

Nota Bene:

Things in red are not generic and will need to be verified by the school.

[SCHOOL NAME]

**SEVERE
FOOD ALLERGY
& ANAPHYLAXIS
INFORMATION PACK AND POLICIES**

For parents and staff with responsibility for an allergic child

Policies in this document relate to severe allergies that have been diagnosed by the NHS and could result in anaphylaxis. **Anaphylaxis is a life-threatening medical emergency requiring immediate treatment.**

[SCHOOL NAME] understands that food intolerances, coeliac disease and other allergies such as hay fever, eczema and asthma, which can also be severe, effect children and their work at school and need careful management.

These are **not** covered in this policy, but it is very important you talk to your [child's teacher/person responsible for medical issues] about them and where appropriate a healthcare plan (see page 7) for your child will be prepared.

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1. Introduction to severe food allergies

Food allergy in children is relatively common with a prevalence of about 6 to 8%. A House of Commons Select Committee on Health Report states "...allergy in the population is rapidly escalating, especially in children. Until 1990 peanut allergy was rare. By 1996 the prevalence amongst children was one in 200. The figure may now be as high as one in 50..."

Children are often affected by more than one allergic disease. Approximately 95% of children with peanut or nut allergy also have asthma, eczema and/or rhinitis (inflammation inside the nose). The presence of asthma, especially if poorly controlled, may increase the severity of food-allergic reactions. Food allergies in asthmatic children predispose them to more severe asthma attacks after food allergen exposure.

Children who are at risk of severe allergic reactions are not ill in the usual sense. They are normal children in every respect – except that if they come into contact with a certain food or substance, when they will become unwell.

The symptoms in a child with food allergy can affect many organ systems and can include hives, swelling, vomiting, abdominal pain, diarrhea, hoarseness, difficulty speaking, wheezing, coughing and sneezing and cardiovascular problems such as dizziness or loss of consciousness and in rare cases death.

While allergy is common, the risk of severe and fatal reactions is small.

Anaphylaxis

- Anaphylaxis is a severe, potentially fatal, allergic reaction that affects the entire body, and **can occur within minutes of exposure to an allergen**
- The main triggers are nuts, seeds and seafood, but insect stings, other foods and substances can also cause anaphylaxis
- Previous allergic reactions do not predict the severity of future reactions
- There is no way to identify allergy sufferers who will go on to have a life-threatening, anaphylactic reaction - this is why precautions are taken for all those diagnosed with nut and other severe allergies
- It is estimated that anaphylaxis occurs at a rate of 1 episode per 10,000 children, per year
- Hospital admissions for anaphylaxis in the United Kingdom has increased by sevenfold over the past decade
- Between 10% and 18% of food allergy reactions occur at school.

Major allergens

The Food Standards Agency identifies 14 major allergens. By law these allergens are highlighted in ingredients lists on food items in shops and restaurants.

1. Cereals containing gluten
2. Crustaceans, for example prawns, crabs, lobster and crayfish
3. Eggs
4. Fish
5. Peanuts (a legume, rather than a true nut)
6. Soybeans
7. Milk
8. Nuts – e.g. almonds, hazelnuts, walnuts, pecan nuts, brazil nuts,

- pistachio, cashew and macadamia nuts
9. Celery (and celeriac)
 10. Mustard
 11. Sesame
 12. Sulphur dioxide, a preservative found in some dried fruit
 13. Lupin
 14. Molluscs, e.g. clams, mussels, whelks, oysters, snails and squid

Where there is a real possibility of cross contamination, food labels include a 'may contain' warning. The Anaphylaxis Campaign and Food Standards Agency advises that allergy sufferers avoid these products.

- Pollen-associated food allergies result in allergic reactions to fruit and vegetable causing mouth and throat swelling and itching
- Cow's milk, egg allergy and wheat allergy may resolve by school age, but when persistent, they may cause severe reactions and anaphylaxis
- Some allergy sufferers can have reactions from airborne allergens, such as peanut dust although in the school environment this is unlikely to be an issue
- Allergy to latex, insect venom and medicines is rare in schools.

Hidden ingredients are also a major concern. For instance some pesto, often used in pizza, is made using cashew nuts. The Food Standards Agency advises that allergy sufferers avoid Indian, North African, Chinese, Thai and Malaysian takeaways due to hidden ingredients such as peanut flour in sauces and nut oil for frying. Hidden ingredients should be fully considered at school including where food brought in by parents or teachers (for example Chinese New Year).

Allergy sufferers are often advised to avoid food related to their trigger food or at risk from cross-contamination e.g. those allergic to tree nuts are told to avoid peanuts, which may be packed in the same factory.

Social effects and anxiety

Allergies can reduce quality of life through fear of reactions and constrained life-style choices. For school age children, and their parents, birthday parties, play dates and celebrations involving food, such as Christmas can cause additional anxiety and embarrassment when asking for allergies to be considered. It can also cause anxiety for those hosting such occasions and can lead to the allergic child being excluded. This is particularly the case for those who are allergic to common ingredients such as eggs and milk or who have experienced particularly severe reactions in the past.

Key things to remember

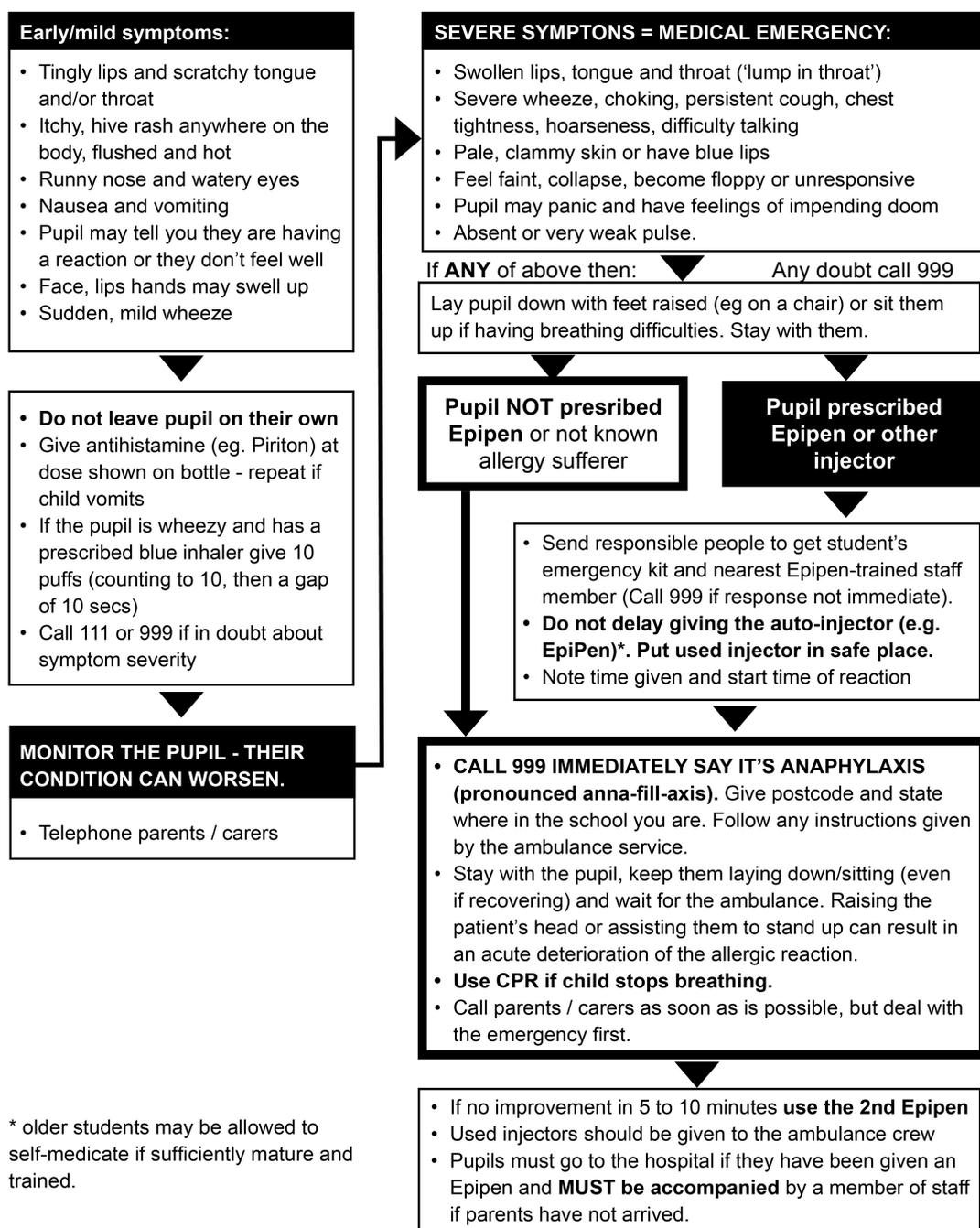
- Food allergies, on rare occasions, can be life-threatening
- Avoidance of food allergy triggers is the main priority in allergy treatment
- Any reaction is unpleasant and can have consequences (such as a more severe asthma)
- If a serious reaction occurs it can happen very quickly - delays in giving auto-injectors (e.g. Epipen®) have been linked to poor outcomes and death
- Allergies are on the increase.
- A child may have their first allergic reaction at school, it can cause anaphylaxis (life-threatening), so **all** staff should be able to recognise the signs and know what to do
- There is no way to identify allergy sufferers who will go on to have a life-

threatening reaction - this is why precautions are taken so seriously for all sufferers

2. Allergic Reactions and what to do

Key things to remember

- Reaction to foods may be immediate or delayed
- Allergic reactions can occur in the classroom or playground as well as in the dining hall
- Initial symptoms may be mild and difficult to interpret
- It is not possible to predict the final severity of reactions from initial symptoms
- Allergy deaths have been associated with a delay in the administration of intramuscular adrenaline (such as Epipen[®], Jext[®], Emerade[®] auto-injectors).
- Treatment for an allergic reaction depends on the severity of the reaction



Using an adrenaline auto-injector

Read the relevant instructions below regularly and try out a practice injector supplied by the school nurse. Instructions are printed on the side of the medicine.

EPIPEN®

- 1) Pull off the **blue** safety cap
- 2) Place **orange** end on outer edge of upper thigh
- 3) Move it about 10cm from leg and swing it firmly into thigh - it should click (note the time it was given)
- 4) Hold it there for 10 seconds, remove & rub thigh for 10 secs



JEXT® INJECTOR

- 1) Pull off the **yellow** safety cap
- 2) Place black end on outer edge of upper thigh
- 3) Push firmly into leg - it should click (note the time it was given)
- 4) Hold it there for 10 seconds, remove & rub thigh for 10 secs

EMERADE® INJECTOR

- 1) Remove the safety cap
- 2) Press firmly into outer edge of upper thigh - you will hear a click (note the time it was given)
- 3) Hold it there for 5 seconds, remove & rub thigh for 10 secs

Frequently asked questions

What if adrenaline is given when a child is not having a reaction?

Heartbeat could increase and the child may have palpitations for a few minutes and feel anxious. There should be no serious side effects unless the child has coexisting heart problems. On balance, if there is any doubt, **it is better to give the auto-injector than not.**

What's the difference between an asthma attack and an allergic reaction?

While a severe allergic reaction could include asthma there would probably be other symptoms present. These may include swelling in the throat and mouth, nettle rash anywhere on the body, generalised flushing of the skin, abdominal cramps, nausea or vomiting.

What are the procedures following a reaction?

The **headteacher/delegated staff member** will review and document the incident. If the reaction was severe, especially if an auto-injector was used and/or ambulance called, the **headteacher/delegated staff member** will convene a meeting with teachers and parents within one week. The school nurse will be informed and if appropriate will offer support to pupils and teachers involved.

3. General policies

[SCHOOL NAME] recognizes the importance of avoidance of food allergy triggers as the main priority in allergy management and that the school must be well prepared to treat allergic reactions and anaphylaxis for both children who have a diagnosed allergy and those who experience a allergy reaction for the first time at school.

Schools do not have to wait for a formal diagnosis before providing support to pupils with a suspected allergy. Parents are advised to contact their GP immediately they suspect a severe allergy (see list of allergens in chapter 1, for those allergens likely to be classed as severe). Waiting times for allergy specialists can be long, so precautions need to be taken before formal diagnosis in order to protect children.

POLICY 1

Healthcare plans

Healthcare plans are drawn up for each pupil with a medical condition. For allergic children who have been prescribed an adrenaline auto-injector the school nurse, based at XXXXXX, produces the healthcare plan with the help of parents, GPs and the school.

Individual healthcare plans detail the steps that a school should take to manage the condition and overcome any potential barriers to getting the most from their education.

POLICY 2

Allergy and adrenaline auto-injector (Epipen®) training

Around 12 [SCHOOL NAME] staff members attend Epipen® training with the school nurse each year. The training takes place [place], three times a year. We aim for staff to be trained prior to an allergic child joining their class, or at the earliest opportunity should a diagnosis occur during the school year.

Training does not include discussion of individual pupils allergies, so parents are advised to talk to their child's teacher at the beginning of each school year to discuss individual needs, previous reactions and concerns.

In addition all staff receive a summary of this document and those with responsibility for allergic children receive the full information pack at the start of the school year and will discuss particular needs with the previous years' teacher.

Other options to consider:

- 1. All Foundation Stage teaching staff are Epipen® trained, as this is the most likely age a first reaction occurs post pre-school years.**
- 2. All school staff are trained in the early recognition and treatment of allergic reactions so that emergency medication may be administered without delay.**

or

School training for all staff members includes the basics of allergen avoidance, recognition, anaphylaxis, policies, treatment and emergency procedures.

POLICY 3

Avoidance of allergy triggers

The school and its staff understand that it is always better to prevent a reaction than to treat it. Avoidance of triggers is the main focus of allergy management. This includes checking ingredient lists, heeding allergy warnings on food packets, avoiding allergens coming into contact with food, hands, work surfaces, cutlery and utensils used to serve food to an allergic child.

Trading or sharing food, sharing utensils or containers is discouraged in the school, but in particularly with allergic children, we ask that this message is reinforced at home. For younger allergic children we ask that staff are extra vigilant.

Staff should set a good example to food allergic children by not taking risks, checking ingredient labels and always asking about possible allergens in food. Encouraging children to have the confidence to ask about allergens and to report a reaction to staff, including those they are unfamiliar with.

One [our?] avoidance approach is to ban nuts or other allergens from the school. However, the Anaphylaxis Campaign highlights a number of problems with this approach:

- It would be impossible to provide an absolute guarantee that the school is nut free, given that students regularly bring in food from home
- Children with allergies might be led into a false sense of security
- A ban on one allergen would be seen as a precedent for demands to ban other potentially 'risky' foods
- There is a strong case to be argued that children with food allergies will develop a better awareness and understanding of how to manage their allergies if they grow up in an environment where allergens are present.

Consider adding in the following:

If no nut ban then perhaps add: If you are uncomfortable that your child's allergen is present in school, worry our avoidance policies are not sufficient or if your child has had particularly severe reactions to their allergen, then please arrange a meeting with XXX, who will reassess our approach and discuss additional measures to protect your child.

We ask, via the newsletter, that all parents avoid sending in baked or other foodstuffs with loose nuts on or in, such as peanut cookies or cakes decorated with chopped nuts [plus list other allergens that current pupils suffer from]. This is to reduce the chance of accidental contact through cross-contamination.

Additional info for school to consider: Generally speaking the Anaphylaxis Campaign would not necessarily support 'peanut bans' in all schools. Schools do however have a duty of care to all pupils, so need to have procedures in place to minimise the risk of a reaction occurring in a food-allergic child. Schools may wish to write to parents asking for their cooperation in making life safe for allergic children.

Policies 7, 11, 12 and 15 deal further with avoidance of food allergy triggers.

POLICY 4

Communicating allergy information

- Known allergy sufferers have their photograph displayed in their main classroom and also in the dining areas with a list of their allergens. Allergies are noted in the register.
- Supply teachers, occasional teachers and teaching assistants will also be informed verbally when they take over responsibility for a class containing an allergic child and given a copy of our policies and [individual healthcare plan]. If they are not allergy/Epipen® trained then they will be informed of where the nearest, trained member of staff is working on that day.
- Parents who report a suspected allergy or have a child that has a diagnosed allergy will receive a copy of this information pack.
- Parents will be asked to meet headteacher/class teacher every year to discuss their child's allergens, healthcare plans, concerns and any reactions in the past year.
- The headteacher/class teacher will inform staff of activities which could put the child at risk.
- The school staff will endeavor to ensure that other pupils are aware of the dangers of anaphylaxis, signs of reactions and what to do if they suspect a pupil is experiencing a reaction (also see raising awareness page 9)
- All staff will be given a summary of this document and will be told where emergency medication is stored.
- Parents/carers of pupils and the school caterers (where relevant) will be contacted in the event of any suspected allergic reaction, whether an Epipen® is administered or not. It is important to remember that children may not have a known allergy – or may have a known allergy but not an Epipen®.
- Policy idea: Via the newsletter we will inform all parents of allergy triggers that pupils in school currently suffer from. Although we will not suggest a ban on these foods (see Policy 3).

POLICY 5

Awareness and non-medical effects of allergies

The school promotes awareness amongst students, staff and parents as it has a significant role to play in reducing the risk of allergic reactions occurring and in improved outcomes in the event of a serious reaction.

[SCHOOL NAME] is aware that children may be self-conscious about their condition and some may be bullied or develop emotional disorders such as anxiety or depression around their medical condition. Nonetheless, insuring the safety of the allergic child means awareness of the condition is important. Unintended consequences should be tackled by the school helping allergic children find strategies to deal with other people's curiosity.

The following measures are intended as a starting point, but individual pupils will require a tailored approach depending on their allergies, other medical conditions and personalities.

- If comfortable in doing so allergic children may wish to participate in a presentation or lesson about allergies.

- Other ideas????

Lessons plans, resources and videos are available free at:

www.allergyadventures.com/for-schools.aspx

POLICY 6

In school activities

Unless the allergen makes it risky, allergic children will be included in cooking and other activities involving food. However, staff must take extra care not to use foods that any child is allergic to. The work area should be cleaned thoroughly before use and recipes thought out carefully.

The school avoids providing food containing peanuts, tree nuts [plus list other easily avoidable allergens that current pupils suffer from such as sesame].

POLICY 7

Treats and rewards

Food-allergic children may benefit from an individually labeled box, containing allergen-free 'treat' foods for class celebrations (e.g. birthdays) or rewards. The class teacher will discuss this with the pupil and parents.

POLICY 8

Residential trips and days out

All protective measures continue during extracurricular activities such as school days out, residential trips and sporting fixtures.

Trips require extra planning and preparation:

- Consideration of allergic children is always included in the trip risk assessments
- It may be necessary for teachers to meet with parents to ensure they are satisfied with plans
- At least one person trained in administering adrenaline will accompany the party and will be responsible for carrying the emergency bag/s and supervise the group that includes the allergic child/ren
- It is not always advisable, from the child's point of view, for a parent to accompany them on school trips, although in some cases this may be beneficial
- Where trips involve other schools (e.g. sporting fixture), [SCHOOL NAME] will make the other school's staff aware of the possible risk of anaphylaxis and informed whom to contact in an emergency - usually in writing
- Depending on the allergy and its severity in most cases it is advisable that the allergic child brings their own food on trips
- The school will make arrangements for the safe handling and transportation of emergency medication and relevant Healthcare Plans
- Arrangements will be made for the child's emergency bag to accompany the child at all times
- For residential trips [SCHOOL NAME] will consult both the parents and school nurse to ensure that pupils can participate safely
- For residential trips the school will discuss with parents food provision, but appreciate that the venue may not be able to guarantee allergen free food and that this will be cause for concern to both parents and teachers.

POLICY 9

Storage and availability of medication

Auto-injectors are stored in a safe but accessible place – usually in the child's classroom. This is because if needed, they will be needed extremely quickly.

When allergic children are some distance away from their classroom, they should

be accompanied by their emergency bag (antihistamines or auto-injectors). This is especially important for children not being taught by their normal teacher or where the distance would cause a few minutes delay in retrieving medicine (e.g. on the field).

Children should know where their medicines are at all times and be able to access them immediately. Older pupils may wish to retain their own auto-injector in addition to the auto-injector in the emergency location with agreement of parents and the school.

Epipen[®]/Jext[®]/Emerade[®] are light sensitive and should not be stored in bright light. Store in their box at room temperature - not to be stored in the fridge.

POLICY 10

Supporting staff

This needs some thought from the school: Governing bodies should ensure that the school's policy sets out clearly how staff will be supported in carrying out their role to support pupils with medical conditions, and how this will be reviewed.

This document, Epipen[®] training, nurse support (including for counseling) will be part of this, but it may need more? Plus need to identify who is responsible overall at school.

Note about insurance and indemnity – provided it doesn't put children at greater risk!?

4. Catering and Lunchtime Policies

POLICY 11

Recommendation to bring own pack lunch

XXXX health services, through the school nurse, advise allergic children bring a safe pack-lunch from home, rather than eat school dinners. [Please check advise of your school nurse/health authority]

POLICY 12 [please check your own caterers policies]

Caterlink policy (our caterers)

Caterlink say they “do not use nuts in education establishments, but are unable to guarantee products and dishes are totally nut free (for example, curry paste is made in a factory containing nuts, bread is baked in a factory handling nuts, some production lines have machines lubricated with nut oil).” January 2012

POLICY 13 [please check your own kitchen policies]

In our kitchens:

Within the catering facilities, we take precautions to minimise the risk of allergic reactions. We do not knowingly use any nuts (including pine nuts and peanuts) or sesame seeds and associated nut products in our kitchens.

If a parent of an allergic child wishes to use the school meal service they must fill out Caterlink’s allergy form available from the school office.

Policy ideas: For parents that decide to use our school meal service: Students with known food allergies will be introduced to key members of the catering team, on the first day of each school year, and are encouraged to seek guidance from catering staff – on a daily basis, if necessary – on what they can have for lunch.

Catering staff are briefed each day and the kitchen produces a daily schedule (for catering staff) of the safe food in respect of the various student / staff allergies.

POLICY 14

Lunchtime and breaktime arrangements

Lunch and breaktimes are supervised by [SCHOOL NAME] staff. An EpiPen® trained member of staff is on duty in the dining hall and playground at all lunch and breaktimes.

Photographs of allergic children and a list of their allergens are present in the dining hall for catering and supervising staff.

Policy ideas to consider:

- Wristband system
- Nut-free or ‘nut’ table
- Allergy buddies - children who sit with an allergic child at lunch, whose lunches don’t contain the relevant allergens and who know signs of a reaction and what to do in an emergency
- Hand-washing (before and after lunch) / table wiping before allergic children use a table.
- EpiPen® accompanying children to the dining hall and outside.

POLICY 15

Tuck shop, special dinners (e.g. Christmas and BBQ)

Caterlink supplies tuck shop and special dinners via our kitchen. Policies 11 to 13

above apply.

POLICY 16

Appointment of school caterers

As part of the appointment of caterers the school will check allergy policies and encourage caterers to work towards fully accommodating allergic children at mealtimes.

In the future, as allergy awareness and school dinner uptake increases, we hope that it will become possible to offer more allergic children reassurances that their school dinner is guaranteed safe.

5. Summary of responsibilities

PARENTS/CARERS:

- It is essential that the school has a full knowledge of all students' allergies including where a child is no longer allergic to particular foods
- Parents/carers should comply with the recommended management plan as advised by their GP/allergy clinic, including relevant allergen avoidance.
- Individually labelled emergency kits should be provided to the school, containing two in-date auto-injectors (if prescribed), inhalers if asthmatic, oral antihistamine medication with a measuring spoon and medicine documentation and instructions
- Out of date medicines will be returned to the parents to take to the pharmacist/chemist for safe disposal
- Parents/carers should ensure that siblings and other family members are made fully aware of the arrangements that are in place
- Parents/carers should educate their child in allergy self-management, including what foods are safe and unsafe, strategies for avoiding allergens, how to spot symptoms of allergy, how and when to tell an adult of any reaction, and how to read food labels
- Parents/carers should regularly remind their child of the need to refuse any food items offered by others
- Parents/carers should encourage the pupil to wear a medical identification device (e.g. SOS® or Medicalert®)
- Work with the school to develop a plan that accommodates the child's needs throughout the school including in the classroom, in dining areas, in after-school programmes, during school sponsored activities, including ensuring that the teacher knows which sweets are suitable for treats and rewards
- Review policies and procedures with the school staff, the child's doctor and the child (if age appropriate) after a reaction has occurred.

SCHOOL:

- Ensure catering supervisors are aware of an allergic child's requirements
- Include food-allergic children in school activities
- Ensure staff receive high-quality training in managing severe allergies.
- Identify a core team to work with parents to establish prevention and treatment strategies
- Ensure all staff can recognise symptoms; know what to do in an emergency, and understand the importance of allergen avoidance in all activities
- Ensure that medications are appropriately stored, and easily accessible
- Review policies after a reaction has occurred
- Enquire about allergies at the registration of new pupils
- Ensure all staff including temporary and new staff can identify the allergic child
- Ensure prevention and treatment continues on school residential trips and days out
- Monitoring of individual healthcare plans.

SCHOOL HEALTH TEAM AND HEALTH SERVICES:

- Diagnose or exclude allergies and communicate the results to the family
- Provide a written allergy management plan, in plain language with clear identification of the allergens, the main symptoms of an allergic reaction and how to treat them, with instructions for administration of emergency medication
- Send copies of the Care Plan to the GP, parents and school

- Ensure that training includes the recognition and treatment of anaphylaxis and administration of auto-injectors (training devices are held by the school nurses)
- Provide additional advice and support for school staff
- If the child has been prescribed an auto-injector that the school has little or no experience of using arrange training as soon as possible
- Participate in any debriefing sessions.

PUPILS

- Whilst the school will exercise all due care and attention, students are expected to self-manage their allergy to an age appropriate level - having an understanding of:
 - Which foods are safe / unsafe
 - Their specific symptoms, if an allergic reaction occurs
 - Their responsibility to carry their Epipen® with them at all times (if agreed)
 - Letting friends and staff know about their allergy
 - When to seek guidance (and from whom)
 - When to ask staff to change self-service serving utensils, clean surfaces, etc, if they think cross-contamination has taken place
- Consider wearing medical identification device at all times (such as bracelet/necklace)
- Remind teachers to check food and bring emergency bag when being taught away from classroom, especially if not being taught by their regularly teacher
- Avoid eating anything with unknown ingredients and sharing food with others
- Tell an adult immediately if you eat something you believe may contain the food to which you are allergic
- Tell an adult immediately if you believe you are having a reaction, even if the cause is unknown.

6. Unacceptable practice and complaints

[SCHOOL NAME]'s governing body has a responsibility to ensure that the school's policy is explicit about what practice is not acceptable. Although school staff should use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, **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 the views of the child or their parents; or ignore medical evidence or opinion, (although this may be challenged)
- Send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans
- If the child becomes ill, send them 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
- Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child. 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 trips.

Complaints

Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.

Making a formal complaint to the Department for Education should only occur if it comes within scope of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted. In the case of academies, it will be relevant to consider whether the academy has breached the terms of its Funding Agreement, or failed to comply with any other legal obligation placed on it.

Ultimately, parents (and pupils) will be able to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

7. Further Information

A copy of this policy can be downloaded from our website XXXX and is available on request from the school office. There is also a summary version that is circulated to all staff.

Also see:

[SCHOOL NAME] First Aid policy?

[SCHOOL NAME] Medical Conditions policy?

Further sources of information:

For more information, advice for schools and training see:

www.nhs.uk/Tools/Pages/Food-allergy-myth-buster.aspx

www.anaphylaxis.org.uk

www.allergyuk.org

YouTube also has lots of useful videos. Start by searching for Anaphylaxis Campaign channel.

Lessons plans, resources and videos are available free at:

www.allergyadventures.com/for-schools.aspx

Adrenaline Auto-injector manufacturers (with videos/instructions for use):

www.epipen.co.uk

www.jext.co.uk

www.emerade.com

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The management of the allergic child at school: EAACI/GA2LEN Task Force on the allergic child at school. Allergy 2010; DOI: 10.1111/j.1398-9995.2010.02343.x

Supporting pupils at school with medical conditions: Statutory guidance for governing bodies of maintained schools and proprietors of academies in England, Department for Education, April 2014

Advice on food allergen labeling: How to buy food safely when you have a food allergy or intolerance – Food Standards Agency www.food.gov.uk

Guidelines for Management of Anaphylaxis in Educational Establishments – Health, Social Services and Public Safety, Belfast Jan 2010

www.dhsspsni.gov.uk

Legislation

Section 100 of the **Children and Families Act 2014 places a duty on** governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils at their school with medical conditions.

SEVERE ALLERGY EMERGENCY ACTION PLAN

Treat minor reactions with oral antihistamine (e.g. Piriton[®]) and, if wheezy, prescribed blue asthma inhaler (see page 5).

It is a severe reaction if any of the following symptoms/signs are seen. An EpiPen[®]/Jext[®]/Emerade[®] should be administered and an ambulance called immediately. Delay in giving the auto-injector can result in worse outcomes, including death.

