Chalkwell Hall Infant School

Supporting Pupils at School with Medical Conditions, including Allergy Policy

Agreed by Governing Body on: Spring 2025
Review date: Spring 2028

Supporting Pupils at School with Medical Conditions Policy including Allergy

Chalkwell Hall Infant School is an inclusive community that aims to support and welcome pupils with medical conditions. The school's anaphylaxis policy is annexed (Annex D) to this policy as required by the Supporting Pupils in Schools with Medical Conditions statutory guidance.

1. Introduction

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 school with medical conditions. Pupils with medical conditions cannot be denied admission or excluded from school on medical grounds alone unless accepting a child in school would be detrimental to the health of that child or others.

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 (SEN) and may have a statement or Education, Health and Care (EHC) plan. For children with SEN, this guidance should be read in conjunction with the SEN Code of Practice.

The aim of this document is to ensure that all children with 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 and achieve their potential.

This policy will be reviewed regularly and will be readily accessible to parents/carers and staff through the school website.

2. Policy Implementation

The overall responsibility for the successful administering and implementation of this policy is Katie Stevens, Inclusion Lead & SENCo. She is responsible for ensuring that sufficient staff are suitably trained and will ensure cover arrangements in case of staff absence or staff turnover to ensure that someone is always available. Katie Stevens will have overall responsibility for ensuring that all class teachers and supply teachers are fully aware of the medical needs of all children. All classes will display a clearly visible instruction as to where confidential Healthcare Plans and the medical alert register are kept. Class teachers are responsible for carrying out risk assessments for school visits and other school activities outside of the normal timetable. Katie Stevens has overall responsibility for monitoring Healthcare Plans, but class teachers are responsible for liaising with parents with regards to Individual Healthcare Plans, should they notice any changes in the child's health.

All staff will be expected to show a commitment and awareness of children's medical conditions. New members of staff will be inducted into the arrangements.

3. Pupils with medical conditions

Pupils with long term and complex medical conditions may require on-going support, medicines or care while at school to help them manage their condition and keep them well. Others may require monitoring and interventions in emergency circumstances.

Children's health needs may change over time, in ways that cannot always be predicted, sometimes resulting in extended absences. Reintegration back into school will be properly supported so that pupils with medical conditions will fully engage with learning and not fall behind.

4. Roles and Responsibilities

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. Collaborative working arrangements and working in partnership will ensure that the needs of pupils with medical conditions are met effectively.

1. The **governing body** will ensure that the school develops and implements a policy for supporting pupils with medical conditions. It will ensure that sufficient staff have received suitable training and are competent before they take on the responsibility to support children with medical conditions. It will ensure that the appropriate level of insurance is in place to cover staff providing support to pupils with medical conditions.

2. The **Head teacher** will ensure that the school's policy is developed and effectively implemented with partners. She will ensure that all staff are aware of the policy and understand their role in its implementation. She will make sure that sufficient numbers of staff are available to implement the policy and deliver against all Individual Healthcare Plans, including in emergency and contingency situations. The Head teacher has the overall responsibility for the development of Individual Healthcare Plans. She will make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. The Inclusion Leader will contact the school nursing service in the case of any child who has a medical condition that may require support at school.

3. **School staff** may be asked to provide support to pupils with medical conditions, including the administration 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. Any member of staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

4. **School nurses** are responsible for notifying the school when a child has been identified as having a medical condition which will require support at school. School nurses may support staff on implementing a child's Individual Healthcare Plan and provide advice and liaison.

5. **Other healthcare professionals, including GPs and paediatricians** notify the school nurse when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing healthcare plans.

6. **Pupils** will be fully involved in discussions about their medical support needs and will contribute as much as possible to the development of their individual healthcare plan since they know best how their condition affects them. Other pupils in the school will be sensitive to the needs of those with medical conditions.

7. **Parents/carers** will provide the school with up-to-date information about their child's medical needs. They will be involved in the development and review of their child's individual healthcare plan. They will carry out any action they have agreed to as part of its implementation and ensure they or another nominated adult are contactable at all times.

8. **Local authorities** should work with schools to support pupils with medical conditions to attend full time.

9. **Health services** can provide valuable support, information, advice and guidance to schools and their staff to support children with medical conditions at school.

10. **Clinical commissioning groups (CCGs)** should ensure that commissioning is responsive to children's needs and that health services are able to cooperate with schools supporting children with medical conditions.

11. **Ofsted** – Inspectors consider the needs of pupils with chronic or long term medical conditions and also those of disabled children and pupils with SEN. The school will demonstrate that the policy dealing with medical needs is implemented effectively.

5. Procedures to be followed when Notification is received that a pupil has a medical condition

The school will follow the correct procedures when it is notified that a pupil has a medical condition. 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 pupils starting at the 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 a new school mid-term, every effort will be made to ensure that arrangements are put in place within two weeks.

In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be made about what support to provide based on available

evidence which would normally involve some form of medical evidence and consultation with parents.

The school will ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life. The school will consider what reasonable adjustments it might make to enable pupils with medical needs to participate in school trips and visits or in sporting activities.

6. Individual healthcare plans

Not all children will require an Individual Healthcare Plan. The school, healthcare professional and parent will agree when a healthcare plan would be appropriate, based on evidence. If consensus cannot be reached, the head teacher will take the final decision. A flow chart for identifying and agreeing the support a child needs and developing an Individual Healthcare Plan can be found at Annex A. Individual Healthcare Plans will often be essential 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, especially where medical conditions are long-term and complex.

Parents at this school are asked if their child has any health conditions or health issues on the enrolment form, which is filled out when their child joins the school.

Individual Healthcare Plans will be accessible to all who need to refer to them, while preserving confidentiality. The plans capture the key information and actions that are required to support the child effectively. Where a child has SEN but does not have an EHC plan, their special educational needs should be mentioned in their Individual Healthcare Plan (a template can be found at Annex B). Where a child has a special educational need identified in an EHC plan, the Individual Healthcare Plan should be linked to or become part of that EHC plan.

Individual Healthcare Plans (and their review) may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the child. Plans will be drawn up in partnership between the school, parents and a relevant healthcare professional who can best advise on the needs of the child. Pupils will also be involved, whenever appropriate. Partners will agree who will take the lead in writing the plan; however it is the responsibility of the school to ensure it is finalised and implemented.

The school will review plans at least annually or earlier if evidence is presented that the child's needs have changed.

Annex B provides a template for an Individual Healthcare Plan and the information that will be recorded on such plans.

A central register of all children's medical needs is collated by an identified member of the office staff. Every class teacher is provided with a copy of the register and a copy of Healthcare Plans for children in their class. The responsible member of staff follows up with the parents any further details on a pupil's Healthcare Plan required or if permission for administration of medication is unclear or incomplete.

7. Staff training and support

Any member of school staff providing support to a pupil with medical needs will receive suitable training. Staff must not give prescription medicines or undertake healthcare procedures without appropriate training.

Healthcare professionals, including the school nurse can provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

The school will make arrangements for whole school awareness training so that all staff, including new staff, are aware of the school's policy for supporting pupils with medical conditions and their role in implementing that policy. This training will include preventative and emergency measures so that staff can recognise and act quickly when a problem occurs. Parents can also contribute by providing specific advice.

8. The child's role in managing their own medical needs

Some children are competent to manage their own health needs and medicines. The school, after discussion with parents, will encourage such children to take responsibility for managing their own medicines and procedures. This will also be reflected within Individual Healthcare Plans.

Wherever possible and if appropriate, children will be allowed to carry their own medicines and relevant devices. Children should be able to access their medicines for self-medication quickly and easily. Those children who take their medicines themselves or manage their own procedures may require an appropriate level of supervision.

If a child refuses to take medicine or carry out a necessary procedure then they should not be forced by staff. The procedure agreed in the Individual Healthcare Plan should be followed and parents informed so that alternative options can be considered.

9. Managing medicines on the 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 parents' written consent
- a child should never be given medicines containing aspirin unless prescribed by a doctor
- 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 pump, rather than in its original container)
- all medicines will be stored safely in the School Office. Children should know where their medicines are at all times and be able to access them immediately. Controlled drugs will be kept locked up, with the key being easily available and not being held personally by members of staff.
- medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should always be readily available to children and not locked away. These will be stored centrally in the school office when classes are in the main building, or in the classroom cupboards where both class teacher and child know how to access them
- during school trips, the member of staff in charge of first aid will carry all medical devices and medicines required. All staff attending off-site visits will be aware of any pupils with medical conditions on the visit. They will receive information about the type of condition, what to do in an emergency and any other additional support necessary, including any additional medication or equipment needed
- a child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so; however passing it on to another child for use is an offence. Monitoring arrangements may be necessary in such cases. The school will otherwise keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff will have access. Controlled drugs should be easily accessible in an emergency
- staff administering a controlled drug must do so in accordance with the prescriber's instructions. 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 should also be noted. These procedures are outlined in Annex C and Annex D

- sharp boxes should always be used for the disposal of needles and other sharps. Parents will be required to obtain sharps boxes from their child's GP or paediatrician on prescription. All sharps boxes in this school will be stored in a locked cupboard unless alternative safe and secure arrangements are put in place on a case-by-case basis
- three times a year the identified member of staff checks the expiry dates for all medication stored at the school and arranges for the disposal of any that have expired.
- when no longer required, medicines should be returned to the parent to arrange for safe disposal. If parents do not pick up out-of-date medication, or at the end of the school year, medication is taken to a local pharmacy for safe disposal
- All medication is sent home with pupils at the end of the school year. Medication is not stored in the summer holidays.

10. Emergency procedures

As part of general risk management processes, the school has arrangements in place for dealing with emergencies. Pupils should know what to do in general terms, such as informing a teacher immediately if they think help is needed. A pupil taken to hospital by ambulance will be accompanied by a member of staff who will stay with the child until the parent arrives.

Unacceptable practice

Each child's case will be judged on its own merit and with reference to the child's Individual Healthcare Plan; however it is not generally acceptable practice to:

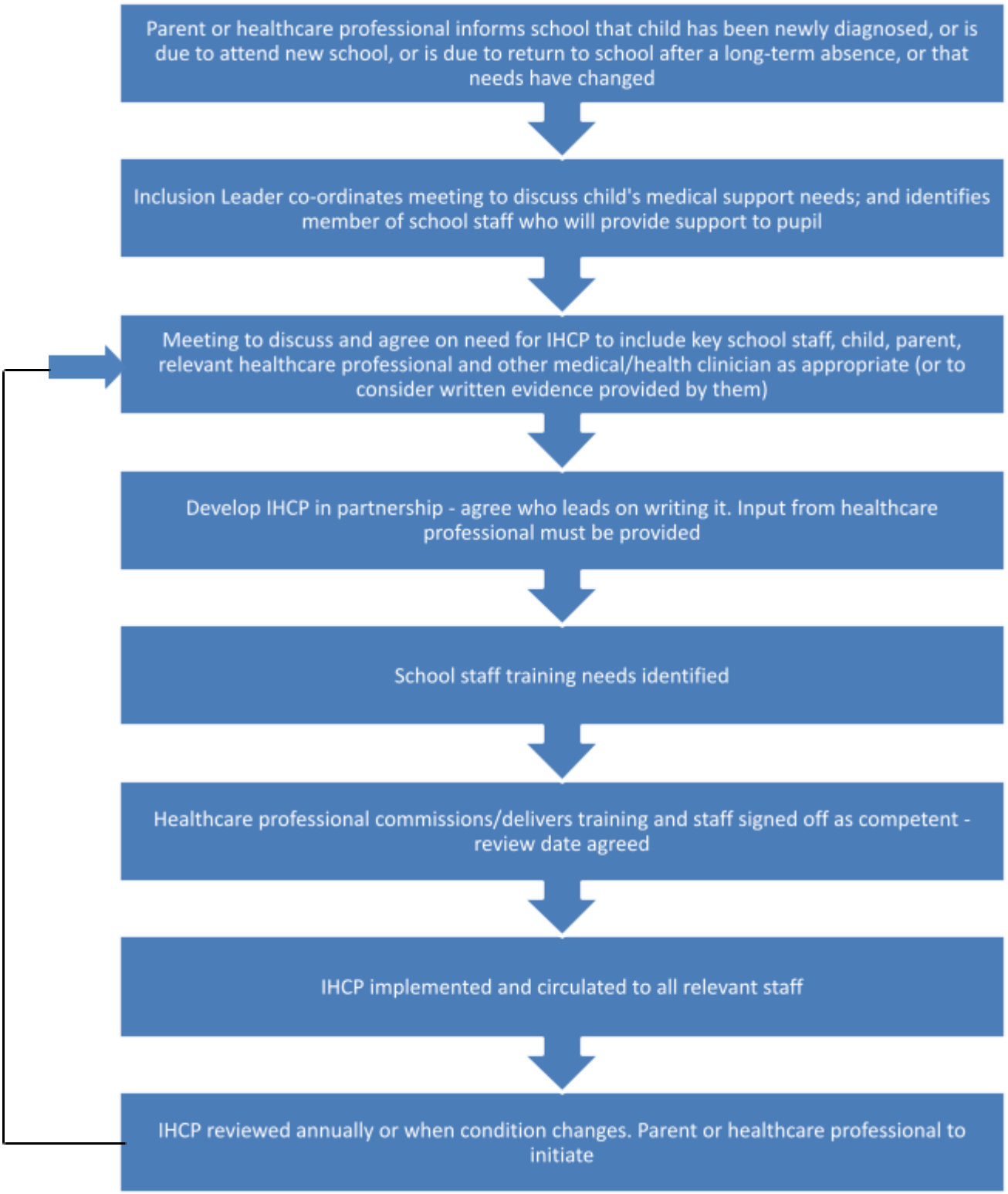
- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary
- assume that every child with the same condition requires the same treatment
- ignore medical evidence or opinion (although this may be challenged) or ignore the views of the child or their parents
- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in the Individual Healthcare Plan
- if the child becomes ill send the child 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 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 trip, e.g. by requiring parents to accompany the child

11. Complaints

Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school. If the issue is not resolved, a formal complaint via the school's complaint procedure should be made. After other attempts at resolution have been exhausted, a formal complaint can be made to the Department for Education only if it comes under the scope of section 496/497 of the Education Act 1996.

Annex A: Model process for developing Individual Healthcare Plans



Annex B: Individual Healthcare Plan

Pupil's Name	
Class	
Date of Birth	
Address	
Medical Diagnosis or Condition	
Date	
Review Date	
Name of Parent/Carer 1	
Contact Numbers	**Work:**
	Home:
	Mobile:
Relationship to Child	
Name of Parent/Carer 2	
Contact Numbers	**Work:**
	Home:
	Mobile:
Relationship to Child	
Clinic/Hospital Name	
Contact Number	

GP Name	
Contact Number	

Describe the child's medical needs giving details of symptoms, triggers, signs and treatments
Name of medication, dose, side effects, when to be taken, method of administration, contra-indications, who administered by or self-administered with/without supervision
Daily care requirements
Specific support for the pupil's educational, social and emotional needs (*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 etc.)*
Who will provide the support needed and the cover arrangements for when they are unavailable

Staff training needed/already undertaken – who, when, what, where
Arrangements for school trips or other school activities outside of normal school timetable **Other information**
What to do in an emergency, what action to take and who to contact
Responsibility for an emergency if different for off-site activities
Staff training needed/undertaken (*who, what, when, where)*

Plan developed with : **Signed:**
Form copied to:

Annex C: Record of Medicine Administered to an Individual Child

Pupil's Name	
Class	
Date medicine provided by parent/carer	
Name and strength of medicine	
Quantity received	
Dose and frequency of medicine	
Expiry date	
Quantity returned	
Staff signature	
Parent/carer signature	

Date	**Dose given**	**Time given**	**Name of member of staff**	**Staff initials**

Annex D: Record of Medicine Administered to all Children

Class:……

Date	Pupil's name	Name of medicine	Dose given	Time given	Any reactions	Staff signature	Print name

ANNEX D

Chalkwell Hall Infant Schools Anaphylaxis Policy

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.

Review Frequency	3 yearly
Date approved by governors	
Date of next review	Summer 2028
Links with other policies	Health and Safety Policy & School Visits Policy

The purpose of this policy is to minimise 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

Katie Stevens is the named staff member responsible for coordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy.

Contents

1. 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 Chalkwell Hall Infant School 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 office 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 available. Pupils unable to produce their required medication will not be able to attend the excursion.

• SENCO 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 in date however the School SENCO will check medications kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.

• SENCO 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.

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 autoinjector.

Chalkwell Hall Infant School 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.

4. 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.

5. Supply, storage and care of medication

(Around age 11 years +) Pupils will be encouraged to take responsibility for and to carry their own two adrenaline injectors on them at all times (in a suitable bag/ container).

For younger children or those assessed as not ready to take responsibility for their own medication there should be an anaphylaxis kit which is kept safely, not locked away and **accessible to all staff**.

Medication should be stored in a rigid box 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 the School SENCO 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 or can be disposed of in a pre-ordered sharps bin. Sharps bins to be obtained from and disposed of by a clinical waste contractor/specialist collection service/local authority. The sharps bin is kept in the school office.

6. ‘Spare’ adrenaline auto injectors in school

Chalkwell Hall Infant School has purchased spare adrenaline auto-injector (AAI) devices for emergency use in children who are at 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 medical cabinet, clearly labelled ‘Emergency Anaphylaxis Adrenaline Pen’, kept safely, not locked away and accessible and known to all staff.

The SENCO 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 pupil’s Allergy Action Plan.

If anaphylaxis is suspected **in an undiagnosed individual**, call the emergency services and state you suspect ANAPHYLAXIS. Follow advice from them as to whether administration of the spare AAI is appropriate.

7. Staff Training

Katie Stevens is the named staff member responsible for coordinating all staff anaphylaxis training and the upkeep of the school’s anaphylaxis policy.

The School Nurse/External First Aid trainer/other Healthcare professional will conduct a practical anaphylaxis training session at the start of every new academic year.

All staff will complete online anaphylaxis awareness training at the start of every new academic year. 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)

8. Inclusion and safeguarding

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

9. Catering

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 termly in advance with all ingredients listed and allergens highlighted on the school website at www.chalkwellhallinfants.co.uk. The School Office will inform the Head Cook pupils with food allergies.

The school midday supervisor ensures that a colour coded lanyard is made up for each child who has an allergy and a dietary requirement. This information is taken from a report produced by the school office as and when changes to a child's allergen is made. A copy of this report is also given to the Head Cook. This ensures that the child is identified by the catering staff when choosing items from the schools lunchtime servery. A red lanyard identifies a pupil with an allergen and a blue lanyard identifies a child with a dietary requirement.

Parents/carers are encouraged to meet with the Head Cook 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 dining hall, parents should check the appropriateness of foods by checking the school menu and/or by speaking directly to the catering manager.

• The child should be taught to also check with catering staff, before selecting 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, staff are encouraged to liaise with the Head Cook.

• 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 into 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.

10. 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, have their medication in school on the day of the trip. The same medication must be taken with the child on the trip and made easily accessible in the event of an emergency. Pupils without 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 cooperation with any special arrangements required.

11. Allergy awareness

Chalkwell Hall Infant School 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.

12. Risk Assessment

Chalkwell Hall Infant 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.

Risk Assessment

13. Useful Links

Anaphylaxis Campaign- https://www.anaphylaxis.org.uk

• AllergyWise training for schools - https://www.anaphylaxis.org.uk/informationtraining/allergywise-training/for-schools/

• AllergyWise training for Healthcare Professionals https://www.anaphylaxis.org.uk/information-training/allergywise-training/forhealthcare-professionals/

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

• Whole school allergy and awareness management (Allergy UK) https://www.allergyuk.org/schools/whole-school-allergy-awarenessandmanagement

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

Official guidance relating to supporting pupils with medical needs in schools: http://medicalconditionsatschool.org.uk/documents/Legal-Situation-in-Schools.pdf

Education for Health http://www.educationforhealth.org

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

Guidance on the use of adrenaline auto-injectors in schools (Department of Health, 2017) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_ data/file/645476/Adrenaline_auto_injectors_in_schools.pdf