



MOORFIELD

SCHOOL

FIRST AID, CHRONIC ILLNESS AND MEDICATION POLICY

This policy applies to the whole School (including Early Years Foundation Stage) and is published to parents, pupils and staff.



FIRST AID, CHRONIC ILLNESS AND MEDICATION POLICY

This policy outlines Moorfield School's responsibility to provide adequate and appropriate first aid to pupils, staff and visitors in a timely and competent manner.

The policy refers to non-statutory DfE guidance given in the 'First Aid in Work' and 'Paediatric First Aid Made Easy' documents which are kept in the First Aid room.

OBJECTIVES

To appoint the appropriate number of suitably trained people as First Aiders to meet the needs of Moorfield School ("School").

To provide sufficient and appropriate resources and facilities.

To inform staff and parents of the School's First Aid arrangements.

To keep accident records and to report to the Health and Safety Executive (HSE) as required under Reporting of Injuries, Diseases and Dangerous Occurrences Regulation (RIDDOR).

FIRST AIDERS' TRAINING

The recommended number of certified first aiders is one per 100 pupils/employees, however at School, the majority of staff are trained by HSE approved trainers.

An up-to-date list of those staff trained in Emergency First Aid at Work, Paediatric First Aid (all EYFS staff) and general first aid is maintained and kept in the school office.

Moorfield staff will be trained every 3 years.

A qualified first aider is always on the school site when children are present.

EYFS staff members with full paediatric first aid training should always be with EYFS children when they are eating and when on a school trip.

ROLE OF THE FIRST AID CO-ORDINATOR (Simon Bardon)

1. Oversee the restocking of first aid boxes.
2. Keep first aid room in good order.
3. Review accident forms with Head.
4. Monitor the effectiveness of School's first aid practice and recommend necessary adjustments.
5. Jointly with the Head determine the necessity of RIDDOR to the HSE.

ACCIDENT PROCEDURE

At playtimes/lunchtimes staff deal with minor injuries as they arise in School's playgrounds. Staff on duty on the pitch must have a walkie talkie with them to ensure contact with the office can be made if necessary. The member of staff present at an incident or attending an incident is expected to use their best endeavour to secure the welfare of the pupil. They may call upon the support of other staff, whose responsibility it is to give help with injuries/illnesses and ensure that further medical help is called for if considered necessary. All staff should take account of hygiene procedures and precautions to avoid infection when dealing with an accident, including the use of disposable gloves if deemed appropriate.

Refer to *Restrictive Interventions Policy* for information on children who bite

ACCIDENT FORMS

An accident form must be completed after each incident. Accident books are kept in the first aid room (F1 to S6 pupils, staff and visitors), Reception and Nursery. The form should be completed by the initial member of staff attending the pupil and must state the facts as witnessed.

A Head Bump form is filled in for every accident involving head injuries and this is sent home with the pupil (see Appendix 1 for Head Injuries). Accident record sheets are monitored by the Head and kept for a minimum of three years.

Parents in EYFS are contacted by phone during the school day about all but the most minor accidents. Unless there is concern about the wellbeing of a F1 to S6 child following an accident, the parent will not be contacted during the course of the school day.

ILLNESS AT SCHOOL

If a child feels very unwell while in a lesson and the member of staff decides that s/he should be sent home s/he should, if possible, phone the office to ask that the parent/carer be contacted. Alternatively, a well pupil can take a message to the office instead.

Once the parent/carer has been contacted and the collection time ascertained, the office staff will relay the message back to the relevant teacher. The unwell child then packs his/her bags and goes down to wait in the office or first aid room until s/he is collected. Nursery children wait in the Nursery until their parents/carer arrive. Disposable cardboard sick bowls are stored in every classroom.

MEDICATION IN SCHOOL

Teachers are prepared to administer prescribed medications where specific instructions are given by the parent/guardian and appropriate forms filled in. School's medication form gives details of the medical problem, dosage required and timings. The form must be signed by the parent. When the medication is given in school the teacher must write down the time the medicine is administered and initial the form to record that the medicine has been given. In the absence of the school form, a signed letter from the parent giving relevant details for medication will suffice. The medicine must be in the original container with label and dosage, spoon or equipment for administering if required. This must be stored in the locked 'Medicine' boxes in the following places:

- staff room fridge
- in the staff room on the microwave
- Nursery fridge
- window sill of Nursery kitchen
- school office (PA's desk)

No medicines may be stored in the classrooms.

STAFF MEDICATION

Staff must seek medical advice if they are taking medication which may affect their ability to care for children and perform any other of their duties. Any staff medication must be securely stored at all times.

ARRANGEMENTS FOR PUPILS WITH PARTICULAR MEDICAL CONDITIONS

(EpiPens/Asthma/Allergies/Diabetes)

Information is requested at the start of each year and a class copy of pupil's details of allergies/dietary requirements etc., is kept in the staff room on the Pupil Medical Information Board. Relevant teachers are informed. Dietary requirements are also kept by the Catering Manager and on display. Further details on allergies are kept in a file in the First Aid Room.

Where required, training is provided by the local health authority's school nurse, e.g., EpiPen training. In other cases where a school nurse is not available for EpiPen training, the training is given as part of the paediatric training course arranged with an outside provider. All staff undertake such training in a voluntary capacity, their names will be listed on individual children's care plans.

EpiPens and care plans are kept in named boxes, marked with the child's name and photograph. Children always have two EpiPens in the box and these are kept in the relevant classroom. Two spare EpiPens are kept in the First Aid room and are purchased by the school.

Inhalers are kept in the classroom in a named red first aid bag and children take them out at break-times, to swimming, on trips and fixtures. Two spare inhalers are kept in the First Aid room.

EpiPen/inhalers, etc., accompany all children who require them on trips outside school or for lessons outdoors.

See Appendix 2 and 3 for Asthma Attacks – Asthma Action, and procedure for Anaphylaxis.

See Allergy Policy

CONTAGIOUS ILLNESSES

For diarrhoea and/or vomiting children and staff must be kept off school for 48 hours from the last episode in order to prevent the spread of infection. For other contagious illnesses advice can be obtained from the NHS with regard to quarantine periods.

See 'The Spotty Book'. <https://www.england.nhs.uk/south/wp-content/uploads/sites/6/2019/09/spotty-book-2019-.pdf>

ROLE OF THE SCHOOL NURSE

School has an allocated school nurse from the local authority who comes in for:

- Administering flu medication as required (Government initiative)
- Measuring height and weight (Reception children)
- Testing hearing and vision (Reception children)
- Physiotherapy (for specific individual needs)

CALLING FOR AN AMBULANCE

In the case of a major accident an ambulance will be called (e.g., for a person with a blocked airway, anaphylactic shock, heavy bleeding, loss of consciousness). Give directions to school using **What Three Words: giggle.cages.producing**. A first aider always stays with the patient and someone else goes to call an ambulance. They must:

1. State what has happened.
2. Give the casualty's name and age.
3. Say whether the casualty is breathing or conscious.
4. Give the location of the school. **What Three Words: giggle.cages.producing**.

Assistance is to come to front gate on Ben Rhydding Road. If necessary, the front gate is to be opened for ease of access, or the rear entrance by the hall. Specific instructions must be given to ensure a swift response. A member of staff would accompany the child in the ambulance if the parent is not present.

(In cases where breakages are suspected, the child's carer is to be contacted to come and collect them, no matter how close to the end of the school day.)

HOSPITALISATION

In the case of a requirement for an emergency procedure, if the parents cannot be contacted in time, the Head is authorised to give consent for the advice of an appropriately qualified medical specialist to give emergency medical treatment. This may include general anaesthetic and surgical procedure under the NHS.

If the child requires treatment at A&E but does not require emergency transportation, parents will be contacted to take their child to hospital. If parents cannot be contacted, a member of staff will accompany the child to the closest A&E facility.

If a staff member requires hospital treatment and needs an adult to assist with transport, they would be taken to hospital and next of kin would be contacted.

HYGIENE PROCEDURE FOR DEALING WITH SPILLAGE OF BODILY FLUIDS

The Site Manager must be alerted for the clearing of bodily fluids if no cleaners are on the premises at the time of the spillage. All equipment needed is stored in the labelled buckets in the cupboard under the stairs next to the First Aid room, resources room, top floor on top of the cupboards and Nursery. Disposable gloves must be worn.

When clearing up vomit, sand and sawdust is poured on top of it and then it is shovelled into a black bag before the floor is cleaned with antiseptic. The black bag is disposed of in the dustbins to the rear of School.

Urine, blood, etc., is cleared away using antiseptic with special cloths kept in the buckets.

RIDDOR

(REPORTING OF INJURIES, DISEASES AND DANGEROUS OCCURRENCES REGULATIONS – 1995)

Some accidents must be reported to the HSE. For example, the school must report the following:

1. Deaths
2. Major injuries
3. Over-three day injuries
4. An accident causing injury to pupils
5. A specified dangerous occurrence where something happened which did not result in an injury but could have done
6. See <http://www.hse.gov.uk/riddor>

The SLT will assess the incident with the Head and determine whether it is reportable and take necessary action. This must be done as soon as practicable or within ten days of incident.

EXTRA-CURRICULAR TRIPS

Portable first aid kit, school mobile telephone, contact numbers for all on trip, EpiPen, inhalers, etc., to be carried by trip organiser.

RESIDENTIAL TRIPS

Trip organisers must check that paediatric first aid provision is provided by the location's personnel during any residential course which is not low risk– trip organiser to ensure inhalers, etc., are taken (see Trips and Visits policy). For the trips organised solely by the School which are low risk, teachers must carry a first aid kit and pupils' medication at all times.

FIRST AID ROOM (located at bottom of main staircase)

First Aid stock and epipens maintained and checked every half term by First Aid co-ordinator and reordered by the office. All stock is held in the First Aid Room. Ice packs and covers are stored in the Staff Room.

First Aid containers to contain (minimum recommended):

- 20 individually wrapped sterile adhesive dressings
- 2 sterile eye pads
- 4 individual triangular bandages
- 6 safety pins
- 6 medium sized unmedicated wound dressings
- 2 large unmedicated wound dressings
- 1 pair disposable gloves

All items to be in date and replaced as soon as possible after use. Portable boxes/bags to contain the above, plus moist cleansing wipes. Dates of inhalers and Epi-pens to be checked at the same time. Boxes are located in the following places:

- First Aid Room
- Kitchen
- First floor near Computer Room
- Top floor near telephone
- Nursery ground floor on the window shelf in the kitchen area
- Nursery first floor
- Main Hall foyer
- Portable bags for trips, etc., (kept in the school office)
- Outside F3 at the back door (to be taken to the pitch)

ASTHMA ACTION

IF AN ASTHMATIC CHILD BECOMES WHEEZY AND BREATHLESS OR COUGHS CONTINUOUSLY:

1. Keep calm. Sit the pupil down. **THEY SHOULD NOT LIE DOWN.**
2. Give the pupil their usual treatment – normally a blue inhaler (this can be repeated without causing harm).
3. Wait 5-10 minutes. If the symptoms disappear, the child can continue with lessons.
4. If the symptoms have improved but have not disappeared, repeat the treatment and contact the parents.

IF THE SYMPTOMS HAVE NOT IMPROVED AND/OR THE PUPIL IS HAVING DIFFICULTY IN:

- Talking
 - Is unable to walk unaided
 - Has a rapid heart beat
 - Or is frightened by the attack
1. Call 999 for ambulance
 2. Contact parents
 3. Keep using the inhaler and spacer if available (up to 10 puffs of the pupil's inhaler can safely be administered during an attack)

DO NOT DELAY IN SEEKING HELP IF AN ATTACK IS SEVERE.

ACTION FOR HEAD BUMPS

Common signs of **MILD TO MODERATE HEAD INJURY** are confusion, disorientation, headache, dizziness, nausea and vomiting. Following a head injury during a game, the teacher supported by the first aider can make a head- to-toe assessment:

Orientation:	ask the child who s/he is, where s/he is, how old s/he is
Memory:	have him/her recall the names of three objects; do this right after the injury and then again five minutes later
Concentration:	have him/her count backwards from 100 by 3s or 7s, or repeat a series of three numbers (3, 1, 5, for example), months of the year, colours of fruits, etc.
Speech:	check for slurred speech; it is often helpful to have a parent or someone familiar with the child's usual speech to help assess the normalcy of speech after a head injury
Neurologic:	perform a fast check of pupil reaction, coordination and sensory (bring finger to nose ` with eyes open and closed)
Motor function:	have the child run back and forth

If the pupil does not respond well to these tests, parents must be contacted by phone and advised to take him/her to hospital to be checked over.

ALWAYS complete a Head Bump form to be sent home with the pupil and phone or speak to parent in person.

Head Bumps should be reported to Governors as part of Health and Safety Report.

ACTION FOR ANAPHYLAXIS

ANAPHYLAXIS IS AN EXTREME AND SEVERE ALLERGIC REACTION. THE WHOLE BODY IS AFFECTED, OFTEN WITHIN MINUTES OF EXPOSURE TO THE SUBSTANCE WHICH CAUSES THE ALLERGIC REACTION (ALLERGEN) BUT SOMETIMES AFTER HOURS. ALLERGIC REACTIONS CAN BE CAUSED BY NUTS, BEE STINGS, ETC.

Moorfield School is committed to fulfilling the aims of the School Allergy Code as set out by ISBA (in conjunction with the Benedict Blythe Foundation).

PROCEDURE IN THE EVENT OF AN ANAPHYLACTIC REACTION

- Lie the child down and elevate the legs
- Ask someone to ask the office staff to dial 999 and call an ambulance (give the pupil's name and inform them that he/she is suffering an Anaphylactic Reaction)
- While awaiting the medical assistance, staff will administer the EpiPen
- Call the pupil's parents to inform them
- A second dosage will be given after ten minutes if prescribed and the ambulance has not arrived and his/her condition has not improved

THE EPIPEN TREATMENT - INJECTABLE ADRENALINE

Directions for use are:

- Lie the child down and elevate the legs.
- Pull the end off, i.e., the grey cap.
- Hold onto the muscle at the top of the leg, i.e., thigh.
- Aim the EpiPen. It must be placed OUTSIDE THE THIGH
- Swing arm and jab the EpiPen against leg firmly, ensuring the end of the pen is not covered by hand.
- Count slowly to ten whilst leaving the pen in leg: This allows the adrenaline to be absorbed.
- Withdraw needle, i.e., pull the EpiPen away. If the pen has worked the needle will be visible.
- If the child has a blue inhaler, 10 puffs can be taken straight after the administration of the pen.
- Look for a positive response. YOU CAN INJECT A SECOND DOSAGE AFTER TEN MINUTES IF REQUIRED.
- Confirm that an ambulance has been called.

SIGNS & SYMPTOMS OF ANAPHYLAXIS

Mild / Moderate Reaction

- Itchy hives / nettle rash or flush
- Tingling / itchy mouth or lips
- Swelling of face / eyes / lips
- Tummy pain / vomiting
- Mild wheeze

Severe Reaction

- Difficulty breathing / tight chest / wheezing/cough
- Swelling of tongue
- Swelling / tightness of throat
- Difficulty talking or swallowing / hoarse voice
- Dizziness or collapse / loss of consciousness

ACTION FOR DIABETES

The School recognises that diabetes is a lifelong condition and pupils diagnosed with diabetes will need support to ensure they fulfil their potential and are able to full participate in all aspects of School life.

The School also:

- recognises that pupils with diabetes may need a private area to inject/blood test
- keeps a record of all pupils with diabetes
- ensures that the whole School environment, including the physical, social, sporting and educational environment offers full support as necessary
- ensures that School Nurse Service (Bradford) informs all staff who come into contact with pupils with diabetes know what to do in a hypo or hyper attack and will work in partnership with all interested parties including the School's Governing Body, all School staff, parents.
- includes diabetes training in all paediatric first aid courses.
- in the event that there is a child in school with diabetes, a spare blood sugar monitoring equipment and glucose will be kept in the First Aid room and a box with spare equipment and insulins will be kept locked in the fridge in the staff room.

PE & GAMES

Taking part in sports, games and activities is an essential part of School life for all pupils and all teachers (including PE staff) are made aware of any medical condition children may have, including diabetes. Pupils with diabetes are encouraged to participate fully in all PE and games lessons.

HYPOGLYCAEMIC ATTACKS

In the event of an attack the School follows the procedure outlined by the pupil's individual health care plan.

SCHOOL STAFF

All School staff have a responsibility to:

- understand the guidance on diabetes
- know which pupils they come into contact with who have diabetes via the medical information on the medical board in the staff room
- know what to do and how to recognise a 'hypo' and 'hyper' attack
- inform parents or guardians if their child has had an attack
- ensure that pupils have their glucose/insulin with them when they go on an educational visit
- ensure that pupils who have been unwell catch up on missed academic work and liaise with parents or guardians, the School Nurse Service and SENCO if a child is falling behind with their academic work because of their diabetes
- understand diabetes and the impact it can have on pupils. Pupils with diabetes should not be forced to take part in physical activity if they feel unwell and should be assessed for potential symptoms of low blood sugar.

School Nurse Service (Bradford) have a responsibility to:

- update the School's diabetes guidelines support the needs of each pupil
- provide any appropriate staff training
- A pupil's NHS diabetic team have responsibility for the management and monitoring of the pupil's diabetes and for the training of school staff. They offer training to all school staff involved with the pupil whilst in school.

ACTION FOR ALLERGIES

This Action for Allergies is also presented as a separate Allergy Policy

This action plan outlines Moorfield School's ("School") approach to allergy management to reduce the risk of an allergic reaction happening and the procedures in place to respond if one does. It also sets out how the School supports pupils with allergies to ensure their wellbeing and inclusion.

This policy applies to all staff, pupils, parents and visitors to the school and should be read alongside these other policies:

- Child Protection and Safeguarding Policy;
- Mental Health Policy; and
- First Aid Policy

Legislation and Guidance

This policy is based on the Department for Education's guidance on allergies in schools and supporting pupils with medical conditions at school, the Department of Health and Social Care's guidance on using emergency adrenaline auto-injectors in schools, and the following legislation:

- The Food Information Regulations 2014
- The Food Information (Amendment) (England) Regulations 2019

Roles and responsibilities

The School seeks to ensure that the school environment supports pupils with allergies and especially those at risk of anaphylaxis. The School has pupils who are severely allergic to a wide range of food stuffs, with nut allergies being the most common. In order to protect the latter group of pupils our catering is nut free and we ask that parents do not send food containing nuts into School.

Allergy lead

The Health and Safety Governor takes responsibility for allergies. The nominated allergy lead is Nicola Minshall (SLT), supported by Simon Bardon (the Lead).

They are responsible for:

- Promoting and maintaining allergy awareness in staff, pupils and parents; and
- Overseeing the recording and collation of allergy and special dietary information for all relevant pupils

Ensuring:

- All allergy information is up to date and readily available to relevant members of staff;
- All pupils with allergies have an allergy action plan completed by a medical professional ("Allergy Action Plan");
- All pupils have an individual health care plan and risk assessment completed by the School based on their Allergy Action Plan;
- All staff receive an appropriate level of allergy training through Allergywise.

- All staff are aware of the school's guidance and procedures regarding allergies;
- Relevant staff are aware of what activities need an allergy risk assessment;
- Overseeing the keeping stock of the school's adrenaline auto-injectors (AAIs);
- Regularly reviewing and updating the allergy management guidance;
- Coordinating the paperwork and information from families;
- Coordinating medication with families;
- Ensuring families receive the allergy bracelet with the relevant beads BEFORE the child starts at Moorfield;
- Checking spare AAIs are in date;
- The upkeep of 'medical bags' in areas of school that are separate to the main building (containing: cushions, water, sugary drink, sweets, blanket)
- AAIs are not located more than 5 minutes away from where they may be needed; and
- That spare AAIs are kept separate from any pupil's own prescribed AAI and clearly labelled to avoid confusion.

Teaching and support staff

All teaching and support staff are responsible for:

- Promoting and maintaining allergy awareness among pupils;
- Maintaining awareness of our allergy guidance and procedures;
- Being able to recognise the signs of severe allergic reactions and anaphylaxis; and
- Attending appropriate allergy training as required.

Parents

Parents are responsible for:

- Providing the school with up-to-date details of their child's medical needs, dietary requirements, and any history of allergies, reactions and anaphylaxis;
- Ensuring the upkeep and wearing of the allergy bracelet;
- If required, providing their child with two in-date adrenaline auto-injectors and any other medication, including inhalers etc., and making sure these are replaced in a timely manner; and
- Updating the school on any changes to their child's condition.

All Pupils

All pupils at School should:

- Be aware of allergies;
- Understand the risks allergens might pose to other pupils and respect measures to support them;
- Learn how they can support pupils with allergies and be alert to allergy-related bullying;
- Learn (for older pupils) how to recognise an allergic reaction and support other pupils and staff in case of an emergency.

All of the above will be undertaken in an age and capability appropriate way.

Pupils with allergies

Dependent of a pupil's age and capability, these pupils are responsible for:

- Knowing what their allergies are and how to mitigate personal risk;
- Avoiding their allergen as best as they can;
- Wearing their allergy bracelet;
- Understanding the importance of following the school specific processes of lunch and how that mitigates risk;

- Understanding that they should notify a member of staff if they are not feeling well, or suspect they might be having an allergic reaction;
- Carrying their adrenaline auto-injector on their person and only using it for its intended purpose (members of staff are still expected to help administer the AAI if the pupil is not able to do so);
- Understanding how and when to use their adrenaline auto-injector;
- Talking to the Allergy Lead or a member of staff if they are concerned by any school processes or systems related to their allergy; and
- Raising concerns with a member of staff if they experience any inappropriate behaviour in relation to their allergies.

Individual Healthcare Plans

Each pupil with an allergy has an Individual Healthcare Plan prepared and approved by the Allergy Lead. The information on this plan includes:

- Known allergens and risk factors for allergic reactions;
- A history of their allergic reactions;
- Detail of the medication the pupil has been prescribed including dose, this should include adrenaline pens, antihistamine etc;
- A copy of parental consent to administer medication, including the use of spare adrenaline pens in case of suspected anaphylaxis;
- A photograph of each pupil; and
- A copy of their Allergy Action Plan.

Assessing risk

On admission, the School will conduct a risk assessment for any pupil with an allergy which shall be reviewed at least annually (and earlier if appropriate). This risk assessment will cover art and crafts, sports activities, bushcraft and baking and any other regular activity which may place the pupil at risk. This risk assessment will be made available to the appropriate teaching staff so that it can be incorporated within their own lesson and activity-based risk assessments.

Further risk assessments will be carried out in respect of off-site visits and school trips and any other ad hoc events not covered by the original risk assessment such as activities involving animals or food, such as animal handling experiences.

Managing risk

Hygiene procedures

Pupils may bring in their own break time snacks. Parents and pupils are reminded of allergens and the type of food they may bring to school. The School sends a termly reminder to staff and pupils about what type of allergens should not be brought onto the school premises.

Lunch is provided for pupils and staff by the School catering team. Due diligence is carried out with regard to allergen management when appointing catering staff and all catering staff (and other staff preparing food (such as teachers delivering cookery lessons) will receive relevant and appropriate allergen awareness training. They are also required to follow good hygiene practices, food safety and allergen management procedures

The catering team liaises with parents to provide varied meal options to pupils and staff with allergies. Changes to ingredients will take into account dietary restrictions for children with allergies. Where changes are made to ingredients this will be communicated to the relevant pupils and parents by the Catering Manager.

Food containing the main 14 allergens are not labelled but are instead verbally communicated to those pupils who are known to have allergies recognisable via their photo identification in the serving area. Other ingredient information is available on request.

On the occasions that School offer pre-packaged food, requiring compliance with pre-packaged for direct sale ("PPDS") legislation, allergen information is displayed on the packaging and verbal guidance is available if required.

Staff at Breakfast Club and After School Club will also follow these procedures.

Early Years Foundation Stage (EYFS)

The EYFS framework has introduced new safer eating requirements to protect young children's health and safety, particularly regarding choking and food allergies. In accordance with these requirements the School ensures that:

- A staff member with a valid Paediatric First Aid certificate is present in the room while pupils are eating; and
- Pupils with allergies or intolerances have allergy action plans in place, which are updated regularly.

Catering

Catering staff receive appropriate training and are able to identify pupils with allergies. This is done in the following ways:

- Photographs of pupils with allergies (together with a list of his/her allergies) are located in the kitchen and at the serving area
- All staff are responsible for knowing by sight each child with allergies.

Food restrictions

We acknowledge that it is impractical to enforce an allergen-free school. However, the School encourages pupils and staff to avoid certain high-risk foods to reduce the chances of someone experiencing a reaction. These foods include:

- Nuts and any food item containing nuts
- Sesame seeds and foods containing sesame seeds

If a pupil brings these foods into school, it will be confiscated.

Insect bites/stings

When outdoors, shoes should always be worn and food and drink covered.

Animals

All pupils will wash their hands after interacting with animals to avoid putting pupils with allergies at risk through later contact. Pupils with animal allergies will not interact with animals

Support for mental health

Pupils with allergies will have additional support through pastoral care and regular check-ins with their form teacher.

Events and school trips

No pupils with allergies will be excluded from taking part in any event or school trip. The School will plan accordingly for all events and school trips and arrange for the staff members involved to be aware of pupils'

allergies and to have received adequate training. Appropriate measures will be taken in line with the schools AAI protocols for off-site events and school trips.

For events in School (such as fundraising events involving the sale of food and drink) a full risk assessment must be carried out to determine what can or cannot be sold which safeguards all within our school communities. Further advice on this matter can be found here: <https://theallergyteam.com/how-does-natashas-law-affect-school-cake-sales/>

The Allergy Lead will liaise with the Parents' Association in order for them to identify who the children are and what allergies they have.

Procedures for handling an allergic reaction

Register of pupils with AAI

When a pupil joins the School, parents are asked to fill in an initial questionnaire informing us of any medical conditions including allergies that would put him/her at risk of anaphylaxis or allergic reaction. If a child suffers from allergic reactions parents also asked to provide an Allergy Action Plan from their GP. An individualised Moorfield Care Plan can then be completed in liaison with the parent.

The School maintains a register of pupils who have been prescribed AAIs or where a doctor has provided a written plan recommending AAIs to be used in the event of anaphylaxis. The register includes:

- Known allergens and risk factors for anaphylaxis
- Whether a pupil has been prescribed AAI(s) (and if so, what type and dose)
- Where a pupil has been prescribed an AAI, whether parental consent has been given for use of the spare AAI which may be different to the personal AAI prescribed for the pupil
- A photograph of each pupil to allow a visual check to be made

The register is kept in the First Aid room and can be checked quickly by any member of staff as part of initiating an emergency response.

AAIs must not be located more than 5 minutes away from where they may be needed.

Spare AAIs will be kept separate from any pupil's own prescribed AAI, and clearly labelled to avoid confusion.

Allergic reaction procedures

All staff are trained in the school's allergic reaction procedure (*Allergywise*) and to recognise the signs of anaphylaxis and respond appropriately. Staff are also trained in the administration of AAIs.

If a pupil has an allergic reaction, the staff member will initiate the pupil's allergy action plan. If the pupil has no allergy action plan, staff will follow the school's procedures on responding to allergy and, if needed, the school's normal emergency procedures.

- In the case of a pupil without a known history of anaphylaxis and allergy, where mild symptoms are exhibited (e.g., itching, sneezing, rash), appropriate first aid measures should be applied. The pupil will be monitored to ensure their condition doesn't worsen and parents informed. An ambulance should be called if necessary.
- If a pupil shows signs or symptoms of a severe allergic reaction, adrenaline is administered via an auto-injector device into the thigh muscle and may be given through clothing. **A first aid trained staff member will be informed immediately who will call an ambulance without delay.** All staff

are trained in the management and recognition of anaphylaxis and use of AAI and are therefore authorised to administer an AAI in the event of an anaphylactic emergency.

The Human Medicine (Amendment) Regulations 2017 allows all schools to buy AAI devices without a prescription, for emergency use in pupils who are at risk of anaphylaxis and have a current prescription, but their own device is not available or not working. The school's spare AAI should only be used on pupils known to be at risk of anaphylaxis, for whom both medical authorisation and written parental consent for use of the spare AAI has been provided on their Allergy Action Plan. *[This will need to be updated following the Child Wellbeing Bill as when it comes into effect it will then become mandatory.]*

Emergency anaphylaxis kit

The school holds an emergency anaphylaxis kit. This includes:

- Spare AAIs
- Instructions for the use of AAIs
- Instructions on storage
- Manufacturer's information
- A checklist of injectors, identified by batch number and expiry date with monthly checks recorded
- A note of arrangements for replacing injectors
- A list of pupils to whom the AAI can be administered
- A record of when AAIs have been administered

Maintenance of spare AAIs

The Allergy Lead is responsible for checking monthly that AAIs are present and in date and that replacement AAIs are obtained when the expiry date is near.

AAIs may only be used once. Once used, the AAI will be disposed of in a sharps bin.

Use of AAIs off school premises

All staff taking pupils off site (e.g., trips and visits and sports fixtures) are informed of pupils who require AAI's and what steps to take in an emergency. Staff should ensure they have copies of Allergy Action Plans.

Pupils at risk of anaphylaxis who are able to administer their own AAIs should carry their own AAI with them on school trips and off-site events. Generally, this applies to pupils in Senior 5 and 6 though this will be discussed with parents the pupil before the responsibility is passed to them. Staff will ensure that they bring two AAIs for all other pupils with allergies.

No pupil with a prescribed AAI will be able to go on any trip or fixture without two of their own devices. It is the trip leader's responsibility to check they have them.

A member of staff trained to administer AAIs in an emergency will be present on school trips and off-site events.

Training

The School provides training all staff in allergy response. This includes:

- How to reduce and prevent the risk of allergic reactions

- Common trigger substances include peanuts, tree nuts, eggs, shellfish, insect stings and certain medicines.
- How to spot the signs of allergic reactions (including anaphylaxis) The signs and symptoms of anaphylaxis vary from one person to another and may include some of or all of the following:
 - Urticarial rash anywhere on the body
 - Nausea and vomiting
 - Dizziness
 - Swelling of eyes, lips, tongue and throat
 - Cough, wheeze, tightness of chest or shortness of breath
 - Sudden collapse or unconsciousness
- Where AAls are kept on the school site, and how to access them
- The importance of acting quickly in the case of anaphylaxis.
- Symptoms usually occur within minutes of exposure to the ‘trigger’ substance although in some cases the reaction may be delayed for as much as a few hours.
- The wellbeing and inclusion implications of allergies
- Training will be carried out annually by appropriate providers.

Next policy review:

July 2027