WESTFIELD PRIMARY SCHOOL

Allergy Safety Policy

September 2026

Review date: September 2027

Written by the Inclusion Leader/Annette Newport

engage enrich excel academies

Allergy Safety Policy: September 2026

1. Introduction

The staff at Westfield Primary School are committed to providing pupils with a high quality education whatever their health need, disability or individual circumstances.

We promote inclusion and will make all reasonable adjustments to ensure that children and young people with a disability, health need, allergy or SEND are not discriminated against or treated less favourably than other pupils.

This policy reflects the requirements and statutory expectations arising from the Children's Wellbeing and Schools Act 2026 ("Benedict's Law"), associated Department for Education guidance (including Allergy Safety in Schools guidance July 2026), and guidance from Anaphylaxis UK, including:

- Whole-school allergy awareness.
- Annual staff allergy training.
- Individual healthcare and allergy action plans.
- Access to emergency medication.
- Clear safeguarding and risk management procedures.
- Inclusive participation in all school activities.

This policy should be read alongside:

- Supporting Children with Medical Needs Policy.
- Child Protection and Safeguarding Policy.
- First Aid Policy.
- Educational Visits Policy.
- Behaviour Policy.
- Equality, Diversity, Inclusion & Belonging Policy.

2. Aims

The school aims to:

- Protect children with allergies and reduce the risk of exposure to allergens.
- Ensure all staff understand how to recognise and respond to allergic reactions and anaphylaxis.
- Promote a culture of awareness, inclusion and respect.

- Ensure children with allergies are able to participate fully in school life.
- Work closely with parents, carers, healthcare professionals, caterers and external providers.
- Maintain clear emergency procedures and access to medication.

This policy applies to:

- All children.
- All staff and volunteers.
- Contractors and visitors.
- Breakfast clubs and after-school clubs.
- School trips and residential visits.
- Catering providers and external organisations using the school site.

3. Definitions

Allergy: An allergy is an immune system reaction to a normally harmless substance. The reaction can cause minor symptoms such as itching, sneezing or rashes but sometimes causes a much more serious reaction called anaphylaxis. Allergy includes multiple conditions (food allergy, asthma, eczema, hay fever, others), which can co-exist.

Anaphylaxis: Anaphylaxis is a severe and potentially life-threatening allergic reaction that requires immediate treatment. It is at the extreme end of the allergic spectrum. The whole body is affected often within minutes of exposure to the allergen, but sometimes it can be hours later. Causes can include foods, insect stings, and drugs.

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

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

Common UK Allergens include (but are not limited to):- peanuts, tree nuts, sesame, milk and dairy, egg, fish and shellfish, wheat and gluten, soya, latex, insect venom, pollen, medicines and animal allergies.

Westfield Primary School will support pupils with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in school life.

4. Roles and Responsibilities

The Local Advisory Committee will:

- Ensure the school has an effective allergy safety policy.
- Monitor implementation of this policy.
- Support staff training and resourcing.
- Ensure safeguarding responsibilities are met.
- the member of the LAC responsible for the policy is **Kate Rimmel**.

The Headteacher will:

- Ensure procedures are implemented consistently.
- Appoint an Allergy Lead(s).
- Ensure staff receive annual allergy and anaphylaxis training.
- Ensure emergency medication is available and maintained.
- Promote an inclusive and allergy-aware culture.

The Allergy Lead will:

- Maintain the allergy register.
- Ensure Individual Healthcare Plans are up to date and shared with relevant staff at least termly and whenever a new child with allergies joins the school
- Coordinate training.
- Monitor medication expiry dates.
- Liaise with parents and healthcare professionals.
- Ensure allergy information is shared appropriately with staff.
- Review incidents and near misses.
- The joint Allergy Leads responsible for co-ordinating staff anaphylaxis training and the upkeep of the school's Allergy Safety policy are Rachel Sadler (SENCO) and Andrea Banks (SLT/SENCO).

Parents and carers are responsible for:

- Informing the school of allergies and medical needs. On entry to the school, it is the parent's/carer's responsibility to inform the school SENCO of any

allergies. This information should include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication.
- Providing prescribed medication and ensuring it is in date and replaced as necessary.
- Completing required medical diet request documentation and providing supporting evidence where necessary.
- Providing an up-to-date Allergy Action Plan (BSACI plans preferred) to school. If they do not currently have an Allergy Action Plan this should be developed as soon as possible in collaboration with a healthcare professional.
- Updating the school regarding any changes to medical information.
- Working in partnership with the school to reduce risk.
- Keep the school up to date with any changes in allergy management and to update the Allergy Action Plan accordingly.
- If their child wishes to have school dinners, parents are responsible for notifying both the school office and the school caterers, Chartwells of any allergies and completing the necessary paperwork required by Chartwells to enable them to provide a bespoke menu for their child.

All staff will:
- complete annual allergy and anaphylaxis training in line with Benedict's Law expectations and Anaphylaxis UK guidance.
- Be aware of the pupils in their care (regular or cover classes) who have known allergies as an allergic reaction could occur at any time and not just at mealtimes. Any food-related activities must be supervised with due caution.
- Read and follow children's Individual Healthcare Plans.
- Take reasonable steps to reduce allergen exposure.
- Respond appropriately in an emergency.
- Never ignore concerns raised by children regarding allergies.
- Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will also check that adults leading groups which include pupils with medical conditions, including allergies, carry the required medication for those pupils.
- The school SENCO will ensure that the up-to-date Allergy Action Plan is provided to relevant class teacher to be kept with the pupil's medication.
- It is the parent's responsibility to ensure all medication is in date however the SENCO and a nominated member of the school office staff will check

medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.
- The school SENCO keeps a register of pupils who have been prescribed an adrenaline auto-injector (AAI) and a record of use of any AAI(s) and emergency treatment given.

Pupils will be encouraged, in an age-appropriate way, to:
- Understand and manage their allergies and have a good awareness of their symptoms.
- Children should not share food, utensils, drinking bottles or eating equipment.
- Tell an adult immediately if they feel unwell or suspect they are having an allergic reaction.
- Respect the medical needs of others.

The school and catering providers will:
- Work with parents/carers regarding medically required diets.
- Support safe implementation of agreed dietary adjustments.

5. Allergy Register and Individual Healthcare Plans

The school will maintain an up-to-date allergy register.

Children with allergies must have:
- A completed Individual Healthcare Plan (IHP).
- An Allergy Action Plan provided by a healthcare professional.
- Appropriate medication supplied by parents/carers.
- A risk assessment where required.

Individual Healthcare Plans will include:
- Known allergens.
- Symptoms of mild and severe reactions.
- Medication requirements.
- Emergency contact details.
- Emergency procedures.
- Consent for administration of medication.

Plans will be reviewed:
- Annually.

- Following any allergic reaction.
- Whenever medical needs change.

6. Allergy action plans

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

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

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

7. Emergency Procedures and Management of Anaphylaxis

What to look for:
Symptoms usually come on quickly, within minutes of exposure to the allergen. All allergic reactions must be treated seriously.

Mild to moderate allergic reaction symptoms may include:
- a red raised rash (known as hives or urticaria) anywhere on the body .
- a tingling or itchy feeling in the mouth or elsewhere.
- swelling of lips, face or eyes.
- stomach pain or vomiting.
- Sneezing or runny nose.

More serious symptoms are often referred to as the ABC symptoms and can include:
- AIRWAY - swelling in the throat, tongue or upper airways (tightening of the throat, hoarse voice, difficulty swallowing).
- BREATHING - sudden onset wheezing, breathing difficulty, noisy breathing, persistent cough.

- CIRCULATION - dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin or floppy appearance, collapse, loss of consciousness.

The term for this more serious reaction is anaphylaxis. In extreme cases there could be a dramatic fall in blood pressure. The person may become weak and floppy and may have a sense of something terrible happening. This may lead to collapse and unconsciousness and, on rare occasions, can be fatal.

If the pupil has been exposed to something they are known to be allergic to, then it is more likely to be an anaphylactic reaction.

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

What does adrenaline do?
- It opens up the airways.
- It stops swelling.
- It raises the blood pressure.

As soon as anaphylaxis is suspected, adrenaline must be administered without delay. Action:

- Keep the child where they are, call for help and do not leave them unattended.
- **LIE CHILD FLAT WITH LEGS RAISED** – they can be propped up if struggling to breathe but this should be for as short a time as possible. Children must not be allowed to stand or walk during a suspected anaphylactic reaction.
- **USE ADRENALINE AUTO-INJECTOR WITHOUT DELAY** and note the time given. AAIs should be given into the muscle in the outer thigh. Specific instructions vary by brand – always follow the instructions on the device.
- A member of staff must remain with the child until emergency services arrive.
- CALL **999** and state **ANAPHYLAXIS (ana-fil-axis).**
- If no improvement after 5 minutes, administer second AAI if medical advice indicates this is required.

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

- Send the used AAIs with paramedics.
- Ensure a member of staff accompanies the child if parents are unavailable.

See the Emergency Allergy Response Flowchart in appendix 1.

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

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

8. Supply, storage and care of medication

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

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

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

- Two AAIs i.e. EpiPen® or Jext® or Emerade®.
- An up-to-date allergy action plan.
- Antihistamine as tablets or syrup (if included on allergy action plan).
- Spoon if required.
- Asthma inhaler (if included on allergy action plan).

It is the responsibility of the child's parents to ensure that the anaphylaxis kit is up-to-date and clearly labelled, however the School SENCO and a nominated member of the school office staff will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.

Parents can subscribe to expiry alerts for the relevant AAIs their child is prescribed, to make sure they can get replacement devices in good time.

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

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

9. Medication

Children prescribed adrenaline auto-injectors (AAIs) must have access to them at all times. Parents/carers are responsible for ensuring prescribed medication is replaced before expiry dates.

Medication will:

- Be clearly labelled.
- Be easily accessible.
- Be stored securely but not locked away.
- Accompany children on trips and activities.
- Be checked regularly for expiry dates.

The school will hold spare in-date AAIs in accordance with national guidance. Spare AAIs may be used for any child or adult on the school site who is believed to be experiencing anaphylaxis, in line with national guidance and emergency procedures.

Spare devices may be used:

- Where a child's prescribed device is unavailable or unusable.
- In an emergency where anaphylaxis is suspected.
- In accordance with parental consent and Individual Healthcare Plans.

The school will also hold spare salbutamol inhalers in accordance with national guidance. Spare inhalers may be used for any child or adult on the school site in line with national guidance and emergency procedures.

Spare devices may be used:

- Where a child's prescribed device is unavailable or unusable.
- In accordance with parental consent and Individual Healthcare Plans.

The school will maintain:

- Appropriate storage arrangements.
- Usage logs.
- Expiry date monitoring.
- Replacement procedures.
- A copy of the school's Protocol for the use of school emergency adrenalin auto injectors (Epipen/Jext) (AAIs) is set out in appendix 2.
- A copy of the school's Protocol for the use of school emergency salbutamol inhalers is set out in appendix 3.

10. Staff Training

All staff will receive annual allergy and anaphylaxis training in line with Benedict's Law expectations and Anaphylaxis UK guidance.

Training includes:

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

Training records will be maintained by the school.

Allergy awareness information and emergency procedures will form part of staff induction processes.

11. Inclusion and safeguarding

Westfield Primary School is committed to ensuring that all children with medical conditions, including allergies, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential. The school recognises allergy management as part of safeguarding.

The school will:

- Prevent bullying related to allergies.
- Promote understanding and inclusion.
- Support children emotionally and socially.
- Ensure children with allergies are not unfairly excluded.
- Encourage respectful behaviour around food and medical needs.

Allergy-related bullying or unsafe behaviour will be treated seriously.

12. Catering and Medical Diet Requests

School meals are provided by Chartwells. The school menu is available for parents to view in advance with all ingredients listed and allergens highlighted on the school website.

If their child wishes to have school dinners, parents are responsible for notifying both the school office and the school caterers, Chartwells of any allergies and completing the necessary paperwork required by Chartwells to enable them to provide a bespoke menu for their child (see appendix 4).

A member of the school administration team will inform Chartwells of pupils with food allergies. The procedures for accommodating pupils with food allergies or requiring bespoke menus outlined by Chartwells will be followed.

Children requiring a medically adapted diet must have appropriate supporting evidence provided to the school and catering provider.

Parents/carers requesting a medical diet must complete the relevant medical diet request documentation, including the Chartwells Medical Diet Request Form where applicable.

The school and catering provider will work collaboratively with parents/carers to support medically required diets while maintaining safe catering procedures.

Chartwells will notify the school when the procedures have been completed and a bespoke menu is in place for a specific pupil. The pupil will then be issued with an allergy ID card and lanyard to wear each time they require a school lunch.

Chartwells allergen information, including the 14 regulated allergens under Food Information Regulations, together with nutritional information where available, may be requested from the catering team or local Chartwells representative

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

- Bottles, other drinks and lunch boxes provided by parents for pupils with food allergies should be clearly labelled with the name of the child for whom they are intended.
- Food should not be given to primary school age food-allergic children without parental engagement and permission (e.g. birthday parties, food treats).
- Use of food in crafts, cooking classes, science experiments and special events (e.g. fetes, assemblies, cultural events) needs to be considered and may need to be restricted/risk assessed depending on the allergies of particular children and their age.

13. Catering and Food Management

The school and catering providers will:

- Follow food safety and allergen legislation.
- Provide allergen information for meals.
- Minimise cross-contamination risks.
- Ensure catering staff receive appropriate training.
- Communicate menu changes promptly.

Children with allergies may:

- Bring packed lunches where appropriate.
- Have adapted menu options where feasible.
- Eat in arrangements identified through risk assessment.

Food will not be used in lessons or activities without consideration of allergy risks.

14. Educational Visits and Off-Site Activities

The school will ensure children with allergies can participate safely in trips and activities. No child will be excluded solely because of an allergy unless a risk assessment identifies unavoidable and significant risk.

Staff leading school trips will ensure they carry all relevant IHP's and emergency supplies. Trip leaders will also check that adults leading groups which include pupils with medical conditions, including allergies, carry the required medication for those pupils. Pupils unable to produce their required medication will not be able to attend the excursion.

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

Overnight school trips should be possible with careful planning and a meeting for parents with the lead member of staff planning the trip should be arranged. Staff at the venue for an overnight school trip should be briefed early on that an allergic child is attending and will need appropriate food (if provided by the venue).

Staff will ensure that emergency communication procedures are in place.

Sporting Excursions

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

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

15. Allergy awareness and nut bans

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

A 'whole school awareness of allergies' is a much better approach, as it ensures teachers, pupils and all other staff are aware of what allergies are, the importance of avoiding the pupils' allergens, the signs & symptoms, how to deal with allergic reactions and to ensure policies and procedures are in place to minimise risk.

16. Reducing Risk in School

The school recognises that it is not possible to guarantee an allergen-free environment. Instead, the school will implement reasonable and proportionate measures to reduce risk.

Measures may include:

- Clear communication with parents and staff.
- Hand washing before and after eating.
- Cleaning tables and eating areas.
- Supervision during meals and snacks.
- Careful management of cooking and food activities.
- Consideration of allergens in curriculum activities.
- Risk assessments for events and trips.
- Staff awareness of children at risk.
- Procedures for celebrations and food brought from home.

Allergy risks will be considered in curriculum activities including cooking, science, sensory activities, fundraising events and celebrations.

17. Communication

The school will communicate allergy procedures clearly with:

- Staff.

- Parents and carers.
- Children.
- Catering providers.
- Volunteers and visitors.
- External activity providers.

Allergy information will be shared on a need-to-know basis to protect children's safety while complying with UK GDPR and data protection requirements.

Medical allergy alert information and emergency information will be shared with relevant staff at least termly, whenever a new child with allergies joins the school, and following any significant changes to a child's medical needs.

This policy will be published on the school website and made available to parents/carers upon request.

18. Record Keeping and Incident Reporting

The school will maintain records of:

- Individual Healthcare Plans.
- Medication checks.
- Staff training.
- Allergy incidents and near misses.
- Emergency medication administration.

Near misses will be investigated in the same way as allergic incidents to identify lessons learned and reduce future risk. All incidents will be reviewed to identify lessons learned and any required changes to practice.

Following any significant allergic reaction, the school will undertake a post-incident review involving relevant staff and parents/carers to identify any required improvements to procedures or risk controls.

19. Liability and Indemnity

The school's insurance arrangements are sufficient and appropriate to cover staff providing support to pupils with medical conditions. Staff providing such support are entitled to view the school's insurance policies.

If a child or young person experiences a life-threatening medical emergency, anyone – staff, volunteers or bystanders – may take reasonable action to save their life. The law recognises that rescuers act under extreme pressure. People who attempt to save a life in good faith are protected, even if an injury occurs while giving emergency care (for example, broken ribs during CPR are common and not a sign of wrongdoing). This includes administering adrenaline when an individual is suffering anaphylaxis.

20. Monitoring and Review

This policy will be:

- Reviewed annually.
- Reviewed following serious incidents.
- Updated in response to changes in legislation or guidance.

The Local Advisory Committee and senior leaders will monitor implementation.

21. References

This policy has been informed by:

- Children's Wellbeing and Schools Act 2026 ("Benedict's Law").
- Department for Education guidance: Supporting Pupils with Medical Conditions at School.
- Guidance from Anaphylaxis UK.
- Food Standards Agency allergen guidance.
- Relevant food safety and equality legislation.

22. Useful Links

Anaphylaxis UK Safer Schools Programme - https://www.anaphylaxis.org.uk/education/safer-schools-programme/

AllergyWise for Schools (including certificate) online training - https://www.anaphylaxis.org.uk/allergywise/
https://www.anaphylaxis.org.uk/education/

BSACI Allergy Action Plans - https://www.bsaci.org/resources/allergy-action-plans/

Department for Education Supporting pupils at school with medical conditions - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf

Department of Health Guidance on the use of adrenaline auto-injectors in schools - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf

Food allergy quality standards (The National Institute for Health and Care Excellence, March 2016) https://www.nice.org.uk/guidance/qs118

Anaphylaxis: assessment and referral after emergency treatment (The National Institute for Health and Care Excellence, 2020) https://www.nice.org.uk/guidance/cg134?unlid=22904150420167115834

Appendix 1.
Emergency Allergy Response Flowchart

Appendix 2

Protocol for the use of school emergency adrenalin auto injectors (Epipen/Jext) (AAIs)

Use of emergency AAI's

i) Written parental consent is sought for the use of the emergency AAIs.
ii) Where consent is received, the use of the emergency AAIs will be included on the pupil's individual health care plan.
iii) The school holds a register of children prescribed and whose parents have consented to the use of emergency AAIs and this list is kept with the emergency AAIs.
iv) In the event that an emergency AAI may be required, the adult in charge of the relevant pupil will call the office immediately by phone or walkie talkie and a member of the office staff will quickly check that the pupil is permitted to use the emergency AAI and then take the emergency AAI, the pupil's IHP, a walkie talkie and the school mobile phone to the location of the pupil.
v) In the event of a possible severe allergic reaction in a pupil who has not been prescribed and/ or whose parents have not consented to the use of emergency AAIs, the procedure outlined in iv) above will be followed BUT a second member of the office staff will immediately contact the emergency services and seek advice from them as to whether administration of the spare emergency AAI is appropriate.
vi) Parents/carers will be informed as soon as possible if their child has used an emergency AAI.
vii) An ambulance will always be called if a child has used an emergency AAI.
viii) use of any AAI device will be recorded, including where and when the reaction took place (e.g. PE lesson, playground, classroom), how much medication was given, and by whom.
ix) Appropriate support and training has been provided to staff in line with the school's policy on supporting pupils with medical conditions.

Storage, care and disposal of emergency AAIs

- The emergency AAIs are stored in the emergency medication drawer, which is the bottom right hand grey filing drawer in the office. This ensures that the AAIs are stored at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes

of temperature. This drawer will be unlocked and accessible whilst children are in school but will be locked overnight and during school holidays.

- On the front of the emergency medication drawer is a list of the pupils in school who have been prescribed an AAI and whose parents have consented to them using an emergency AAI, together with photos of those pupils.
- The school SENCO, Rachel Sadler and a nominated member of the school office team, Annette Newport will be responsible for checking on a monthly basis the AAIs are present and in date and that replacement AAIs are obtained when expiry dates approach (this can be facilitated by signing up to the AAI expiry alerts through the relevant AAI manufacturer).
- Inside the emergency medication drawer are:
    - 2 Epipen/Jext emergency adrenalin auto injectors (0.15 milligrams) suitable for children aged under 6 years old.
    - 2 EpiPen/Jext emergency adrenalin auto injectors (0.30 milligrams) suitable for children aged between 6 and 12 years old.
    - Instructions on how to use the devices.
    - Manufacturer's information provided with the devices.
    - A checklist of injectors, identified by their batch number and expiry date with monthly checks recorded.
    - A note of the arrangements for replacing the injectors.
    - A list of pupils to whom the emergency AAIs can be administered.
    - An administration record.
    - Copies of the Individual Healthcare plans for the pupils in school who have been prescribed an AAI and whose parents have consented to them using an emergency AAI.
- Once an AAI has been used it cannot be reused and will be disposed of according to manufacturer's guidelines. Used AAIs will be given to the ambulance paramedics on arrival.

Appendix 3

Protocol for the use of school emergency salbutamol inhalers

The use of the emergency salbutamol inhalers and spacers

i) Written parental consent is sought for the use of the emergency inhalers.

ii) Where consent is received, the use of the emergency inhalers will be included on the pupil's individual health care plan.

iii) The school holds a register of children prescribed and whose parents have consented to the use of a reliever inhaler and this list is kept with the emergency inhalers.

iv) In the event that an emergency inhaler may be required, the adult in charge of the relevant pupil will call the office immediately by phone or walkie talkie and a member of the office staff will quickly check that the pupil is permitted to use the emergency inhalers and then take the emergency inhaler, a disposable spacer, the pupil's IHP, a walkie talkie and the school mobile phone to the location of the pupil.

v) Parents/carers will be informed as soon as possible if their child has used an emergency inhaler.

vi) use of any emergency inhaler device will be recorded, including when the medication was given, and by whom.

vii) Appropriate support and training has been provided to staff in line with the school's policy on supporting pupils with medical conditions.

The storage, care and disposal of the emergency salbutamol inhalers and spacers

- The emergency inhalers and spacers are stored in the emergency medication drawer, which is the bottom right hand grey filing drawer in the office. This ensures that the inhalers are stored below 30 degrees (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature. This drawer will be unlocked and accessible whilst children are in school but will be locked overnight and during school holidays.

- Inside the emergency medication drawer is a list of the pupils in school who have been prescribed an inhaler and whose parents have consented to them using an emergency inhaler, together with photos of those pupils.
- The school SENCO, Rachel Sadler and a nominated member of the school office team, Annette Newport will be responsible for checking on a monthly basis the inhalers and spacers are present, in date, in working order, and that they have a sufficient number of doses available ; and that replacement inhalers are obtained when expiry dates approach and replacement spacers are available following use.
- An inhaler should be primed when first used (e.g. spray two puffs). As it can become blocked again when not used over a period of time, it will be regularly primed by spraying two puffs.
- Inside the emergency medication drawer are:
    - The emergency asthma inhaler kit which contains:
        - 1 or 2 salbutamol metered dose emergency inhalers .
        - At least 2 plastic or disposable spacers compatible with the inhalers
        - Instructions on how to use the devices.
        - Instructions on cleaning and storing the devices.
        - Manufacturer's information provided with the devices.
        - A checklist of inhalers and spacers, identified by their batch number and expiry date with monthly checks recorded.
        - A note of the arrangements for replacing the inhalers and spacers.
        - Guidance on the use of emergency salbutamol inhalers in schools.
        - A list of pupils to whom the emergency inhalers can be administered.
        - An administration record.
    - Copies of the Individual Healthcare plans for the pupils in school who have been prescribed an inhaler and whose parents have consented to them using an emergency inhaler.
- Once a spacer has been used it cannot be reused and will be disposed of according to manufacturer's guidelines.
- The inhaler itself can usually be reused, provided it is cleaned after use. The inhaler canister should be removed, and the plastic inhaler housing and cap

should be washed in warm running water, and left to dry in air in a clean, safe place The canister should be returned to the housing when it is dry, and the cap replaced, and the inhaler returned to the designated storage place. However, if there is any risk of contamination with blood (for example if the inhaler has been used without a spacer), it should also not be re-used but disposed of.

- Manufacturers' guidelines usually recommend that spent inhalers are returned to the pharmacy to be recycled, rather than being thrown away. Therefore the school will register as a lower-tier waste carrier, as a spent inhaler counts as waste for disposal.

Appendix 4.

Chartwells Medical diet form

MEDICAL DIET REQUEST FORM

Chartwells
So much more than fantastic food

Please complete all parts of this request form in full or your application will not be processed.

If your child has a dietary requirement but does not require an adapted medical diet menu, then there is no need to complete this request form.

Chartwells allergen reports declaring the presence of the 14 mandatory Food Information Regulations allergens and nutrient counts (including carbohydrates, protein, and fat) are available for all Chartwells recipes on current menus. Please ask the kitchen team or request them from your local Chartwells contact.

Part A: Medical Diet Information (to be completed by the Parent/Guardian)

Child's First Name | **Child's Surname**

Child's Date of Birth | **Child's School Year Group**

Parent/Guardian Name | **Parent/Guardian's Phone number**

Parent/Guardian's Email

School Name

School Address

School Postcode

Medical Diet (please tick all that apply):

14 Main Allergens

☐ Celery	☐ Fish	☐ Mustard	☐ Soya
☐ Cereals containing Gluten	☐ Lupin	☐ Nuts	☐ Sulphites
☐ Crustaceans	☐ Milk	☐ Peanuts	
☐ Eggs	☐ Molluscs	☐ Sesame	

Other allergens

☐ Bananas	☐ Coconuts	☐ Oranges	☐ Tomatoes
☐ Beans	☐ Kiwis	☐ Peas	☐ Pineapples
☐ Chickpeas	☐ Lentils	☐ Strawberries	

☐ **Other Food Requirement** (please state below)

☐ **My child requires an autoinjector (EpiPen) for their medical diet** (please tick if this applies)

My child also requires their medical diet to be (please tick all that apply):

☐ Vegetarian ☐ Vegan ☐ Pork Free ☐ Beef Free

Part B: Supporting Documentation (to be provided by the Parent/Guardian)

1 **I confirm that I am attaching medical evidence confirming the medical diet requested in part A** (please tick one or more as appropriate):

- ☐ Doctor/Dietitian Letter or Note
- ☐ Other medical professional Letter or note
- ☐ Professional medical care plan
- ☐ Chartwells Medical Evidence Support Form

Please refer to the Chartwells Medical Diet policy for more information:

For medical evidence requirements:
See section 4.0 'Medical Diet Requests & Processing'
For identification of pupils following a Chartwells medical diet menu:
See section 6.0 'Identification of Customers with Medical Diets'

2 **Please attach a recent colour passport style photo of your child for identification purposes.**

Please attach photo here

Part C: Terms and Conditions

By completing this medical diet request form, parents/guardians are consenting for an adapted Chartwells medical diet menu to be prepared for their child. The medical diet menu will continue until Chartwells are notified in writing otherwise. It is the parent/guardian's responsibility to inform Chartwells in the case of any changes to the medical diet requested for their child.

Chartwells can provide a jacket potato with a suitable topping from the date of receipt of a medical diet request until the date a medical diet menu has been confirmed for a child.

Chartwells reserve the right to decline a medical diet request if a risk assessment considers the medical risk too great or the request process is not completed in full (for example if insufficient medical evidence is provided).

Chartwells will process the personal data you have supplied, in accordance with the data protection laws that apply to the UK. We do so to protect the vital interest of your child. We will only share this personal data with those people or organisations that may require it to keep your child safe and healthy. We will keep this personal data for no longer than is necessary, and at most for 3 years after they leave the school named on this form. Under UK data protection legislation, you have certain rights in relation to your personal data. These are more clearly stated on the full Privacy Notice on our corporate website.
This statement is only intended as a summary Privacy Notice.
Please use the link to see our full Privacy Notice: https://www.compass-group.co.uk/about/privacy-policy

For a copy Chartwells full medical diet policy please contact Chartwells.medicaldiets@compass-group.co.uk

I confirm that I have read and understood the above

Parent/Guardian Name

Signature **Date**

Please return this completed form with supporting medical evidence to your school for it to be returned to Chartwells.