

Wreningham VC Primary

Policy for Supporting Pupils at School with Allergies

1 Corinthians 12:12, "There is one body but it has many parts. But all its many parts make up one body."

All policies at Wreningham VC Primary School should be taken as part of the overall strategy of the school and implemented within the context of our vision, aims and values as a Church of England School

Written Autumn Term 2025

Next Review Date: Autumn Term 2028

Adopted by the Raising Standards Governing Body

Review of Policy: This policy will be reviewed every 3 years or earlier if any changes are indicated at a national or local level.

1. Purpose

The purpose of the Policy for Supporting Pupils at School with Allergies is to ensure that:

- Pupils, staff and parents understand what allergens are and how they can affect those who have a severe reaction to them
- Our school has systems in place to safeguard pupils with allergies
- Pupils with allergies are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities

2. Government legislation

Schools have a legal duty to support pupils with medical conditions, including allergy. Schools must adhere to legislation and statutory guidance on caring for pupils with medical conditions, including the administration of allergy medication and adrenaline auto-injectors (AAIs)

3. Roles and responsibilities

The **governing body** must make arrangements to support pupils with allergies in school and making sure that a policy for supporting pupils with allergies in school is developed and implemented.

They should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with allergies.

They should monitor individual health care plans.

The **headteacher** will ensure the school's policy is developed and effectively implemented. This includes ensuring that all staff are aware of the policy for supporting pupils with allergies and understand their role in its implementation.

The **headteacher** will ensure all staff (including supply staff) who need to know are aware of the child's condition, ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations.

The **headteacher** has overall responsibility for the development of individual healthcare plans, *will make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way.*

The **headteacher** will ensure that contact is made with Norfolk health care professionals (with expertise in allergies) in cases where further guidance to support the management of the pupil's need is required.

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

Pupils with allergies will often be best placed to provide information about how their condition affects them. They should be fully involved in (age appropriate) discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan. Other pupils need to aware of the needs of the child with allergies.

Any member of **school staff** may be asked to provide support to pupils with allergies, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with allergies that they teach.

Staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with allergies. Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with allergies needs help.

Staff must not give prescription medicines or undertake healthcare procedures without appropriate training (updated to reflect requirements within individual healthcare plans).

The school has taken a whole-school approach to ensuring the safety of pupils with allergies which involves all members of staff, including teaching staff, teaching assistants, MSAs caterers, pupils and parents.

4. Training

As an allergic reaction can occur at any time, the majority of staff have been trained by a professional giving them an understanding of how an allergic reaction affects the pupil, which symptoms indicate mild to moderate reaction and which indicate a severe reaction.

Training includes a basic understanding of allergic disease and its risks which include:

- 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 AAls) 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 (see below) and ensuring these are up to date

Staff have been trained to follow the appropriate procedures as set out in the pupil's Allergy Action Plan (See section 5 below) and to administer adrenaline if necessary.

5. Emergency management of anaphylaxis (ABC) and involving family/carers

All pupils at risk of anaphylaxis, have an Allergy Action Plan which describes exactly what staff should do and who to contact in the event of an allergic reaction.. The plan includes First Aid procedures for the administering of adrenaline, identify activities which the child may be at risk - for example food-based and outdoor activities. Symptoms of anaphylaxis include one or more of the below:

Airway:

- Swollen tongue
- Difficulty swallowing/speaking
- Throat tightness
- Change in voice (hoarse or croaky sounds)

Breathing:

- Difficult or noisy breathing
- Chest tightness
- Persistent cough
- Wheeze (whistling noise due to a narrowed airway)

Circulation:

- Feeling dizzy or faint
- Collapse
- Babies and young children may suddenly become floppy and pale
- Loss of consciousness (unresponsive)

Action to be taken

- Position is important -lie the person flat with legs raised (or sit them up if having breathing problems)
- Give adrenaline – WITHOUT DELAY – if an AAI is available
- Bring the AAI to the person having anaphylaxis, and not the other way round. Avoid standing or moving someone having anaphylaxis
- Call an ambulance (999) and tell the operator it is anaphylaxis
- Stay with the person until medical help arrives
- If symptoms do not improve within five minutes of a first dose of adrenaline, give a second dose using another AAI
- A person who has a serious allergic reaction and/ or is given adrenaline should always be taken to hospital for further observation and treatment
- Sometimes anaphylaxis symptoms can recur after the first episode has been treated. This is called a biphasic reaction.

Allergy Action Plans Allergy Action Plans have been designed to facilitate first aid treatment of anaphylaxis, by either the allergic person or someone else (e.g., parent, teacher, friend) without any special medical training nor equipment apart from access to an AAI. They have been developed following an extensive consultation period with health professionals, support organisations, parents of allergic children and teachers, and the British Society for Allergy & Clinical Immunology (BSACI).

The plans are medical documents, and should be completed by a child's healthcare professional, in partnership with parents/ carers. The plans can either be printed out

and completed by hand, or completed and signed by the healthcare professional and parent/carer online

6. Medication

AAI's/ medication/inhalers are stored safely with any other relevant medication eg inhalers within the pupil's classroom. They are easily accessible in the event of an emergency and not locked away.

They are labelled for identification of the pupil e.g. with their name and photograph and Allergy Action Plan. All staff know where the medication, AAI's and inhalers are at all times.

The pupil's medication kit travels with them eg at lunchtime and playtime, In the event of a pupil having anaphylaxis, the adult with their AAI will be able to act quickly to aid the pupil.

Expiry dates

- It is the parents' responsibility to ensure that the child's AAI's are within the expiry date, however it is good practice for schools to schedule their own regular checks of medication
- Expired medication will be returned to parents for safe disposal
- Any sharp items such as AAI's will be disposed of safely using a sharps disposal box
- When the school is closed for long periods e.g. school holidays, staff will check the expiry dates of AAI's as these may need replacing

7. Catering at school

As part of school's duty to support children with medical conditions, they must be able to provide safe food options to meet dietary needs including food allergy. Catering staff must be able to identify pupils with allergy. 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. Schools can therefore identify whether a food product is safe for allergic pupils to eat. School menus should be available for parents to view with the ingredients clearly labelled

Handling allergens and preventing cross contamination Ensure that catering staff keep in contact with food suppliers as ingredients may change. Some product ingredient lists contain precautionary allergen labelling, e.g. "may contain X". Some pupils may be able to eat foods labelled as "may contain", but others may need to strictly avoid them. This information should be included on the Individual Healthcare Plan

8. Working with parents

Parents/guardians know their child's allergies best - staff work closely with parents to ensure they have the most up to date knowledge of each child's allergies and medication.

Parents are encouraged to

- Provide an Allergy Action Plan signed by a healthcare professional
- Provide two in-date AAls for their child, which should ideally be kept with the child rather than away from them

A detailed risk assessment is developed with the parents to enable the school to identify risk within the different areas of daily school life, including trips and residential and to develop systems and processes for keeping allergic children safe.