WESTFIELD PRIMARY SCHOOL

Supporting Pupils with Medical Needs Policy

September 2026

Review date: Autumn term – September 2027

Written by the Inclusion Leader/Annette Newport

engage enrich excel academies

Supporting Pupils with Medical Needs Policy September 2026

1. School Context

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 believe that all pupils should have access to as much education as their particular medical condition allows, so that they maintain the momentum of their learning whether they are attending school or going through periods of treatment and recuperation.

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.

2. Compliance

This policy meets the requirements under Section 100 of the Children and Families Act 2014, which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the Department for Education's statutory guidance: Supporting pupils at school with medical conditions.

This policy together with the school's Allergy Safety Policy (see appendix L) also reflects the requirements and statutory expectations arising from the Children's Wellbeing and Schools Act 2026 ("Benedict's Law"), associated Department for Education guidance, and guidance from Anaphylaxis UK.

3. Principles

This policy and any ensuing procedures and practice are based on the following principles.

- All children and young people are entitled to a high quality education;
- Disruption to the education of children with health needs should be minimised;
- If children can be in school they should be in school. Children's diverse personal, social and educational needs are most often best met in school. Our school will make reasonable adjustments where necessary to enable all children to attend school;

- Effective partnership working and collaboration between schools, families, education services, health services and all agencies involved with a child or young person are essential to achieving the best outcomes for the child;
- Children with health needs often have additional social and emotional needs. Attending to these additional needs is an integral element in the care and support that the child requires; and that
- Children and young people with health needs are treated as individuals, and are offered the level and type of support that is most appropriate for their circumstances; staff should strive to be responsive to the needs of individuals.

4. Definition of health needs

For the purpose of this policy, pupils with health needs may be:

- pupils with **chronic or short term health conditions or a disability** involving specific access requirements, treatments, support or forms of supervision during the course of the school day or
- **sick children**, including those who are physically ill or injured or are recovering from medical interventions, or
- children with **mental or emotional health problems**.

This policy does not cover self-limiting infectious diseases of childhood, e.g. measles.

Some children with medical conditions may have a disability. A person has a disability if he or she has a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities. Where this is the case, governing bodies **must** comply with their duties under the Equality Act 2010. Some may also have special educational needs (SEN) and may have an Education, Health and Care Plan (EHCP) which brings together health and social care needs, as well as their special educational provision.

5. Roles and Responsibilities

All staff have a responsibility to ensure that all pupils at this school have equal access to the opportunities that will enable them to flourish and achieve to the best of their ability. In addition, designated staff have additional responsibilities as well as additional support and training needs.

5.1 The Governing body

The governing body is responsible for making arrangements to support pupils with medical conditions in school, including ensuring that this policy is developed and implemented.

They will ensure that all pupils with medical conditions at this school are supported to enable the fullest participation possible in all aspects of school life.

The governing body will ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support pupils with medical conditions.

They will also ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.

The member of the LAC responsible for the policy is **Kate Rimmel**.

5.2 The Headteacher

The headteacher is responsible for ensuring that the Inclusion Leader and the SENCo make all staff are aware of this policy and understand their role in its implementation.

The headteacher will ensure that all staff who need to know are aware of a child's condition. She will also ensure that sufficient numbers of trained staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations.

The headteacher has overall responsibility for the development of individual healthcare plans although this is delegated this to the Inclusion Leader and the SENCo. She will also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way.

The headteacher has delegated to the Inclusion Leader and the SENCo the responsibility for contacting the school nursing service in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.

5.3 Designated school medical needs officer

The member of staff responsible for ensuring that pupils with health needs have proper access to education is the Inclusion Leader, Mrs Julia Findlay.

She will be the person with whom parents/carers will discuss particular arrangements to be made in connection with the medical needs of a pupil. It will be her responsibility to pass on information to the relevant members of staff within the school.

She will liaise with other agencies and professionals, as well as parents/carers, to ensure good communication and effective sharing of information. This will enhance pupils' inclusion in the life of the school and enable optimum opportunities for educational progress and achievement.

5.4 School staff & staff training

Supporting pupils with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so. This includes the administration of medicines.

In carrying out their role to support pupils with medical conditions, school staff will receive appropriate training and support. Training needs will be identified during the development or review of individual healthcare plans.

The school will ensure that training is sufficient to ensure that staff are competent and confident in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in individual healthcare plans.

Staff will not give prescription medicines or undertake health care procedures without training appropriate to the dispensing of the relevant medication or other health care procedures. A general first-aid certificate does not constitute appropriate training in supporting pupils with medical conditions.

Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help. Staff must familiarise themselves with the medical needs of the pupils they work with. Training will be provided in connection with specific medical needs so that staff know how to meet individual needs, what precautions to take and how to react in an emergency.

This policy will be publicised to all staff to raise awareness at a whole school level of the importance of supporting pupils with medical conditions, and to make all staff aware of their role in implementing this policy. Information on how this school supports pupils with health needs is included in our induction procedure for all new staff.

5.5 Parents/carers

Information

Parents hold key information and knowledge and have a crucial role to play in the process of making decisions.

Parents are expected to provide the school with sufficient and up-to-date information about their child's medical needs and keep the school informed about any changes in their children's condition or in the treatment their child is receiving, including changes in medication.

Parents will be involved in the development and review of their child's IHP and will carry out any action they have agreed to as part of the implementation of the IHP e.g. provide medicines and equipment.

Where a pupil develops a health issue or has an ongoing health condition which results or could result in them missing school, their parents should notify the school immediately and discuss with the school the best way to manage that issue or condition to ensure that their child can continue to attend school. This may involve obtaining additional support or guidance from a third party health professional e.g. a diabetes or asthma nurse.

Parents will be kept informed about arrangements in school and about contacts made with outside agencies.

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

Epipens

Where a pupil may need to use an adrenaline auto-injector pen (Epipen), parents must ensure that their child has 2 in-date pens in school with them at all times.

Medical alert devices

Where a pupil has a serious medical condition such as epilepsy, diabetes, heart or lung disease, an allergy requiring them to carry an Epipen or severe asthma, the school recommends that parents provide their child with a medical alert device such as a

band or necklace to be kept in school at all times for use when their child is outside of the school premises for example on a school trip.

5.6 Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs.

5.7 School nurses and health teams

School health teams are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school. They may support staff on implementing a child's individual healthcare plan and provide advice and liaison.

5.8 Other healthcare professionals

GPs and Paediatricians should notify the school nurse when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing healthcare plans.

5.9 Surrey County Council

Surrey County Council is responsible for commissioning school nurses for maintained schools and academies. Under Section 10 of the Children Act 2004, they have a duty to promote cooperation between relevant partners such as governing bodies of maintained schools, proprietors of academies, clinical commissioning groups and NHS England, with a view to improving the well-being of children so far as relating to their physical and mental health, and their education, training and recreation. Surrey County Council provides support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered effectively. Surrey County Council works with schools to support pupils with medical conditions to attend full time.

6. Equal Opportunities

Our school is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

7. Notification of medical conditions

Information about medical needs or SEND is requested on admission to the school. Parents and carers are asked to keep the school informed of any changes to their child's condition or treatment. Whenever possible, meetings with the parents/carers and other professionals are held before the pupil attends school to ensure a smooth transition into the class. When pupils enter the school, parents/carers are offered the opportunity of attending a personal interview with the school nurse. At this meeting parents can seek advice on the health of their child.

Information supplied by parents/carers is transferred to the Medical Needs Register which lists the children class by class. A summary of the class Medical Needs Register is kept inside the class attendance register so that it can be referred to easily. Support staff have summarised copies of the Medical Needs Register as they may be working with children from several different classes. Fuller details are given on a 'need to know' basis. Confidentiality is assured by all members of staff.

Any medical concerns the school has about a pupil will be raised with the parents/carers and discussed with the school nurse. Most parents/carers will wish to deal with medical matters themselves through their GP. In some instances the school, after consultation with the parent/carer, may write a letter to the GP (with a copy to the parents) suggesting a referral to a multi-disciplinary centre where a full paediatric assessment can be carried out.

8. Individual Healthcare Plans

The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This had been delegated to the Inclusion Leader, Mrs Julia Findlay.

Plans are reviewed at least annually, or earlier if evidence is presented that the child's needs have changed.

Plans are developed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social well-being and minimises disruption.

Not all pupils with medical needs will require an individual healthcare plan (IHP). The school, healthcare professional and parent should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the headteacher will take a final view. A model letter inviting parents to contribute to individual healthcare plan development is provided at appendix B.

Individual healthcare plans will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed. Plans are also likely to be needed in cases where medical conditions are long-term and complex. Plans provide clarity about what needs to be done, when and by whom. A flow chart for identifying and agreeing the support a child needs, and developing an individual healthcare plan is provided at appendix C.

Individual healthcare plans should capture the key information and actions that are required to support the child effectively. The level of detail within plans will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support. Westfield Primary School's individual healthcare plan is provided at appendix D.

Individual healthcare plans, and their review, may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the child. Plans will be drawn up in partnership between the school, parents, and a relevant healthcare professional, e.g. school, specialist or children's community nurse, who can best advise on the particular needs of the child. Pupils will also be involved whenever appropriate. Partners should agree who will take the lead in writing the plan, but responsibility for ensuring that it is finalised and implemented rests with the school.

Where a child has SEND but does not have an EHCP plan, their special educational needs will be mentioned in their individual healthcare plan. Where the child has a special educational need identified in an EHCP plan, the individual healthcare plan will be linked to or become part of that EHCP plan.

Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), the school will work with the appropriate hospital school or Surrey's Access to Education (Medical) Service to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

9. Home tuition

When pupils are too ill to attend, the school will establish, where possible, the amount of time a pupil may be absent and identify ways in which the school can support the pupil in the short term (e.g. providing work to be done at home in the first instance). Where children have long-term health needs, the pattern of illness and absence from school can be unpredictable, so the most appropriate form of support for these children should be discussed and agreed between the school, the family, Surrey County Council and the relevant medical professionals. On receipt of a letter from the child's hospital consultant confirming the child is not well enough to attend school, a referral will be made to Surrey's Access To Education (A2E) Service.

10. Medicines in school & medical alert devices

10.1 Self-management by pupils

Wherever possible, pupils are able to, with adult supervision, access their medicines for self-medication quickly and easily. Medicines are stored out of reach of pupils except in pre- arranged circumstances. If it is not appropriate for a child to self-manage, then relevant staff will help to administer medicines and manage procedures for them.

If a child refuses to take medicine or carry out a necessary procedure, staff will not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents will then be informed so that alternative options can be considered.

10.2 Managing medicines on school premises

Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours. Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so.

No child under 16 will be given prescription or non-prescription medicines without their parent's written consent - except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort will be made to encourage the child or young person to involve their parents while respecting their right to confidentiality. Westfield Primary School's parental agreement for the school to administer medicine is provided at appendix E.

The school only accepts prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must still

be in date, but will generally be available inside an insulin pen or a pump, rather than in its original container.

All medicines are stored safely. Pupils are informed of where their medicines are at all times and are able to access them immediately. Where relevant, they know who holds the key to the storage facility. All staff know where the medication is stored. Medicines and devices such as asthma inhalers, blood glucose testing meters are always readily available to pupils and not locked away. Epipens are kept in a bag, out of reach of children but readily accessible. The bag is clearly labelled with the child's name and instructions for use (see Appendix J for EpiPen procedure).

A child under 16 will never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, will never be administered without first checking maximum dosages and when the previous dose was taken. Parents will be informed.

Staff administering medicines will do so in accordance with the prescriber's instructions. The school keeps a record of all medicines administered to individual pupils, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted. The school's record of staff training on the administration of medicines is provided at appendix H.

When no longer required, medicines will be returned to the parent to arrange for safe disposal. Sharps boxes will always be used for the disposal of needles and other sharps. The school's Needle Stick Injury Policy is provided at appendix A.

10.3 Controlled drugs

Controlled drugs are prescription medicines that are controlled under the Misuse of Drugs Regulations 2001 and subsequent amendments.

The school will keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container to which only named staff have access. Controlled drugs will be easily accessible in an emergency. A record is kept of any doses used and the amount of the controlled drug held in school. Westfield Primary School's record of medicine administered to an individual child is provided at appendix F. The school's record of medicine administered to all pupils is provided at appendix G.

School staff may administer a controlled drug to the pupil for whom it has been prescribed.

10.4 Medical alert devices

Medical alert devices are kept in a bag, out of reach of children but readily accessible. The bag is clearly labelled with the child's name and instructions for use (see Appendix K for medical alert procedure).

10.5 Emergency school adrenaline auto injectors (AAIs) (epipens)

The school has chosen to hold emergency AAIs for use by pupils in an emergency situation who have been prescribed AAIs and for whom written parental consent for use of emergency AAIs has been obtained.

The type of AAIs held in school are EPIPENS (0.15 mg) .

The protocol for the use of the emergency AAIs is detailed in Appendix M, following the Department of Health Guidance on the use of emergency adrenalin auto injectors (epipens) in schools.

https://assets.publishing.service.gov.uk/media/5a829e3940f0b6230269bcf4/Adrenaline_auto_injectors_in_schools.pdf

The school will consider, on a case by case basis, whether it is appropriate to take spare AAI(s) obtained for emergency use on some school trips.

10.6 Emergency school salbutamol inhalers and spacers.

The school has chosen to hold emergency salbutamol inhalers and spacers for use by pupils who have been prescribed a reliever inhaler and for whom written parental consent for its use has been obtained.

The protocol for the use of these inhalers and spacers is detailed in Appendix N, following the Department of Health Guidance on the use of emergency salbutamol inhalers in schools.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_schools.pdf

11. Allergy safety management

The school has an allergy safety policy set out in appendix L.

The aim of this policy is to minimise the risk of any pupil suffering a serious allergic reaction whilst at school or attending any school related activity and to ensure staff

are properly prepared to recognise and manage serious allergic reactions should they arise.

12. Unacceptable practice

School staff should use their discretion and judge each case individually with reference to the pupil's IHP, but it is generally not acceptable to:

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary;
- Assume that every pupil with the same condition requires the same treatment;
- Ignore the views of the pupil or their parents;
- Ignore medical evidence or opinion (although this may be challenged);
- Send pupils with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs;
- If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- Penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments;
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- Except in exceptional circumstances, require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupil, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; or
- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child.

13. Emergency Situations

Where a pupil has an individual healthcare plan, this will clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the school will be informed what to do in general terms, such as informing a teacher immediately if they think help is needed.

If a child needs to be taken to hospital, staff will stay with the pupil until the parent arrives, or accompany a pupil taken to hospital by ambulance.

Guidance on contacting the emergency services is provided at appendix I.

14. Day trips, Residentials and Sporting Activities

Pupils with medical conditions are actively supported to participate in school trips and visits, or in sporting activities. In planning such activities, teachers will undertake the appropriate risk assessment and will take into account how a pupil's medical condition might impact on their participation. Arrangements for the inclusion of pupils in such activities with any required adjustments will be made by the school unless evidence from a clinician such as a GP states that this is not in the child's best interests.

15. Record Keeping

The governing board will ensure that written records are kept of all medicine administered to pupils.

Records relating to medicines administered to pupils will be retained for as long as they remain pupils at the school.

Parents will be informed if their pupil has been unwell at school.

IHPs are kept in a readily accessible place which all staff are aware of.

16. 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.

17. Complaints

If parents are dissatisfied with the support provided they should discuss their concerns directly with the Inclusion Leader in the first instance. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.

18. Links to other Policies

This policy links to the following policies:

- Allergy Safety Policy
- Accessibility Plan
- Child Protection and Safeguarding policy
- Health, Safety, and Welfare policy
- First Aid policy
- Special Educational Needs information report and policy
- Equality, Diversity, Inclusion & Belonging policy
- Intimate Care & Toileting policy

WESTFIELD PRIMARY SCHOOL

Needle Stick Injury Policy

September 2026

Review date: Autumn term - September 2027

Written by Inclusion Leader

engage enrich excel academies

Needle Stick Injury Policy

As a needle is capable of penetrating the skin, there is a potential health risk that such an injury can result in staff being exposed to blood borne viral infections, such as Hepatitis B or HIV.

It is highly recommended that any staff expecting to come into contact with used sharps have Hepatitis B inoculation. All relevant staff will be made aware of this service.

Needle stick injury procedures

Administering of injections will be risk assessed. Where there is a risk of staff coming into contact with discarded needles, they will be supplied with an appropriate sharps container.

- Staff must avoid personal contact with sharps and avoid 'needle stick injury' where the skin is punctured.
- The sharp should be placed in the approved small sharps container.
- Staff must not re-sheath, cut or bend the needle or carry it in their hands or pockets.
- The Headteacher and designated school medical needs officer will be aware of the location and disposal of any needles.

Action to be taken following a needle stick injury

- Do not suck the wound.
- Encourage bleeding from the puncture wound.
- Wash the area thoroughly under running water and cover with a dressing.
- Immediate medical advice should be sought.
- Report the injury to the Headteacher as soon as reasonably practicable.

Appendix B Westfield Primary School's letter inviting parents to contribute to Individual Healthcare Plan

Headteacher
Mrs Karyn Hing

Telephone: 01483 764187
Fax: 01483 777788
E-mail: inclusionleader@westfield.surrey.sch.uk

Bonsey Lane
Westfield
Woking
Surrey
GU22 9PR

[Date]

Dear Parent

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all pupils will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

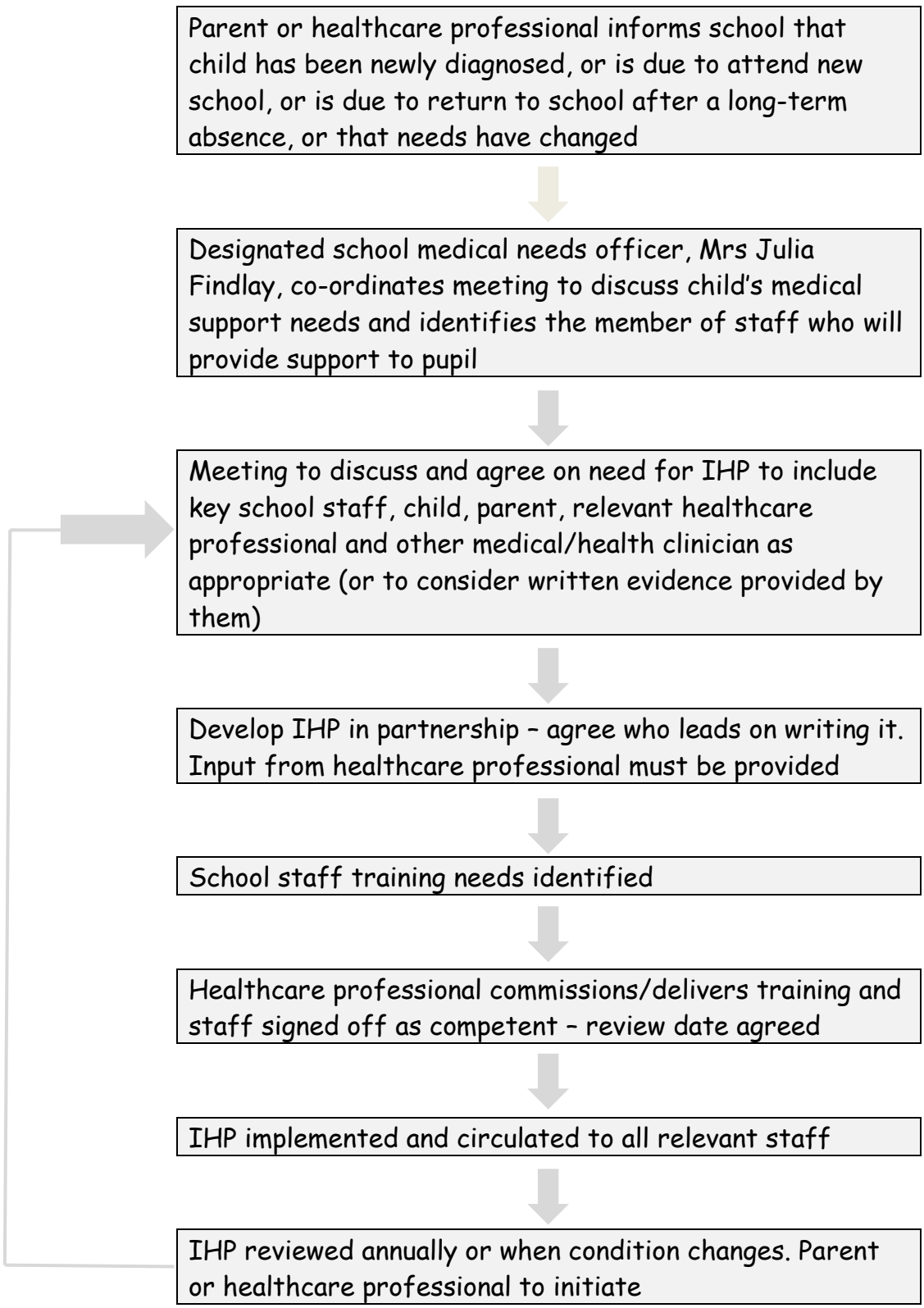
A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan and return it, together with any relevant evidence, for consideration at the meeting. I would be happy for you contact me by email (inclusionleader@westfield.surry.sch.uk) or to speak by phone if this would be helpful on 01483 764187.

Yours sincerely

Mrs Julia Findlay
Inclusion Leader

Appendix C A Flow Chart for Developing an Individual Healthcare Plan



Appendix D IHP

Westfield Primary School Individual Healthcare Plan

PHOTO

Westfield Primary School Individual Healthcare Plan Part 1

Child's Details

Child's name	
Year group and class name	
Date of birth	
Child's address	
Medical diagnosis or condition	

Family Contact Information

Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	

Clinic/Hospital Contact

Name of clinic/hospital	
Name of practitioner	
Phone no.	

G.P.

Practice name	
Name	
Phone no.	

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Date

Parent/carer signature

Westfield Primary School Individual Healthcare Plan Part 2

Child's Details

Child's name	
Person responsible for providing support in school	
Review date	

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Who is responsible in an emergency *(state if different for off-site activities)*

Plan developed with

Parent and SENCO

Staff training needed/undertaken – who, what, when

Form copied to

Parents, office, class

Appendix E Parental Agreement for School to Administer Medicine

Westfield Primary School PUPIL MEDICATION REQUEST

Child's Name: _____

Parent's Surname if different: _____

Home Address: _____

Condition or Illness: _____

Parent's home telephone number: _____Work/Mobile:_____

G.P. Name:_____Location:_____Telephone:_____

Please tick the appropriate statement:

My child will be responsible for the self-administration of medicines as directed below. I agree to members of staff administering medicines/providing treatment to my child as directed below.

I agree to update information about the child's medical needs held by the school.
I will ensure that the medicine held by the school has not exceeded the expiry date.

I agree to notify the class teacher of my child's need for medication and timings; and to telephone the school office each day to confirm the administration of my child's medication.

The above information is, to the best of my knowledge, accurate at the time of writing. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signed:_____Date:_____

Name of Medicine	**Dose**	**Frequency/Time**	**Completion date of course (if known)**	**Expiry date of medicine**
Special Instructions:				
Allergies:				

NOTE: Where possible the need for medicines to be administered at school should be avoided. Parents are therefore requested to try to arrange timings of doses accordingly.

Appendix F Record of Medicine Administered to an Individual Child

Westfield Primary School PUPIL MEDICATION RECORD

Child's Name: _____Date of Birth:_____

	Date	Time	Medicine Given	Dose	Signature
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					

Appendix G Record of Medicine Administered to All Pupils

Westfield Primary School PUPIL MEDICATION RECORD

Name of school **Westfield Primary School**

Date	Pupil's name	Time	Name of medicine	Dose given	Any reactions	Signature of staff	Print name

Appendix H Training Record – Administration of Medicines / Intimate Care / Personal Care

Name of school	Westfield Primary School
Name	
Type of training received	
Date of training completed	
Training provided by	
Profession and title	

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date _____

Appendix I Contacting Emergency Services

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.
Speak clearly and slowly and be ready to repeat information if asked.

1. your telephone number: 01483 764187
2. your name
3. your location: Westfield Primary School, Bonsey Lane, Westfield, Woking
4. state postcode: GU22 9PR
5. provide the exact location of the patient within the school setting
6. provide the name of the child and a brief description of their symptoms
7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. put a completed copy of this form by the phone

Appendix J Epipen Procedure (the managing and organisation of individual Epipens)

Westfield Epipen Procedures:

This procedure has been drawn up following guidance from County, Anaphylaxis Campaign, Public Health England and the Medicines & Healthcare Products Regulatory Agency (MHRA).

It is parents' responsibility to ensure that any pupil who may need to use an adrenaline auto-injector pen (Epipen) carries 2 in-date pens with them at all times.

- **In class** – the Epipens are kept in a bag on an adult height shelf in the classroom. This is identified by an A4 sized red label. Class file to indicate clearly where the bag and Epipens are kept.

  The Epipen bags must be identifiable with child's name and photo to avoid the wrong Epipen being administered.

  In the event that an Epipen has been administered away from the classroom eg. on the field during PE, staff should immediately notify the Office via their walkie talkie.

- **Assembly** – EYFS/KS 1 child the class teacher takes the bag (with the class) and the child sits at the end of the class line, therefore near adult. KS2 child wears the bag with Epipens and sits at the end of the class line, therefore near adult. If the child is performing (eg production or assembly) then his/her teacher or another identified adult has the Epipens.

- **Playtime** – the class teacher, LSA or other designated adult immediately places the child's bag on the fencing outside Bumblebees classroom, where it is monitored by staff on duty.

- **End of playtime** – the class teacher, LSA or other designated adult collects the bag from the fencing outside Bumblebees classroom and immediately

returns it to the shelf in the classroom. It is the class teacher's responsibility to ensure it is returned to them at the end of playtimes.

- **Lunchtime** –

  EYFS/KS 1 child the class teacher takes the bag (with the class) down to the lunch hall and gives it to an MMS. The MMS escorting the pupils out to play takes the bag and immediately puts it on the fencing outside Bumblebees classroom, where it is monitored by staff on duty.

  KS2 child wears the bag to lunch. When he/she goes out to play he/she gives the bag to any staff member on duty, this adult immediately puts the bag on the fencing outside Bumblebees classroom, where it is monitored by staff on duty.

  If the child goes outside first then the class teacher, LSA or other designated adult immediately places the child's bag on the fencing outside Bumblebees classroom, where it is monitored by staff on duty and when the child goes into lunch then they MUST be given their bag to take in with them.

- **End of lunchtime play** – the class teacher, LSA or other designated adult collects the bag from the fencing outside Bumblebees classroom and immediately returns it to the shelf in the classroom.

- **PE** – the bag is taken by the teacher during the PE session. If it is an outside provider (eg Ultimate Coaching) then the bag is given to the adult leading that PE session by either the class teacher or TA at handover. The adult leading PE (PPA time) will then hand the bag over to either the next adult taking the class (eg art PPA cover) or the TA with the class.

- **ICT suite/ Da Vinci's Den /Symphony Suite** – bag is taken by the class teacher/LSA.

- **After school clubs** – the class teacher, LSA or other designated adult should hand over the bag to the adult running the club. At the end of the club the adult must return the bag to the classroom in the area where it is stored in the classroom. It is the responsibility of the class teacher (or LSA in their absence) to check that the bag is in the correct place the following morning. The adult running the club, including external providers, must be shown where to place the returned bag.

Appendix K Medical alert device procedure

- **In class** - where a medical alert device has been provided for a pupil with a serious medical condition, it will be kept in a bag on an adult height shelf in the classroom. This is identified by a red label. Class file to indicate clearly where the medical alert devices are kept.

  Where the child concerned also has an Epipen in school, the medical alert device can be kept in the bag with that child's Epipen.

- **On School trips** – the pupil's class teacher shall ensure that the pupil is wearing the medical alert device before they leave the school premises; and also ensure that the medical alert device is placed back into the medical alert bag in class upon returning to school after a school trip.

Appendix L – Allergy Safety Policy

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.

Appendix M – Protocol for the use of school emergency adrenalin auto injectors (epipens) (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.
x) 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.
xi) 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.
xii) 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.
xiii) Parents/carers will be informed as soon as possible if their child has used an emergency AAI.
xiv) An ambulance will always be called if a child has used an emergency AAI.
xv) 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.
xvi) 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 N – Protocol for the use of school emergency salbutamol inhalers

The use of the emergency salbutamol inhalers and spacers

ii) 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.

viii) 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.

ix) 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.

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

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

xii) 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.