SHIREMOOR PRIMARY SCHOOL
FIRST AID POLICY

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The health and safety of all children at Shiremoor Primary School is of the highest importance to all staff.

The purpose of this policy is to explain the practices in place to address the health needs of the children which may be as a result of accidents or medical conditions.

First Aid Arrangements and Responsibilities

Shiremoor Primary School will ensure that appropriate first aid arrangements are maintained in accordance with relevant health and safety legislation and guidance. First aid needs will be assessed regularly, taking into account the age and needs of pupils, the school environment, staffing arrangements and activities undertaken, including educational visits.

Adequate first aid equipment and appropriately trained personnel will be available, with suitable cover maintained throughout the school day and during school activities. Details of current first aiders, their locations and the arrangements for obtaining first aid assistance will be made available to staff. First aid equipment, staff training and procedures will be checked and reviewed regularly to ensure arrangements remain appropriate.

All members of staff are trained to administer Epi-pens for anaphylaxis. Support staff are trained in the use of a defibrillator. The defibrillator is checked each morning by a member of the support staff. The defibrillator is wall mounted in the main entrance.

All reported accidents are recorded in the Accident Record Book. Any injuries are recorded and parents are informed by an incident slip. In event of serious injury or concerns parents are informed by telephone.

If needed ambulances are summoned by whoever is dealing with the incident. Pupils should be accompanied to hospital by parents, if this is not possible by a member of the school staff designated by the headteacher.

Parents must be informed immediately. If unavailable, emergency contact numbers must be tried.

It is important that parents/carers inform the school office of any changes in contact information immediately and contact details are kept up to date.

Administration of Medication

Staff who have volunteered or who are employed for the purpose of administration of medication and health care:

- Should receive training and advice from the appropriate health practitioner i.e. the school nursing service.
- Training will be updated appropriately and recorded.
- Staff are responsible for notifying the school when their training requires updating and for ensuring this is arranged.
- Staff involved in specific complex procedures e.g. medication via gastrostomy tube, oxygen therapy, will receive a certificate following training accreditation confirming their ability to perform the procedure.
- Medicine should be administered in an appropriate/confidential room.
- Before medication is administered, the child's identity must be established by checking with another competent adult, who should also confirm the correct medication is being administered.
- Staff will follow directions for administration provided in writing by the health practitioner.
- Staff will record details of each administration.
- A child should never be forced to accept medication and where medication is refused parents will be informed.
- Staff will be provided with appropriate protection ie: barrier gloves by the school

PARENTAL RESPONSIBILITY

- Parents/Carers have the prime responsibility for their child's health and should provide the school with information about their child's medical condition. This should be done upon admission or when their child first develops a medical need.

- Where a child has a short term medical need, ie: a broken arm, a medical protocol will be drawn up with the Parents/Carers. Protocols must be completed regarding individuals with special consideration and this information will be communicated to all staff and kept in the Protocol File in the school office. If a parent feels that it is safe for a child to attend school despite a short term medical need, the parent must accept the risk involved with the protocol.

- Where a child has a long term medical condition, ie: epilepsy, an Education Health Care Plan will be written. This will include:

    - Details of child's condition, including triggers or warning signs
    - Special Requirements/medication
    - Any side effects of medication
    - What constitutes an emergency
    - What action to take in an emergency
    - What not to do in the event of an emergency
    - Who to contact in an emergency
    - The role the staff can play

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MEDICAL CONDITIONS REQUIRING EMERGENCY TREATMENT

Medication prescribed in case of an emergency to treat a known medical condition, (e.g. severe allergic reaction, severe epilepsy) - will be administered only after a protocol/health care plan has been drawn up. Agreed procedures will be followed and necessary training given to staff.

Support staff are trained in the use of a defibrillator. The defibrillator is kept in the main school entrance and appropriate checks to ensure the defibrillator is working are made.

MEDICINES AND PUPILS

When children are unwell the best place for them is at home. Occasionally a doctor regards a child fit to return to school provided a prescribed medicine is taken at midday. There are also children with long-term illness who can only attend school if medication is either given during the school day or is available in an emergency.

As we do not want to deprive any child of the opportunity to attend school therefore we will discharge our 'in loco parentis' duty of care.

No medication will be administered without permission from the parents/carers. A request for Medicines to be Administered Form must be completed before medicine can be administered by staff. These are available from the school office. On extremely rare occasions Calpol, except for Early Years, will be administered to a child after verbal permission is sought from parent/carer.

Staff members are not legally required to administer medicines or to supervise a pupil when taking medicine. This is a voluntary role. Staff members at Shiremoor are willing to administer prescribed medication only but may administer non-prescription medicine if requested by the parent with permission from the Headteacher.

PRESCRIBED MEDICINES

- Where medicines can be taken at home, they should be.
- In line with the Medicines Act 1968: Shiremoor Primary School will only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber.
- Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescribers instructions for administration.
- Any changes to the prescriber's instructions will need a letter or email from the prescriber.
- **Staff will not accept medicines that have been taken out of the original container or make changes to dosages on parental instruction.**

- With permission of the Headteacher arrangements may be made for Calpo or specific short term medication to support the child attending school.
- Medicines will be stored in a locked cabinet during the day or a fridge where necessary.
- A record will be made of when the medicine was dispensed
- Medicines must be handed to appropriate staff by the parent not brought into school by the child.
- Parents/Carers should make arrangements to collect the medicine from the school office at the end of the day.
- A daily record is kept of the amount of medication given/taken.
- If a child refuses to take their medication, no member of staff will force them to do so. Parents will be informed about refusal on the same day.

NON PRESCRIPTION MEDICINES

- **Aspirin or paracetamol will not be administered by school in an Early Year setting without a prescription.**
- Where possible, the school will avoid administering non-prescription medicine. However, we may do so, if requested by the parent, if it will facilitate the child attending school and continuing their learning, perhaps to apply a lotion or the administration of paracetamol for toothache or other pain. However, such medicines will only be administered in school where it would be detrimental to a child's health if it were not administered during the day. This will usually be for a short period only, 24 hours and in all cases not exceed 48 hours. If symptoms persist, medical advice should be sought by the parent.
- *Anaphylaxis - please see separate policy*

SELF MEDICATION

- Children may carry and administer (where appropriate) their own inhalers.
- A request for self-medication form must be completed by the parent and the child should be taught the importance of not sharing medication with other children.
- Children who need to apply creams for skin conditions will be encouraged to apply their own cream. Early YEars and younger children may need to be supported to apply cream.
- If a member of staff needs to apply cream, they should wear barrier gloves to stop cross contamination.

SUNSCREEN CREAM

- Parents are encouraged to provide a hat and sunscreen cream for children during the summer months.
- High factor sunscreens are available which are long lasting and will provide protection for children through the lunch period even when administered in the morning. Children may bring sunscreen to school for self administration. Younger children may be supported in applying cream if required.
- Children are encouraged to bring a water bottle to school everyday but particularly in the summer months. They should be filled with water only.

EDUCATIONAL, RESIDENTIAL AND SPORTING ACTIVITIES

- In line with our SEND and Equality Policies/Statements we will make reasonable adjustments to enable children with medical needs to participate fully and safely on visits; however, a protocol and risk assessment may need to be completed to ensure this is safe.
- Staff supervising visits will be aware of any medical needs and any medication needed will be taken on the visit.
- Staff will consider any reasonable adjustments and undertake any additional safety measures or risk assessments so that the needs of a pupil with a medical condition are included.
- If staff are concerned about whether they can provide for a child's safety, or the safety of other children on a visit, they will seek parental views and medical advice from the School Nurse or the child's doctor.
- It is the parent's responsibility to ensure that the teacher is aware of any medication issues prior to a trip.

When your child is unwell, it can be hard deciding whether to keep them off school. A few simple guidelines can help. The following information is from Live Well – NHS Choices

Not every illness needs to keep your child from school. If you keep your child away from school, be sure to inform the school on the first day of their absence.

Use common sense when deciding whether or not your child is too ill to attend school. Ask yourself the following questions.

- Is your child well enough to do the activities of the school day? If not, keep your child at home.
- Does your child have a condition that could be passed on to other children or school staff? If so, keep your child at home.

Common conditions

- **Cough and cold**. A child with a minor cough or cold may attend school. If the cold is accompanied by a raised temperature, shivers or drowsiness, the child should stay off school, visit the GP and return to school as soon as they start to feel better. If your child has a more severe and long-lasting cough, consult your GP. They can give guidance on whether the child should stay off school.
- **Raised temperature**. If your child has a raised temperature, they shouldn't attend school. They can return as soon as they start to feel better.
- **Rash**. Rashes can be the first sign of many infectious illnesses, such as chickenpox and measles. Children with these conditions shouldn't attend school. If your child has a rash, check with your GP or practice nurse before sending them to school.
- **Headache**. A child with a minor headache doesn't usually need to be kept off school. If the headache is more severe or is accompanied by other symptoms, such as raised temperature or drowsiness, then keep the child off school and consult your GP.

- **Vomiting and diarrhoea**. Children with these conditions should be kept off school. They can return 48 hours after their symptoms disappear. Most cases of vomiting or diarrhoea get better without treatment, but if symptoms persist, consult your GP.
- **Sore throat**. A sore throat alone doesn't have to keep a child from school. If it's accompanied by a raised temperature, the child should stay at home.

If you are unsure about whether or not your child should attend, please phone school for advice.

Tell the school

It's important to inform the school if your child is going to be absent. On the first day of your child's illness, telephone the school to tell them that your child will be staying at home. The school may ask about the nature of the illness and how long you expect the absence to last.

If it becomes clear that your child will be away for longer than expected, phone the school as soon as possible to explain this.

Please provide evidence of medical appointments.

Legal Framework

Medicines Act 1968

- No child should be given medicines without the consent of their parents/carers.
- Anyone may administer a prescribed medicine, with written consent, to a third party, so long as it is in accordance with the prescriber's instructions.
- A medicine may only be administered by a school or setting to the child for whom it has been prescribed, labelled and supplied.
- No one but the prescriber may vary the dose or directions for administering the medicine. In those rare cases where the dose may vary regularly, printed dose schedules should be available from the relevant health professional.
- Medicines should be stored securely unless it has been agreed that the child keeps and administers the medication themselves e.g. inhaler.
- Records of medicines being administered should be maintained and monitored

Misuse of Drugs Act 1971

This is of relevance to schools and settings where a child has been prescribed a controlled drug that they may legally have in their possession e.g. methylpridate (Ritalin). It allows for staff to administer controlled drugs in such circumstances in accordance with the prescriber's instructions.

Health & Safety at Work Act 1974/Management of HSAWA Regulations 1999

Employers of staff in schools must do all that is reasonably practicable to ensure the health, safety and welfare of employees. The employer must also make sure that others such as children and visitors are not put at risk.

Most schools will, at some time, have children on roll with medical needs requiring medication. In some cases, children with medical needs may be more at risk than other children (e.g. during school trips) and staff may need to take additional steps to safeguard the health & safety of such children.

Individual procedures and risk assessments for identified children will be required in some cases.

Control of Substances Hazardous to Health Regulations 2002

This piece of legislation places a specific requirement on employers to control exposure to hazardous substances to protect employees and others (e.g. pupils). As some medicines may be harmful to anyone for whom they are not prescribed, schools are required to ensure risks to the health of staff, children and others are properly controlled.

Early Years Foundation Stage (EYFS) – First Aid, Health and Welfare

(EYFS Statutory Framework 2025)

Safeguarding and Welfare

The school's first aid and medical arrangements for children in the Early Years Foundation Stage (EYFS) are fully compliant with the Statutory Framework for the Early Years Foundation Stage (DfE, 2025) and form part of the school's wider safeguarding and child protection systems.

The school ensures that children are kept safe, healthy and protected from harm at all times.

Paediatric First Aid

- At least one member of staff with a current Paediatric First Aid (PFA) qualification is present on the premises at all times when EYFS children are in attendance and is available on outings.

- Paediatric First Aid training meets the requirements set out in Annex A of the EYFS 2025 framework, including:
    - Emergency resuscitation
    - Choking
    - Allergic reactions and anaphylaxis
    - Fractures, burns and bleeding
    - Management of illness and injury

- The school maintains up-to-date records of staff qualifications, and ensures training and certification are renewed as required.

Supervision – Sight and Sound

- All EYFS children are supervised at all times and are kept within sight and/or hearing of staff, who are able to respond immediately to their needs.

- This includes:

    - Indoor and outdoor play
    - Meal and snack times
    - Toileting and hygiene routines
    - Rest or sleep periods

- Staffing arrangements ensure that supervision is effective and responsive, particularly during higher-risk times.

Safer Eating

- The school promotes safer eating practices in line with EYFS statutory requirements.

- Children are actively supervised during all meal and snack times to reduce the risk of choking.

- Food is prepared and served in age-appropriate portions, and staff are aware of:
    - Individual dietary requirements
    - Food allergies and intolerances
    - Medical needs that may affect eating

- Staff supervising meals and snacks are trained in Paediatric First Aid, including the management of choking, and are able to act immediately if required.
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Accidents, Injuries and Illness

- All accidents, injuries and first aid treatment involving EYFS children are recorded promptly and accurately.

- Parents and/or carers are informed on the same day, or as soon as reasonably practicable, of:
    - Any accident or injury
    - Any first aid treatment administered

- Serious accidents, injuries or incidents are reported in line with:
    - Statutory reporting requirements
    - Safeguarding procedures
    - Local Authority guidance

Medicines and Treatment

- No medication is administered to EYFS children without written parental consent, except in an emergency where treatment is required to preserve life or prevent serious harm.

- Medicines are:
    - Stored securely
    - Clearly labelled
    - Administered only by trained staff

- A written record is kept of all medication administered, including:
  Child's name
    - Medication name and dosage
    - Time and date
    - Name of the staff member administering the medication

- Parents are informed of any medication given.

Health, Hygiene and Safety

- The school promotes good health, hygiene and infection control practices in line with EYFS 2025 expectations.

- First aid equipment is:
    - Easily accessible
    - Regularly checked
    - Appropriate to the age and needs of EYFS children

- Risk assessments are carried out for:
    - The EYFS environment
    - Activities and play

- Educational visits and outings
  to minimise hazards and reduce the risk of accidents.

Safeguarding and Monitoring

- First aid and medical arrangements are embedded within the school's safeguarding procedures.
- Any concerns arising from:
  - Accidents
  - Injuries
  - Patterns of incidents
    are reported to the Designated Safeguarding Lead (DSL) and acted upon in accordance with safeguarding policies.
- The school ensures that premises, equipment and supervision meet the EYFS 2025 requirement to provide a safe and suitable environment for children.

Equality Act 2010

This piece of legislation has attempted to encompass under one document the requirement not to discriminate against pupils who are deemed disabled.

The implications of the act are:

- Schools must not treat a disabled pupil less favourably, simply because that pupil is disabled. Such actions are discriminatory under any circumstances.
- Schools must not do something which applies to all pupils, but which is more likely to have an adverse effect on disabled pupils (e.g. a refusal to administer medication).
- Public bodies such as schools and the Local Authority have a general equality duty requiring them to advance and promote equality of opportunity, as well as take steps to remove or minimise disadvantages.

As some medical conditions may be classed as a disability then the Local Authority would expect schools to have considered arrangements that can reasonably be made to support children presenting such needs. This would include children who require the administration of medication.

Children & Families Act 2014

Section 100 of this act places a legal duty upon schools to make arrangements for supporting pupils in schools with medical conditions and have regard to statutory guidance issued by the secretary of state.

This Local Authority document has been based upon the most recent government guidance and schools should therefore base their policy within the enclosed guidelines.

Taken together the legislation places a duty of care upon the Local Authority, Schools and other settings to ensure all children in their charge are healthy and safe. This duty of care will include the administering of medication where necessary and/or taking action in an emergency. This duty also extends to staff leading activities that take place off site e.g. visits, field trips.

Whilst there is no legal duty that requires individual staff to administer medicines, schools must ensure sufficient staff are available to support a policy of administering medicines. In doing so a number of schools are developing roles for their support staff that build the administration of medicines into their job descriptions.

Schools must ensure that they have sufficient members of support staff who are appropriately trained to manage medicines as part of their duties. Such actions will be expected for schools in meeting their responsibilities under the general equality duty referenced earlier.

SHIREMOOR PRIMARY SCHOOL FIRST AID POLICY

Anaphylaxis

Author/s	**B. Middleton**
Review Frequency	**Annual**
Date approved by governors	
Date of next review	
Purpose	To minimise the risk of any pupil suffering a serious allergic reaction whilst at school or attending any school related activity. To ensure staff are properly prepared to recognise and manage serious allergic reactions should they arise.
Links with other policies	

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

_ _ _ _ T. Holland_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

_ _ _ _ J. Barnfather_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

_ _ _ _ B. Middleton _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

SHIREMOOR PRIMARY SCHOOL FIRST AID POLICY

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1. Introduction

An allergy is a reaction of the body's immune system to substances that are usually harmless. The reaction can cause minor symptoms such as itching, sneezing or rashes but sometimes causes a much more 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 affected often within minutes of exposure to the allergen, but sometimes it can be hours later. Causes can include foods, insect stings, and drugs.

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

It is possible to be allergic to anything which contains a protein, however most people will react to a fairly small group of potent allergens.

Common UK Allergens include (but are not limited to):-

Peanuts, Tree Nuts, Sesame, Milk, Egg, Fish, Latex, Insect venom, Pollen and Animal Dander.

This policy sets out how Shiremoor Primary School will support pupils with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in school life.

2. Role and responsibilities

Parent Responsibilities

- On entry to the school, it is the parent's responsibility to inform reception staff and subsequently the First Aider of any allergies. This information should include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication.
- Parents are to supply a copy of their child's Allergy Action Plan to school. If they do not currently have an Allergy Action Plan this should be developed as soon as possible in collaboration with a healthcare professional e.g. 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 up to date with any changes in allergy management. The Allergy Action Plan will be kept updated accordingly.

Staff Responsibilities

- All staff will complete anaphylaxis training. Training is provided for all staff on a yearly basis and on an ad-hoc basis for any new members of staff.
- Staff must be aware of the pupils in their care (regular or cover classes) who have known allergies as an allergic reaction could occur at any time and not just at mealtimes. Any food-related activities must be supervised with due caution.
- Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils with medical conditions, including allergies, carry their medication. Pupils unable to produce their required medication will not be able to attend the excursion.
- School First Aider 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 in in date however the First Aider will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.

- First Aider keeps a register of pupils who have been prescribed an adrenaline auto-injector (AAI) and a record of use of any AAI(s) and emergency treatment given.

Pupil Responsibilities

- Pupils are encouraged to have a good awareness of their symptoms and to let an adult know as soon as they suspect they are having an allergic reaction.
- Pupils who are trained and confident to administer their own AAIs will be encouraged to take responsibility for carrying them on their person at all times.

3. Allergy action plans

Allergy action plans are designed to function as individual healthcare plans for children with food allergies, providing medical and parental consent for schools to administer medicines in the event of an allergic reaction, including consent to administer a spare adrenaline auto-injector.

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

It is the parent/carer's responsibility to complete the allergy action plan with help from a healthcare professional (e.g. GP/School Nurse/Allergy Specialist) and provide this to the school.

4. Emergency Treatment and Management of Anaphylaxis

What to look for:

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 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 and may have a sense of something terrible 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, then it is more likely to be an anaphylactic reaction.

Anaphylaxis can develop very rapidly, so a treatment is needed that works rapidly. **Adrenaline** is the mainstay of treatment, and it starts to work within seconds.

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** – they can be propped up if struggling to breathe but this should be for as short a time as possible.

· **USE ADRENALINE AUTO-INJECTOR WITHOUT DELAY** and note the time given. AAIs should be given into 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 no improvement after 5 minutes, administer second AAI.

- If no signs of life commence CPR.
- Call parent/carer as soon as possible.

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

All pupils must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can reoccur after treatment.

5. Supply, storage and care of medication

Depending on their level of understanding and competence, pupils will be encouraged to take responsibility for and to carry their own **two** AAIs on them at all times (in a suitable bag/container).

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

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

- Two AAIs i.e. EpiPen® 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 Nurse/SENCO/First Aider *(delete or substitute as appropriate)* 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 make sure they can get replacement devices in good time.

Older children and medication

Older children and teenagers should, whenever possible, assume responsibility for their emergency kit under the guidance of their parents. However, symptoms of anaphylaxis can come on **very suddenly**, so school staff need to be prepared to administer medication if the young person cannot.

Storage

AAIs should be stored at room temperature, protected from direct sunlight and temperature extremes.

Disposal

AAIs are single use only and must be disposed of as sharps. Used AAIs can be given to ambulance paramedics on arrival.

6. ‘Spare’ adrenaline auto-injectors in school

Shiremoor Primary School has purchased spare **AAIs for emergency use in children who are risk of anaphylaxis,** but their own devices are not available or not working (e.g. because they are out of date).

These are stored in pack/container, clearly labelled ‘Emergency Anaphylaxis Adrenaline Pen’, kept safely, not locked away and **accessible and known to all staff. Packs are labelled for appropriate ages.**

Shiremoor Primary School holds 4 spare pens which are kept in the medical corridor cupboard.

The First Aider is responsible for checking the spare medication is in date on a monthly basis and to replace as needed.

Written parental permission for use of the spare AAIs is included in the pupil’s allergy action plan.

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

7. Staff Training

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

_ _ _ _Tracy Holland _

_ _ _ _Joanne Barnfather_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

_ _ _ Barbara Middleton_ _

All staff will complete online AllergyWise anaphylaxis training at the start of every new academic year. Training is also available on an ad-hoc basis for any new members of staff.

Training includes:

- Knowing the common allergens and triggers of allergy
- Spotting the signs and symptoms of an allergic reaction and anaphylaxis. Early recognition of symptoms is key, including knowing when to call for emergency services
- Administering emergency treatment (including AAIs) in the event of anaphylaxis – knowing how and when to administer the medication/device
- Measures to reduce the risk of a child having an allergic reaction e.g. allergen avoidance, knowing who is responsible for what
- Managing allergy action plans and ensuring these are up to date
- A practical session using trainer devices (these can be obtained from the manufacturers' websites: www.epipen.co.uk and www.jext.co.uk and www.emerade-bausch.co.uk)

8. Inclusion and safeguarding

Shiremoor 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 states that allergen information relating to the 'Top 14' allergens must be available for all food products.

The school menu is available for parents to view in weekly/fortnightly/monthly advance with all ingredients listed and allergens highlighted on the school website.

The First Aider and school office will inform the Catering Manager of pupils with food allergies. Photographs are provided to the kitchen. Children with allergies will wear lanyards.

Parents/carers are encouraged to meet with the Cook to discuss their child's needs.

The school adheres to the following Department of Health guidance recommendations:

- Bottles, other drinks and lunch boxes provided by parents for pupils with food allergies should be clearly labelled with the name of the child for whom they are intended.
- If food is purchased from the school canteen/tuck shop, parents should check the appropriateness of foods by speaking directly to the catering manager.
- The pupil should be taught to also check with catering staff, before purchasing food or selecting their lunch choice.
- Where food is provided by the school, staff should be educated about how to read labels for food allergens and instructed about measures to prevent cross contamination during the handling, preparation and serving of food. Examples include: preparing food for children with food allergies first; careful cleaning (using warm soapy water) of food preparation areas and utensils. For further information, parents/carers are encouraged to liaise with the Catering Manager.
- 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 and may need to be restricted/risk assessed depending on the allergies of particular children and their age.

10. School trips

Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils with medical conditions, including allergies, carry their medication. Pupils unable to produce their required medication will not be able to attend the excursion.

All the activities on the school trip will be risk assessed to see if they pose a threat to allergic pupils and alternative activities planned to ensure inclusion.

Overnight school trips 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).

Sporting Excursions

Allergic children should have every opportunity to attend sports trips to other schools. The school will ensure that the P.E. teacher/s are fully aware of the situation. The school being visited will be notified that a member of the team has an allergy when arranging the fixture. A member of staff trained in administering adrenaline will accompany the team. If another school feels that they are not equipped to cater for any food-allergic child, the school will arrange for the child to take alternative/their own food.

Most parents are keen that their children should be included in the full life of the school where possible, and the school will need their co-operation with any special arrangements required.

11. Allergy awareness and nut bans

Shiremoor Primary School supports the approach advocated by Anaphylaxis UK towards nut bans/nut free schools. They would not necessarily support a blanket ban on any particular allergen in any establishment, including in schools. This is because nuts are only one of many allergens that could affect pupils, and no school could guarantee a truly allergen free environment for a child living with food allergy. They advocate instead for schools to adopt a culture of allergy awareness and education.

A 'whole school awareness of allergies' is a much better approach, as it ensures teachers, pupils and all other staff 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

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