# Supporting Pupils with Medical Needs

# Turnfurlong Infant School

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## SUPPORTING PUPILS WITH MEDICAL NEEDS

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## 1 INTRODUCTION

- The Governing Body of Turnfurlong Infant School will ensure that all children with medical conditions, 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. To help achieve this, the school has adopted the Department for Education policy on "Supporting Pupils at School with Medical Conditions', which was issued under Section 100 of the Children and Families Act 2014. We are compliant with Benedict's Law June 2026.

- The aim of this policy is to ensure that the parents of children with medical conditions feel confident that the school will provide effective support and that children feel safe and reach their full potential.

- Some children with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. The school will comply with their duties under the Act to make reasonable adjustments to support pupils with disabilities.

- Some children with medical conditions may also have special educational needs (SEND) and may have an Education, Health and Care Plan (EHCP) which brings together health and social care needs as well as the provision for their special educational needs. Where the child has a special educational need identified in a statement or EHC plan, the individual healthcare plan will be linked to or become part of that statement or EHC plan. The Healthcare Plan will be developed with the child's best interests in mind to ensure that the risks to the child's education, health and social wellbeing are managed, and minimises disruption, for children with medical conditions.

- Supporting a child with a medical condition during school hours is not the sole responsibility of one person. The school will work collaboratively with parents, pupils, healthcare professionals (and, where appropriate, social care professionals) and local authorities to ensure that needs of pupils with medical conditions are met effectively.

## 2 ROLES AND RESPONSIBILITIES

2.1 The Governing Body for Turnfurlong Infant School will ensure that

- arrangements are in place so that children with medical conditions are a) properly supported; b) can play a full and active role in school life; c) can remain healthy and achieve their academic potential;

staff are properly trained to provide the support that pupils need;

- in line with their safeguarding duties, ensure that pupil's health is not put at unnecessary risk from, e.g. infectious diseases, anaphylaxis
- in those circumstances, they do not have to accept a pupil at time where it would be detrimental to the health of that child or others to do so

2.2 The Headteacher will ensure that

- a person is appointed to have overall responsibility for the implementation of this policy;
- all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation;
- all staff including supply staff who support children with medical needs receive sufficient information to provide appropriate support;
- individual Healthcare Plans are developed, monitored and reviewed annually or earlier if evidence is presented that the child's needs have changed. Where appropriate Healthcare Plans will be reviewed at the child's Annual Review.
- sufficient staff are suitably trained and achieve the necessary level of competency before they take on responsibility to support children with medical conditions;
- sufficient numbers of trained staff are available to support all individual healthcare plans to cover staff absence, contingency and emergency situations;
- a register of children in the school is kept who have been diagnosed with asthma and/or prescribed a reliever inhaler;
- a register of children in the school is kept who have been diagnosed with anaphylaxis and/or prescribed an epipen;
- all staff are trained to recognise the symptoms of an asthma attack or allergic reaction (and are able to distinguish them from other conditions with similar symptoms);
- risk assessments for school visits and other school activities outside of the normal timetable are undertaken for children with medical conditions;
- all staff are aware that medical information must be treated confidentially;

school staff are appropriately insured and are aware that they are insured to support pupils in this way.

2.3 Appointed Person

Rebecca Ochiltree, Headteacher has been appointed to have overall responsibility for implementing the school's policy for supporting pupils with medical conditions. They will ensure that children with medical conditions are appropriately supported.

2.4 Transitional Arrangements

The school has made the following procedures for transitional arrangements.

- Confidential medical information and Health care plans are shared with SLT at the receiving school when a child transitions within year or at the end of Key Stage 1 (Year 2).
- Most children at Turnfurlong Infant School transition to Turnfurlong Junior School at the beginning of Key Stage 2 (Year 3)
- Where a child has an annual review, the SENDCo from Turnfurlong Junior School or alternative receiving school will be invited to attend.

2.5 All members of School Staff may be asked to provide support to pupils with medical conditions, including administering medicines

- All members of staff should know what to do and respond accordingly if they become aware that a pupil with a medical condition needs help
- Although administering medicine is not part of teacher's professional duties, teachers should take into account the needs of pupils with medical conditions that they teach.
- Staff must not give prescription medication or undertake healthcare procedures without appropriate training and certification

2.6 Pupils: Where appropriate pupils with medical conditions

- will be consulted to provide information about how their condition affects them.
- will be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan.

2.7 Parents have the prime responsibility for their child's health. Parents include any person who is not a parent of a child but has parental responsibility for or care of a child.

It only requires one parent to request that medicines are administered. As a matter of practicality, this will be the parent with whom the school has day-today contact.

- Parents should provide the school with sufficient and up to date information about their child's medical needs via Medical Tracker. Parents should tell the school of any change in prescription which should be supported by either new directions on the packaging of medication or by a supporting letter from a medical professional.
- Parents are key partners and will be involved in the development and review of the healthcare plan for their child. A request will be sent to parents using Medical Tracker.
- Parents should provide medicines and equipment as required by the healthcare plan.

- Parents should bring their child's medication and any equipment into school at the beginning of the school year;
- Replace the medication before the expiry date; as good practice, take into school the new asthma reliever inhaler or epipen when prescribed; dispose of expired items to a pharmacy for safe disposal;
- during periods of high pollen count, encourage their children, who have been prescribed anti-histamines, to take their medication before school so that their condition can be better controlled during the school day;
- keep their children at home when they are acutely unwell;

- Parents should ensure that they or another nominated adult are contactable at all times.

STAFF TRAINING AND SUPPORT

- Rebecca Ochiltree, Headteacher will ensure that all staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing the policy.

- Any member of staff who agrees to accept responsibility for administering prescribed medicines to a child does so voluntarily and will have appropriate training and certification.

- Training needs will be identified during the development or review of individual healthcare plans and will be reviewed annually. The family of a child will often be key in providing relevant information to school staff about how their child's needs can be met, and parents will be asked for their views but will not be the sole trainer.

- Training will be provided for staff to ensure that they are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in individual healthcare plans. Training for new staff will be provided on induction;

- Training will be provided by appropriate healthcare professional so that staff have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative and emergency measures so that they can recognise and act quickly if a problem occurs.

- Only staff with appropriate training will give prescription medicines or undertake healthcare procedures. (A first-aid certificate does not constitute appropriate training in supporting children with medical conditions).

- The school will ensure that at least two people have attended Supporting Pupils with Medical Conditions training to understand County policy and to ensure medicines are appropriately managed within the school.

## 4 INDIVIDUAL HEALTHCARE PLANS

A Healthcare Plan clarifies for staff, parents and the pupil the support that can be provided. Individual Healthcare Plans for pupils with medical conditions, (e.g. diabetes, blood disorders) will be drafted with parents/pupils and other healthcare professionals via Medical Tracker where appropriate. The plan will include:

- the medical condition, its triggers, signs, symptoms and treatments;
- the pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues;
- specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, use of rest periods or additional support in catching up with lessons, counselling sessions;
- the level of support needed (some pupils will be able to take responsibility for their own health needs) including in emergencies. If a pupil is self-managing their medication, then this will be stated with appropriate arrangements for monitoring;
- who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional; and cover arrangements for when they are unavailable;
- who in the school needs to be aware of the pupil's condition and the support required;
- arrangements for written permission from parents and the Headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours;
- separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments;
- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and
- what to do in an emergency, including whom to contact, and contingency arrangements.

Some pupils may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

Healthcare Plans will be reviewed at least annually.

Children who have severe food allergies and intolerances also require a healthcare plan on Medical tracker (even thought there may be no medication required in school). This ensures staff are aware and can plan educational activities with these foods in mind.

## 5 THE PUPIL'S ROLE IN MANAGING THEIR OWN MEDICAL NEEDS

- After discussion with parents, pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. Parents will give permission via Medical Tracker to acknowledge that their child is mature and responsible to manage their own medication. This information will be recorded on Medical Tracker.

- Parents should be aware that if their child holds their own medication then school staff will not be recording the doses self-administered; If it is not appropriate for a child to self-manage, then relevant staff will help to administer medicines and manage procedures for them; a record of administration will be made and a notification will be emailed to a parent.

- If a pupil refuses to take medicine or carry out a necessary procedure, staff will not force them to do so but will contact the parents and follow the procedure agreed in the healthcare plan.

## 6 MANAGING MEDICINES ON SCHOOL PREMISES

Pupils will only be given prescription medicines after parents have completed a consent form.

When no longer required, medicines will be returned to the parent to arrange for safe disposal.

Medicine brought into school must be handed to the school office and not sent in via the class teacher or pupil so we can check written consent has been obtained. Without written consent, we are unable to administer any medication.

### 6.1 Prescribed medication

The school will only accept prescribed medicines that are **in-date, labelled, provided in the original container** as dispensed by a pharmacist. The exception to this is insulin which must still be in date, but will be available inside an insulin pen or a pump, rather than in its original container

- Parents should note the expiry date so that they can provide a new prescription as and when required.

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

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

Short-Term Medical Needs

Many children will need to take medicines during the day at some time during their time in the school. This will usually be for a short period only, perhaps to finish a course of antibiotics, which will minimise the time that they need to be absent.

Antibiotics prescribed three times a day can be taken out of the school day. The school will support children who have been prescribed antibiotics that need to be taken four times day.

It is the parent's responsibility to bring in and collect the antibiotic each day and to complete the necessary forms prior to medicine being administered.

If a child is attending After School Club a member of staff will hand medicine over to the person in charge.

6.2 Controlled Drugs

- Some medicines prescribed for pupils (e.g. methylphenidate, known as Ritalin) are controlled by the Misuse of Drugs Act, 1971. A pupil who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another pupil for use is an offence.

- The school will keep controlled drugs in a locked non-portable container, to which only named staff have access but will ensure they are easily accessible in an emergency.

- School staff may administer a controlled drug to the child for whom it has been prescribed in accordance with the prescriber's instructions.

- A record will be kept on Medical Tracker of any doses used and the amount of the controlled drug held in school, i.e. total number of doses (tablets) provided to the school, the dose given and the number of doses remaining.

- A controlled drug, as with all medicines, will be returned to the parent when no longer required to arrange for safe disposal. If this is not possible, it will be returned to the dispensing pharmacist.

- Some pupils with epilepsy are prescribed rectal diazepam or buccal midazolam. Authorisation for administration must be received from parents as part of a health care plan.

6.3 Non-prescription Medication

Non-prescription medication will only be given in exceptional circumstances and only with the expressed permission of the Headteacher.

The school will not keep Calpol or hay fever remedies to administer on an adhoc basis during the school day. Parents will be contacted if their child has a fever and needs collecting. If pupils require medication to control hay fever symptoms, then parents will be asked to take their children to their GP for a formal diagnosis and advice on appropriate medication.

Parents will be asked to sign a consent form confirming that the medicine has been administered without adverse effect to the child in the past and that they will inform the school immediately if this changes.

### 6.4 Pain Relief

Pupils sometimes ask for pain relief (analgesics) at school, i.e. paracetamol tablets or liquid.

- Pain relief will only be given with the expressed consent of the Headteacher for example, for pupils returning to school after sustaining a fracture, broken bone or dental treatment.
- Parents will be asked to sign a consent form when they bring the medicine to school, which confirms that they have given the medicine to their child without adverse effect in the past and that they will inform the school immediately if this changes.
- The school will only administer paracetamol (Calpol) to those pupils' requesting analgesics; generally non-prescription ibuprofen will not be given.
- If ibuprofen is the analgesic of choice, then parents will be advised that a dose could be given before school (ibuprofen is effective for six hours); if required the school will 'top up' the pain relief with paracetamol.
- A child under 16 will never be given aspirin-containing medicine unless prescribed by a doctor.
- When a pupil requests pain relief staff will first check maximum dosages and when the previous dose was taken. Parents will be contacted for confirmation. If parents are unavailable, a dose will not usually be given before 12 noon.
- A record will be made of all doses given on Medical Tracker.

## 7 RECORD KEEPING

- The school will use Medical Tracker to keep 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 will be noted.
- A second person will witness the administration of all medicines.
- A second person will witness the administration of controlled drugs.

## 8 SAFE STORAGE OF MEDICINES

- Medicines will be stored strictly in accordance with product instructions - paying particular note to temperature and in the original container in which dispensed.
- Medicines and devices such as asthma inhalers, blood glucose testing meters, Piriton and epipens are always readily available in the associated classroom cupboard. They are out of the reach of children but will never be locked away.

- A few medicines require refrigeration. They will be kept in a clean storage container, clearly labelled, and stored in the Staff Room refrigerator, which is not accessible to pupils. A temperature log of the refrigerator will be taken during the period of storage.
- Medication will never be prepared ahead of time and left ready for staff to administer.
- An audit of pupil's medication will be undertaken every half term disposing of any medication that is no longer required and replacing medication which has expired (or is close to expiry).
- It is the parent's responsibility to ensure their child's medication remains in date.

## 9 DISPOSAL OF MEDICINES

- Parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. The return of such medicines to parents will be recorded;
- Parents should also collect medicines held at the end of the summer term. If parents do not collect all medicines, they will be contacted for collection.
  Anything not collected will be taken to a local pharmacy for safe disposal;

## 10 HYGIENE AND INFECTION CONTROL

All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures.

8 STEP HAND WASHING TECHNIQUES



## 11 DAY VISITS AND SPORTING ACTIVITIES

- The school will actively support pupils with medical conditions to participate in school trips and visits or in sporting activities;
- The school will make reasonable adjustments for the inclusion of pupils in such activities;
- Some children may need to take precautionary measures before or during exercise, and may need access, for example, to asthma inhalers. Staff supervising sporting activities will be made aware of relevant medical conditions, and will consider the need for a risk assessment to be made.
- The school will consider the reasonable adjustments that can be made to enable pupils with medical needs to participate fully and safely in visits. These arrangements will be included in the risk assessment for the event.
- One member of staff accompanying the visit will be asked to take on the lead role for administering medicines or healthcare procedures. Medicines, equipment and consent forms will be taken on school visits.
- Medicines are administered, witnessed and recorded directly on to Medical Tracker during a visit so parents get a timely notification.

## 12 SCHOOL'S ARRANGEMENTS FOR COMMON CONDITIONS

### 12.1 Asthma

- An inventory of all pupils with asthma will be compiled;
- All staff will be trained annually to recognised the symptoms of an asthma attack and know how to respond in an emergency

Inhalers are kept in classrooms in the class First Aid box. The class First Aid box can be located in the cupboard marked with a green cross.

Any administration of inhalers is recorded on Medical Tracker. Photographs of children with inhalers are displayed in the Deputy Head's room, the hall and in classrooms (inside of cupboard door for GDPR).

Copies of healthcare plans are on medical tracker. These are updated annually by parents.

### 12.2 Anaphylaxis (Severe Allergic Reaction)

- An inventory of all pupils with anaphylaxis will be compiled;
- All staff will attend annual training on the symptoms of anaphylaxis, which includes information and practise on when and how to use the adrenaline auto-injector.
- All staff will be trained to recognised the symptoms of an anaphylactic reaction and know how to respond in an emergency
- Auto-injectors (epipens) will be kept readily available;

Epi-pens are kept in classrooms in the class First Aid box. The class First Aid box can be located in the cupboard marked with a green cross.

In the event of administering an epi-pen, first aiders will call 999 immediately.

Any administration of epi-pens is recorded on Medical Tracker. Photographs of children with epi-pens are displayed in the Deputy Head's room, the hall and in classrooms (inside of cupboard door for GDPR).

Copies of Health care plans are available on Medical Tracker. These are updated annually by parents.

12.3 Epilepsy or seizures due to Cerebral Palsy

- An Individual Healthcare Plan will be developed;
- An appropriate number of staff will be trained in identifying the symptoms and triggers for epilepsy and seizures, including administering medication
- There will be a trained member of staff available at all times to deliver emergency medication. Details will be recorded on the pupil's Healthcare Plan.
- A medical room with a bed will be kept available so that if needed the pupil will be able to rest following a seizure, in a safe supervised place.
- The school will enable students to take a full part in all outings and activities,
- The school will make necessary adjustments e.g. timetables.
- The school will liaise fully with parents and health professionals;
- Some pupils with epilepsy or seizures are prescribed rectal diazepam or buccal midazolam. This will be administered by staff who are specifically trained to undertake this task and have agreed to this responsibility.
- The administration of medication will be recorded on Medical Tracker.
- Two adults will be present for the administration of rectal diazepam, at least one being of the same gender as the child. The dignity of the pupil will be protected as far as possible, even in an emergency;
- A record will be kept of the pupil's seizures, so that any changes to seizure patterns can be identified and so that this information can be shared with the pupil's parents/carers and healthcare team.

12.4 Diabetes

- An Individual Healthcare Plan will be developed;
- Pupils diagnosed with Type 1 diabetes and have been prescribed insulin will be supported by staff who have specifically agreed to this responsibility and have received training and support from the Diabetic Nurses Team.
- A suitable private place will be provided for pupils to carry out blood tests and administer doses, e.g. Medical Room;
- All medicine administered will be logged on Medical Tracker.
- Pupils will not be prevented from eating drinking or taking toilet breaks whenever they need to in order to manage their medical condition effectively.

- If a pupil has a hypo, they will not be left alone; a fast-acting sugar, such as glucose tablets, a glucose rich gel, or a sugary drink will be given immediately.
- Once the pupil has recovered, slower acting starchy food, such as a sandwich or two biscuits and a glass of milk, will be given, some 10-15 minutes later.

12.5 Coeliac disease

- An Individual Healthcare plan in partnership with the child's parents/carers and catering staff will be developed
- Staff to be aware of the requirements of the child with coeliacs
- Parents and/or caterers to ensure a completely gluten free diet for break time snacks and lunch time meals
- Staff to ensure no cross contamination of foods at these times with other children
- Ensure school trips, celebrations and cooking activities are considered
- Symptoms may vary but parents must be contacted if symptoms persist or worsen
  Common Coeliac Disease Symptoms and Signs - Coeliac UK

## 13 LIABILITY AND INDEMNITY

The Governing Body will ensure that the appropriate level of insurance is in place for staff providing support to pupils with medical conditions and appropriately reflects the level of risk.

The school will contact their insurers to extend their cover should a medical intervention fall outside the conditions covered by this policy.

## 14 COMPLAINTS

Parents should discuss any concerns directly with the school if they become dissatisfied with the support provided. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.

## 15 SCHOOL PROCEDURES FOR MANAGING MEDICINES

1 Medicines should be brought to the school office by parents/carers. The designated member of staff will ask the parent to sign the relevant consent form or complete the relevant form electronically on Medical Tracker. Any paper copies are added to Medical Tracker and the original is scanned and uploaded to the child's profile.

2 The designated person will check that the

- medicine is in its original container as dispensed by a chemist and details match those on the form;
- label clearly states the child's first and last name, name of medicine, dose required, method of administration, time/frequency of administration
- patient information leaflet is present to identify any side effects; medication is in date

3 The designated person will log the medicine on Medical Tracker and store the medicine appropriately

- Medicines requiring refrigeration will be kept in the staff room fridge in a clean storage container
- A daily temperature of the fridge will be taken and recorded.

4 The designated person will administer medication at the appropriate time and log it on Medical Tracker.

5 The following procedure will be followed:

- The pupil will be asked to state their name – this is checked against the label on the bottle, Medical Tracker photo and medicine authorisation.
- The name of the medicine will be checked against the Medical Tracker authorisation.
- The time, dosage and method of administration will be checked against the Medical Tracker authorisation.
- The expiry date will be checked and read out.
- The correct dosage of medicine is administered.
- Medical Tracker is completed by the designated person and the witness. The notification is sent to parents immediately that the medicine has been administered.
- Any possible side effects will be noted.
- The medicine is returned to the appropriate storage place.

6 If a child refuses to take their medicine, staff will not force them to do so. Staff will record the incident and follow agreed procedures (which are set out in the pupil's Healthcare Plan) and contact parents. If a refusal results in an emergency, the emergency procedures detailed in the Healthcare Plan will be followed.

7 If the designated person has concerns about a procedure or a medication that they are being asked to administer they will not administer the medicine, but check with the parents or a health professional before taking further action.

8 Primary Schools: At the end of the day parents of pupil's prescribed antibiotic medication (four doses a day) should collect their child's medicine from their child's teacher. For children staying to the After School Club the designated person(s) will pass antibiotic medicine to the supervisor of the After School Club to return to the parents. The After School Club Supervisor will sign and date the back of the authorisation form to confirm that they have received the medicine and accept responsibility to return it to parents.

Reviewed – 1st September 2026

Next Review – 1st September 2027

# Turnfurlong Infant School
# Allergy safety policy

*This document outlines what should be included in an allergy safety policy, in line with the statutory guidance June 2026.*

Section 34 of the Children's Wellbeing and Schools Act 2026 requires that LA maintained schools, academies and PRUs must have an allergy safety policy.

Jenny Glen, Deputy Head and H&S Co-ordinator has responsibility for allergy safety, including driving the implementation of the allergy safety policy and contributing to or leading review of the policy.

This allergy safety policy will be reviewed at least annually, or where incidents or 'near misses' suggest areas for improvement. This is essential where incidents suggest that policies or procedures may leave individuals with allergy at risk.

The governing body should ensure that the allergy safety policy is readily accessible to parents and staff. Policies should be published on the school, college or setting's website and be made available in hard copy on request.

## Culture

### Awareness training

Annually, all staff receive allergy awareness training. This includes permanent staff, supply teachers and teaching assistants, and regular volunteers. It includes Chartwells catering staff and others who may oversee children and young people at breakfast or after school clubs. It does not include contractors carrying out work with no pupil-facing role.

Induction arrangements for new staff, as well as that for supply and cover staff, will ensure allergy awareness training is given by the H&S co-ordinator.

This will ensure all staff on premises:

- Have an **awareness** of allergy, the risks it poses, how allergic reactions can occur and how to manage it;
- Understand that allergy includes multiple conditions (food allergy, asthma, eczema, hay fever, others), which can co-exist;

- Understand the difference between food allergy, coeliac disease and food intolerance;
- Know where to find information on **allergy triggers**;
- Can identify the range of **symptoms** of allergic reactions;
- Understand and can recognise **anaphylaxis**;
- Know how to respond in an **emergency**, including:
  - calling emergency services and informing parents;
  - how to locate and administer emergency medication (adrenaline for anaphylaxis, asthma reliever inhaler for an asthma attack).
  - training on how to use the medication/device in an emergency (whether prescribed to a given person or a school's "spare" adrenaline devices);
- Understand the **impact** allergy can have on a child or young person's wellbeing;
- Understand the school's **allergy safety policy**;
- Know how to check whether an individual is on the record of those with known allergy and how to use an Allergy or Asthma Action Plan;
- Understand their **responsibilities** in reducing the risk of individuals with known allergy coming into contact with their known allergens;
- Understand how to **report** an allergic reaction or case of anaphylaxis (whether an incident or a 'near miss').

Training under this guidance should be understood as allergy awareness and emergency response training. It should not be read as replacing any separate clinical governance, competency or delegation arrangements that may be needed where a child or young person requires individual healthcare support beyond school-level allergy safety arrangements.

## Wellbeing

The wellbeing of children and young people within our setting with allergy will be promoted, since the risk posed by allergy (and the possibility of anaphylaxis) can be a significant cause of anxiety for parents, children and staff. Whilst they don't want to be 'different', children will be identified and supported whilst on site.

Unkind behaviours linked to children and young people with allergy will be addressed and avoided, as per our behaviour policy.

## Minimising risk

Turnfurlong Infant School will minimise the risk to individuals (children, staff or visitors) coming into contact with their known allergens. This includes:

- Measures to manage the risks of exposure to a food allergen through food provided by the school's catering company.
- Measures to manage the risks of exposure to a food allergen through food brought in by others (for example parents, children and staff).
- Where children and young people have known allergy to airborne or contact allergens, the school will put reasonable measures in place to manage the risk of the child being exposed to such allergens.
- There is an expectation that staff planning any activity should consider the risk of exposure to allergens, e.g. science, cooking activities, or where activities involve animals.
- Specific individual risk assessments to manage the risks of exposure to allergens in individuals with an allergy when planning external visits or trips.

### Food allergy

Turnfurlong Infant School and Chartwells will manage the risk of food allergy and provide clear information on allergens in food provided. Chartwells can be contacted directly to discuss ingredients and their medical diets.

The Chartwells Approach to Medical Diets | Chartwells

## Individual children and young people

### Identification

Individuals identified with an allergy (not just children but also members of staff and visitors), will have a photo ID and brief description of their condition in the hall, classroom and H&S co-ordinator room (not on direct display due to GDPR). Their known allergens and whether they carry medication (for example adrenaline autoinjector (AAI) devices) will be recorded on Medical Tracker, alongside a completed online HCP from parents for medicine administration. All staff will be made aware of these individuals and this information is available to anyone covering a class.

Information is gathered through admission records, from the child's parents and potentially their previous setting.

### Individual Healthcare Plans

Children with allergies and asthma have an Individual Healthcare Plan (IHP) completed by parents electronically on Medical Tracker within the first week of starting school every year. This details their personal medical history, medication, symptoms, triggers and emergency contacts. It may also provide information on if:

- they have an allergy which has a functional impact on them in school they are at risk of harm as a result of their allergy **and**
- they require arrangements which are additional to or different from those made generally.

The IHP should set out the additional and/or different arrangements that will be in place in the school setting for supporting the child with their medical condition or allergy, including in emergency situations.

Children with allergy who require specific support arrangements will have them documented through an **Individual Healthcare Plan**. This includes children whose allergies require flexibility and "reasonable adjustments", as well as those who require medication (either proactively or in an emergency situation).
Where children have an **Allergy Action Plan** and/or **Asthma Action Plan** issued by a healthcare professional, the IHP should refer to it. Copies can be scanned and attached to Medical Tracker. Whenever an updated Action Plan becomes available, the child or young person's Individual Healthcare Plan should be reviewed to incorporate it.

### Prescribed adrenaline

Turnfurlong Infant School will ensure that children who are prescribed adrenaline auto injector devices have rapid access to their devices **at all times**, noting that in a case of anaphylaxis, adrenaline should be administered within five minutes. This includes in the lunch area, playgrounds and sports field or when on visits or trips.

- Anaphylactic and asthmatic children's devices remain in school the whole time, in their designated classroom. They are sent home at the end of the school year, ready to return the next academic year. The H&S co-ordinator keeps a log of all expiry dates and parents are notified that they need a new device before it is due to expire. During trips or visits, all medication is taken off site with the child in the designated first aid bag.
- Records are kept on Medical tracker of which children have prescribed antihistamines, adrenaline devices and inhalers (and an Allergy Action Plan).

## School-wide policies

### 'Spare' adrenaline devices and inhalers

School keeps 'spare' adrenaline devices and inhalers in the cupboard in the old medical room next to the staff room. The H&S co-ordinator ensures they are in date, unused and accessible. Children's individually prescribed devices will be used first. If there is an issue with these e.g. empty, faulty, expired then the school's emergency

devices will be used, and with adrenaline - only as directed by a paramedic whilst waiting for an ambulance.

If expired or used, the H&S co-ordinator or a member of staff will order replacements at the local pharmacy, disposing of any old devices at the same time.

No child is ever more than five minutes from their medication/adrenaline devices.

Where possible, adrenaline devices are always be stocked and stored in pairs. However, we respect that if a parent only has two devices prescribed, that one may be kept at home and the other sent to school for emergency use.

Turnfurlong Infant School is not considered a large site (all single storey and on one site) therefore one set of 'spare' devices, kept by the staffroom, is sufficient.

- 'Spare' adrenaline devices are readily accessible and not locked away;
- In the event of an anaphylaxis, adrenaline should be administered as soon as possible. In practice, this should be no more than five minutes, i.e. adrenaline devices must be able to be brought to the person having anaphylaxis within 5 minutes.
- 'Spare' adrenaline devices should be stored in pairs, so that if a second one is necessary it is on hand rather than needing to be obtained from elsewhere on site;
- 'Spare' adrenaline devices should be clearly labelled, to avoid any confusion with adrenaline devices prescribed to a named person. Ours is clearly marked "emergency anaphylaxis kit" containing the spare adrenaline devices, an emergency asthma reliever inhaler and spacer.

## Visits and trips

Whenever a child leaves site for a visit, day trip or event, the staff in charge take all medication with them in the designated first aid bag. All staff hold a valid first aid certificate. If medication is administered it is logged whilst on the trip/visit on Medical Tracker. Parents are notified and replacement medication can be sourced. Trips and visits are risk assessed in line with IHP's to ensure direct triggers and allergens are not present e.g. animal fur. Children take their own packed lunch from home or a Chartwells packed lunch which is sourced and assembled in line with allergen control.

## Serious incidents and 'near misses'

School records, reports and responds to serious incidents or 'near misses' involving allergy safety through Medical Tracker and Assessnet. All reports are given to the governing body on a termly basis.

In some cases, the impact of exposure to an allergen while in an education setting may not be recognised until the child is back at home. It is therefore important that the child, their parents or others (for example healthcare professionals) can report that there has been an incident. Communication either in person, by phone or email ensures these events can be recorded and addressed in a timely manner.

## Information sharing

Turnfurlong Infant School will share information about children with allergies within the setting and with those parents/carers with parental responsibility. Due to GDPR and data protection, sensitive medical data is not on direct display but inside a cupboard door, directly by the first aid kit and individual's medication. This data is controlled in a respectful and confidential way. A child should never be singled out, embarrassed or overlooked due to a medical condition. Supply teachers and cover staff are made aware when they enter the classroom of anyone with a potentially life altering condition.

## Awareness of the allergy safety policy

We aim to raise awareness of this new policy by letting all stakeholders know through newsletters, new year 'set up' information and staff meetings.  The allergy safety policy is published on the school's website.

Allergy safety will be raised amongst the children through assemblies, RHE and science curriculum lessons. Where children are prescribed adrenaline devices, it may be appropriate for their friends to be made aware of how to seek help in an emergency. Any wider awareness or training should be considered carefully and discussed with the child and their parents, and should not replace staff emergency response arrangements.