

The Trinity Federation

Supporting Pupils with Medical Needs Policy



Date of policy: January 2022

Contents

1.0	Introduction	Pg.3
2.0	Definition of Medical Needs	Pg.3
3.0	Training of Staff	Pg. 5
4.0	Medical Conditions Register	Pg. 6
5.0	Individual Health Care Plans	Pg. 6
6.0	Educational Visits and Sporting Activities	Pg. 6
7.0	Emergencies	Pg.7
8.0	Pupils who cannot attend due to a medical condition	Pg.7
9.0	Avoiding Unacceptable Practice	Pg.8
10.0	Medication	Pg.8
10.1	Storage of Medication in School Refusing Medication	Pg.9
10.2	Administration of Medicines	Pg.9
10.3	Refusing Medication	Pg.10
11.0	Record Keeping	Pg.10
12.0	Roles and Responsibilities	Pg.11
12.1	The Governing Body	Pg.11
12.2	The Executive Headteacher	Pg.11
12.3	The Federation Director of Inclusion and SEND	Pg.11
12.4	The SENCO	Pg.11
12.5	The Head of School	Pg.12
12.6	The Federation Schools' Business Manager	Pg.13
12.7	The Administrator	Pg.13
12.8	Teaching and Support Staff	Pg.15
12.9	All Staff	Pg.16
12.10	First Aiders	Pg.16
12.11	Shropshire School Nurse	Pg.16
12.12	Lunchtime staff	Pg.16
12.13	Senior Lunchtime Supervisor	Pg. 17
12.14	Kitchen Staff (Alliance in Partnership)	Pg. 17
12.15	Breakfast Club and After-School Club Staff	Pg. 17
12.16	The Pupils and their Parents/Carers	Pg. 18
13.0	Policy Development Statement	Pg. 18
14.0	Complaints	Pg. 19
15.0	Monitoring and Evaluation	Pg. 19
Appendices		Pg. 20-

1.0 Introduction

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.

This policy was created with reference to the Statutory Guidance 'Supporting pupils at schools with medical conditions' and the non-statutory guidance 'Guidance on the use of adrenaline auto-injectors in schools'.

The governors and staff at the schools within The Trinity Federation recognise that children with a medical condition will require individualised care and support in terms of both physical and mental health and well-being, to ensure that they play a full and active role in school life, remain healthy and achieve their academic potential. We will make whatever adjustments we can to limit any detriment to children's sense of belonging, progress and attainment which might otherwise be caused by their medical needs.

Children and young people with medical conditions are entitled to a full education and have the same rights of admission to school as other children. This means that no child with a medical condition can be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made. However, in line with their safeguarding duties, the governing body will ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases. They therefore do not have to accept a child in school at times where it would be detrimental to the health of that child or others to do so.

This policy outlines the procedures, communication and support available to all pupils with medical needs, and their families. It also outlines the roles and responsibilities of all those involved in supporting a child with medical needs and the support and training given to staff.

Within this policy the terms children and pupil apply to the full range of learners at the schools within The Trinity Federation from Nursery through to Year 6.

For some pupils their medical condition may mean that they are considered disabled, or that they have an Education Health and Care Plan, and so this policy should be read in conjunction with The Trinity Federation SEN Policy.

A list of all other relevant policies can be found at the end of this policy.

2.0 Definition of Medical Needs

Pupils' medical needs may be summarised as being of two types:

- 1) Short-term affecting their participation in school activities because they are on a course of medication or are suffering a temporary injury requiring temporary additional support in school.
- 2) Long-term potentially limiting their access to education and requiring extra care and support, requiring an individual healthcare plan (IHCP). This group includes pupils with food allergies.

Specific Responsibilities in relation to pupils with medical needs:

Designated Governor for Safeguarding: Mr Carl Steventon

Designated Lead for Child Protection: Mrs Claire Gaskin

Senior Members of staff for Medical Needs: Mr Daniel Lavell, Director of Inclusion and SEND

Senior members of staff Trips and Visits: Educational Visits Coordinator/Head of School/SENCO

First Aiders:

St. Mary's Bluecoat CE Primary School	Worfield Endowed CE Primary School	Beckbury CE Primary School
Emma Eyke – First Aid at Work	Marie Taggart - First Aid At Work inc Paediatric element	Yvonne Rowe – Level 3 Paediatric First Aid
Helen Gregg – Paediatric First Aid	Jackie Weaver - First Aid At Work	Caroline Bowler - Level 3 Paediatric First Aid
Rebecca Hickie – Emergency First Aid at Work	Jackie Weaver - Paediatric First Aid	Kelly Ritchie - Level 3 Paediatric First Aid
Wendy Lowe – Emergency First Aid at Work	Sylvia Hazelwood - Emergency Paediatric First Aid	Susan Osborne – First Aid at Work
Jayne Seal – Paediatric First Aid	Rachel Allen - Emergency Paediatric First Aid	
	Vicky Lloyd - Emergency Paediatric First Aid	

	Daniella Lunnon - Paediatric First Aid	
	Inna Pumphrey - First Aid At Work	

3.0 Training of staff

Newly appointed staff are briefed about this policy during their induction programme. Class teachers and support staff are given lists of pupil medical needs at the start of each school year. Posters describing symptoms of asthma and anaphylactic shock are displayed in the staffroom, and the school administrative office. Staff are reminded of these symptoms at least once a year, during the annual Health and Safety refresher training.

Only staff members who have undertaken specific training may undertake any healthcare procedures, such as administering an adrenaline autoinjector pen, unless instructed by NHS health professionals during an emergency. The school will keep a record of all training undertaken to support specific medical conditions and will ensure training is kept up to date and undertaken at regular intervals. The school will ensure that there are a sufficient number of trained first aiders in school at all times, including before and after school.

In The Trinity Federation, The Federation Schools' Business Manager oversees the following;

- Maintaining an up-to-date medical training register, including first aid training and Adrenaline auto-injector-pen training
- Ensuring 1st aiders are booked on 1st aid training, Adrenaline auto-injector-pen training and other relevant refresher training as appropriate.
- In consultation with the Executive Headteacher, ensuring there are a sufficient number of trained
1st aiders in:
 - all key stages,
 - during lunch time
 - before school
 - after school
- Ensuring that EYFS 1st aiders have specific paediatric first aid training.
- Ensuring that administrators in each school are trained to keep records up to date.

4.0 Medical conditions register

A medical conditions register will be maintained by the school administrator and will be regularly reviewed by the Director of Inclusion and SEN. Class teachers will have an overview of the list for the pupils in their care. Supply staff and support staff will have access on a need-to-know basis.

The school uses SIMS/CMIS to maintain this record. Children with food allergies are included on this register.

5.0 Individual Healthcare Plans (IHCPs)

Where necessary, the school will develop an IHCP with the pupil, parents/carers and medical professionals (Appendix 2). IHCPs will be easily accessible to all relevant staff, whilst preserving confidentiality. IHCPs will be reviewed at least annually or when a child's medical circumstances change, whichever is sooner. Staff are not able to make any alterations to the IHCP plan without consultation with parents.

Parents need to complete a new request to administer medication form if the dosage changes (Appendix 5). Where a pupil has a SEND Support Plan or an Education, Health and Care plan, the IHCP will be linked to it or become part of it where relevant.

6.0 Educational visits and sporting activities

Arrangements will be flexible enough to ensure pupils with medical conditions can participate in educational visits and sports activities and not prevent them from doing so unless a clinician states it is not possible.

Risk assessments will be undertaken, where relevant, in order to plan for including pupils with medical conditions. Teachers will be responsible for checking the provision they have for medical needs on the trip with a senior member of staff, giving enough notice for adjustments to be made if necessary.

Class teachers are responsible for ensuring that medication, including asthma pumps and adrenaline auto-injector pens, needed during the trip are collected from the school office and returned after the trip.

A suitably trained 1st aider should normally accompany a class on a school outing. If this is not possible, the trip risk assessment must reflect this and safeguarding measures should be taken into consideration.

7.0 Emergencies

Medical emergencies will be dealt with by qualified 1st aiders, including specifically trained staff where appropriate.

- In an emergency a responsible adult will dial 999 immediately. A senior member of staff should be made aware as soon as possible.
- As soon as the call has been made parents will be contacted.
- If parents have not arrived in time, a member of staff will accompany the child to hospital, if necessary.
- If a pupil needs to be taken to hospital, a member of staff will remain with the child until their parent/carer arrives.
- Pupils will be informed in general terms of what to do in an emergency, such as telling a teacher.
- In the case of an evacuation of the school, an emergency medical bag will be taken out by the office staff. (Grab bag). The Grab Bag contains a spare blue emergency asthma pump and an adrenaline auto-injector pen.
- Where an Individual Healthcare Plan is in place, it should detail:
 - What constitutes an emergency for the pupil
 - What to do in an emergency
 - If a pupil needs to be taken to hospital, a member of staff will remain with the child until their parent/carer arrives.

8.0 Pupils who cannot attend school due to a medical condition

If a child cannot attend school for a short period of time, or a number of short periods of time due to their medical condition, the school will support their learning through the pupil's class teacher, who will provide work for the child to complete at home, and such arrangements will be indicated in the IHCP where appropriate (see also remote learning policy). If a pupil's medical needs mean that they require longer periods of time away from school, or that their period of absence totals greater than fifteen days, a review of the IHCP will be held to consider support.

In Shropshire, children of statutory school age who are attending hospital, or are too ill to attend school, are taught at two hospital sites;

Alice Ward at The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Trust, Gobowen (RJAH) and on Wards 19 and 20 at The Princess Royal Hospital, Telford (PRH).

Consultants can make referrals to TMBSS for pupils to receive a period of medical home tuition. This provision is for those who are medically unfit to attend school but have been discharged from hospital.

In consultation with the home school, TMBSS can provide and appropriate home tutor who will liaise closely with the pupil's home school and hospital teacher. A reintegration to school or integration into alternative provision can be set up.

9.0 Avoiding unacceptable practice

The schools within The Trinity Federation understands that the following behaviour is unacceptable:

- Assuming that pupils with the same condition require the same treatment.
- Ignoring the views of the pupil and/or their parents.
- Ignoring medical evidence or opinion.
- Sending pupils home frequently or preventing them from taking part in activities at school.
- Penalising pupils with medical conditions for their attendance record where the absences relate to their condition.
- Making parents feel obliged or forcing parents to attend school to administer medication or provide medical support, including toilet issues.
- Creating barriers to children participating in school life, including educational visits.
- Refusing to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition.
- Not providing lunch for children with allergies, although parents may be encouraged to provide a packed lunch in certain circumstances when the allergy is unstable, frequently changes and may be life- threatening.

10.0 Medication

- Where possible, unless advised it would be detrimental to health or regular school attendance, medication should be prescribed in frequencies that allow the pupil to take them outside of school hours.
- If this is not possible, prior to staff members administering any medication, the parents/carers of the child must complete and sign a parental request for the administration of medicine form. (Appendix 5)
- Medication will be administered in line with the procedure set out in Appendix 4.

Medication will be accepted in school if:

- not giving it during the school day would be detrimental to the child's health;
- it is prescribed by the child's GP;

- it is labelled with the child's name;
- it has clear instructions for dosage; and
- the parent has completed and signed a request form (Appendix 5).

If the medication is to be taken long-term, there will be an IHCP, signed and updated annually.

DFE guidance states that schools should set out the circumstances in which non-prescription medicines may be administered. In the schools within The Trinity Federation, children requiring non-prescribed medicine during the school day, such as paracetamol, would not normally be allowed to take this medication at school, unless in exceptional circumstances and explicitly agreed by a senior member of staff. Where this has been agreed, the parents are expected to complete Appendix 5.

10.1 Storage of medicines in school

Medicines will normally be stored in the school office (or in the staff fridge when refrigeration is required). Asthma inhalers will be easily accessible to children in their own classrooms. Equipment and medication for treating diabetes will stay with the child at all times. Emergency asthma pumps and auto injectors are kept in the grab bag in the main school admin office.

The administrator is responsible for ongoing checks in order to ensure all medication, including spare asthma pumps and adrenaline auto-injector pens are up to date. She will contact the parents where this is not the case and ensure that up to date medication has been provided to the school as soon as possible.

10.2 Administration of medicines

If pupils are capable of doing so (recommendations and consent will be sought from parents, carers and/or medical staff), they can administer their own medication under adult supervision, but usually, due to the age of our children, the school administrator or a teaching assistant will administer medicine.

Each administration of medicine will be recorded on the administration of medication tracking sheet by the person supervising the administration.

Members of staff administering or supervising prescribed medication or treatment will have volunteered to do so.

In the unlikely event of there being no trained support staff member on site, a trained senior member of staff will administer medication. If neither is available, parents/carers will be contacted.

10.3 Refusing Medication

If a pupil refuses medication, the school will inform parents immediately. The refusal will be recorded on the medication recording sheet maintained in the school office.

10.4 Disposal of medicines

Unwanted, unused or outdated medicines will be returned to parents/carers, who should sign for their receipt.

In the event of parents/carers being unreachable, medicines will be given to the school nurse or local pharmacy who will arrange disposal.

Used or out of date adrenaline auto injector pens will be disposed of using a sharps bin.

11.0 Record keeping

The schools within The Trinity Federation keep records of all documents relating to medical needs, this is accessible to all members of staff but access levels will be dependent on staff members' role within the care of medical needs.

Individual children's files will contain:

- Copy of up-to-date IHCP
- Completed and archived requests for short term medication
- School nurse visit logs if applicable
- Personal Evacuation plans (PEEPs) if applicable
- Disposal of spare medicine records signed by a parent
- Completed consent form for the administration of a spare auto adrenaline injector pen <http://www.sparepensinschools.uk>
- Completed referrals to the school nurse

In addition, the office will ensure they have access to

- Relevant policies, including this policy and the school's Health and Safety Policy
- The asthma policy (Appendix 6)
- A printed copy of an up-to-date list of First Aiders
- Disposal of medication forms
- Request for the administration of medicines forms
- Alliance in Partnership Food Allergy forms

- A list of all 1st aid equipment and the locations where they are kept around the school

12.0 Roles and responsibilities

12.1 The **Governing Body** is responsible for:

- Ensuring arrangements are in place to support pupils with medical conditions and in the event of emergencies and that such children can access and enjoy the same opportunities at school as any other child.
- Ensuring that staff are properly trained to provide the support that pupils need and that levels of insurance in place reflect levels of risk.
- Ensuring that sufficient funds are allocated to supporting children with medical needs
- Ensuring that this policy is reviewed on a regular agreed basis and is updated when new DFE guidance has been published.

These responsibilities align with the Governing Body's wider safeguarding duties.

12.2 The **Executive Headteacher** is responsible for:

- Ensuring the appropriate implementation and management of this policy.
- Ensuring that new and emerging guidance is being followed and that this policy is regularly reviewed and approved by the Governing Body.

12.3 The **Federation Director of Inclusion and SEND** is responsible for:

- Monitoring the appropriate inclusion of children with medical conditions, including gathering data on attendance, progress and achievement.

12.4 The **SENCO** is responsible for:

- Establishing and maintaining working arrangements with partner agencies, including community nursing teams, other healthcare professionals and the Local Authority.
- Arranging additional support for children with medical conditions where appropriate.
- Ensuring that IHCPs will be linked to or become part of SEND Support Plans or Education, Health and Care plans, where appropriate.
- Ensuring that the focus of support is on the needs of each individual child and how their medical condition impacts on their school life, including their physical health, mental health and well-being and their ability to learn.
- Ensuring that all support increases the confidence of the pupil and their family and promotes self-care, where appropriate.
- Ensuring that all adults working with children who have medical needs have current information and advice about how to support those children, including those with IHCPs.

- Ensuring class teachers and other relevant staff have an overview of the list for the pupils with medical needs in their care.
- Completing referrals for children with (suspected) medical conditions to the school nurse, in partnership with parent(s), so IHCPs can be completed or other tests can be requested when needed.
- Checking IHCPs and communicating these to relevant staff, including First Aiders, checking their implementation as required.
- Ensuring that Individual evacuation plans (PEEPS) are written and communicated to relevant staff at the start of each year or sooner if needed.
- Seek medical evidence of allergies and medical conditions when in doubt of the accuracy of such conditions as reported by the parents. (This should not stop the school taking the appropriate actions with regards to these allergies or medical conditions in the meantime). Consult with the Executive Headteacher/DSL if the outcome is inconclusive.

12.5 The **Head of School** is responsible for:

- Ensuring parents are kept up to date with procedures regarding medical issues and allergies through newsletters and through the school website.
- Ensuring that all staff are aware of this policy and understand their role in its implementation.
- Ensuring staff are given annual reminders of procedures in this policy and of signs and symptoms of asthma and anaphylactic shock.
- Engaging with the EWO where attendance due to medical health issues has resulted in meeting the Persistent Absences threshold, thus seeking ways to limit the effect on the child's education.
- Line-managing the day-to-day work of First Aiders.
- Reviewing the medical conditions register regularly with the administrator and ensuring it is kept up to date and that actions are being followed up as required
- Ensuring relevant staff, including class-teachers, breakfast club staff, after school club staff, midday meal supervisors, kitchen staff, are made aware of relevant medical conditions, including food allergies, both at the start of each school year and when new issues are reported.
- Ensure risk assessments are completed for children with high-risk medical conditions such as oxygen dependence or adrenaline auto-injector-pen dependent allergies.
- Ensure Adrenaline auto-injector-pen dependent allergies and other significant medical issues such as broken bones, **are immediately reported to ELT**, so a risk- assessment can be done or reviewed
- Inform parents if pupils refuse to take medication or to carry out a necessary procedure, so that alternative options can be explored.

- Carry out regular checks on the operation of this policy in your school, reporting back to the DISEN and EHT.

12.6 The Federation Schools' Business Manager

- Coordinating the appropriate specific medical training for members of staff and ensuring it stays updated.
- Ensuring the 1st Aiders are booked on refresher training before their training certificate expires.
- Maintaining an up-to-date medical training register
- Ensuring that the 1st Aiders/ specific medical training lists with names of all trained staff are kept up to date in all locations
- Contributing to the annual review of the school's Health and Safety policy
- Ensuring that the school and staff are appropriately insured.

12.7 The Administrator

- Maintaining and reviewing the medical conditions register regularly with the Head of School and ensuring it is kept up to date and that actions are being followed up as required
- Keeping the Federation School's Business Manager updated of any new medical needs for which staff need training
- Informing the Federation Schools' Business Manager and/or EHT in the event that unplanned staff absences result in no appropriately trained staff being available to meet a pupil's need. In this situation, federation resources may be called upon.
- Directing parents to this policy or relevant appendices/forms
- Maintaining pupil files of confidential medical information as outlined in 13.0
- Ensuring that copies of PEEPS are emailed to the Executive Headteacher and the Director for Inclusion and SEND.
- Ensuring that the 1st Aiders/ specific medical training lists with names of all trained staff are kept up to date in all locations.
- Ensuring allergy and medical information from school admission forms is transferred onto the school's MIS (CMIS/SIMS)
- Re-ordering spare asthma pumps and adrenaline auto –injector pens with plenty of time before the expiry date.
- Record food or other allergy reports by parents and take appropriate follow up actions to ensure HoS is made aware so that the necessary steps outlined in this policy can be taken.

- Engage the Head of School where parents are repeatedly not complying with this policy, for example when repeatedly not supplying the school with up to date medical information and in-date medication.
- Ensure parents complete the parental request form to administer medicine or treatment before any member of staff administers medication in school (Appendix 5).
- Provide parents with copies of Alliance in Partnership's Food Allergy paperwork (Appendix 7) and upon the paperwork being returned, take a copy for the child's medical file and provide the original to AiP's cook.
- Ensure parents of adrenaline auto-injector pen dependent children have signed the relevant consent form (Guidance on the use of adrenaline auto injectors in schools 2017 (<http://www.sparepensinschools.uk>))

12.8 Teaching and Support Staff

- Ensuring that they, and any relevant staff who teach or work with children with an IHCP are aware of what constitutes an emergency and what to do in the event of an emergency.
- Compliance with this policy:
- Familiarising themselves with this policy and associated procedures
- Advising parents that all allergies must be reported to the office and stating to parents that they are not authorised to take responsibility for this.
- Reminding parents during home-visits that they must report allergies to the office (EYFS staff).
- Refer any concerns about any other medical conditions (non-allergic and nonurgent), either raised by parents or through their own observations, to the HoS so further investigations can take place.
- Reporting any incidents of consumption of food by children who are allergic to these particular types of food, whether there is an allergic reaction or not, so an investigation can take place, in order to prevent any such further occurrences.
- Ensuring that any letters they send to parents re. food on theme days, parties, contain information on the requirement for children who have food allergies to bring their party food in a sealed and labelled box.
- Taking appropriate and reasonable steps to support children with medical conditions, ensuring that they are included in line with our school policy.
- Setting children work to do at home during short-term absences, where appropriate, in line with the school's remote learning policy.
- Liaising with hospital teachers when required.
- Ensure that they are aware of the children in their class who have an allergy and that they have an up-to-date allergy list.
- Reminding each child with an allergy who is having a school provided lunch, to wear an allergy lanyard at the start of each lunchtime.
- Liaise with the administrator when informed of a missing allergy lanyard so it can be located and returned or so a new one can be created.
- Encouraging older children to be aware of their allergies and be pro-active in recognising food they may not eat
- Enabling children to go to the office if they require medicine at any given time
- Ensuring younger children are reminded to go to the office for medication administration or take children there if needed
- Keep a close eye on children and immediately seek first aid in the event of a suspected allergic reaction
- Remind children with food allergies to only consume their own food, when food is taken in from the outside, for examples when they have a party, and that this food is stored in a sealed and labelled box. Younger children must be monitored when eating in this situation.

12.9 All staff

All staff are responsible for:

- Ensuring they are aware of the signs and symptoms of asthma and anaphylactic shock. signs and symptoms of an allergic reaction;
- understanding the rapidity with which anaphylaxis can progress to a life-threatening reaction, and that anaphylaxis may occur with or without prior mild (e.g. skin) symptoms;
- appreciating the need to **administer adrenaline (using an AAI)** without delay as soon as anaphylaxis occurs, before the patient might reach a state of collapse (after which it may be too late for the adrenaline to be effective);
- being aware of this policy;
- being aware of how to check if a pupil is on the medical register;
- being aware of how to access the Adrenaline Auto Injector (AAI);
- being aware of which staff members have received training to administer AAIs, and how to access their help

12.10 First Aiders

- Ensuring that 1st aid equipment and resources are checked half termly and liaise with the designated TA to ensure 1st aid bags are restocked as required.
- Ensure Adrenaline auto-injector-pen dependent allergies and other significant medical issues such as broken bones, **are immediately reported to the HoS**, so they can inform the EHT.
- Ensuring that allergy posters are displayed in key locations, including the staffroom and the school office.

12.11 Shropshire School Nurse

School Nurses are qualified registered nurses or midwives with specialist training and experience in public health for children, young people and families. School Nurses offer services to school aged children between the ages of 5 to 19 years old who attend local state schools and some special schools.

A school nurse can offer advice to a school and support to parents with managing medical conditions, where requested such as supporting pupils with long term health conditions or disabilities such as food allergies, asthma, diabetes or epilepsy.

12.12 Lunch Time Staff

Lunch time staff are responsible for:

- Checking each child with an allergy is wearing or is reminded to wear an allergy lanyard at the start of each lunchtime and returns it before going outside.
- Keep a close eye on children and immediately seek 1st Aid in the event of a suspected allergic reaction.

- Report any incidents of consumption of food by children who are allergic to these particular types of food, whether there is an allergic reaction or not, so an investigation can take place, in order to prevent any such occurrences in the future.
- Ensure they know who the school's first aiders are.

12.13 Senior Lunchtime Supervisor:

- Ensure all lanyards are returned at the end of each lunchtime and inform the senior first aider or class teacher if a lanyard has gone missing
- Encouraging older children to be aware of their allergies and be pro-active in recognising food they may not eat
- Enabling children to go to the office if they require medicine at any given time
- Ensuring younger children are reminded to go to the office for medication administration or take children there if needed
- Keep a close eye on children and immediately seek first aid in the event of a suspected allergic reaction
- Remind children with food allergies to only consume their own food, when food is taken in from the outside, for examples when they have a party, and that this food is stored in a sealed and labelled box. Younger children must be monitored when eating in this situation.

12.14 Kitchen Staff (Alliance in Partnership)

Kitchen staff are responsible for:

- Ensuring they are aware of the ingredients that are likely to cause allergies in each menu
See also Appendix 7.
- Ensure that they are aware of the children who have allergies, and that they have an up to date allergy list.
- Ensure they acknowledge the allergy lanyards of children and ensure children are not offered food they are allergic to.

12.15 Breakfast Club and After-School Club staff (where a school offers this provision)

Club staff are responsible for:

- Ensuring they have a list with the names of children who have an allergy
- Checking each child with an allergy is wearing or is reminded to wear an allergy lanyard at the start of each breakfast/after-school meal and returns it before leaving the session.
- Regularly checking food product ingredient lists – not assuming the product ingredients remain the same over time.
- Maintaining allergen records for each of the meals served.

- Keep a close eye on children with allergies and immediately seek/ give (in case of trained first aiders) 1st Aid in the event of a suspected allergic reaction.
- Report any incidents of consumption of food by children who are allergic to these particular types of food, to the EHT and parent(s) whether there is an allergic reaction or not, so an investigation can take place, in order to prevent any such occurrences in the future.
- Inform the administrator if a lanyard has gone missing.
- Maintaining their food hygiene training

12.16 The Pupils and their Parents/Carers

Parents and carers are responsible for:

- Ensuring they disclose any allergies when completing the school admissions form.
- Ensuring the asthma information (when relevant) is provided and reviewed at least annually, in-line with the school's Asthma policy (See appendix 6)
- Providing the school with any updates to their child's healthcare needs inc. food allergies
- Completing a parental request form to administer medicine or treatment before bringing or sending medication into school (**Appendix 2**)
- Providing the school with the medication their child requires and keeping it up to date.
- Participating in the development, implementation, and regular reviews of their child's IHCP

Pupils are responsible for (where appropriate):

- Providing information on how their medical condition affects them.
- Contributing to, and complying with, their IHCP.
- Remembering to wear an allergy lanyard at the start of each lunchtime/wrap-around session, if applicable.
- Being aware of their allergies and being pro-active in recognising food they may not eat
- Taking required medication from a member of staff or under supervision (age appropriate).

13.0 Policy Development Statement

This policy has been developed using the following document:

Supporting pupils at school with medical conditions statutory guidance for governing bodies of maintained schools...in England (December 2015)

And as such it has given due regard to the following legislation:

Education Act 2011

Equality Act 2010

Children and Families Act 2014

The Special Educational Needs and Disability Code of Practice
Keeping Children Safe in Education

This Policy should be read in conjunction with the following policies and guidance agreed by the
The Trinity Federation Governing Body:

Health and Safety Policy
Covid-19 Risk Assessment
Remote Learning Policy
Fire/ emergency evacuation
Educational Visits
Single Equality Scheme
Accessibility plan
First Aid guidance
Safeguarding/Child Protection policy and procedures
Statutory framework for Early Years Foundation Stage
SEND policy

14.0 Complaints

In the first instance, parents/carers should raise their concerns directly with the school. If not satisfied with the response, they should make a formal complaint using the School's Complaints Procedure.

15.0 Monitoring and Evaluation

The monitoring and evaluation of this policy will be undertaken by Mrs Claire Gaskin and Daniel Lavell, as required. Reports will be made to the governing body.

Supporting Pupils with Medical Needs Policy

APPENDICES

Appendix 1	Food Allergies	Pg. 21
Appendix 2	Information required on an Individual Healthcare Plan	Pg. 23
Appendix 3	Emergencies procedure to be followed in case of all medical emergencies	Pg. 24
Appendix 4	Procedure for administering medication to pupils at the schools within The Trinity Federation	Pg. 26
Appendix 5	Parent request for school to administer medicine	Pg. 28
Appendix 6	Asthma Policy	Pg. 30
Appendix 7	Alliance in Partnership (AiP) Food Allergy Policy	Pg. 36

Appendix 1

Food allergies:

We are an allergen aware federation of schools.

A food allergy is an abnormal immune response to food. The signs and symptoms may range from mild to severe. They may include itchiness, swelling of the tongue, vomiting, diarrhoea, hives, trouble breathing, or low blood pressure. This typically occurs within minutes to several hours of exposure. When the symptoms are severe, it is known as anaphylaxis. Food intolerance and food poisoning are separate conditions.

Common foods involved include cow's milk, peanuts, eggs, shellfish, fish, tree nuts, soy, wheat, rice, and fruit. It is important to take food allergy seriously. Under the new food information regulations, our caterers, Alliance in Partnership, and the school, in respect of food served in wrap-around provision, have a legal responsibility to provide the correct allergen information about the ingredients that is in the food they make or serve, to our pupils, staff and visitors. (See appendix 7)

In the schools within The Trinity Federation take the following measures to reduce the risk of a food related allergic reaction;

- Remind parents regularly to ensure that bottles, other drinks and lunch boxes are clearly labelled with the name of the child for whom they are intended.
- Where food is provided by the school, staff know how to read labels for food allergens and know 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.
- Staff preparing food for wrap-around provision have completed an appropriate food hygiene training course. Their certificates are displayed in the setting.
- Children should also be taught to check with their parent/staff and read ingredients labels before buying food at PTA events such as a school disco. Many children of primary school age are able to do this.
- Food should not be given to food-allergic children in primary schools without parental engagement and permission (e.g. curriculum events, food treats).
- Children are reminded **to** avoid trading and sharing of food, food utensils or food containers.
- Use of food in crafts, cooking classes, science experiments and special events (e.g. fêtes, assemblies, cultural events) needs to be considered and may need to be restricted, depending on the allergies of particular children and their age.
- In **arts/craft**, an appropriate alternative ingredient can be substituted (e.g. wheat-free flour for play dough or cooking).
- When planning off-site activities such as sporting events, excursions (e.g. restaurants and food processing plants), school outings or camps, we think early about the catering requirements for food-allergic children, and emergency planning (including access to emergency medication and medical care).
- When parents or carers send food into school, they will be requested that this will not contain the obvious allergens i.e. nuts, coconut or sesame seeds which would include peanut butter, Nutella, all nuts and cooking oils containing nut oil
- Parents and carers will be encouraged to educate their child and encourage increasing independence in the awareness and management of their allergy
- Parents and carers should check the weekly AiP menu and contact the school or the caterers should they have concerns

Nut allergies:

We feel that to remove nuts from menus and have a policy of preventing nuts from being brought onto the school premises is in the interest of the pupils and adults in the schools within The Trinity Federation. However, there is no absolute guarantee that a nut ban will ensure there are no nuts on the school premises.

We regularly remind parents not to send nuts and nut products into school. We feel that by prohibiting nuts on site, the school environment is as nut-free as possible, and so we reduce the risk of any allergic reactions. However, it is acknowledged that this action may encourage a false sense of security for those pupils with a nut allergy. Therefore, it remains crucial that parents ensure that their children understand their allergy and that their children remain vigilant in avoidance strategies, which may at some point be required outside of school, where they may come into contact with nuts.

Our school catering service is bought in from Alliance in Partnership, who operate a 'no nut' policy, and consequently, our school kitchen does not use nuts, nut oils or nut containing products in the preparation of food. The kitchen is made fully aware of any nut allergies that specific children have.

Appendix 2

Information Required on an Individual Healthcare Plan

The following information should be considered when writing an Individual Healthcare Plan:

- The medical condition, its triggers, signs, symptoms and treatments.

The pupil's resulting needs, including medication and other treatments, times, facilities, equipment.

- Testing, dietary requirements and environmental issues.
- Specific support for the pupil's educational, social and emotional needs.
- The level of support needed, including in emergencies.
- Who will provide support, their training needs, expectation of their role and confirmation of their proficiency and cover arrangements.
- Who in school needs to be aware of the child's condition and the support required.
- Arrangements for written permission from parents/carers and the HoS/Executive Headteacher for medication to be administered by a member of staff or self-administered. Children who are competent should be encouraged to take responsibility for managing their own medicines and procedures, with an appropriate level of supervision.
- Separate arrangements or procedures required for educational visits or other activities outside of the normal school timetable that will ensure the child can participate.
- Confidentiality.
- What to do if a child refuses to take medicine or carry out a necessary procedure.
- What to do in an emergency, who to contact and contingency arrangements.

Appendix 3 - Emergency Procedure to be followed in case of all medical emergencies

1. Call nearest 1st aid trained staff member to aid support pupil/adult patient
2. Call an ambulance if needed – dialling 999 (if calling from a school landline, dial 9, then 999)

Speak clearly and slowly and be ready to repeat information if asked.

- a. Give your telephone number
 - b. Give your name
 - c. Give your location (School name, postcode)
 - d. Provide the exact location of the patient within the school setting
 - e. Provide the name of the child and a brief description of their symptoms
 - f. Inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient.
 - g. Inform Premises/Admin to have gate open and to support access to site
 - h. Ambulance crew to be accompanied to child
 - i. Continue to monitor until arrival of ambulance crew – keeping all staff updated about arrival times
3. Parents are called as soon as possible and advised of the situation
 4. A senior member staff is called who can decide on how the situation is supported – ie keeping area clear of staff and pupils etc. This person to notify and keep the HoS and subsequently, the Executive Headteacher informed
 5. First aid trained member of staff stays with child/adult and liaises with senior member of staff
 6. Parents accompanied to their child upon arrival
 7. If a child needs to be taken to hospital, then the child and parent travel to hospital with the ambulance
 - a. If parents not at school
 - i. member of staff accompanies child to hospital
 - ii. parents are called and advised to go to the hospital
 - iii. member of staff stays with child until parents arrive
 8. An Incident form is completed by the senior member of staff involved in the incident, with the support of the Federation School's Business Manager, on Business World (Unit 4 ERP) and submitted to the LA as soon as possible.
 9. Where appropriate: At the first available opportunity all staff involved attend a de-brief and review procedures and their effectiveness. The designated governor responsible for safeguarding will also be invited to attend the debriefing session where appropriate.

10. Parents are called the next day, where appropriate, for an update on the child's welfare.

Follow-up (where appropriate) :

For children:

HoS/SENCO support follow up with parents/ child about the well-being of the child

For adults:

Line managers/HR to follow up with staff/adults about their well-being. In either case there may be a need to refer parents/adults to a senior member of staff who can go through the process taken by the school, and refer them to relevant complaints documentation if that is required.

Appendix 4 - Procedure for administering medication to pupils at the schools within The Trinity Federation

Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so.

Where clinically possible, medicines should be prescribed in dose frequencies that enable them to be taken outside school hours.

When pupils need to take medication in school, parents/carers must complete a request to administer medication form. Copies are available from the school office and via the school's website. These can be submitted in person or by email.

The following details are required:

- Full name of pupil and date of birth
- Name of medication and strength
- Who prescribed it
- Dosage to be given
- Any possible side effects that may be expected should be noted
- Signature printed name of parent/carer and date

Asthmatics, diabetics and those with adrenaline auto-injector pens need only submit one form, not for each occasion of treatment being administered.

Prescribed medicines must be in date, labelled and provided in the original container (except in the case of insulin which may come in a pen or pump, and asthma pumps) with dosage instructions. **Medicines that do not meet these criteria will not be administered.**

Medication will be individually labelled, with use by dates clearly displayed, and stored within the office.

No child under will be given medication that contains aspirin without a doctor's prescription.

Children requiring non-prescribed medicine, such as paracetamol during the school day would not normally be allowed to take this medication at school, unless in exceptional circumstances and explicitly agreed by the HoS. Where this has been agreed, the parents are expected to complete the request to administer medication form (Appendix 5)

Any medications left over at the end of the course will be returned to the pupil's parent/carer. Records will be kept of any medication administered to pupils.

Any child refusing to take medicine in school will not be made to do so, and parents will be informed about the dose being missed.

All medicines will be placed in a secure location away from other children.

Medicines and devices such as asthma inhalers, blood testing meters and adrenaline pens will always be available to children and not locked away.

If medicines require refrigeration parents will be advised of the school's ability to store such medicines at the time of application via the medication form.

Appendix 5:

Parental request for school to administer medicine

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

Name of child	
Date of birth	
Class	
Medical condition or illness	
Name and phone no. of GP	
Name/type of medicine <i>(as described on the container)</i>	
Dosage and method	
Time(s) medication required	
Are there any side effects that the school needs to know about?	
Procedures to take in an emergency	
Contact Details	
Name	
Daytime telephone no.	
Address	
Name of person completing this form	
Relationship to child	

I accept that this is a service that the school is not obliged to undertake.

I understand that I must notify the school of any changes in writing.

In the case of my child having an asthma attack whilst at school, should my child's school have an emergency salbutamol inhaler available, I am consenting for my child to be treated with this emergency salbutamol inhaler should their own inhaler be unavailable for use.

Signature(s) _____ Date: _____

Please note: It is your responsibility to ensure that the school is kept informed about changes to your child's medicines, including how much they take and when. It is also your responsibility to provide the school with medication that is clearly labelled and in date.

Appendix 6

Asthma Policy

Background

This policy has been written with advice from the Department for Education, Asthma UK, the local education authority, local healthcare professionals, the school health service, parents/carers, the governing body and pupils.

This school recognises that asthma is a widespread, serious but controllable condition affecting many pupils and staff at the school. The school positively welcomes all pupils and staff with asthma. This school encourages pupils with asthma to achieve their potential in all aspects of school life by having a clear policy that is understood by school staff, their employers (the local authority) and pupils. Supply teachers and new staff are also made aware of the policy. All staff who come into contact with pupils with asthma are provided with training on asthma from the school nurse who has had asthma training. This policy is reviewed, and training updated once a year.

Asthma medicines

Immediate access to reliever medicines is essential. Pupils with asthma are encouraged to carry their reliever inhaler as soon as the parent/carer, doctor or asthma nurse and class teacher agree they are mature enough (usually Key Stage 2) on the understanding that pupils will inform an appropriate adult if they have taken their inhaler. We also ask that an additional inhaler be left in the classroom. The reliever inhalers of all children are kept in the classroom storeroom in a labelled container with the child's photograph. All inhalers should be in their original containers, showing the pupil's name, expiry date, and prescription and administration information along with a completed School Asthma Health Care Plan (Appendix 2).

School staff are not required to administer asthma medicines to pupils (except in an emergency), however many of the staff at this school are happy to do this. School staff who agree to administer medicines are insured by the local education authority when acting in agreement with this policy. All school staff will let pupils take their own asthma medicines when they need to.

The school has chosen to buy an emergency salbutamol inhaler from our local pharmacist, as per Department of Health guidance (Sept. 2014). It will only be administered to children whose parents have completed the Parental Agreement for School to Administer Emergency Inhalers Medication form.

Record keeping

At the beginning of each school year or when a child joins the school, parents/carers are asked if their child has any medical conditions including asthma for their enrolment form/school information.

All parents/carers of children with asthma are consequently sent an *Asthma Management Pack to complete*. Parents/carers are asked to return them to the school. From this information the school keeps its asthma register, which is available to all school staff.

Asthma Management Packs are then sent to parents/carers of children with asthma on an annual basis to update. Parents/carers are also asked to update the information if their child's medicines, or how much they take, changes during the year.

Exercise and activity – PE and games

Taking part in sports, games and activities is an essential part of school life for all pupils. All teachers know which children in their class have asthma and all PE teachers at the school are aware of which pupils have asthma from the school's asthma register.

Pupils with asthma are encouraged to participate fully in all PE lessons. Teachers will remind pupils whose asthma is triggered by exercise to take their reliever inhaler before the lesson, and to thoroughly warm up and down before and after the lesson. It is agreed with staff that each pupil's inhaler will be labelled and kept in a box at the site of the lesson. If a pupil needs to use their inhaler during a lesson they will be encouraged to do so.

Classroom teachers follow the same principles as described above for games and activities involving physical activity.

Out-of-hours sport

There has been an increased emphasis in recent years on increasing the number of children and young people involved in exercise and sport in and outside of school. The health benefits of exercise are well documented, and this is also true for children and young people with asthma. It is therefore important that the school involve pupils with asthma as much as possible in after school clubs.

Teachers, classroom assistants and out of hours school sport coaches are aware of the potential triggers for pupils with asthma when exercising, tips to minimise these triggers and what to do in the event of an asthma attack. All staff are provided with training from a school nurse, who has had asthma training.

School Trips and Visits (off site)

All year groups make visits to a wide variety of places throughout the year to enhance learning. Pupils with asthma are always included in risk assessments for these visits and

procedures are planned for to minimise risks to pupils with asthma. Inhalers are always taken on school trips for any child with asthma and these children are identified to the adults in charge.

School environment

The school does all that it can to ensure the school environment is favourable to pupils with asthma. The school does not keep furry or feathery animals and has a definitive no-smoking policy. As far as possible the school does not use chemicals in science and art lessons that are potential triggers for pupils with asthma. Pupils with asthma are encouraged to leave the room, accompanied by an adult, and go and either get fresh air or sit in the school office if it becomes evident something has triggered their asthma.

Making the school asthma-friendly

The school ensures that all pupils understand asthma. Asthma can be included in the National Curriculum Key Stages 1 and 2 in science, design and technology, geography, history and PE. Our PSHE curriculum also addresses people living with medical needs.

When a pupil is falling behind in lessons

If a pupil is missing a lot of time at school or is always tired because their asthma is disturbing their sleep at night, the class teacher will initially talk to the parents/carers to work out how to prevent their child from falling behind. If appropriate, the teacher will then talk to the school nurse and special education needs coordinator about the pupil's needs.

The school recognises that it is possible for pupils with asthma to have special education needs due to their asthma.

Asthma attacks

All staff who come into contact with pupils with asthma know what to do in the event of an asthma attack.

In the event of an asthma attack the school follows the procedure outlined below:

How is your child?



Red

- Drowsy
- Has severe wheeze
- Unable to speak in sentences
- Unable to take fluids and is getting tired
- Is unable to respond with loss in consciousness
- Breathless, with heaving of the chest

You need urgent help

Ring 999 – you need help immediately. If you have a blue inhaler use it now, 1 puff per minute via spacer until the ambulance arrives.



Amber

- Wheezing and breathless
- Not responding to usual reliever treatment

You need to see or speak to a doctor or nurse today

Please ring your GP surgery or call NHS 111 – dial 111



Green

- Requiring to use their reliever regularly throughout the day for cough or wheeze but is not breathing quickly
- Able to continue day to day activities
- Change in peak flow meter readings

You need to see a doctor or nurse to discuss your child's asthma.

Please ring for a non urgent appointment.

Some useful phone numbers and information



GP Surgery
(make a note of number here)

NHS 111

dial 111

available 24 hours
7 days a week

Shropshire Walk-in Centre
Located next to A&E at
Royal Shrewsbury Hospital
Open from 8am to 8pm,
7 days a week including
bank holidays

For online health condition advice visit: www.nhs.uk/conditions

Asthma UK website www.asthma.org.uk/advice/child/

All advice sheets can be found on Shropshire CCG Website; <http://www.shropshireccg.nhs.uk/>

All advice sheets can be found on Telford and Wrekin CCG Website; <https://www.telfordccg.nhs.uk/>

Produced by: NHS Shropshire Clinical Commissioning Group and NHS Telford & Wrekin Clinical Commissioning Group.
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Asthma Advice Sheet – self care

What is asthma?

Asthma is caused by inflammation of the airways. These are the small tubes, called bronchi, which carry air in and out of the lungs. If you have asthma, the bronchi will be inflamed and more sensitive than normal.

Asthma can start at any age, but it most commonly starts in childhood. At least 1 in 10 children, and 1 in 20 adults, have asthma.

In an asthma attack the muscles of the air passages in the lungs go into spasm and the linings of the airways swell. As a result, the airways become narrowed and breathing becomes difficult.

What causes asthma in children?

In young pre-school children, wheezing is usually brought on by a viral infection – causing a cold, ear or throat infection. Some people call this 'viral-induced wheeze' or 'wheezy bronchitis', whilst others call it asthma. Most children will grow out of it, as they get to school age.

In older children, viruses are still the commonest cause of wheezing. But other specific triggers may also cause an asthma attack such as:

- ⌘ an allergy eg animals
- ⌘ pollens and mould particularly in hayfever season
- ⌘ cigarette smoke
- ⌘ extremes of temperature
- ⌘ stress
- ⌘ exercise (However, sport and exercise are good for you if you have asthma. If necessary, an inhaler can be used before exercise to prevent symptoms from developing)

Your child MAY BE having an asthma attack if any of the following happens:

- ⌘ Their reliever isn't helping or lasting over four hours
- ⌘ Their symptoms are getting worse (cough, breathlessness, wheeze or tight chest)
- ⌘ They are too breathless or it's difficult to speak, eat or sleep
- ⌘ Their breathing may get faster and they feel like they can't get their breath in properly
- ⌘ Young children may complain of a tummy ache.

What to do if your child has an asthma attack:

1. Give your child one to two puffs of their reliever inhaler (usually blue), immediately – use a spacer if they need it.
2. Get your child to sit down and try to take slow, steady breaths. Keep them calm and reassure them
3. If they do not start to feel better, give them two puffs of their reliever inhaler (one puff at a time) every two minutes. They can take up to ten puffs
4. If they do not feel better after taking their inhaler as above, or if you are worried at any time, call 999.
5. If an ambulance does not arrive within 10 minutes and they are still feeling unwell, repeat step 3.

If your child's symptoms improve and you do not need to call 999, you still need to take them to see a doctor or asthma nurse within 24 hours of an asthma attack.

Most people who have asthma attacks will have warning signs for a few days before the attack. These include having to use the blue reliever inhaler more often; changes in peak flow meter readings, and increased symptoms, such as waking up in the night. Don't ignore these warning signs, as they indicate that your child's asthma control is poor and they risk having a severe attack.

This procedure is displayed in the staffroom, every classroom and a copy kept in the first aid areas.

Staff with Asthma

Any staff who suffer from asthma should speak to their Head of School about their needs and any special provision required.

Equal Opportunities (see Single Equality Scheme)

Equal opportunities is about ensuring that every member of the school community is regarded as being of equal worth and importance, irrespective of culture, race, gender, sexual orientation, gender identity, learning abilities, sensory or physical impairment, social class or lifestyle. This also applies to people with asthma; it is about recognising differences, meeting individual needs and taking positive action, so that everyone has equal access to the educational opportunities offered by the school; it is also about regularly monitoring that each child has the opportunity to achieve.

Appendix 7 -

ALLIANCE IN PARTNERSHIP (AiP) FOOD ALLERGY POLICY

Overview

This policy will ensure that pupils at school with food allergies are wholly supported and that they are aware of what allergens are in the food that is prepared at the school by our caterers, AIP Catering.

What is a food allergy?

A food allergy is an abnormal immune response to food. The signs and symptoms may range from mild to severe. They may include itchiness, swelling of the tongue, vomiting, diarrhoea, hives, trouble breathing, or low blood pressure. This typically occurs within minutes to several hours of exposure. When the symptoms are severe, it is known as anaphylaxis. Food intolerance and food poisoning are separate conditions.

Common foods involved include cow's milk, peanuts, eggs, shellfish, fish, tree nuts, soy, wheat, rice, and fruit. The common allergies vary depending on the country. Risk factors include a family history of allergies, vitamin D deficiency, obesity, and high levels of cleanliness. Allergies occur when immunoglobulin E (IgE), part of the body's immune system, binds to food molecules. A protein in the food is usually the problem. This triggers the release of inflammatory chemicals such as histamine.

It is important to take food allergy seriously. Under the new Food Information regulations, our caterers have a legal responsibility to provide the correct allergen information about the ingredients that is in the food they make or serve, to our students, staff and visitors.

Rules:

Loose foods

The EU law has listed 14 allergens that need to be identified if they are used as ingredients in a dish. This means that from 13 December 2014, all food businesses will need to provide information about the allergenic ingredients used in foods sold or provided by them.

As a food business serving loose foods, our caterers have to supply information for every item on their menu that contains any of the 14 allergens as ingredients.

Gluten-free and no gluten containing ingredients

If caterers state that any of the foods they serve are gluten-free, there are strict rules surrounding this. The foods that are served to you that are declared as gluten-free must not contain more than 20mg/kg of gluten.

If our caterers are making a gluten-free claim on loose food that they sell, they must consider whether they have the required processes in place to prevent cross-contamination.

If our caterer's processes cannot be guaranteed or controlled sufficiently, they will need to consider more factual statements, such as 'no gluten containing ingredients' which is also known as NGCI.

Either way, they will need to prevent cross-contamination as much as they can.

How our caterers are aware of their allergen information

Details of these allergens for each of the caterer's standard recipe is listed on the Allergen Matrix found within a file that they hold on site.

It is important that recipes are followed correctly to ensure that the correct information is given to the customer.

To help to identify which dishes contain allergens they:

- make sure that their kitchen staff use the same recipes every time;
- keep ingredients in the original containers where possible;
- make sure that staff are aware of where allergen information is stored and how it is kept;
- ensure that the allergen information is kept up to date (for example, if they receive new recipes from Head Office or ingredients are substituted);
- always check deliveries to make sure what is delivered is what was ordered and ensure that the relevant labelling information is provided with the order;
- check that the food delivered is the same brand that is normally used, as different brands might have different ingredients.

Please note that AIP Catering have a nut-free policy in their kitchens.

Roles:

Pupils

Pupils will be fully involved in discussions about their food allergies and will be asked to contribute as much as possible (age appropriate and in-line with The Trinity Federation's 'Supporting children with medical needs policy').

Parents/Carers

Parents/Carers should provide Alliance in Partnership with sufficient and up to date information about their child's food allergies. They should do this by completing the Special Diets form below and then submit it to the school administrator who will take a copy and then submit the original to the AiP cook. **Parents should request a Special Diets pack from the school administrator and this can then be emailed to, or printed, for the parent.**

AiP Kitchen Manager

On receipt of the Special Diets form from the school office, the kitchen manager will forward a copy to the AiP Special diets Team to log into the Group database (GDPR information is provided to parents in the Special Diet Pack).

The kitchen manager will then issue the bespoke menu to the school to enable the parent/carer to make menu choices. An amended menu based on the special dietary information provided will be served to the child until the specific choices have been made and submitted to the school and subsequently to the kitchen.

On receipt of the parental choices of menu, AiP will implement the menu.

Special Diets Form - Information about my child's special diet

Please fill in this form in BLOCK CAPITALS and return it to your child's school.
(The letter that goes with it tells you how)

Child's full name	
School Name, Class, form and tutor	
Your name	
Your relationship to the child	

<p>I confirm my child has a food allergy, intolerance or other dietary-related medical condition that needs addressing. The information in this form isn't about my child's food preferences.</p> <p>I agree to information about my child's allergy and any related doctor's or registered dietician's medical assessment being provided to the school's catering partner AiP Group of Companies (including any other relevant personal data, like photographs, if I've agreed with the school), solely so they can provide the right alternative meals for my child.</p>	
Parent or guardian's signature	
Date	

Section C: Allergy details		
Does your child have a food allergy? If YES, fill in this section. If NO go to Section D.	Tick if YES	Please include as much information as possible about your child's food allergy in the space below. For example: <ul style="list-style-type: none"> Can they tolerate products that say '<u>may contain traces</u>'? Should they avoid all forms of the allergen - or can they tolerate some forms, for example raw, baked or cooked? If possible, please provide a copy of any relevant medical assessment or confirmation
Celery		
Cereals (containing gluten)		
Crustaceans		
Egg		
Milk		
Molluscs		
Fish		

List continues on next page

Section C: Allergy details continued

Frequently Asked Questions - Parents

1. Q. I think my child/young person has an allergy to certain foods but I am not sure. What should I write on the form?

A. If you think your child/young person has a food allergy then we strongly advise you to seek the advice of either a medical or nutritional professional to obtain further information as soon as possible. All allergies that fall outside of the 14 regulated allergens, will require the medical documentation, such as the Allergy Action Plan, in order for AiP Group of Companies to create a bespoke allergy menu.

2. Q I have already told you verbally about the food allergy, why do I need to fill in a form?

A. We need to keep a written record with details of any food allergies that your child/young person has so that we can share it in an emergency with medical professionals. We also need to ensure that we are sharing accurate information about your child/young person's food allergy with AiP Group of Companies who are the company that provide our catering.

3. Q. What is the difference between an allergy, intolerance and medically related special dietary requirements?

A. A food allergy is when your immune system mistakenly thinks that certain foods are harmful to their body causing it to react. The symptoms are usually those of 'classic' allergy such as a red raised, itchy rash (urticaria), wheezing, vomiting, severe gut symptoms or (very rarely) sudden collapse. These can occur within a few minutes of eating or coming in to contact with the allergen. A food intolerance doesn't usually involve your immune system. However, coeliac disease is an intolerance to gluten and does involve the immune system. Some medical conditions may require a special diet, such as a modified texture diet for example fork mashed, smooth or pureed. All of the above should be recorded on the form.

4. Q. My child/young person requires a specific cultural or religious diets, vegetarian diets, should these be detailed on the form?

A. There is no requirement to complete the form, as AiP Group of Companies do not consider cultural or religious diets, vegetarian as 'special diets' as we believe our menus offer a diverse range of foods to cater for pupils for all backgrounds.

5. Q. Can your catering partner AiP Group of Companies promise to provide food that is created and served in 'nut free' environments?

A. At the AiP Group of Companies we recognise that nut allergies pose a serious threat to everyone's well-being and we have created strict policies to ensure the contamination risk is as low as possible. Below are the practices we follow in our kitchens.

Nuts in Food

We don't use any nuts (either peanut or any tree nuts) in our kitchens. Neither do we use any ingredients that contain nuts in our kitchens.

May Contain Labels

All our kitchens purchase ingredients from a centralised buying list. Each item is analysed by a nutritionist before being allowed on the list. Any item that carries a 'may contain' label is researched with the manufacturer before being allowed on the list. We may only allow items that carry a 'may contain' label if the manufacturer can provide proof that nuts are produced in a separate manufacturing building or area. We do not allow items carrying the 'may contain' label where the product is produced on the same production line. Coconut

Coconut is not considered a nut and does not fall into the peanut or tree nut allergy categories. We do use coconut in our kitchens.

6. Q. My child/young person has packed lunch. Why do I need to complete the form?

A. You do not need to complete this form. The contents of your child's lunch is your responsibility. However, if you would like your child to participate in Special/Theme Days such as Christmas Dinner, you will need to complete this form.

7. Q, Providing and sharing medical information on of my child/young person with the catering partner AiP Group of Companies.

A. Allergens data is considered health data and under the GDPR this is a special category of data which has specific requirements. Legal advice received advises that the only relevant legal basis for the processing of allergens data is explicit consent from the data subject (or in our case the parent/guardian of the student due their age) and it is only with this explicit consent is permitted under GDPR to process the allergens data we receive from you.

We ask for this explicit consent from parents/guardians via our Special Diet Information Form.