

## **Allergies Policy**

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Signed by Headteacher	Kate Baskeyfield	Kate Baskeyherd		
Signed by Chair of Governors	Elizabeth Dunstan	EDunstan		

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part of this review /	The policy is new to the school. Statutory amendments will
update	be made as required.



If you have any questions about the content of this policy:

- If you are a member of staff speak with your line manager or a member of the leadership team
- If you are a parent / carer contact the school office on 0161 748 1867

• If you are another interested party – contact the school office on 0161 748 1867

In the event of a medical emergency, the school should contact the Emergency Services (999).

#### 1. Statement of Intent:

This policy is concerned with a whole school approach to the health care and management of those members of the school community suffering from specific allergies.

Kingsway Primary School is aware that children who attend may suffer from a range of allergies including food, bee/ wasp sting, animal or nut allergies and we believe that all allergies should be taken seriously and dealt with in a professional and appropriate way.

Kingsway Primary School's position is not to guarantee a completely allergen free environment but to minimise the risk of exposure, encourage self-responsibility as much as possible and plan for effective response to possible emergencies.

Kingsway Primary School is committed to no food and drink sharing.

The Statutory Framework states that the school provider must obtain information about any dietary requirements/allergy. As such, parents are asked to provide details of allergies in their child's Admissions Form, which is submitted before starting school.

#### 2. Aim:

The intent of this policy is to minimise the risk of any child suffering allergy-induced anaphylaxis whilst at school.

An allergic reaction to nuts is the most common high-risk allergy, and as such, demands rigorous controls throughout the policy. The underlying principles of this policy include:

• The establishment of effective risk management practices to minimise the student, staff, parent and visitor exposure to known trigger foods and insects.

• Staff training and education to ensure effective emergency response to any allergic reaction situation.

This policy applies to all members of the school community:

- School Staff
- Parents / Guardians
- Volunteers
- Supply staff
- Pupils
- Visitors

#### **Definitions:**

Allergy - A condition in which the body has an exaggerated response to a substance (e.g. food and drug) also known as hypersensitivity.

Allergen - A normally harmless substance that triggers an allergic reaction in the immune system of a susceptible person.

Anaphylaxis - Anaphylaxis, or anaphylactic shock, is a sudden, severe and potentially lifethreatening allergic reaction to food, stings, bites, or medicines.

Epipen - Brand name for syringe style device containing the drug Adrenalin, which is ready for immediate inter-muscular administration.

Minimized Risk Environment- An environment where risk management practices (e.g. Risk assessment forms) have minimised the risk of (allergen) exposure.

Health Care Plan- A detailed document outlining an individual student's condition treatment, and action plan for location of Epipen.

#### 3. Procedures and Responsibilities for Allergy Management:

#### General

• The involvement of parents and staff in establishing Individual Health Care Plans.

• The establishment and maintenance of practices for effectively communicating a child's healthcare plans to all relevant staff.

• Staff training in anaphylaxis management, including awareness of triggers and first aid procedures to be followed in the event of an emergency.

• Age appropriate education of the children with severe food allergies.

#### **Medical Information**

• The school will seek updated information via medical form at the commencement of each academic year for all staff and pupils of the school (See appendix 1).

• Furthermore, any change in a child's medical condition during the year must be reported to the school by the parents.

• For students with an allergic condition, the school requires parents / guardians to provide written advice from a doctor (GP), which explains the condition, defines the allergy triggers and any required medication.

• The SENCo and class teacher will ensure that a Health Care Plan is established and updated for each child with a known allergy.

• Teachers and teaching assistants of those students and key staff are required to review and familiarise themselves with the medical information.

• A recent photograph for any students with allergies will be posted in relevant rooms with parental permission.

• Where students with known allergies are participating in school excursions, the risk assessments must include information from the Individual Health Care plan.

• The wearing of a medic-alert bracelet is allowed by the School if required.

#### **Medical Information (Epipens)**

Where Epipens (Adrenalin) are required in the Health Care Plan:

• Parents/ guardians are responsible for the provision and timely **replacement** of the Epipens. The school is **not** responsible for reminding parents when medication is out of date

• The Epipens are located securely in relevant locations approved by the Headteacher.

#### 4. Parent role:

Parents are responsible for providing, in writing, on-going accurate and current medical information to the school.

Parents are to send a letter confirming and detailing the nature of the allergy, including:

- The allergen (the substance the child is allergic to)
- The nature of the allergic reaction (from rash, breathing problems to anaphylactic shock)

• What to do in case of allergic reaction, including any medication to be used and how it is to be used.

• Control measures – such as how the child can be prevented from getting into contact with the allergen.

• If a child has an allergy requiring an Epipen, or the risk assessment deems it necessary, a Health Care Plan must be completed and signed by the parents.

• It is the responsibility of the parent to provide the school with **up to date medication** / equipment clearly labelled in a suitable container. Parents will also need to complete a "Permission to Administer Medication Form" (see appendix 2).

• In the case of life saving medication like EpiPens the child will not be allowed to attend school without it.

• Parents **must** provide up to date emergency contact information.

• Snacks and lunches brought into school are provided by each child's parent and, whilst parents will be requested to provide allergen free food, the school is not responsible for products brought on to the premises.

• It is a parental responsibility to ensure that the contents of a child's lunchbox are safe for their child to consume.

• Parents should liaise with staff about appropriateness of snacks and any food related activities undertaken throughout the teaching day (e.g. cooking and behaviour treats).

#### 5. Staff role:

Staff are responsible for familiarising themselves with the policy and adhering to health and safety regulations regarding food and drink.

• If a child's "Admission Form" states that they have an allergy then an Individual Healthcare Plan is needed (see appendix 3). It must be in place **before** the child starts attending sessions. An individual risk assessment should be carried out by the class teacher and the SENCo and any actions identified should be put in place. The completed care plan and any actions relating to the risk assessment should be stored with the child's medication.

• Upon determining that a child attending school has a severe allergy, a support meeting will be set up as soon as possible where all staff concerned, including the school kitchen staff, attend to ensure that knowledge is up-to-date and awareness of child's needs is clear.

• All staff who come into contact with the child will be made aware of what treatment/medication is required by the SENCo and where any medication is stored. All staff are responsible for the administration of medication in an emergency situation. If medication is administered, dosage and frequency must be recorded on the "Record of medicine administered to an individual child" form. (see appendix 4).

• All staff are to promote hand washing before and after eating.

• Break time snacks are monitored by staff and are peanut, nut and allergen free depending on the needs of the children attending the school at that time. All staff should know the procedures at snack and lunch time to ensure the safety of children with allergies. However, staff **cannot** guarantee that all foods in school will not contain traces of nuts.

- All tables are cleaned with an approved solution.
- Children are not permitted to share food.
- As part of the staff first aid training, Epipen use and storage has been discussed.

• We may ask the parent for a list of food products and food derivatives their child must not come into contact with.

• Emergency medication should be easily accessible, especially at times of high risk.

• The class teacher should liaise with parents about snacks and any food-related activities undertaken as part of the teaching day.

#### 6. Actions In the event of a child suffering an allergic reaction:

#### Symptoms of MILD TO MODERATE allergic reactions

- Rash
- Vomiting
- Abdominal cramps
- Localised tingling sensation
- Localised inflammation.

#### 7. Symptoms of SEVERE allergic reaction

- Swelling of the throat and mouth
- Difficulty in swallowing or speaking
- Difficulty in breathing due to severe asthma or throat swelling
- Hives anywhere on the body
- Generalised flushing of the skin
- Abdominal cramps, nausea and vomiting
- Sudden feeling of weakness, faintness caused by sudden drop in blood pressure
- Collapse and unconsciousness

#### 8. Actions in the event of a child suffering an allergic reaction:

- If a protocol (Health Care Action Plan) is in place for the child this will be followed.
- We will delegate someone to contact the child's parents.
- If a child becomes distressed or symptoms become more serious telephone 999.
- Keep calm, make the child feel comfortable and give the child space.

• If medication is available it will be administered as per training and in conjunction with the Supporting a Child with Medical Need Policy. The adult administering the medication (e.g. Epipen) must check the name on the medication matches the child before administering.

• If parents have not arrived by the time ambulance arrives, a member of staff will accompany the child to hospital.

#### 9. Role of other parents

• The school will request that snacks and lunches brought to the school by other parents be peanut and nut free, when the risk to any child is considered to be too high.

• The school will ensure that parents are regularly reminded and will monitor the contents of lunchboxes and break-time snacks.

#### **Policy Review**

This policy will be reviewed every 3 years, or as necessary, by the Governing Body



#### Appendix 1

#### Annual Medical Information Form

Please provide as much information as you can on this form in order to help us to keep your child safe in school. Should you require support in completing the information below, please contact a member of staff who will be happy to support you.

PUPIL NAME:	CLASS:
Address:	Emergency Contact Number;
Doctor's Name: Surgery Address:	Doctor Telephone Number:

Does your child suffer from any of the following conditions?

Condition	Yes/No	If yes, do they use the following;	Yes/No	Date of last episode	Do you give permission for staff to administer medication in an emergency?
Asthma		Inhaler			
Allergy (please specify)		Antihistamine			
Diabetes		Medication			
Epiliepsy		Medication			
Anaphylaxis reaction (please specify)		Auto-injector (e.g. Epipen)			
Other (please specify)					

It is the responsibility of the parent to ensure that the necessary medication is in school in case of an emergency.

## Does your child have any other medical conditions that the school needs to know about?

Does your child take any other medication? YES/NO

If yes, please give details below:

Name of medication	Reason for medication	Dosage	Frequency

Will any of this medication be required at school? YES/NO

If yes, please complete a "Permission to Administer Medication Form" which is held at the School Office. All prescription medication must be provided to school clearly labelled with the child's name/dosage/frequency.

Many thanks for your understanding and support.

Signature:

Date:\_\_\_\_\_

Relationship to pupil:\_\_\_\_\_



#### Permission to Administer Medication Form

The school will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date medication to be taken until/reviewed on:	
Name of parent	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

#### Medicine

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

Expiry date

Dosage and method

Timing

Special precautions/other instructions

Are there any side effects that the school/setting needs to know about?

Self-administration – y/n

**Contact Details** 

Daytime telephone no.

Relationship to child

Name

Address

Procedures to take in an emergency



#### NB: Medicines must be in the original container as dispensed by the pharmacy

I understand that I must deliver the medicine personally 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 school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s)\_\_\_\_\_

Date \_\_\_\_\_



Appendix 3

#### INDIVIDUAL HEALTHCARE PLAN

Name of school/setting	
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	
Family Contact Information	
Name	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	

(home)

(mobile)

#### **Clinic/Hospital Contact**

Name

Phone no.

G.P.

Name Phone no. Who is responsible for providing support in school

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contraindications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc.

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (state if different for off-site activities)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to



#### Appendix 4

### Record of medicine administered to an individual child

Name of school/setting	
Name of child	
Date medicine provided by parent	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature

Signature of parent

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

Staff initials

#### [Type here]

#### C: Record of medicine administered to an individual child (Continued)

		[]
Date		
Time given		
Dose given		
Name of member of staff		
Staff initials		
Date		
Time given		
Dose given		
Name of member of staff		
Staff initials		
Date		
Time given		
Dose given		
Name of member of staff		
Staff initials		
Date		
Time given		
Dose given		
Name of member of staff		
Staff initials		
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# Kingsway Primary School Allergies Policy

## **Declaration**

I confirm that I have read and understand the school's Allergies Policy.

In understanding the policy, I confirm that I agree to the processes and procedures outlined and, should I have any concerns, I will raise these immediately with the SENCo and/or the Headteacher.

Signed: \_\_\_\_\_

Print name: \_\_\_\_\_

Role within school: \_\_\_\_\_

Date: \_\_\_\_\_