusion and anxiety
- collapsing or losing consciousness

There may also be other allergy symptoms, including an itchy, raised rash (hives); feeling or being sick; swelling (angioedema) or stomach pain.

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

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

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

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

Make sure you're aware of how to use your type of auto-injector correctly. And, carry 2 of them with you at all times.

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

These are:

**EpiPen**

**Jext**

**Emerade**

### **3.8 Accidents/Illnesses requiring Hospital Treatment**

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

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

### **3.9 Defibrillators**

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

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

### **3.10 Students with Special Medical Needs – Individual Healthcare Plans**

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

- a) Epileptic
- b) Asthmatic
- c) Have severe allergies, which may result in anaphylactic shock
- d) Diabetic

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

- 3.10.2. The school will consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on school visits. A risk assessment will be used to take account of any steps needed to ensure that students with medical conditions are included.
- 3.10.3. The school will not send students with medical needs home frequently or create unnecessary barriers to students participating in any aspect of school life. However, school staff may need to take extra care in supervising some activities to make sure that these students, and others, are not put at risk.
- 3.10.4. An individual health care plan will help the school to identify the necessary safety measures to support students with medical needs and ensure that they are not put at risk. The school appreciates that students with the same medical condition do not necessarily require the same treatment.
- 3.10.5. Parents/carers have prime responsibility for their child's health and should provide the school with information about their child's medical condition. Parents, and the student if they are mature enough, should give details in conjunction with their child's GP and Paediatrician. The School Nurse may also provide additional background information and practical training for school staff.
- 3.10.6. Procedure that will be followed when the school is first notified of a student's medical condition:

All Pupils will have an Individual Health Care Plan (Appendix 1) and where required an Allergy Declaration Form (Appendix 2). This will be held centrally and shared with the required staff within the school. In addition there is also the Aspens Allergy form that the school is required to complete and update on the child's Aspens account and their ARBOR profile.

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

### **3.11 Accident Recording and Reporting**

#### **3.11.1 First aid and accident record book**

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

- b) As much detail as possible should be supplied when completing the accident form – which must be completed fully.
- c) A copy of the accident report form will also be added to the student’s educational record by the relevant member of staff.
- d) Records held in the first aid and accident book will be retained by the school/academy for a minimum of 3 years, in accordance with regulation 25 of the Social Security (Claims and Payments) Regulations 1979, and then securely disposed of.

### 3.11.2 Reporting to the HSE

- a) The Executive Headteacher will keep a record of any accident which results in a reportable injury, disease, or dangerous occurrence as defined in the RIDDOR 2013 legislation (regulations 4, 5, 6 and 7).
- b) The Executive Headteacher will report these to the Health and Safety Executive as soon as is reasonably practicable and in any event within 15 days of the incident. Reportable injuries, diseases or dangerous occurrences include:
  - o Death
  - o Specified injuries, which are:
    - Fractures, other than to fingers, thumbs and toes
    - Amputations
    - Any injury likely to lead to permanent loss of sight or reduction in sight
    - Any crush injury to the head or torso causing damage to the brain or internal organs
    - Serious burns (including scalding)
    - Any scalping requiring hospital treatment
    - Any loss of consciousness caused by head injury or asphyxia
    - Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness, or requires resuscitation or admittance to hospital for more than 24 hours
    - Injuries where an employee is away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident).
  - o Where an accident leads to someone being taken to hospital
  - o Near-miss events that do not result in an injury, but could have done. Examples of near-miss events include, but are not limited to:
    - The collapse or failure of load-bearing parts of lifts and lifting equipment.
    - The accidental release of a biological agent likely to cause severe human illness.
    - The accidental release or escape of any substance that may cause a serious injury or damage to health.
    - An electrical short circuit or overload causing a fire or explosion.
- c) Information on how to make a RIDDOR report is available here:

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

#### 3.11.3 Notifying parents

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

#### 3.11.4 Reporting to Ofsted and child protection agencies

a) Registered Early Years Providers will notify Ofsted of any serious accident, illness or injury to, or death of, a student while in their care. This will happen as soon as is reasonably practicable, and no later than 14 days after the incident.

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

### 3.12 Difference between Food Allergy and Food Intolerance

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

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

### 3.13 Food Allergens

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

3.13.9 **Nuts** (namely almond, hazelnut, walnut, cashew, pecan nut, Brazil nut, pistachio nut and macadamia nut (Queensland nut))

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

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

3.13.12 **Sesame seeds**, Foods that sometimes have sesame as an ingredient include vegeburgers, breadsticks, crackers, burger buns, cocktail biscuits, Middle Eastern foods, Chinese, Thai and Japanese foods, stir-fry vegetables, salad dishes and health food snacks.

3.13.13 **Sulphur dioxide and/or sulphites** (if they are at concentrations of more than parts per million)

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

3.13.15 **Molluscs**, Also invertebrates. They are soft-bodied inside and some have a shell. Those that have a shell that opens and closes are called 'bivalve molluscs', such as mussels or scallops.

3.13.16 This also applies to additives, processing aids and any other substances which are present in the final product.

#### **4. Conclusions**

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

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



**Appendix 1 - Health Care Plan**

<b>School</b>	
<b>Student Name &amp; Address</b>	
<b>Date of Birth</b>	
<b>Class</b>	
<b>Medical Diagnosis</b>	
<b>Triggers</b>	
<b>Who needs to know about the student condition and what constitutes an emergency?</b>	
<b>Action to be taken in emergency and by whom</b>	
<b>Follow Up Care</b>	
<b>Family Contacts</b> <b>Names</b> <b>Telephone Numbers</b>	
<b>Clinic/Hospital Contacts</b> <b>Name</b> <b>Number</b>	
<b>GP</b> <b>Name</b> <b>Number</b>	
<b>Description of medical needs and signs and symptoms</b>	
<b>Daily Care Requirements</b>	

<b>Who is Responsible for Daily Care</b>	
<b>Transport Arrangements</b> <i>If the student has life-threatening condition, specific transport healthcare plans will be carried on vehicles</i>	
<b>School Trip Support/Activities outside school Hours</b> <b>(e.g. risk assessments, who is responsible in an emergency)</b>	
<b>Form Distributed To</b>	

Date \_\_\_\_\_

Review date \_\_\_\_\_

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

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

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**Appendix 2 Allergy Declaration Form**

<b>Name of pupil:</b>		
<b>Date of birth:</b>		<b>Year group:</b>
<b>Name of GP:</b>		
<b>Address of GP:</b>		

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

Date

Review date

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

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

### Appendix 3 - Parental agreement for school to administer medicine

**One form to be completed for each medicine.**

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

Name of child

Date of Birth      \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Medical condition or illness

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

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

Date commenced                      \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Dosage and method

Time to be given

Special precautions

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

Self administration                      Yes/No (delete as appropriate)

Procedures to take in an emergency

#### **Parent/Carer Contact Details:**

Name

Daytime telephone no.

Relationship to child

Address

I understand that I must deliver the medicine safely to the school office.

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to appropriately trained school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Parent/Carer's signature

Print Name

Date

#### Appendix 4 – EpiPen®: Emergency Instructions

##### EpiPen®: EMERGENCY INSTRUCTIONS FOR AN ALLERGIC REACTION

Child's Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Allergic to: \_\_\_\_\_

##### ASSESS THE SITUATION

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

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

##### MILD REACTION

EST Allergy Awareness Policy: January 2024

##### ACTION

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



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



**SEVERE REACTION**

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



## **ACTIONS**

1. Get \_\_\_\_\_EpiPen® out and send someone to telephone 999 and tell the operator that the child is having an

### **'ANAPHYLACTIC REACTION'**

2. Sit or lay child on floor.
3. Take EpiPen® and remove grey safety cap.
4. Hold EpiPen® approximately 10cm away from outer thigh.
5. Swing and jab black tip of EpiPen® firmly into outer thigh. MAKE SURE A CLICK IS HEARD AND HOLD IN PLACE FOR 10 SECONDS.
6. Remain with the child until ambulance arrives.
7. Place used EpiPen® into container without touching the needle.
8. Contact parent/carer as overleaf.

Appendix 5 – ANAPEN®: Emergency Instructions

**ANAPEN®: EMERGENCY INSTRUCTIONS FOR AN ALLERGIC REACTION**

Child's Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Allergic to: \_\_\_\_\_



**ASSESS THE SITUATION**

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

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

**MILD REACTION**

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



**ACTION**

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

**SEVERE REACTION**

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





## **ACTIONS**

1. Get \_\_\_\_\_ANAPEN® out and send someone to telephone 999 and tell the operator that the child is having an  
**'ANAPHYLACTIC REACTION'**
2. Sit or lay child on floor.
3. Get ANAPEN® and remove black needle cap.
4. Remove black safety cap from firing button.
5. Hold ANAPEN® against outer thigh and press red firing button.
6. Hold ANAPEN® in position for 10 seconds.
7. Remain with the child until ambulance arrives. Accompany child to hospital in ambulance.
8. Place used ANAPEN® into container without touching the needle.
9. Contact parent/carer as overleaf.

**Appendix 6 – Emergency Contact Numbers**

**Emergency Contact Numbers**

**Mother:** \_\_\_\_\_

**Father:** \_\_\_\_\_

**Other:** \_\_\_\_\_

Signed Headteacher/Principal/Principal: \_\_\_\_\_ Print Name: \_\_\_\_\_  
\_\_\_\_\_

Signed parent/guardian: \_\_\_\_\_ Print Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Date agreed: \_\_\_\_\_

Signed Paediatrician/GP: \_\_\_\_\_ Print Name: \_\_\_\_\_

Care Plan written by: \_\_\_\_\_ Print Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Date of review: \_\_\_\_\_

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

**Check expiry date of Auto-Injectors every few months**

**Appendix 7 – Note to parent/carer for medication given**

**Note to parent/carer**

**Name of school/academy** \_\_\_\_\_

**Name of child** \_\_\_\_\_

**Group/class/form** \_\_\_\_\_

**Medicine given** \_\_\_\_\_

**Date and time given** \_\_\_\_\_

**Reason** \_\_\_\_\_

**Signed by** \_\_\_\_\_

**Print Name** \_\_\_\_\_

**Designation** \_\_\_\_\_



**Appendix 8 - Contacting Emergency Services**

**Request for an Ambulance**

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

1. Your telephone number:

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. State that the postcode is:

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Give your name: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

Put a completed copy of this form by the telephone.



## Further Guidance

Further guidance can be obtained from organisations such as the Health and Safety Executive (HSE) or Judicium Education. The H&S lead in the school/academy will keep under review to ensure links are current.

### Health and Safety Executive

- <https://www.hse.gov.uk/>

Guidance on the use of 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)

### Resources for Specific Conditions

- Allergy UK

<https://www.allergyuk.org/>

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

- The Anaphylaxis Campaign

[www.anaphylaxis.org.uk](http://www.anaphylaxis.org.uk)

- Asthma UK (formerly the National Asthma Campaign)

[www.asthma.org.uk](http://www.asthma.org.uk)

- National Eczema Society

[www.eczema.org](http://www.eczema.org)

- Psoriasis Association

[www.psoriasis-association.org.uk/](http://www.psoriasis-association.org.uk/)

### Resources for Food Allergy

Further Guidance can be obtained from The Food Standards Agency

<https://www.food.gov.uk/business-guidance/allergen-guidance-for-food-businesses>

The Food Standards Agency has also published guidance about the new requirements for PPDS food.

<https://www.food.gov.uk/business-guidance/introduction-to-allergen-labelling-changes-ppds>

<https://www.food.gov.uk/business-guidance/prepacked-for-direct-sale-ppds-allergen-labelling-changes-for-schools-colleges-and-nurseries>

**Peanut Allergy** - Peanuts are a common cause of food allergy, caused when the immune system reacts to the protein found in peanuts. Peanut allergy affects around 2% (1 in 50) of children in the UK and has been increasing in recent decades. It usually develops in early childhood but, occasionally, can appear in later life. Peanut allergy tends to be persistent and only approximately 1 in 5 children outgrow their allergy, usually by the age of 10.

<https://www.allergyuk.org/resources/peanut-allergy-factsheet/>

#### **Allergen Resources - General information**

Allergen guidance for consumers

<https://www.food.gov.uk/safety-hygiene/food-allergy-and-intolerance>

Allergen guidance for food businesses

<https://www.food.gov.uk/business-guidance/allergen-guidance-for-food-businesses>

Allergen labelling for food manufacturers

<https://www.food.gov.uk/business-guidance/allergen-labelling-for-food-manufacturers>

EU commission notice on HACCP and allergens

[https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52016XC0730\(01\)&from=EN](https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52016XC0730(01)&from=EN)

EU Food Information for Consumers Regulation No. 1169/2011

<https://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2011:304:0018:0063:EN:PDF>

Food alerts, product recalls and withdrawals

<https://www.food.gov.uk/news-alerts/search/alerts>

Food Information Regulation (England) 2014

<https://www.legislation.gov.uk/ukxi/2014/1855/contents/made>

Safer Food Better Business

<https://www.food.gov.uk/business-guidance/safer-food-better-business-sfbb>

Technical guidance

[https://www.food.gov.uk/sites/default/files/media/document/fsa-food-allergen-labelling-and-information-requirements-technical-guidance\\_0.pdf](https://www.food.gov.uk/sites/default/files/media/document/fsa-food-allergen-labelling-and-information-requirements-technical-guidance_0.pdf)

#### **Useful resources**

Allergy and intolerance sign

<https://www.food.gov.uk/sites/default/files/media/document/allergen-signage.pdf>

Chef's recipe card

[https://www.food.gov.uk/sites/default/files/media/document/recipe-sheet\\_0.pdf](https://www.food.gov.uk/sites/default/files/media/document/recipe-sheet_0.pdf)

Dishes and their allergen content chart  
You can find this template, including more information at  
[www.food.gov.uk/allergy-guidance](http://www.food.gov.uk/allergy-guidance)