Westfield Nursery School
First Aid & Medication Policy

Lead reviewers: E Collins/ V Sunderland

Date policy last reviewed: 07.07.26

Signed by:

Headteacher Date:

Chair of governors Date:

Latest Changes:
-Updated contents page

Contents
Vision
Definition
Statement of Intent
Legal Framework
First Aiders and Appointed Persons
Roles and Responsibilities
First Aid at Work
First Aid Provision
Emergency Procedures
Reporting Accidents and Record Keeping
Offsite Visits & Events
Health Information
Recording Injuries
Illnesses
Medication
Temperatures
Spillages
Consent
Monitoring and Review
Conclusion

Vision

At Westfield Nursery we aim to deliver against our vision 'Inspired beginnings, outstanding futures'

Definition

First aid is the first and immediate medical care given to any person with either a minor or serious illness or injury. It includes initial intervention in a serious condition prior to professional medical help being available, such as performing CPR while waiting for an ambulance, as well as the complete treatment of minor conditions, such as applying a plaster to a cut.

Statement of Intent

Westfield Nursery School is committed to providing emergency first aid provision in order to deal with accidents and incidents affecting staff, pupils and visitors. The arrangements within this policy are based on the results of a suitable and sufficient risk assessment carried out. We take every reasonable precaution to ensure the safety and wellbeing of all staff, pupils and visitors.

This policy aims to:

- Ensure that the school has adequate, safe and effective first aid provision for every pupil, member of staff and visitor to be well looked after in the event of any illness, accident or injury, no matter how major or minor
- Ensure that staff and pupils are aware of the procedures in the event of any illness, accident or injury
- Ensure that medicines are only administered at the school when express permission has been granted for this
- Ensure that all medicines are appropriately stored
- Promote effective infection control

Nothing in this policy will affect the ability of any person to contact the emergency services in the event of a medical emergency. For the avoidance of doubt, staff should dial 999 in the event of a medical emergency before implementing the terms of this policy and make clear arrangements for liaison with ambulance services on the school site.

Legal Framework

This policy has due regard to legislation and statutory guidance, including, but not limited to, the following:

- Health and Safety at Work etc. Act 1974
- The Health and Safety (First Aid) Regulations 1981
- The Road Vehicles (Construction and Use) Regulations 1986
- The Management of Health and Safety at Work Regulations 1999
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013
- DfE (2017) 'Supporting pupils at school with medical conditions'
- DfE (2022) 'First aid in schools, early years and further education'
- DfE (2023) 'Early years foundation stage (EYFS) statutory framework'
- DfE (2023) 'Automated external defibrillators (AEDs): a guide for maintained schools and academies'

The policy is implemented in conjunction with the following school policies:

- Behaviour Policy
- Safeguarding and Child Protection Policy
- Health and Safety Policy
- Supporting Pupils with Medical Conditions Policy

First Aiders and Appointed Persons
The main duties of first aiders will be to administer immediate first aid to pupils, staff or visitors, and to ensure that an ambulance or other professional medical help is called when necessary.

The school will ensure all first aiders hold a valid certificate of competence, issued by an HSE-approved organisation, and refresher training and retesting of competence is arranged for first aiders within the school before certificates expire (wherever possible).

First aiders will ensure that their first aid certificates are kept up to date through liaison with the School Business Manager.

Each classroom's first aiders will be responsible for ensuring all first aid kits are properly stocked and maintained. The appointed person will be responsible for maintaining supplies.

First aid notices will be clearly displayed throughout the school with information on the names of first aiders to ensure pupils and staff know who they must contact in the event of illness or injury.

In line with government guidance and taking into account staff: child ratios, the school will ensure that there is at least one member of staff with a current and full paediatric first aid (PFA) certificate on the premises and available at all times when pupils are present and accompanying pupils on any and all outings taken.

The school will ensure that PFA certificates are renewed every three years, and that training meets the criteria set out in Annex A of the 'Early years foundation stage (EYFS) statutory framework'.

The school will display a list of staff who have a current PFA certificate and make this information available to parents.

Roles and Responsibilities
The governing board is responsible for:
- The overarching development and implementation of this policy and all corresponding procedures
- Ensuring the relevant risk assessments, and assessments of the first aid needs of the school specifically, have been conducted
- Ensuring there is a sufficient number of appointed first aiders within the school based upon these assessments
- Ensuring there are procedures and arrangements in place for first aid during off-site activities, e.g. Visits to Beecroft Community Centre
- Ensuring appropriate and sufficient first aid training is provided for staff, and ensuring that processes are in place to validate that staff who have undertaken training have sufficient understanding, confidence and expertise in carrying out first aid duties
- Ensuring adequate equipment and facilities are provided for the school site
- Ensuring first aid provision for staff does not fall below the required standard and that provision for pupils and others complies with the relevant legislation and guidance
- Ensuring the school has:
  - A suitably stocked first-aid kit
  - An appointed person to take charge of first-aid arrangements
  - Information for all employees giving details of first-aid arrangements

The headteacher is responsible for:
- The day-to-day development and implementation of this policy and its related procedures

- Ensuring all staff and parents are made aware of the school's policy and arrangements regarding first aid
- Ensuring all staff are aware of the locations of first aid equipment and how it can be accessed, particularly in the case of an emergency
- Ensuring all pupils and staff are aware of the identities of the school first aiders and how to contact them if necessary

Staff are responsible for:

- Ensuring they have sufficient awareness of this policy and the outlined procedures, including making sure that they know who to contact in the event of any illness, accident or injury
- Securing the welfare of the pupils at school
- Making pupils aware of the procedures to follow in the event of illness, accident or injury

First aid staff are responsible for:

- Completing and renewing training as dictated by the governing board
- Ensuring they are comfortable and confident in administering first aid
- Ensuring they are fully aware of the content of this policy and any procedures for administering first aid, including emergency procedures
- Keeping up to date with government guidance relating to first aid in schools
- First aid will be administered to children according to procedures in most recent training
- If conscious the first aider will ask permission from person who needs treatment before administering said treatment
- If unconscious/ unable to respond treatment will be commenced
- Once first aid has been administered qualified staff will complete the accident form, which they will share with parent/ carers on collection
- If the first aider decides that the incident requires further medical assistance, then they will instruct office to call an ambulance and/ or inform parents and carers or next emergency contact

All class-based staff are paediatric first aid trained. A list of first aiders is displayed in the office, Head teacher's office, staffroom, 2-year-old kitchen and Health and Safety File. Certificates are held in the CPD file.

The appointed person for first aid and medicines is responsible for:

- Overseeing the school's first-aid arrangements
- Taking charge when someone is injured or becomes ill
- Ensure first aid boxes are always fully equipped, and the ordering of further supplies are completed as necessary
- Check first aid supplies in the staffroom and classes
- Check medicines and forms as required
- Ensuring an ambulance or other professional medical help is summoned when appropriate
- Ensuring office staff call the emergency services where necessary
- Maintaining injury and illness records as required
- Undertaking an appointed person's course, emergency first aid training, first aid at work, and refresher training where appropriate, to ensure they have knowledge of:
  - What to do in an emergency
  - How to assess and monitor a casualty
  - First aid for the unconscious casualty
  - First aid for someone who is having a seizure
  - Maintaining injury and illness records as required
  - Paediatric first aid

- Update staff on current practices and ensure staff are aware of practice and procedures in the Nursery. First Aid/ administration of medicines will be an agenda item as appropriate

Mrs Sunderland is the named lead first aider and member of staff who has received training about the administration of medicines for Nursery.

First Aid at Work
Mrs Collins, Mrs Hitchcock and Mrs Sunderland are qualified to administer first aid at work to adults.

First Aid Provision
The school will routinely re-evaluate its first aid arrangements through a risk assessment, at least annually, to ensure that these arrangements continue to be appropriate for hazards and risks on the school premises, the size of the school, the needs of any vulnerable individuals onsite, and the nature and distribution of pupils and staff throughout the school.

The school will have suitably stocked first aid boxes in line with the assessment of needs. Where there is no special risk identified in the assessment of needs, the school will maintain the following minimum provision of first aid items:

- Sterile dressings x2
- Plasters
- Scissors
- Microporous tape
- Cleansing wipes
- Eye wash
- Finger bandage
- Triangular bandage
- Mouth shield
- Adhesive dressings
- Eye pad x2
- Burns dressing
- Gloves
- Conforming bandage
- Foil blanket

All first aid containers will be identified by a white cross on a green background.

The appointed person will routinely examine the contents of first aid boxes; these will be frequently checked and restocked as soon as possible after use. Items will be safely discarded after the expiry date has passed.
First aid boxes are in the following areas:

- In the office
- In the kitchen
- In Bumblebees kitchen (for Bumblebees and Dragonflies classes)
- In Ladybirds class
- In Caterpillars class
- In Butterflies class
- In 2-year-olds garden
- In 3–4-year-olds garden

Emergency Procedures
If an incident, illness or injury occurs, the member of staff in charge will assess the situation and decide on the appropriate course of action, which may involve calling for an ambulance immediately or calling the lead first aider.

If called, the lead first aider will assess the situation and take charge of first aider administration. If they do not consider they can adequately deal with the presenting condition by the administration of first aid, they will arrange for the injured person to access appropriate medical treatment without delay. Where an initial assessment by the first aider indicates a moderate to serious injury has been sustained, or the individual has become seriously unwell, they will direct a staff member to call 999 immediately.

Where necessary, trained staff members will administer emergency help and first aid to all injured persons. The purpose of this is to keep the victim alive and, if possible, comfortable, before professional medical help arrives. In some situations, immediate action can prevent the accident from becoming increasingly serious, or from involving more victims. Where the seriously injured or unwell individual is a pupil, the following process will be followed:

- A responding staff member calls 999 immediately and follows the instructions of the operator – this may include the administering of emergency first aid
- Where an ambulance is required, a staff member accompanies the pupil in the ambulance and calls the pupil's parent/ carer as soon as possible to inform them of the course of action taken. The staff member remains with the pupil at the hospital until a parent arrives
- The school will ensure no further injury can result from any incidents, either by making the scene of the incident safe, or, if they are fit to be moved, by removing injured persons from the scene
- Responding staff members will see to any pupils who may have witnessed the incident or its aftermath and who may be worried or traumatised, despite not being directly involved. These pupils will be escorted from the scene of the incident and comforted. Younger or more vulnerable pupils may need parental support to be called immediately. Once the above action has been taken, details of the incident will be reported promptly to the Headteacher

The school is aware that responding to an incident can be stressful for the first aider, and that following an incident, the first aider may require support. This may take the form of a debrief from any ambulance crew on scene, an appointment with their GP, or mental health support from external helplines and websites located at the bottom of the government page 'Promoting and supporting mental health and wellbeing in schools and colleges'.

Reporting Accidents and Record Keeping
In the event of incident or injury to a pupil, a parent/carer will be informed as soon as practicable.
Parents/ carers will be called in relation to head bumps.
A list of emergency contacts will be kept in the office.

The appointed person will ensure that records are kept of any injuries, accidents or illnesses, as well as any first aid treatment that is given – this will include:

- The date, time and place of the incident
- The name and class of the injured or ill person
- Details of the injury or illness and what first aid was given

- The name and signature of the first aider or person dealing with the incident

The headteacher will ensure any injury or accident that must be reported to the HSE or LA under RIDDOR obligations is reported in a timely and detailed manner.
All records will be filed and stored in line with the Retention of Records Guidance.

Offsite Visits and Events
Before undertaking any offsite visits or events, the teacher organising event will assess the level of first aid provision required by undertaking a suitable and sufficient risk assessment of the visit or event and the persons involved.

The school will take a first aid kit on all offsite visits which contains at a minimum:
- Sterile dressings x2
- Plasters
- Scissors
- Microporous tape
- Cleansing wipes
- Eye wash
- Finger bandage
- Triangular bandage
- Mouth shield
- Adhesive dressings
- Eye pad x2
- Burns dressing
- Gloves
- Conforming bandage
- Foil blanket
- Instant ice pack

Health Information
The 'Guidance on infection control in schools and other childcare settings' is in the school office. Also available is Managing Specific Infectious Diseases A-Z (gov.uk)

Recording Injuries
- All injuries must be recorded in the accident folders, located in their class designated cupboard. Injuries requiring advice/treatment at hospital or GP surgery must be reported to the office
- Member of staff treating the injury must record details in the accident book.

The parent/carer must sign the book to say that they have been informed
- Injuries to the head, however minor, must be reported by telephone to parent/carer at time of injury
- Staff injuries must be recorded, dated and signed and kept in the folder located in the school office
- All major accidents and injuries must be reported to RIDDOR by the office staff

Illnesses
Sickness and Diarrhoea
If your child has sickness or diarrhoea we ask that parents/carers keep them at home for 48 hours to reduce the risk of infection.
Infectious Illnesses
If your child has an infectious illness such as chicken pox, please let us know so we can inform other parents/ carers.
Calpol

If your child needs Calpol because they are unwell, please do not send them to Nursery.

Medication

Medication will only be administered at school for prescribed medications which are four times daily or circumstances where the child has long term illness and requires time specific medication. We do have procedures for administering inhalers and auto-injectors.

When a pupil becomes ill during the school day, their parent/ carer will be contacted and asked to pick their child up as soon as possible. Pupils will be monitored during this time.

Temperatures

Where children have a high temperature, parents/ carers will be called and staff will take steps to try and reduce the temperature, for example- removing layers of clothes or a cold compress. Parents/ carers will be called to collect the child.

Spillages

Staff protect themselves against HIV, Hepatitis B Virus, and other common infections by wearing protective gloves and apron when cleaning up blood, vomit etc.

Floors are washed with disinfectant using the mop and bucket following a spillage. This applies equally to any equipment or furniture that may have become contaminated. To assist the removal of vomit on a floor area it is advisable to cover the affected area with 'Magic Monkey Granules' and sweep the contents into a dustpan once absorbed.

All equipment used in this process must be thoroughly cleaned and disinfected after use. All soiled materials must be disposed of safely by placing in a sealed polythene bag and depositing in the outside refuse container.

Consent

Parents/ carers will be asked to complete and sign a medical consent form when their child is admitted to the school, which includes emergency numbers, alongside details of allergies and chronic conditions.

Staff will always aim to act and respond to accidents and illnesses based on what is reasonable under the circumstances and will always act in good faith while having the best interests of the pupil.

Monitoring and Review

This policy will be reviewed regularly by the governing board, and any changes will be communicated to all members of staff.

Staff will be required to familiarise themselves with this policy as part of their induction programme. Staff will be informed of the arrangements that have been made in connection with the provision of first aid, including the location of equipment, facilities and personnel.

Conclusion

The implementation of this policy will support adults and children are cared for appropriately.

Westfield Nursery School

Supporting Pupils with Medical Needs Policy

Date policy last reviewed: 07.07.26

Signed by:

Headteacher Date:

Chair of governors Date:

No changes required

Contents:

Vision & Statement of Intent

1. Legal Framework
2. Definitions of Medical Conditions
3. Roles and Responsibilities
4. Admissions
5. Notification Procedure
6. Staff Training and Support
7. Care Plans
8. Managing Medicines
9. Storage of Medicines
10. Allergens, anaphylaxis and adrenaline auto-injectors (AAIs)
11. Record Keeping
12. Emergency Procedures
13. Visits
14. Unacceptable Practice
15. Liability and Indemnity
16. Complaints
17. Monitoring and Review

Vision & Statement of Intent

At Westfield Nursery we aim to deliver against our vision ‘Inspired beginnings, outstanding futures’.

The governing board of Westfield Nursery School has a duty to ensure arrangements are in place to support pupils with medical conditions. The aim of this policy is to ensure all pupils with medical conditions, in terms of both physical and mental health, receive appropriate support to allow them to play a full and active role in school life, remain healthy, have full access to education and achieve their academic potential.

The school believes it is important parents of pupils with medical conditions feel confident the school provides effective support for their children’s medical conditions, and pupils feel safe in the school environment.

Some pupils with medical conditions may be classed as disabled under the definition set out in the Equality Act 2010. The school has a duty to comply with the Act in all such cases.

In addition, some pupils with medical conditions may also have SEND and have an EHCP collating their health, social and SEND provision. For these pupils, the school’s compliance with the DfE’s ‘Special educational needs and disability code of practice: 0 to 25 years and the school’s Special Educational Needs and Disabilities (SEND) Policy will ensure compliance with legal duties.

To ensure the needs of our pupils with medical conditions are fully understood and effectively supported, we consult with health and social care professionals, pupils and their parents.

1. Legal Framework

This policy has due regard to all relevant legislation and guidance including, but not limited to, the following:

- Children and Families Act 2014
- Education Act 2002
- Education Act 1996 (as amended)
- Children Act 1989
- National Health Service Act 2006 (as amended)
- Equality Act 2010
- Health and Safety at Work etc. Act 1974
- Misuse of Drugs Act 1971
- Medicines Act 1968
- The School Premises (England) Regulations 2012 (as amended)
- The Special Educational Needs and Disability Regulations 2014 (as amended)
- The Human Medicines (Amendment) Regulations 2017
- The Food Information (Amendment) (England) Regulations 2019 (Natasha's Law)
- DfE (2015) 'Special educational needs and disability code of practice: 0-25 years'
- DfE (2021) 'School Admissions Code'
- DfE (2017) 'Supporting pupils at school with medical conditions'
- DfE (2022) 'First aid in schools, early years and further education'
- Department of Health (2017) 'Guidance on the use of adrenaline auto-injectors in schools'

This policy operates in conjunction with the following school policies:

- Administering Medication Policy
- Special Educational Needs and Disabilities (SEND) Policy
- Asthma Policy
- Allergen and Anaphylaxis Policy
- Complaints Procedures Policy
- Equality of Opportunities Policy
- Attendance Policy
- Admissions Policy

2. Definitions of Medical Conditions

Pupils' medical needs may be broadly summarised as being of two types:
-Short-term affecting their participation at school because they are on a course of medication or with an injury e.g. a broken bone
-Long-term potentially limiting access to education and requiring on-going support, medicines or care while at school to help them to manage their condition and keep them well, including monitoring and intervention in emergency circumstances. It is important that parents feel confident that the school will provide effective support for their child's medical condition and that pupils feel safe.

Some children with medical conditions may be considered disabled. 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 a statement or Education, Health and Care Plan (EHCP). Where this is the case, this policy should be read in conjunction with the 0-25 SEND Code of Practice and the school's SEND policy and the individual healthcare plan will become part of the EHCP and should take account of the Disability Discrimination Act 1995.

3. Roles and Responsibilities

The governing board will be responsible for:

- Fulfilling its statutory duties under legislation.
- Ensuring arrangements are in place to support pupils with medical conditions.
- Ensuring pupils with medical conditions can access and enjoy the same opportunities at school as any other child

- Working with the LA, health professionals and support services to ensure pupils with medical conditions receive a full education.
- Ensuring, following long-term or frequent absence, pupils with medical conditions are reintegrated effectively.
- Ensuring the focus is on the needs of each pupil and what support is required to support their individual needs.
- Instilling confidence in parents and pupils in the school's ability to provide effective support.
- Ensuring all members of staff are properly trained to provide the necessary support and are able to access information and other teaching support materials as needed.
- Ensuring no prospective pupils are denied admission to the school because arrangements for their medical conditions have not been made.
- Ensuring pupils' health is not put at unnecessary risk. As a result, the board holds the right to not accept a pupil into school at times where it would be detrimental to the health of that pupil or others to do so, such as where the child has an infectious disease.
- Ensuring policies, plans, procedures and systems are properly and effectively implemented.
- Ensuring the school's policy clearly identifies the roles and responsibilities of all those involved in the arrangements they make to support pupils and sets out the procedures to be followed whenever a school is notified that a pupil has a medical condition.
- Ensuring the school's policy covers the role of individual healthcare plans, and who is responsible for their development, in supporting pupils at school with medical conditions.
- Ensuring plans are reviewed at least annually, or earlier if evidence is presented that the child's needs have changed.

The headteacher will be responsible for:
- The overall implementation of this policy.
- Ensuring this policy is effectively implemented with stakeholders.
- Ensuring all staff are aware of this policy and understand their role in its implementation.
- Ensuring a sufficient number of staff are trained and available to implement this policy and deliver against all care plans, including in emergency situations.
- Considering recruitment needs for the specific purpose of ensuring pupils with medical conditions are properly supported.
- Ensuring appropriate insurance arrangements.

The staff member with responsibility for First Aid and Medication will be responsible for
- Checking first aid and medication policies

Parents/ carers will be responsible for:
- Notifying the school if their child has a medical condition.
- Providing the school with sufficient and up-to-date information about their child's medical needs.
- Having overall responsibility for the development of their child's care plan.
- Carrying out any agreed actions contained in the care plan.
- Ensuring they, or another nominated adult, are contactable at all times.

Pupils will be responsible for:
- Being sensitive to the needs of pupils with medical conditions.

School staff will be responsible for:
- Providing support to pupils with medical conditions, where requested, including the administering of medicines, but are not required to do so.
- Receiving sufficient training and achieve the required level of competency before taking responsibility for supporting pupils with medical conditions.
- Knowing what to do and responding accordingly when they become aware a pupil with a medical condition needs help.

Other healthcare professionals, including GPs, paediatricians, nurses and health visitors are responsible for:

- Providing advice on developing care plans.
- Providing support in the school for children with particular conditions, e.g. asthma, diabetes and epilepsy, where required.

The LA will be responsible for:

- Promoting cooperation between relevant partners.

4. Admissions

Admissions will be managed in line with the school's Admissions Policy. No child will be denied admission to the school or prevented from taking up a school place because arrangements for their medical condition have not been made; a child may only be refused admission if it would be detrimental to the health of the child to admit them into the school setting.

5. Notification Procedure

When the school is notified a pupil has a medical condition the school will arrange a meeting with parents and/or healthcare professionals, with a view to discussing the necessity of a care plan.

The school will not wait for a formal diagnosis before providing support to pupils. Where a pupil's medical condition is unclear, or where there is a difference of opinion concerning what support is required, a judgement will be made by the headteacher based on all available evidence, including medical evidence and consultation with parents/ carers.

6. Staff Training and Support

There is a list of staff who have current first aid (In Headteachers office/ office/ staff kitchen/ 2-year-old kitchen/ Health and Safety file).

Some staff on site have received training on anaphylaxis, epilepsy and asthma. Staff have received training on tube feeding

Training should be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements set out in the individual healthcare plans. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

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. They should provide specific advice but should not be the sole trainer.

7. Care Plans

Healthcare professionals and parents/ carers will inform the school whether a care plan will be required for a pupil. Parents/ carers are responsible for care plans with support from medical professionals.

Care plans may include the following information:

- The medical condition, along with its triggers, symptoms, signs and treatments
- The pupil's needs, including medication (dosages, side effects and storage), other treatments, facilities, equipment, access to food and drink (where this is used to manage a condition), dietary requirements, and environmental issues
- The support needed for the pupil's educational, social and emotional needs
- The level of support needed, including in emergencies
- Who will provide the necessary support, including details of the expectations of the role and the training needs required, as well as who will confirm the supporting staff member's proficiency to carry out the role effectively
- Cover arrangements for when the named supporting staff member is unavailable
- Who needs to be made aware of the pupil's condition and the support required
- Arrangements for the administration of medicines
- What to do in an emergency, including contact details and contingency arrangements

Care plans will be easily accessible to those who need to refer to them, but confidentiality will be preserved (kept inside cupboard door & first aid information file in the office). Care

plans will be reviewed on at least an annual basis, or when a child's medical circumstances change, whichever is sooner.
For pupils who have a medical condition who have not been given a care plan, we will record needs and share with staff/ parents and carers in the same way as above.

8. Managing Medicines

In accordance with the school's Administering Medication Policy, medicines will only be administered at school when it would be detrimental to a pupil's health or school attendance not to do so.

Pupils under 16 years old will not be given prescription or non-prescription medicines without their parent/ carers written consent.

Non-prescription medicines may be administered in the following situations:

- When it would be detrimental to the pupil's health not to do so
- When instructed by a medical professional

The school will only accept medicines that are in-date, labelled, in their original container, and contain instructions for administration, dosage and storage. The only exception to this is insulin, which must still be in-date, but is available in an insulin pen or pump, rather than its original container.

All medicines will be stored safely in a named basket, on a high shelf in the classroom cupboard.

Controlled drugs will be stored in a non-portable container and only named staff members will have access; however, these drugs can be easily accessed in an emergency. A record will be kept of the amount of controlled drugs held and any doses administered. Staff may administer a controlled drug to a pupil for whom it has been prescribed, in accordance with the prescriber's instructions.

The school will hold asthma inhalers for emergency use. The inhalers will be stored in the first aid cupboard in the kitchen, and their use will be recorded. Inhalers will be used in line with the school's Asthma Policy.

Records will be kept of all medicines administered to individual pupils, stating what, how and how much medicine was administered, when, and by whom.

9. Storage of Medication

Medicines will be stored securely and appropriately in accordance with individual product instructions. Medicines will be stored in the original container in which they were dispensed, together with the prescriber's instructions for administration, and properly labelled, showing the name of the patient, the date of prescription and the date of expiry of the medicine.

Medication stored in individual named baskets which also contain the administration of medication form completed by parents/ carers. Staff will follow administration instructions.

Medicine will be returned to their parents/carers for safe disposal when they are no longer required or have expired.

An emergency supply of medication will be available for pupils with medical conditions that require regular medication or potentially lifesaving equipment, e.g. an EpiPen.

Parents will advise the school when a child has a chronic medical condition or severe allergy so that an Individual Health Plan can be implemented, and staff can be trained to deal with any emergency in an appropriate way. Examples of this include epilepsy, diabetes and anaphylaxis. A disclaimer will be signed by the parents in this regard.

10. Allergens, Anaphylaxis and Adrenaline Auto-Injectors (AAIs)

Administering Medicines

- Most children will not require staff to administer medicines. Please refer to 'Supporting pupils at school with medical conditions' (DfE December 2015, updated August 2017). Whenever possible parents/carers are required to administer medication to their child at home before and/or after Nursery. We will support the administration of medicines which have been prescribed for four times daily (for 30-hour pupils) only as well as inhalers and auto-injectors in emergency situations
- Staff are requested to share any regular medication being taken with school manager in case of emergency
- Staff who are qualified in first aid may only administer medication to pupils when a 'Medicines Form' has been completed and signed by the parent/carer. The medicines form will be kept in the basket with the medication
- Two staff are present, one to administer and one to witness medication being given and both sign against the date, time and dose given
- Children shouldn't come to nursery until they have received their antibiotics for 24 hours, in case of a reaction.
- Staff who are qualified in first aid may only administer inhalers with a spacer to pupils when an 'Inhaler Care Form' has been completed and signed by the parent/carer. The Inhaler Care Form will be kept in the basket with the medication
- All medications must be named and kept securely and out of children's reach in the classroom cupboard
- Relevant staff will be informed of pupils requiring medication via medical care plan or medicines form, noted on the class log
- Health and Safety procedures will address issues and updates to any medical/ first aid procedures
- New staff, students and work experience pupils are made aware of all procedures when starting (no students/ work experience pupils will be able to administer first aid/ medication)
- Inhaler expiry dated to be checked and recorded together with consent /administration forms. (inhaler dates are the responsibility of parents/ carers)
- Each classroom has a portable first aid box located in their designated cupboard. There is also a first aid box in the staff room
- Staff will put in a purchase order request when supplies are running low. If further supplies are required, they must inform the lead first aider & school business manager
- It is the responsibility of Class Leaders to ensure that this paperwork is checked and kept up to date

Allergies/ Special Dietary Requirements

- Parents/ Carers inform staff of allergies dietary requirements on 'new starter form' and 'All about me' form
- Children with allergies and specific dietary requirements will have a photograph with their requirements recorded. These are to be displayed inside the staff cupboard in each classroom
- Staff are made aware of this system to ensure fruit/snacks are prepared with individuals needs to be considered. All classes have photographs and lists of allergies for children in the whole school, this information is shared across classes, when appropriate e.g. 'Wacky Wednesday' and all staff taking shared responsibility for children outside

Auto-injectors
See Allergy Policy

Asthma

We welcome children with asthma and will try to create a safe environment for them. Children with asthma are encouraged to take responsibility for the management of their condition and to join in all aspects of school life. The school staff will offer support and understanding and will have an awareness of all children who are asthmatic. Inhalers need to be taken by staff when children go offsite e.g. to Beecroft Community Centre or Beecroft School.

Causes of Asthma Attacks

People with asthma have airways that narrow as a reaction to various triggers. Triggers vary between individuals, but common ones include viral infections, cold air, pollen, animal fur and house dust mites. Exercise and stress can also provoke asthma attacks in susceptible people. The narrowing or obstruction of the airways causes difficulty in breathing and asthma symptoms appear, such as a cough, wheezing, a tight chest and shortness of breath. Symptoms can be eased by treatment (usually a reliever inhaler).

Medication and Inhalers
Relievers (sometimes called bronchodilators) quickly open up narrowed airways and generally come in **BLUE** containers. This is the inhaler that children need to use immediately when asthma symptoms appear. In the event of a severe asthma attack relievers can be given in higher doses using a metered dose aerosol inhaler and larger volume spacer.

Preventers make the airway less sensitive to asthma triggers. Preventer inhalers usually come in **BROWN** containers (some containers are also white, orange, red or grey and white). Children with asthma may take regular, twice daily, preventative treatment at **home.** Occasionally children are prescribed extra doses to be taken during the day such as on long outings or when the asthma has become troublesome.

Spacers make metered dose inhalers (spray inhalers) easier to use and more effective. They allow more of the medication to be breathed straight down into the lungs.

Administration of Inhalers
- Children with inhalers should not be admitted into Nursery without their inhaler in case of an attack
- If a child has an inhaler their parent/carer must complete an asthma care form before the child is left without a parent/carer in the nursery
- If a child requires their inhaler whilst in nursery staff will support the child to administer their own inhaler
- When an inhaler is required, this must be recorded, and the parent/carer must be informed on collection
- Two staff are present, one to administer and one to witness inhaler being given and both sign against the date, time and dose given
- Inhalers and spacers must be individually named and kept in a sealed clear bag. Original medication packaging must be seen showing the child's name and instructions for use
- While the child is off premises for out of school activities inhalers must be taken with them
- Expiry dates for each child are checked termly and recorded on the administration of medicines form

Care Plans
Parents/ carers are responsible for supplying and updating care plans. Nursery staff will follow advice in the care plan. Should staff have any worries or concerns they will contact parents/ carers. Care plans are kept with any medication.

Medical Conditions
When a child is due to start nursery or is newly diagnosed with a medical condition, the nursery can request an Individual Healthcare Plan (IHCP) to be obtained. Parent/carers are responsible for supplying and updating care plans, although nursery staff will support the Parents/carers in the process of obtaining a care plan. If the medical condition requires an auto-injector the child will not be able to attend nursery until a care plan is put in place. The school's Allergen and Anaphylaxis Policy is implemented consistently to ensure the safety of those with allergies.

11. Record Keeping
Written records will be kept of all medicines administered to pupils. Proper record keeping will protect both staff and pupils and provide evidence that agreed procedures have been followed.

12. Emergency Procedures

Medical emergencies will be dealt with under the school's emergency procedures.
Where a care plan is in place, it will detail:

- What constitutes an emergency.
- What to do in an emergency.

Pupils will be informed in general terms of what to do in an emergency, e.g. telling a teacher.
If a pupil needs to be taken to hospital, a member of staff will remain with the pupil until their parents/ carers arrive.

13. Visits

Pupils with medical conditions will be supported to participate in visits. Prior to an activity taking place, the school will conduct a risk assessment to identify what reasonable adjustments should be taken to enable pupils with medical conditions to participate. In addition to a risk assessment, advice will be sought from pupils, parents/ carers and relevant medical professionals.

14. Unacceptable Practice

The school will not:

- Assume pupils with the same condition require the same treatment.
- Prevent pupils from easily accessing their inhalers and medication.
- Ignore the views of the pupil or their parents/ carers.
- Ignore medical evidence or opinion.
- Send pupils home frequently for reasons associated with their medical condition or prevent them from taking part in activities at school unless specified in their care plan.
- Create barriers to pupils participating in school life.
- Refuse to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition.

15. Liability and Indemnity

The governing board will ensure appropriate insurance is in place to cover staff providing support to pupils with medical conditions. The school holds an insurance policy with RPA covering liability relating to the administration of medication.

16. Complaints

Parents/ carers wishing to make a complaint concerning the support provided to pupils with medical conditions are required to speak to the school in the first instance. If they are not satisfied with the school's response, they may make a formal complaint as outlined in the Complaints Policy.

17. Monitoring and Review

This policy is reviewed on a regular basis by the governing board, headteacher. Any changes to this policy will be communicated to all staff, parents and relevant stakeholders.

Westfield Nursery School
Allergy Policy

Date policy last reviewed: 07.07.26

Signed by:

Headteacher Date:

Chair of governors Date:

Latest Changes September:
-Added reference to Benedicts Law
-Added Lead as Mrs Collins, supported by Mrs Sunderland
-Added- allergen will be excluded, not pupil
-Added where autoinjectors are kept and they travel with pupil
-Added location of spare autoinjectors
-Added allergy action plan and visits to procedures section
-Added section on training
Latest changes October:
-Added name of link governor
-Added a new section 4- Inclusion and Mental Health
-Added a new section 5- Register of pupils and staff with an allergy
-Added Individual Healthcare Plan under section 8
-Added we have 4 spare auto injectors
-Added Reporting Allergic reactions under section 8

Contents

1. Aims
2. Legislation and guidance
3. Roles and responsibilities
4. Inclusion and mental health
5. Register of pupils and staff with an allergy
6. Assessing risk
7. Managing risk
8. Allergy Reaction Procedures
9. Training
10. Monitoring and Review

1. Aims
This policy aims to:
- Set out our approach to allergy management, including reducing the risk of exposure and the procedures in place in case of allergic reaction
- Make clear how our school supports pupils with allergies to ensure their wellbeing and inclusion
- Promote and maintain allergy awareness among the school community

2. Legislation and Guidance
This policy is based on
- the Department for Education (DfE)'s guidance on allergies in schools
- the Department for Education (DfE)'s guidance on supporting pupils with medical conditions at school,
- the Department of Health and Social Care's guidance on using emergency adrenaline auto-injectors in schools, and
- The Food Information Regulations 2014
- The Food Information (Amendment) (England) Regulations 2019
- Benedict's Law

Links to other policies
This policy links to the following policies and procedures:
- Health and Safety Policy
- First aid and Medication Policy
- Supporting Pupils with Medical Conditions Policy
- Lunchtime Policy

3. Roles and responsibilities
We take a whole-school approach to allergy awareness.

3.1 Allergy lead
The nominated allergy leads are Mrs Collins with support from Mrs Sunderland.

She is responsible for:
- Promoting and maintaining allergy awareness across our school community
- Recording and collating allergy and special dietary information for all relevant pupils
- Ensuring all allergy information is up to date and readily available to relevant members of staff
- Ensuring all pupils with allergies have an allergy action plan completed by a medical professional
- Ensuring all staff receive an appropriate level of allergy training
- Ensuring all staff are aware of the school's policy and procedures regarding allergies
- Ensuring relevant staff are aware of what activities need an allergy risk assessment
- Keeping stock of the school's adrenaline auto-injectors (AAIs)
- Regularly reviewing and updating the allergy policy

3.2 Class Leaders
The class leaders are responsible for:
- Co-ordinating the paperwork and information from families
- Co-ordinating medication with families
- Checking spare AAIs are in date
- Any other appropriate tasks delegated by the allergy lead

3.3 Support Staff
All support staff are responsible for:
- Promoting and maintaining allergy awareness among pupils
- Maintaining awareness of our allergy policy and procedures
- Being able to recognise the signs of severe allergic reactions and anaphylaxis
- Attending appropriate allergy training as required

- Being aware of specific pupils with allergies in their care
- Carefully considering the use of food or other potential allergens in lesson and activity planning
- Ensuring the wellbeing and inclusion of pupils with allergies

3.4 Parents/Carers

Parents/carers are responsible for:

- Being aware of our school's allergy policy
- Providing the school with up-to-date details of their child's medical needs, dietary requirements, and any history of allergies, reactions and anaphylaxis
- If required, providing their child with an in-date adrenaline auto-injectors and any other medication, including inhalers, antihistamine etc., and making sure these are replaced in a timely manner
- Carefully considering the food they provide to their child as packed lunches and snacks, and trying to limit the number of allergens included
- Following the school's guidance on food brought in to be shared
- Updating the school on any changes to their child's condition

4. Inclusion and Mental Health

The wellbeing and inclusion of all pupils with allergies will be promoted. This includes

- Not excluding children from any activity because of their allergies.
- Bullying related to allergy will be treated in line with the school's anti-bullying policy

5. Register of pupils and staff with allergy

The school has a medical log of pupils and a record of staff who have a diagnosed allergy, this includes pupils with anaphylaxis and those with an allergy where no adrenaline devices have been prescribed.

6. Assessing Risk

The school will conduct a risk assessment for any pupil at risk of anaphylaxis taking part in:

- Food related activities
- Crafts using food packaging
- Off-site events
- Any other activities involving animals

7. Managing Risk

7.1 Hygiene procedures

- Pupils are reminded to wash their hands before and after eating
- Sharing of food is not allowed
- Pupils have their own water bottles
- Any nuts are removed from lunches with a note sent home to families

7.2 Food Restrictions

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

- Nuts and nut products

7.3 Insect bites/stings

When outdoors pupils are encouraged to wear shoes (except when in the sand pit/ paddling pool). Pupils are given verbal reminders about behaviours around stinging insects.

7.4 Animals

All pupils will wash hands after interacting with animals.

7.5 Events and Visits

No pupils with allergies will be excluded from taking part. Staff members will have received appropriate training to deal with any incidents. Staff will carry allergy medication with them. Staff will be aware of risk assessments.

8 Allergic Reaction Procedures

If a child requires an auto-injector parents/ carers must complete an administration of medicines form and supply a care plan. Autoinjectors are kept in a named basket in the class cupboard, easily accessible to staff but out of reach of children along with the required paperwork. The prescribed autoinjector will go home with the pupil at the end of the session. If an autoinjector is administered an ambulance will be called and the parents/ carers informed immediately.

Parents/ carers are required to provide the school with up-to-date information relating to their children's allergies, as well as the necessary action to be taken in the event of an allergic reaction, such as any medication required.

Staff members receive appropriate training and support relevant to their level of responsibility, in order to assist pupils with managing their allergies. The administration of adrenaline auto-injectors (AAIs) and the treatment of anaphylaxis will be carried out in accordance with the school's Allergen and Anaphylaxis Policy. Where a pupil has been prescribed an AAI, this will be written into their care plan.

A register of medical needs will be kept of all the pupils; this includes those pupils who have been prescribed an AAI to use in the event of anaphylaxis. A copy of this will be held in each classroom for easy access in the event of an allergic reaction and will be checked as part of initiating the emergency response.

Designated staff members will be trained on how to administer an AAI, and the sequence of events to follow when doing so. AAIs will be administered by these staff members, but where delay could cause a fatality, the nearest staff member will administer the AAI.

The school keep four spare AAI for use in the event of an emergency, two for adults and two for children, in the Anaphylaxis Kitt medical box (currently located in the library). Kitt medical check dates on their products and update accordingly. The Allergy lead makes half termly checks to ensure the product is not damaged.

The spare AAI will only be administered to pupils at risk of anaphylaxis where a pupil's prescribed AAI cannot be administered correctly and without delay. Where a pupil who does not have a prescribed AAI appears to be having a severe allergic reaction, the emergency services will be contacted and advice sought as to whether administration of the spare AAI is appropriate.

In the event that an AAI is used, the pupil's parents will be notified that an AAI has been administered and informed whether this was the pupil's or the school's device. Where any AAIs are used, the following information will be recorded on the Adrenaline Autoinjector (AAI) Record:

- Where and when the reaction took place
- How much medication was given and by whom

AAIs will not be reused and will be disposed of according to manufacturer's guidelines following use.

Reporting Allergic Reactions

The school will log all allergic reaction incidents and near misses as soon as possible after they occur. The Allergy Incident Log includes:

- Date of incident
- Description/Type of incident- Near miss/Allergic reaction
- Pupils affected
- Details of incident
- Action Taken
- Learning Points

Allergy Action Plans

Children should have an allergy action plan if:

• they have an allergy which has a functional impact on them in Nursery

• 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.

Individual Healthcare Plan
Each pupil with an allergy requiring active management from the school e.g. administering an autoinjector has an Individual Healthcare Plan.

Some families are prescribed inhalers on a short time bases for various reasons.
Some children may have an Asthma Action Plan too.

Offsite Visits
A child requiring an Adrenaline Autoinjector will have a risk assessment carried out for them to take part in offsite visits safely. Autoinjectors and Asthma Inhalers will be taken on visits e.g. to children's centre along with the required paperwork.

9. Training
The school is committed to training staff in allergy response. This includes:

- 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, college or setting's allergy safety policy
- Know how to check whether an individual is on the medical log 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 and incident or a near miss

Training will be carried out annually by all staff. They will also be required to read the Allergy policy and sign when they have done this.

10. Monitoring and Review
This policy is reviewed on a regular basis by the governing board, headteacher. Any changes to this policy will be communicated to all staff, parents and relevant stakeholders