Medical Conditions Policy

2026-27

“Work hard, be kind”

Contents

1. Policy Statement

Carnarvon Primary School is an inclusive community that aims to support and welcome pupils with medical conditions.

This school aims to provide all pupils with medical conditions with the same opportunities as other pupils. We will help to ensure they can:

- Be healthy
- Stay safe
- Enjoy and achieve
- Make a positive contribution
- Achieve economic well-being

The school ensures that all staff understand their duty of care to children and young people in an emergency.

All staff feel confident in knowing what to do in an emergency.

This school understands that certain medical conditions are serious and can be potentially life-threatening, particularly if ill-managed or misunderstood. Such medical conditions identified under the Children and Families Act 2014 are:

- Asthma
- Cancer
- Diabetes
- Epilepsy

This school understands the importance of medication being taken as prescribed.

Staff understand the common medical conditions that affect children at this school. Staff receive training on the impact medical conditions can have on pupils.

This policy aims to effectively support individual children with medical needs and enable pupils to achieve regular attendance. It has been revised under the Children and Families Act 2014 and complies with all legal requirements.

Parents/carers should not send children to school if they are unwell. If your child sustains an injury, it is your duty of care to ensure that you take your child to their local Accident and Emergency Department or their GP. We can only handle on-site first-aid issues.

Where a child has a long-term medical need, a written care plan will be drawn up with the parent/carer and health professionals.

The parent/carer must inform the school or setting (Kids' Club, etc.) about any particular needs before a child is admitted or when a child first develops a medical need. A care plan will be drawn up. The school and the setting need to be notified separately.

The National Curriculum in England: Framework for Key Stages 1 to 4 emphasises the importance of providing effective learning opportunities for all pupils within the section on inclusion.

2. Responsibilities

Parents and Carers

If the school staff agree to administer medication on a short-term or occasional basis, the parent/carer must complete a consent form. **Verbal instructions will not be accepted.**

If it is known that pupils are self-administering medication in school with adult supervision regularly, a completed consent form is still required from the parent/carer.

A care plan must be completed by the parent/carer in conjunction with the school nurse and/or school staff for the administration of emergency medication. Minor changes to the care plan can be made if signed and dated by the parent/carer. If, however, changes are significant, a new care plan must be completed. At a minimum, care plans should be reviewed annually.

The parent/carer needs to ensure there is sufficient medication and that the medication is in date. The parent/carer must replace the supply of medication at the request of the relevant school/health professional. Medication should be provided in an original container with the following, clearly shown on the label:

- Child's name and date of birth
- Name and strength of medication
- Dose
- Expiry dates whenever possible
- Dispensing date/pharmacist details

School Staff

Some teaching unions advise school staff not to administer medication to pupils; however, they also accept that it sometimes happens. If so, they advise that the teacher has access to information and training and that appropriate insurance is in place. In practice, Headteachers may agree that medication will be administered or allow supervision of self-administration to avoid children losing teaching time by missing school.

Each request should be considered on its own merits, and school staff have the right to refuse to be involved. School staff who agree to administer medication must understand the basic principles and legal liabilities involved and be confident in dealing with any emergencies that may arise. Regular training relating to emergency medication and relevant medical conditions should be undertaken.

3. Care Plans

The care plan should be completed by the parent/carer, designated school staff who have volunteered and/or the school nurse. It should include the following information;

- Details of a child's condition
- Special requirements, e.g. dietary needs, pre-activity precautions and any side effects of the medication
- What constitutes an emergency
- What action to take in an emergency
- What <u>not</u> to do in the event of an emergency

- Who to contact in an emergency
- The role the staff can play

4. Staff Training
When Whole School First Aid training is delivered to school staff, the school must ensure that a training record is completed for inclusion in Health and Safety records. This will be primarily appropriate for the use of Adrenaline Auto-Injectors (for allergies), although other conditions/procedures may also be included from time to time. This is for both insurance and audit purposes.

All staff who have accessed this training will be able to administer medicine at school and will receive appropriate training on the administration of medicine at Carnarvon Primary School and the school's recording procedures.

Some staff members have accessed additional (non-statutory) training at Carnarvon Primary School to ensure best practice.

5. Storage
When items need to be available for emergency use, e.g., asthma inhalers and Adrenaline Auto-Injectors, they may be kept in the school office or with the pupil, as appropriate. A locked cupboard is not necessary, but such items should be readily available for pupils' and/or staff's use.

When prescription items are held by the school for administration by school staff, they should be stored in a fixed lockable cupboard/cabinet with restricted access to keys.

6. Class 1 and 2 Drugs
When Class 1 and 2 drugs (primarily prescribed for ADHD (Attention Deficit Hyperactivity Disorder)) are kept on the school premises, a written stock record is also required to comply with the Misuse of Drugs Act legislation. This should detail the quantities kept and administered, taken and returned on any educational visit, and returned to the parent/carer, e.g., at the end of the term. These drugs should be kept in a locked cabinet within a room with restricted access (staff only).

7. Antibiotics
The parent/carer should be encouraged to ask the GP to **prescribe an antibiotic** that can be given outside of school hours, wherever possible. Most antibiotics do not need to be administered during school hours. Twice daily doses should be given in the morning before school and in the evening. Three times a day, doses can usually be given in the morning before school, immediately after school (if possible), and at bedtime.

It should typically only be necessary to give antibiotics in school if the dose needs to be given four times a day, in which case a dose is needed at lunchtime. The parent/carer must complete the consent form and confirm that the child is not known to be allergic to the antibiotic. The antibiotic should be brought into school in the morning and taken home again after school each day by the parent/carer. (Older children may bring in and take home their own antibiotics if considered appropriate by the parent/carer and teachers). Whenever possible, the first dose of the course, and ideally the second dose, should be administered by the parent/carer.

All antibiotics must be clearly labelled with the child's name, the name of the medication, the dose and the date of dispensing. In school, the antibiotics should be stored in a secure cupboard or, where necessary, in a refrigerator. Many liquid antibiotics need to be stored in a fridge – if so, it will be stated on the label.

Some antibiotics must be taken at a specific time in relation to food. Again, this will be written on the label, and the instructions must be carefully followed.

Tablets or capsules must be given with a glass of water. The dose of a liquid antibiotic must be carefully measured using an appropriate medicine spoon, pot, or syringe provided by the parent/carer.

The appropriate records must be made. If the child does not receive a dose, for whatever reason, the parent/carer must be informed that day.

8. Analgesics (Painkillers)
For pupils who regularly need analgesia (e.g. for migraine), an individual supply of their analgesic should be kept in school. It is recommended that the school does **not** keep stock supplies of analgesics, e.g. paracetamol, for potential administration to any pupil. Written consent must be obtained from the parent/carer.

Children should never be given aspirin or any medicines containing aspirin.

9. Over-the-counter medicine (e.g. Hayfever Remedies)
These should be accepted only in exceptional circumstances and treated the same way as prescribed medication. The parent/carer must clearly label the container with the child's name, dose, and administration time, and must complete a consent form.

10. Disposal of Medicine
The parent/carer is responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. They should collect medicines held by the school at the end of each term.

11. Residential Visits
On occasion, a school may need to administer an "over-the-counter" medicine if a pupil suffers from a minor ailment, such as a cold or sore throat, while away on an educational visit. In this instance, the Parental Consent Form (EV4) will provide an "if needed" authority, which should be confirmed by a phone call from the group leader to the parent/carer when this is needed. A written record must also be kept with the visit documentation.

12. Refusing Medicine
When a child refuses medicine, the parent/carer should be informed on the same day and be recorded accordingly. Staff cannot force a child to take any medicine.

13. Self-Management
Children are encouraged to take responsibility for their own medicine from an early age. A good example of this is children keeping their own asthma reliever.

14. Travel Sickness
In the event of a pupil suffering from travel sickness (by coach or public transport), the following procedure may apply:

- Prior to a visit, the parents/carers should notify their child's class teacher or the school office that their child suffers from travel sickness.
- The visit leader will liaise with parents/carers about medication and or treatment options.
- On the day of the visit, parents/carers will give the agreed medication or treatment to the child before departure and will provide staff with any top-up medication for use on the return journey.
- Staff accompanying the trip will give the child any required medication before departure on the return journey.

15. Day Visits (e.g. to a museum or exhibition)
The pupil should be given the appropriate medication before leaving home, and, when written consent is received, they may be given a further dose before leaving the venue for the return journey (in a clearly marked, sealed envelope with the child's details, the contents, and the time of the medication). Medication is to be kept with a named member of staff, and that staff member signs the consent before it is included in the visit documentation.

16. Guidelines for the Administration of Adrenaline Auto-injectors by School Staff
Adrenaline Auto-Injectors (AAI) are preloaded pen devices that contain a single measured dose of adrenaline (also known as epinephrine) for administration in cases of severe allergic reactions. AAIs are safe, and even if given inadvertently, they will not harm. It is not possible to give a dose that is too large from one dose used correctly in accordance with the care plan.

An AAI can only be administered by school staff who have volunteered, been appropriately designated by the Headteacher, and received the required training.

- Each child should have an individual care plan and consent form, which should be readily available.
- Ensure that the AAI is up to date. It should be stored at room temperature, protected from heat and light, and kept in the original box.
- The AAI should be readily accessible for use in an emergency, and when children are of an appropriate age, the AAI can be carried on their person.
- Expiry dates and discolouration of contents should be checked termly.
- The use of the AAIs must be recorded on the child's care plan with the time, date, and full signature of the person who administered the AAI.
- Once the AAI is administered, a 999 call must be made immediately. If two people are present, the 999 call should be made at the same time as administering the AAI. The used AAI must be given to the ambulance personnel. It is the parent/carers' responsibility to renew the AAI before the child returns to school.

- If the child leaves the school site, e.g. school trips, the AAI must be readily available.

Please see Appendix A of this policy for further information on managing allergies in school.

17. Guidelines for Managing Asthma

People with asthma have airways that narrow in response to various triggers. Narrowing or obstruction of the airways can cause difficulty breathing and is usually alleviated with medication delivered via an inhaler. Inhalers are generally safe, and if one is taken inadvertently, it is unlikely to cause any adverse effects.

- If school staff assist children with inhalers, a consent form from the parent/carer must be in place. Individual care plans need only be in place if children have severe asthma, which may result in a medical emergency.
- All school staff have had the required managing asthma training as part of their First Aid training. All staff have been trained on the school's recording procedures when administering inhalers. All school staff can administer inhalers if they have completed whole-school First Aid training.
- Some staff members at Carnarvon Primary School have accessed additional (non-statutory) training to ensure best practice.
- Inhalers **must** be readily available when children need them. Pupils should be encouraged to carry their inhalers. If the pupil is too young or immature to take responsibility for their inhaler, it should be stored in a readily accessible safe place, e.g., the classroom. Individual circumstances need to be considered. For example, in small schools, inhalers may be kept in the school office.
- It would be helpful if the parent/carer could supply a spare inhaler for children carrying inhalers. This could be stored safely at school in case the original inhaler is accidentally left at home, or the child loses it whilst at school. This inhaler must have an expiry date beyond the end of the school year.
- All inhalers should be labelled with the child's name.
- Some children, particularly the younger ones, may use a spacer device with their inhaler; this also needs to be labelled with their name. The spacer device needs to be sent home at least once a term for cleaning.
- School staff should take appropriate disciplinary action if the owner or other pupils misuse inhalers.
- The parent/carer should be responsible for renewing out-of-date and empty inhalers.
- The parent/carer should be informed if a child uses the inhaler excessively.
- Physical activities will benefit pupils with asthma, but they may need to use their inhaler 10 minutes before exertion. The inhaler **must** be available during PE and games. If pupils are unwell, they should not be forced to participate.
- If pupils are going on off-site visits, inhalers **must** still be accessible.
- It is good practice for school staff to have a clear out of any inhalers annually (as a minimum). Out-of-date or no longer needed inhalers must be returned to the parent/carer.
- Asthma can be triggered by substances found in school, e.g., animal fur, glue, and other hazardous substances. Care should be taken to ensure that any pupil who reacts to these is advised not to have contact with them.

18. Guidelines for Managing Hypoglycaemia (Hypo's or Low Blood Sugar) in Pupils who have Diabetes.
Diabetes is a condition in which a person's normal hormonal mechanisms do not control blood sugar levels. In most children, the condition is controlled with insulin injections and diet. It is unlikely that injections will need to be given during school hours, but some older children may require them. Staff will be offered training on diabetes and hypoglycaemia prevention. Staff who have volunteered and have been designated as appropriate by the Head Teacher will administer treatment for hypoglycaemic episodes.

To prevent "hypo's":

- There should be a care plan and consent form in place. It will be completed during the training sessions in conjunction with staff and parents/carers. Staff should be familiar with the pupil's individual symptoms of a "hypo". This will be recorded in the care plan.
- Pupils must be allowed to eat regularly during the day. This may include snacks during class or before exercise. Meals should not be unduly delayed, e.g., due to extracurricular activities at lunchtime. Off-site activities, e.g., visits and overnight stays, will require additional planning and liaison with the parent/carer.

To treat "hypo's":

- If a meal or snack is missed, or after strenuous activity or sometimes even for no apparent reason, the pupil may experience a "hypo". Symptoms may include sweating, pale skin, confusion and slurred speech.
- Treatment for a "hypo" might differ for each child, but it will be either dextrose tablets, sugary drinks, chocolate bars, or hypostome (dextrose gel), as per the care plan. Whichever treatment is used, it should be readily available and not locked away. Many children will carry the treatment with them. Expiry dates must be checked each term.
- It is the responsibility of the parent/carer to ensure appropriate treatment is available. Once the child has recovered, a slower-acting starchy food such as biscuits and milk should be given. If the child is very drowsy, unconscious or fitting, a 999 call must be made, and the child must be put in the recovery position. Do not attempt oral treatment. The parent/carer should be informed of "hypo's" where staff have issued treatment in accordance with the care plan.

If Hypostop has been provided:
The care plan should be available. Hypostop is squeezed into the side of the mouth and rubbed into the gums, where it is absorbed into the bloodstream. The use of Hypostop must be recorded on the child's care plan, including the time, date, and full signature of the person who administered it. It is the responsibility of the parent/carer to renew the Hypostop when it has been used.

Do not use Hypostop if the child is unconscious.

19. Guidelines for Managing Cancer
Children and young people with cancer aged 0-18 are treated in a specialist treatment centre. Often, these are many miles from where they live, though they may receive some care closer to home. When a child or young person is diagnosed with cancer, their medical team puts together an individual treatment plan that takes into account:

- The type of cancer they have

- Its stage (such as how big the tumour is or how far it has spread)
- Their general health

The three main ways to treat cancer are:

- Chemotherapy
- Surgery
- Radiotherapy

A treatment plan may include just one of these treatments or a combination of them. Children and young people may be in hospital for long periods, or have short stays and be out of hospital for a fair amount of time. It depends on the type of cancer, the treatment, and how the body responds.

Some can attend school while treatment continues. When cancer is under control or in remission, children and young people usually feel well and rarely show signs of being unwell. If cancer returns after a period of remission, this is known as relapse.

Cancer treatment can also have an emotional and psychological impact. Children and young people may find it more challenging to cope with learning, returning to school and relationships with other pupils. They may have spent more time in adult company, having more adult-like conversations than usual, gaining new life experiences and maturing beyond their peers.

Cancer treatment can last a short or long time (typically anything from six months to three years), so a child or young person may have periods out of school, some planned (for treatment) and others unplanned (for example, due to acquired infections).

When they return to school, your pupil may have physical differences resulting from the treatment. These can include:

- Hair loss
- Weight gain/loss
- Increased tiredness

There may also be longer-term effects, such as being less able to grasp concepts and retain ideas, or they may be coping with the effects of surgery.

20. Falling Behind with Work

Children and young people with cancer can worry that they have slipped behind their peers, especially older children doing exam courses. Young children may also worry more than they want to say. The school and the child or young person's parent/carer should be able to reassure them and, if necessary, arrange extra teaching or support in class.

Teachers may need to adjust their expectations of academic performance because their child or young person has gaps in knowledge, reduced energy, reduced confidence, or changes in ability.

Staff may need to teach the pupil strategies to support concentration and memory explicitly, and the pupil may initially require more time to process new concepts.

Wherever possible, the child should be able to remain in the same ability sets as before, unless they specifically want to change groups. Regularly revise the pupil's timetable and school day as necessary.

21. Having a Key Person at School

It's helpful to have one "key" adult that the pupil can go to if they are upset or find school difficult, plus a "plan B" person for times when the usual person is unavailable. You can also give the pupil a card enabling them to leave class without explaining too much.

22. Physical Activity

Make arrangements for the child or young person to move around the school easily, e.g., by allowing them to leave lessons 5 minutes early to avoid the rush. Arrange for the pupil to have a buddy to carry their bags and for them to have access to lifts.

Some pupils may not want to be left out during PE despite tiredness or other physical limitations. Include the pupil as much as possible, e.g., allow them to take part for 20 minutes rather than the whole session, or find other ways for them to participate, e.g., as a referee or scorer. Their family will be aware of any specific restrictions on PE due to medical devices or vulnerability.

23. Briefing Staff

Ensure all staff, including lunchtime supervisors, are briefed on key information.

If staff are concerned about the pupil, they must phone the parent/carer to discuss the significance of signs or symptoms. The parent/carer can collect the child and seek further medical advice if necessary.

It would be rare for an acute emergency to occur, but if it does (as with any child), call 999 for an ambulance and ensure the crew is aware that the child or young person is on or has recently finished cancer treatment.

When requested by the child's family or health professionals, circulate letters about infection risks. Inform other school staff about long-term effects, such as fatigue, difficulty with memory or physical changes.

24. Further Information and Guidance

Asthma UK
www.asthma.org.uk
Diabetes UK
www.diabetes.org.uk
Epilepsy Action
www.epilepsy.org.uk
CLIC Sargent (Cancer)
www.clicsargent.org.uk

Appendix A

Allergy Management at School Policy

Contents

1. Introduction

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

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

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

It is possible to be allergic to anything that contains a protein; however, most people react to only a relatively small group of potent allergens.

Common UK Allergens include (but are not limited to): -
Peanuts, Tree Nuts, Sesame, Milk, Egg, Fish, Latex, Insect venom, Pollen and Animal Dander (tiny flakes of animal skin).

This policy sets out how Carnarvon Primary School will support pupils with allergies to ensure they are safe and not disadvantaged in any way while participating in school life.

2. Role and responsibilities

Parent Responsibilities

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

Staff Responsibilities

- All staff will complete anaphylaxis training. Training is provided for all staff yearly and on an ad hoc basis for 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, 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.
- The School Office will ensure that the up-to-date Allergy Action Plan is kept with the pupil's medication.
- It is the parent's responsibility to ensure all medication is in date. However, the School Office will check medication kept at school on a termly basis and remind parents if medication is approaching expiry.
- The School Office keeps a register of pupils who have been prescribed an adrenaline auto-injector (AAI) and records the use of any AAIs 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.

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.
Carnarvon Primary School recommends using the British Society of Allergy and Clinical Immunology. (BSACI) Allergy Action Plans to ensure continuity. This is a national plan that the BSACI, Anaphylaxis UK, and Allergy UK have agreed to.

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 it to the school.

4. Emergency Treatment and Management of Anaphylaxis

What to look for:
Symptoms usually come on quickly, within minutes of exposure to the allergen.

Mild to moderate allergic reaction symptoms may include:

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

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

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

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

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

Anaphylaxis can develop very rapidly, so rapid treatment is needed. **Adrenaline** is the mainstay of treatment and starts working within seconds.

What does adrenaline do?

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

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

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

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

All pupils must be observed in hospital after anaphylaxis, even if they appear to have recovered, as a reaction can recur after treatment.

5. Supply, storage and care of medication

Primary-age children are unlikely to be ready to take responsibility for their own medication, so an anaphylaxis kit should be available, kept safely (not locked away) and **accessible to all staff.**

Medication should be stored in a suitable container and clearly labelled with the pupil's name. The pupil's medication storage container should contain:

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

It is the responsibility of the child's parents to ensure that the anaphylaxis kit is up to date and clearly labelled. However, the School Office 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 AAIs their child is prescribed to ensure they can get replacement devices in good time.

Storage
AAIs should be stored at room temperature and 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 disposed of in a pre-ordered sharps bin. The sharps bin is kept in the school office.

6. 'Spare' adrenaline auto-injectors in school

Carnarvon Primary School has purchased spare **AAIs for emergency use for children at risk of anaphylaxis whose own devices are unavailable or not working (e.g.,** because they are out of date).

These are stored in the school office, clearly labelled 'Emergency Anaphylaxis Adrenaline Pen', kept safely, not locked away and **accessible, and known to all staff.**

Carnarvon Primary School has four spare pens kept in the school office.
The School Office is responsible for checking the spare medication monthly and replacing it 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 their advice on whether administering the spare AAI is appropriate.

7. Staff Training

The named staff members (at least 2) responsible for coordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy are:

Andrew Board
Kay Howells

All staff will complete the AllergyWise anaphylaxis training online at the start of each new calendar year. Training is also available on an ad hoc basis for 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
- Managing allergy action plans and ensuring these are up-to-date
- A practical session using the trainer devices we have in school.
- At the start of each academic year, staff will list the children in their new class with allergies in their copy of the staff handbook.

8. Inclusion and safeguarding

Carnarvon Primary 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 require that allergen information for the 'Top 14' allergens be available for all food products.

The school menu is available for parents to view in advance, with all ingredients listed and allergens highlighted on the school website at: https://www.carnarvon.notts.sch.uk/school-meals
The School Office will inform the School Cook of pupils with food allergies when they start at school, at the start of the school year and if there is any change to their anaphylaxis risk assessment.

Parents/carers must meet with the School Cook to discuss their child's needs.

The system to ensure catering staff can identify pupils with allergies is as follows:

1. Attendance of children with allergies and special diets is checked by the school office every morning.
2. The kitchen is notified of which children with allergies and/or special diets require food that day.
3. The kitchen is provided with a list and photographs of children with allergies, which is updated whenever necessary.
4. At the point of food service, children with allergies and/or special diets are checked in by a midday supervisor.
5. Children are given a red tray to indicate to the kitchen staff that they have an allergy or require a special diet.

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.
- 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 and carefully cleaning (using warm, soapy water) food preparation areas and utensils. For further information, parents/carers are encouraged to liaise with the School Cook.
- Food should not be given to primary school-age food-allergic children without parental engagement and permission (e.g. birthday parties, food treats).
- Use of food in crafts, cooking classes, science experiments, and special events (e.g., fetes, assemblies, cultural events) needs to be considered, specifically planned for 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.

All activities on the school trip will be risk-assessed to determine whether they pose a threat to allergic pupils, and alternative activities will be planned to ensure inclusion.

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

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 and nut-free status

Carnarvon Primary School is a nut-free school. However, because nuts are only one of many allergens that could affect pupils, we cannot guarantee a truly allergen-free environment for a child with a food allergy. Therefore, we have supplemented this with a culture of allergy awareness and education.

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

12. Risk Assessment

Carnarvon Primary School will conduct a detailed individual risk assessment for all new joining pupils with allergies and newly diagnosed pupils, to help identify gaps in our systems and processes for keeping allergic children safe.

Carnarvon Anaphylaxis Risk Assessment Folder

13. Useful Links

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

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

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

- Whole school allergy and awareness management - https://www.allergyuk.org/schools/whole-school-allergy-awarenessandmanagement

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

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

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

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

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