

# THE WESTGATE SCHOOL

Hampshire's First 4-16 'All Through' School

*"The Westgate School is a community of learners where partnerships inspire success for all:  
learning together – achieving excellence"*

Headteacher: Mrs F A Dean, MA (Ed)

Initial Policy date	November 2021	Next scheduled review	May 2026
Governor approved	May 2025	Key person/people	Facilities Strategic Lead/SENCo/Year Leaders
Model Policy	Linked to HCC ISS Policy in Appendix 2	Model localised	x
Pupil leadership team review	N/A		

## Supporting Pupils with Medical Conditions Policy

### 1. Aims

This policy aims to ensure that:

- Pupils, employees, and parents understand how our school will support pupils with medical conditions
- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities
- The Nominated Responsible Person (NRP) will implement this policy by:
  - Making sure sufficient employees are suitably trained
  - Overseeing a process for colleagues to be aware of pupils' conditions, where appropriate
  - Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions
  - Process is in place providing cover teachers with appropriate information about the policy and relevant pupils
  - System is in place developing and monitoring individual healthcare plans (IHPs)

### 2. Legislation and statutory responsibilities

This policy meets the requirements under Section 100 of the Children and Families Act 2014, which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions. It is also based on the Department for Education's statutory guidance on supporting pupils with medical conditions at school.

### 3. Roles and responsibilities

### **3.1 The governing board**

The governing board has ultimate responsibility to make arrangements to support pupils with medical conditions.

### **3.2 The Headteacher**

The Responsible Person (RP) is the Headteacher The Westgate School, who will ensure that sufficient employees have received suitable training and are competent before they are responsible for supporting children with medical conditions.

### **3.3 The Nominated Responsible Person (NRP)**

The Senior Site and Facilities Strategic Lead is the person to whom the (RP) has delegated the management of this policy to and will be the (NRP), who will implement the following:

- Make sure all employees are aware of this policy and understand their role in its implementation
- Ensure that there is a sufficient number of trained available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations
- Line manage and support the Medical Welfare Officers
- Liaise with the SENCo in cases where a child holds an EHCP or has Additional Needs.
- The Nominated Responsible Person is Maurice Pay, Senior Site and Facilities Strategic Lead.

### **3.4 Medical Welfare Officers**

- Ensure that all employees who need to know are aware of a child's condition and take overall responsibility for the development of IHPs
- Contact the school nursing service in the case of any pupil who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date
- Oversee the medical tracker system recording administration of care and medicines whilst checking consent process

### **3.5 All Employees**

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

Those employees who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training and will achieve the necessary level of competency before doing so.

Teaching colleagues will take into account the needs of pupils with medical conditions that they teach. All employees will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

All colleagues, including the Cover Manager, are to view this information on the pupils medical information and identification tab, located on the colleague electronic dashboard.

### **3.6 Parents**

- Provide the school with sufficient and up-to-date information about their child's medical needs
- All medication provided is to be in date
- Written consent is required to be completed for the prescription or non-prescription medicines onsite, and during school activities
- All emergency contact numbers, details provided continuously updated
- Be involved in the development and review of their child's IHP and may be involved in its drafting
- Carry out any action they have agreed to as part of the implementation of the IHP, e.g. provide medicines and equipment, and ensure they or another nominated adult are contactable at all times
- Agree to engage consistency in reasonable adjustments made by the School to enable participation.

### **3.7 Pupils**

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

### **3.8 School nurses and other healthcare professionals**

The school HCC nursing service will notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible. They may also support staff to implement a child's IHP. Healthcare professionals, such as GPs and paediatricians, will liaise with-School's Nurses and notify them of any pupils identified as having a medical condition. They may also provide advice on developing IHPs.

## **4. Equal opportunities**

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

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

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

The school will comply fully with Hampshire County Council's Inclusion Support Service 'Policy for access to education for school age children and young people with medical needs' (HCC, Nov 2019), Appendix II to this policy.

## **5. Being notified that a child has a medical condition**

When the school is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires an IHP.

The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school. See Appendix 1.

## **6. Individual healthcare plans**

The NRP has responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to the Medical Welfare Officer and will involve the SENCo where a child has Additional Needs or, an EHCP.

Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.

Plans will be developed with the pupil's best interests in mind and will set out:

- What needs to be done
- When
- By whom

Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the headteacher will make the final decision.

Plans will be drawn up in partnership with the school, parents and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.

IHPs will be linked to, or become part of, any Education, Health and Care (EHC) Plan. If a pupil has SEN but does not have an EHC plan, the additional need will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. Those outlined in the Roles and Responsibilities section (3) with delegated responsibility for developing IHPs, will consider the following when deciding what information to record on IHPs:

- 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, e.g. crowded corridors, travel time between lessons
- Specific support for the pupil's educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions
- The level of support needed, including in emergencies. If a pupil is self-managing their medication, this will be clearly 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
- Where a pupil is returning following a period of being in hospital or alternative provision the school will follow its 'return to learn procedure'
- Arrangements for written permission from parents and the headteacher for medication to be administered by an employee, 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
  - A medical report is to be produced for every trip which lists all attending pupils and highlights whether any of them have an EHC plan. Where this is appropriate, the Trip Organiser is alerted and asked to contact the Pupil Welfare Officer so that this can be reviewed prior to the trip and appropriate arrangements made to support the pupil
- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition
- What to do in an emergency, including who to contact, and contingency arrangements
- Home to school transport, especially in respect of emergency situations

## 7. Managing medicines

Prescription and non-prescription medicines will only be administered at school:

- When it would be detrimental to the pupil's health or school attendance not to do so **and**
- Where we have parents' written consent

Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents will always be informed.

The school will only accept prescribed medicines that are:

- In-date
- Labelled
- Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage

The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

All medicines will be stored safely. Pupils will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away.

Medicines will be returned to parents to arrange for safe disposal when no longer required.

## **7.1 Controlled drugs**

Controlled drugs are prescription medicines that are controlled under the Misuse of Drugs Regulations 2001 and subsequent amendments, such as morphine or methadone.

A pupil who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another pupil to use. All other controlled drugs are kept in a cupboard in the medical treatment room, or respective controlled are in the primary phase or Nursery receptions, and only named employees have access

Controlled drugs are to be stored safely and pupils are to know where their medicines are and be able to access them immediately, including being easily accessible in an emergency. A record of any doses used, and the amount held will be kept.

## **7.2 Pupils managing their own needs**

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents, and it will be reflected in their IHPs.

Pupils will be allowed to carry their own medicines and relevant devices wherever possible. Colleagues will not force a pupil to take a medicine or carry out a necessary procedure if they refuse but will follow the procedure agreed in the IHP and inform parents so that an alternative option can be considered, if necessary.

## **7.3 Unacceptable practice**

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

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

## 8. Emergency procedures

Employees will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do. This must be followed up by immediately calling the Parent/Carer as per the cascaded next of kin.

If a pupil needs to be taken to hospital, The Medical Welfare Officer, or designate, will stay with the pupil until the parent arrives, or accompany the pupil to hospital, if the parents have not arrived by the time the ambulance departs. Employees will not transport pupils to hospital in their own vehicle/school vehicles. If 999 stipulate that an ambulance is not available after triaging the call, and they direct for the child to taken directly to A&E, the Parent/Carer is immediately to be advised to do so. If the Parent/Carer is unable to be contacted employees will not transport pupils to hospital in their own vehicle, the school minibus is only to be used on this rare occasion. If this is a requirement a minimum of two employees must accompany the child.

## 9. Incidents reactive reporting

As an HCC maintained School, we adopted their corporate procedure for recording and investigating all incidents (excludes minor child accidents – recorded on medical tracker) which is an on-line reporting system. The school will no longer be required to report accidents through to the Health & Safety Executive (HSE) under the Reporting Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) as the Children's Services Health & Safety Team (CSHST) will be completing, on notification of incidents via this reporting procedure.

## 10. Training

Employees who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so. A record of this training is to be updated and uploaded onto the school's medical tracker system, by the Medical Welfare Officer

The training will be identified during the development or review of IHPs. Colleagues who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the headteacher/role of individual. Training will be kept up to date.

Training will:

- Be sufficient to ensure that employees are competent and have confidence in their ability to support the pupils
- Fulfil the requirements in the IHPs
- Help colleagues to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures
- Notices will be placed on the colleague electronic dashboard

Healthcare professionals will provide confirmation of the proficiency in a medical procedure, or in providing medication.

Employees receive training/notices/briefing so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction by the NRP.

### **11. Record keeping**

The NRP in conjunction with the Medical Welfare Officer will ensure/oversee that written records are kept of all medicine administered to pupils for as long as these pupils are at the school. This will be recorded on a medical tracker system that will automatically notify the parents. Parents will also be informed if their pupil has been unwell at school. IHPs are kept in a readily accessible place about which all relevant employees will be aware.

### **12. Liability and indemnity**

The governing board are to be given the assurance that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

The school's insurance policy/cover procured through Hampshire County Council.

### **13. Complaints**

Parents with a complaint about their child's medical condition should discuss these directly with the Medical Welfare Officer in the first instance via [contact@westgate.hants.sch.uk](mailto:contact@westgate.hants.sch.uk). If the Medical Welfare Officer cannot resolve the matter, they are to direct toward the NRP, who will attempt to resolve, or direct the parents toward the school's complaints procedure. Where relevant, the SENCo will also be involved.

### **14. Monitoring arrangements**

This policy will be reviewed and approved by the governing board every as outlined in the header of this policy document.

**Appendix 1:** Being notified that a child has a medical condition.

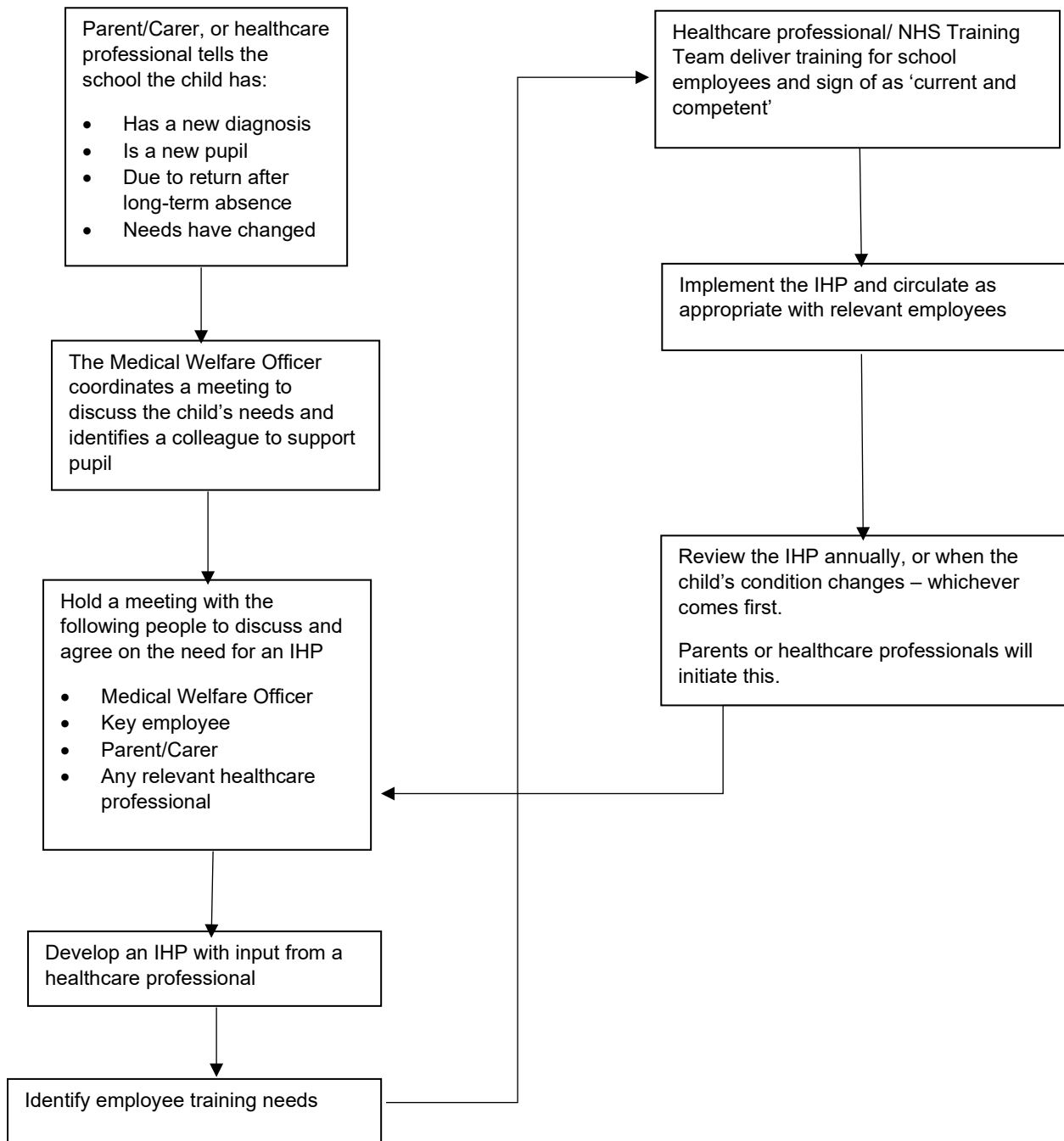
**Appendix 2:** HCC/ISS policy for access to education for school age children and young people with medical needs.

**Appendix 3:** EYFS Intimate Care Procedure.

**Appendix 4:** Pupil Allergy policy and procedures.



## Appendix 1: Being notified a child has a medical condition.



**Appendix 2:** HCC/ISS policy for access to education for school age children and young people with medical needs.

Please click on the following links for the HCC update Medical Policy and Referral form – July 2022.

<https://hants.sharepoint.com/sites/InformationHubforEducationalSettings/SiteAssets/Forms/AllItems.aspx?id=/sites/InformationHubforEducationalSettings/SiteAssets/SitePages/Exclusions/HCC-Medical-Policy-July-2022.pdf&parent=/sites/InformationHubforEducationalSettings/SiteAssets/SitePages/Exclusions>

[MEDICAL-REFERRAL-FORM-July-2022.docx \(sharepoint.com\)](#)

## Appendix three: EYFS Intimate Care Procedure.

### 1. Aims.

Most children are appropriately toilet trained and able to manage their own needs competently before they start school. This policy will apply to pupils who, for whatever reason, require toilet training or special arrangements with toileting in preschool or school settings.

This procedure aims to ensure that:

- Intimate care is carried out properly by employees, in line with any agreed plans.
- Identifies the importance of working in partnership with parents/carers.
- Sets out the principles of good practice, and practical guidance.
- The dignity, rights and wellbeing of children are safeguarded.
- Pupils who require intimate care are not discriminated against, in line with the Equality Act 2010
- Parents/carers are assured that employees are knowledgeable about intimate care and that the needs of their children are considered.
- Employees carrying out intimate care work do so within guidelines (i.e. health and safety, manual handling, safeguarding protocols awareness) that protect themselves and the pupils involved.

Emphasise the employer's duty to safeguard the health and safety of pupils and employees.

Intimate care refers to any care that involves toileting, washing, changing, touching or carrying out an invasive procedure to children's intimate personal areas.

### 2. Legislation and statutory responsibilities

The following outlines the relevant legislative and statutory requirements for this policy:

- Equality Act 2010
- Special Educational Needs and Disability Act 2001
- Statutory Framework for the Early Years Foundation Stage 2023
- Keeping children safe in education 2023

### 3. Role of Parents/Carers.

#### 3.1 Seeking parental permission.

Open and supportive communication with parents is fundamental to planning for and meeting the child's toileting needs effectively and sensitively. For children who need routine or occasional intimate care (e.g. for toileting or toileting accidents), **parents/carers will be asked to sign a consent form found as an enclosure to this appendix.**

For children whose needs are more complex or who need support outside of what's covered in the permission form (if used), an intimate care plan will be created in discussion with our SENCo, and parents/carers.

Where there isn't an intimate care plan or parental consent for routine care in place, parental permission will be sought before performing any intimate care procedure.

If the school is unable to get in touch with parents/carers and an intimate care procedure urgently needs to be carried out, the procedure will be carried out to ensure the child is comfortable, and the school will inform parents/carers afterwards.

Support the school with our good practice measures.

### **3.2 Creating an intimate care plan.**

Where an intimate care plan is required, it will be agreed in discussion between the school, parents/carers, the child (when possible) and any relevant health professionals.

The school will work with parents/carers and take their preferences on board to make the process of intimate care as comfortable as possible, dealing with needs sensitively and appropriately.

Subject to their age and understanding, the preferences of the child will also be considered. If there's doubt whether the child can make an informed choice, their parents/carers will be consulted.

The plan will be reviewed each year, even if no changes are necessary, and updated regularly, as well as whenever there are changes to a pupil's needs.

### **3.3 Sharing information**

The school will share information with parents/carers as needed to ensure a consistent approach. It will expect parents/carers to also share relevant information regarding any intimate matters as needed.

It is important to adopt consistent approaches at home and at school.

## **4. Partnership with Children and Young People**

The active involvement of the child in their toileting program is vital to make sure they have ownership and understanding of their targets.

## **5. Role of employees.**

### **5.1 Head of Primary Phase.**

The Head of Primary Phase will be aware of, and ensure implementation of, appropriate health and safety procedures, risk assessments, and training. This setting will positively address issues raised by toileting needs in a constructive and problem-solving way.

The setting will be aware of their duties to comply with the SEN and Disability Act 2001, The Equality Act 2010 and The Children and Families Act 2014.

Employees should be provided with access to appropriate resources and facilities and be supported by clear plans, policy guidelines, and training. All staff supporting pupils with toileting difficulties must receive appropriate information and specific training as required.

### **5.2 SENCo.**

The SENCo will consult the Social Worker whenever planning toilet training or special toileting arrangements for children on the Child Protection Register or whenever any Social Care Teams are involved.

Work in partnership with parents and carers in planning for toileting needs and effective toilet training.

In partnership with Parents/Carers, child and any other professionals involved, should make and review care plans working towards achieving maximum independence of the child with toileting over time.

It is important to alert the Locality Team if any school attendance difficulties develop as a consequence of toileting concerns.

There are some children who enter pre-school or reception with special educational needs and/or medical conditions which indicate the need for special toileting arrangements or toileting training. These children fall within the terms of the SEN and Disability Act 2001 and “reasonable steps” will be taken to support them.

The SENCo will gather information from parents, child and any professionals involved, establishing effective partnerships with parents, child and any professionals involved. Decide, in consultation with parents/carers, whether you need further advice from Health or Children’s Services.

Agree a plan with parents/carers and child and make a written note of your agreement. Make sure that all staff are informed and clear about their responsibilities.

It may be appropriate to consult the Specialist Teacher Adviser for Children with Physical Disabilities for health and safety guidance, training for staff supporting children who are non-weight bearing and who require manual assistance to use the toilet and guidance on future toilet facilities in school.

### **5.3 All Primary Phase employees.**

In accordance Keeping Children Safe in Education 2023 all employees at the school will have been subject to an enhanced Disclosure and Barring Service (DBS) with a barred list check before appointment, as well as other checks on their employment history.

Adhere to our good practice measures outlined in serial 9.

## **6. How employees will be trained**

Employees will receive:

- Training in the specific types of intimate care they undertake in accordance with the specific risk assessment.
- Regular safeguarding training
- If necessary, manual handling training that enables them to remain safe and for the pupil to have as much participation as possible.

They will be familiar with:

- The control measures set out in risk assessments carried out by the school.
- Hygiene and health and safety procedures.

They will also be encouraged to seek further advice as needed.

## **7. Health and Safety.**

Hygiene and infection control procedure will be in accordance with The Westgate School Health and Safety Policy. This statutory requirement includes procedures are in place if a child accidentally wets or soils themselves whilst at our school. This should include:

- Employees to wear disposable gloves and aprons whilst dealing with the incident.
- Soiled items to be wrapped in a nappy sack and placed in a hygienic disposal unit.
- Access to cleaning materials.
- Hot water and liquid soap available to wash hand after each incident.
- Hot air dryer or paper towels available for drying hands.

## **8. Intimate care procedures**

### **8.1 How procedures will happen.**

It is best practice from a health and safety and safeguarding perspective to have 2 members of the school's employment present. However, if this is not possible, there will be a protocol for carrying out checks with the employee once the procedure has taken place. This procedure will only be undertaken by a member of the school's employment.

When carrying out procedures, the school will provide employees with the aforementioned items within 4.3.

For pupils needing routine intimate care, the school expects parents/carers to provide, when necessary, resources, such as nappies, underwear and/or a spare set of clothing.

Any soiled clothing will be contained securely, clearly labelled, and discreetly returned to parents/carers at the end of the day.

### **8.2 Concerns about safeguarding**

If an employee carrying out intimate care has concerns about physical changes in a child's appearance (e.g. marks, bruises, soreness), they will report this using the school's safeguarding procedures.

If a child is hurt accidentally or there is an issue when carrying out the procedure, they must report the incident immediately to the Designated Safeguarding Lead, via a safeguarding referral.

If a child makes an allegation against an employee, the responsibility for intimate care of that child will be given to another employee as quickly as possible and the allegation will be investigated according to the school's safeguarding procedures.

## **9. Good practice.**

Each child and situation is unique. We ask for support with our following good practices measures:

- Employees will aim to gather as much information as possible from parents/carers and child:
  - How have they tried to introduce toilet training at home?
  - What happens at home?
  - Has the child any regular routines or daily patterns which could inform the routine set-up by the school?
  - Have the parents/carers noticed any particular difficulties, or phobias which the school should be aware of?
  - Can the parents/carers suggest a strategy or procedure for dealing with the problem?
- An appropriate toileting programme will need to be discussed and agreed so that the child, parents/carers and employees are aware of their roles and responsibilities. The plan must state regular monitoring and review strategies. The plan should consider choosing which adults should be involved in toileting care. The school should give a written copy of the programme to the parents/carers.
- Clothes should be easy for the child to pull up and down. Wherever possible it is better to train the child with appropriate clothing rather than continuing to rely on the nappy or training pants.
- Employees will ask parents/carers to provide the school with a couple of appropriate changes of pants/trousers etc in case of accidents.
- It is the responsibility of parents/carers to deal with wet/soiled clothing. Employees should liaise accordingly and make the necessary arrangements.

- Organise that an employee familiar with the child is given the responsibility of taking the child to the toilet at fixed appropriate intervals throughout the morning/day. Whenever possible arrange toilet visits during "break" time in the child's day to day routine. Careful observations and discussions with the child may identify when the child "needs to go".
- Ensure that the routine established in school is strictly maintained from the start and try hard to avoid accidents. If necessary, shorten the time between visits to the toilet so that the child gets into the habit of being dry.
- Children may be anxious and preoccupied by toilet difficulties but usually respond to praise, encouragement, and confidence building. We will promote self-esteem in other areas.
- Make drinking water easily accessible for all children and encourage them to have "little and often" rather than in huge amounts at a time.
- Reminders to use the toilet should be discreet and employees may consider the use of signs, pictures, or code words.
- Make little fuss over accidents that do occur and ensure that they are dealt with swiftly, appropriately, sympathetically and in a calm low keyway. Give extra attention when they have made the effort to go to the toilet independently.
- No child should be left wet or dirty for a parent/carer to change later.
- It is not reasonable to expect parents or carers to be on emergency stand-by to change children during the school day.
- After a period of training, it may be sufficient to remind the child to go to the toilet on their own. Our focus is to be positive and patient and praise the child for effort.

Where difficulties persist, there may be more complex issues to consider and further guidance and support may be needed from other professionals. It is important to discuss continuing concerns with Parents/Carers and seek their agreement before involving further professional guidance and support.

## **10. Monitoring arrangements**

This policy will be reviewed annually by the school Governing Body.

## **11. Links with other policies.**

This policy links to the following policies and procedures:

- Accessibility plan
- Child protection and safeguarding
- Health and safety
- SEND
- Supporting pupils with medical conditions

**Enclosure to appendix three: Parent/Carer Intimate care consent form.**

PERMISSION FOR SCHOOL TO PROVIDE INTIMATE CARE	
Name of child	
Date of birth	
Name of parent/carers	
Address	
I give permission for the school to provide appropriate intimate care to my child (e.g. changing soiled clothing, washing and toileting)	<input type="checkbox"/>
I will advise the school of anything that may affect my child's personal care (e.g. if medication changes or if my child has an infection)	<input type="checkbox"/>
I understand the procedures that will be carried out and will contact the school immediately if I have any concerns	<input type="checkbox"/>
<p><b>I do not</b> give consent for my child to be given intimate care (e.g. to be washed and changed if they have a toileting accident).</p> <p>Instead, the school will contact me or my emergency contact and I will organize for my child to be given intimate care (e.g. be washed and changed).</p> <p>I understand that if the school cannot reach me or my emergency contact, if my child needs urgent intimate care, staff will need to provide this for my child, following the school's intimate care policy, to make them comfortable and remove barriers to learning.</p>	<input type="checkbox"/>
Parent/carers signature	
Name of parent/carers	
Relationship to child	
Date	



## **Appendix four: Pupil Allergy policy and procedures.**

### **1. Aims**

This policy aims to:

- Set out our school's 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](#) and [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 following legislation:

- [The Food Information Regulations 2014](#)
- [The Food Information \(Amendment\) \(England\) Regulations 2019](#)

### **3. Roles and responsibilities.**

We take a whole-school approach to allergy awareness.

#### **3.1 Allergy lead.**

The nominated allergy lead is Senior Site & Facilities Strategic Lead.

They're responsible for:

- Promoting and maintaining allergy awareness across our school community
- Work with catering provider for recording and collating allergy and special dietary information for all relevant pupils
- Overseeing Medical Welfare colleagues for the facilitation, collation and liaison with parent for **Individual Healthcare Plans (IHP)** for pupils with allergies
  - All allergy information is up to date and readily available to relevant members of employment
  - All pupils with allergies have an allergy action plan within their IHP advised by a medical professional
- Advise annually for all employees receive an appropriate level of allergy training
- All employees are aware of the school's policy and procedures regarding allergies
- Relevant colleagues 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 Medical Welfare Officers.**

Our school Medical Officers are responsible for:

- Co-ordinating the paperwork and information from families

- Co-ordinating medication with families
- Checking spare Adrenaline Auto Injectors are in date
- Any other appropriate tasks delegated by the allergy lead in relation to this policy

### **3.3 Teaching and support colleagues.**

All teaching and support colleagues 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
- Carefully considering the use of food or other potential allergens in lesson and activity planning
  - For Primary Phase colleagues liaise with relevant parent whilst producing a risk assessment for these activities
- Ensuring the wellbeing and inclusion of pupils with allergies
- Be responsible and familiar with the IHP allergies arrangements for pupils within their care at the school, for on- and off-site activities
  - Aware of protocol for mild and emergency anaphylaxis procedure in the event of severe allergic reactions

### **3.4 Parents/carers.**

Parents/carers are responsible for:

- Providing the school with up-to-date details of their child's medical needs, dietary requirements, and any history of allergies, reactions and anaphylaxis
  - This is to be completed at least annually or if there any changes for the care of their child whilst at school
- Updating the school on any changes to their child's condition including any advice for their child medical consultant
- If required, providing their child with 2 **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 if packed lunches and snacks are being brought into the school. Trying to limit the number of allergens included
- Following the school's guidance on food brought in to be shared

### **3.5 Pupils with allergies.**

These pupils are responsible for:

- Being aware of their allergens and the risks they pose
- Understanding how and when to use their adrenaline auto-injector
- If age-appropriate, carrying their adrenaline auto-injector on their person and only using it for its intended purpose

### **3.6 Pupils without allergies.**

These pupils are responsible for:

- Being aware of allergens and the risk they pose to their peers

- Older pupils might also be expected to support their peers and employees in the case of an emergency.

#### **4. Assessing risk.**

School employees will be required to conduct a risk assessment for any pupil at risk of anaphylaxis taking part in:

- Lessons such as food technology
- Science experiments involving foods
- Crafts using food packaging, with particular focus on EYFS provision
- Off-site events and school trips
- Any other activities involving animals or food, such as animal handling experiences or baking
- A risk assessment for any pupil at risk of an allergic reaction will also be carried out where a visitor requires a guide, or therapy dog
- Employees are to check medical information for pupils taking part in the activities they are organising, and they are to ensure consultation with the pupil's parents takes place

#### **5. Managing risk.**

The following sections outline our risk production measures.

##### **5.1 Hygiene procedures.**

The school will adopt the following measures prevent contamination:

- Pupils are reminded to wash their hands before and after eating
- Sharing of food is not allowed
- Pupils have their own named water bottles

##### **5.2 Catering.**

The Service Level Agreement catering provider, overseen by the Senior Site & Facilities Strategic Lead, will be required to provide safe food options to meet the dietary needs of pupils with allergies.

- Outsourced catering employees to receive appropriate training and can identify pupils with allergies
- School menus are available for parents/carers to view with ingredients clearly labelled
- Where changes are made to school menus, we will make sure these continue to meet any special dietary needs of pupils
- Food allergy information relating to the 'top 14' allergies is displayed on the packaging of all food products, allowing pupils and employees to make safer choices. Allergen information labelling will follow all legal requirements that apply to naming the food and listing ingredients, as outlined by the [Food Standards Allergen Guidance](#) Food Standards Agency (FSA)
- Catering employees follow hygiene and allergy procedures when preparing food to avoid cross-contamination

### **5.3 Food restrictions/precautions.**

School employees will be required to conduct a risk assessment for any pupil with allergies for:

- Lessons such as food technology
- Any activities involving food items
- Employees are to check medical information for pupils taking part in the activities they are organising, and they are to ensure consultation with the pupil's parents takes place beforehand.

Within our Primary Phase and Nursery building we have adopted a Nut Free Zone policy for these buildings.

The school catering provider has a nut-free menu policy.

### **5.4 Insect bites/stings.**

Procedures for preventing and dealing with insect bites/sting. For example:  
When outdoors:

- Shoes should always be worn
- Food and drink should be covered

### **5.5 Animals**

The following are our hygiene procedures for managing allergies to animals for school activities.

- All pupils to always wash hands after interacting with animals to avoid putting pupils with allergies at risk through later contact
- Pupils with animal allergies will not interact with animals

### **5.6 Support for mental health.**

Pupils with allergies can experience bullying and may also suffer from anxiety and depression relating to their allergy. The following procedures will be in place to support their mental health and wellbeing, Pupils with allergies will have additional support through:

- Pastoral care
- Regular check-ins with their [class teacher/form tutor/etc.]

### **5.7 Events and school trips.**

- For events, including ones that take place outside of the school, and school trips, no pupils with allergies will be excluded from taking part
- The school will plan accordingly for all events and school trips, and arrange for employees involved to be aware of pupils' allergies and to have received adequate training
- Appropriate measures will be taken in line with the schools AAI protocols for off-site events and school trips (see section 7.5).

## **6. Procedures for handling an allergic reaction.**

The following are our procedures linked to our Supporting Pupils with Medical Conditions policy.

### **6.1 Register of pupils with Adrenaline Auto-Injectors (AAIs).**

The school maintains a register of pupils who have been prescribed AAIs or where a doctor has provided a written plan recommending AAIs to be used in the event of anaphylaxis. The register includes:

- Known allergens and risk factors for anaphylaxis
- Whether a pupil has been prescribed AAI(s) (and if so, what type and dose)
- A photograph of each pupil to allow a visual check to be made (this will require parental consent)
- The register is kept on our Primary Phase reception and Kitchen easily accessible be checked quickly by any employee as part of initiating an emergency response
- This Individual HealthCare plan will be attached/linked to pupil registers.

**For the Secondary Phase:** Allowing all pupils to keep their AAIs with them will reduce delays and allows for confirmation of consent without the need to check the register.

**For Primary and Nursery:** These will be kept within a green medical bag within the pupil's classroom/room and must be taken by the class teacher/TA for each time they leave for a PE lesson, outdoor learning, or emergency evacuation.

### **6.2 Allergic reaction procedures.**

As part of the whole-school awareness approach to allergies, all relevant employees are trained in the school's allergic reaction procedure, and to recognise the signs of anaphylaxis and respond appropriately

- Employees will receive annual training in the administration of AAIs to minimise delays in pupil's receiving adrenaline in an emergency.
- If a pupil has an allergic reaction, the employee will initiate the school's emergency response plan, following the pupil's allergy action plan
- If an AAI needs to be administered, an employee will use the pupil's own AAI, or if it is not available, a school one
- If the pupil has no allergy action plan, employees will follow the school's procedures on responding to allergic reactions and, if needed, the school emergency procedures which is to follow an ambulance call out protocol. This is in accordance with the action plan found at Appendix one.
- A school AAI device will be used instead of the pupil's own AAI device if:
  - Medical authorisation and written parental consent have been provided, or
  - The pupil's own prescribed AAI(s) are not immediately available (for example, because they are broken, out-of-date, have misfired or been wrongly administered)
- If a pupil needs to be taken to hospital, a designated employee will stay with the pupil until the parent/carer arrives, or accompany the pupil to hospital by ambulance
- If the allergic reaction is mild (e.g. skin rash, itching or sneezing), the pupil will be monitored and the parents/carers immediately informed – 5mg of antihistamine will be immediately administered

## **7. Adrenaline auto-injectors (AAIs).**

Following the Department of Health and Social Care's Guidance on [emergency adrenaline auto-injectors in schools](#), set out your school's procedures for AAIs, covering these areas:

### **7.1 Purchasing of spare AAIs.**

The allergy lead is responsible for overseeing the Medical Welfare Officers checks of our AAIs and ensuring they are stored according to the guidance.

The school has procured the following AAIs which are located in the following locations which will be replaced annually in accordance with their expiry dates:

- Main school reception
- Primary Phase office behind reception
- Secondary Phase medical room (Sports Hall)

### **7.2 Storage (of both spare and prescribed AAIs).**

The allergy lead will make sure all AAIs are:

- Stored at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature
- Kept in a safe and suitably central location to which all employees have access at all times, but is out of the reach and sight of children
- Not locked away, but accessible and available for use at all times
- Not located more than 5 minutes away from where they may be needed (larger schools will require more than one AAI kit, ideally located near the dining area and playground)

Spare AAIs will be kept separate from any pupil's own prescribed AAI and clearly labelled to avoid confusion.

### **7.3 Maintenance (of spare AAIs).**

The Medical Welfare Officers (x 2) are responsible for checking monthly that:

- The AAIs are present and in date
- Replacement AAIs are obtained when the expiry date is near

### **7.4. Disposal**

AAIs can only be used once. Once an AAI has been used, it will be disposed of in line with the manufacturer's instructions.

### **7.5 Use of AAIs off school premises.**

Pupils at risk of anaphylaxis who can administer their own AAIs should carry their own AAI with them on school trips and off-site events.

### **7.6 Emergency anaphylaxis kit.**

The school holds an emergency anaphylaxis kit. This includes:

- Spare AAI's
- Instructions for the use of AAI's
- Instructions on storage
- Manufacturer's information
- A checklist of injectors, identified by batch number and expiry date with monthly checks recorded
- A note of arrangements for replacing injectors
- A list of pupils to whom the AAI can be administered
- A record of when AAI's have been administered

## **8. Training.**

The school is committed to training relevant employees in allergy response. This includes:

- How to reduce and prevent the risk of allergic reactions
  - How to spot the signs of allergic reactions (including anaphylaxis)
  - The importance of acting quickly in the case of anaphylaxis
  - Where AAI's are kept on the school site, and how to access them
  - How to administer AAI's
  - The wellbeing and inclusion implications of allergies
- Include any other relevant training points

Training will be carried out by The Assistant Headteacher for all Primary Phase and Food Tech colleagues coordinated by the allergy lead at the start of each academic year in September.

## **9. Links to other policies.**

This policy links to the following policies and procedures:

- Health and safety policy
- First Aid Policy

## Enclosure one to Appendix four: Allergy Action Plan.

<span style="font-size: 1.5em; font-weight: bold; color: red; margin-left: 10px;">ALLERGY ACTION PLAN</span> <div style="float: right; text-align: right;"> </div>				
<b>This child/young person has the following allergies:</b>				
<p><b>Name:</b></p> <p>.....</p> <p><b>DOB:</b></p> <p>.....</p>	<div style="border: 2px solid red; padding: 10px;"> <div style="background-color: red; color: white; padding: 5px; text-align: center; font-weight: bold;"> <b>Watch for signs of ANAPHYLAXIS</b>  <small>(a potentially life-threatening allergic reaction)</small> </div> <p>Anaphylaxis may occur without skin symptoms: <b>ALWAYS</b> consider anaphylaxis in someone with known food allergy who has <b>SUDDEN DIFFICULTY IN BREATHING</b></p> <table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top;"> <b>A AIRWAY</b> <ul style="list-style-type: none"> <li>• Persistent cough</li> <li>• Hoarse voice</li> <li>• Difficulty swallowing</li> <li>• Swollen tongue</li> </ul> </td> <td style="vertical-align: top;"> <b>B BREATHING</b> <ul style="list-style-type: none"> <li>• Difficult or noisy breathing</li> <li>• Wheeze or persistent cough</li> </ul> </td> <td style="vertical-align: top;"> <b>C CONSCIOUSNESS</b> <ul style="list-style-type: none"> <li>• Persistent dizziness</li> <li>• Pale or floppy</li> <li>• Suddenly sleepy</li> <li>• Collapse/unconscious</li> </ul> </td> </tr> </table> <p style="color: red; font-weight: bold;">IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:</p> <ol style="list-style-type: none"> <li><b>1</b> Lie flat with legs raised (if breathing is difficult, allow person to sit)</li> </ol> <div style="display: flex; justify-content: space-around; align-items: center;"> </div> <ol style="list-style-type: none"> <li><b>2</b> Use Adrenaline autoinjector <u>without delay</u> (eg. EpiPen®) (Dose: <span style="border: 1px solid black; padding: 0 10px;">  </span> mg)</li> <li><b>3</b> Dial 999 for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")</li> </ol> <p style="color: red; font-weight: bold; text-align: center;">*** IF IN DOUBT, GIVE ADRENALINE ***</p> <p style="color: red; font-weight: bold;">AFTER GIVING ADRENALINE:</p> <ol style="list-style-type: none"> <li>Stay with child/young person until ambulance arrives, <b>do NOT</b> stand them up. Keep them lying down, even if things seem to be getting better.</li> <li>Phone parent/emergency contact. If you are on your own, call a friend or relative and ask them to come over.</li> <li>If no improvement <b>after 5 minutes</b>, give a further adrenaline dose using a second autoinjector device, if available.</li> </ol> <p style="color: red; font-weight: bold;">Commence CPR if there are no signs of life</p> <p><small>You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis.</small></p> </div>	<b>A AIRWAY</b> <ul style="list-style-type: none"> <li>• Persistent cough</li> <li>• Hoarse voice</li> <li>• Difficulty swallowing</li> <li>• Swollen tongue</li> </ul>	<b>B BREATHING</b> <ul style="list-style-type: none"> <li>• Difficult or noisy breathing</li> <li>• Wheeze or persistent cough</li> </ul>	<b>C CONSCIOUSNESS</b> <ul style="list-style-type: none"> <li>• Persistent dizziness</li> <li>• Pale or floppy</li> <li>• Suddenly sleepy</li> <li>• Collapse/unconscious</li> </ul>
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<div style="border: 2px solid blue; padding: 5px;"> <p style="color: blue; font-weight: bold;">Mild/moderate reaction:</p> <ul style="list-style-type: none"> <li>• Swollen lips, face or eyes</li> <li>• Itchy/tingling mouth</li> <li>• Mild throat tightness</li> <li>• Hives or itchy skin rash</li> <li>• Abdominal pain or vomiting</li> <li>• Sudden change in behaviour</li> </ul> <p style="color: blue; font-weight: bold;">Action to take:</p> <ul style="list-style-type: none"> <li>• Stay with person, call for help if needed</li> <li>• Locate adrenaline autoinjector(s)</li> <li>• Give antihistamine:</li> </ul> <p style="background-color: #e0f0ff; padding: 2px;">Loratadine 5mg</p> <p><small>(if vomited, can repeat dose)</small></p> <ul style="list-style-type: none"> <li>• Phone parent/emergency contact</li> <li>• Do not take a shower to help with itchy skin, this can worsen the reaction</li> </ul> </div>				
<p><b>Emergency contact details:</b></p> <p>1) Name: .....</p> <p>.....</p> <p>2) Name: .....</p> <p>.....</p> <p><b>Parental consent:</b> I hereby authorise school staff to administer the medicines listed on this plan, in accordance with Department of Health Guidance on the use of AAI's in schools.</p> <p>Signed: .....</p> <p>Print name: .....</p> <p>Date: .....</p> <p><small>Consent is required for children under 16 years (and for young people over 16 unable to give consent themselves) except in an unforeseen emergency</small></p> <p><small>For more information about managing anaphylaxis in schools and "spare" adrenaline autoinjectors, visit: <a href="http://sparepensinschools.uk">sparepensinschools.uk</a></small></p> <p><small>© BSACI 18/2024</small></p>	<p><b>How to give EpiPen®</b></p> <div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;"> <p><b>1</b></p> </div> <div> <p>PULL OFF BLUE SAFETY CAP and grasp EpiPen. Remember: "blue to sky, orange to the thigh"</p> </div> </div> <div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;"> <p><b>2</b></p> </div> <div> <p>Hold leg still and PLACE ORANGE END against mid-outer thigh "with or without clothing"</p> </div> </div> <div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;"> <p><b>3</b></p> </div> <div> <p>PUSH DOWN HARD until a click is heard or felt and hold in place for <b>3 seconds</b>. Remove EpiPen.</p> </div> </div>			
	<p><b>Additional instructions:</b></p> <p>If wheezy due to an allergic reaction, GIVE ADRENALINE FIRST and then asthma reliever (e.g. blue puffer) via spacer, if prescribed</p>			
<p><small>This is a medical document to be completed by a healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2017. During travel, adrenaline auto-injector devices must be carried in hand-luggage or on the person, and <b>NOT</b> in the luggage hold. This action plan and medical authorisation to carry emergency autoinjectors has been prepared by:</small></p> <p>Sign &amp; print name: .....</p> <p>Hospital/Clinic: .....</p> <p>Date: .....</p>				



**Enclosure two to Appendix four: Colleague allergy management best practice guide for pupils within Primary Phase.**



**The Westgate School.  
Colleague allergy management best practice guide for pupils within Primary Phase.**

Name of Pupil:

Class:

	<b>School's best practice guide</b>	<b>Date reviewed/ completed</b>
1	<b>Policy &amp; Individual Health Care Plan:</b> <ul style="list-style-type: none"> <li>• Are all adults aware of the school allergy policy?</li> <li>• Awareness &amp; education for all pupils within their class</li> <li>• Relationships with parents/carers, pupil</li> <li>• Is there a green bag for the pupils medical and is this up to date?</li> <li>• How does everyone know that it is emergency medicine</li> <li>• Do you know where the spare AAI is within the Primary Phase Reception area?</li> <li>• What to do in the event of emergency evacuation or lock down</li> <li>• How the student is fully included in school</li> <li>• Has the pupils Individual Health Care Plan been reviewed by parents, and consultant within last 12 months – Have all adults within the pupils' class seen it?</li> </ul>	
2	<b>Safeguarding:</b> <ul style="list-style-type: none"> <li>• Risk assess how we will keep the pupils safe</li> <li>• Consider establishing a safe zone</li> <li>• Meet Parent/carer of each pupil with allergy</li> <li>• Is an individual risk assessment required</li> <li>• Are all adults aware of Individual Health Care Plan</li> <li>• Review individual risk assessment annually and ensure the new class teacher/employee is included in the review.</li> <li>• Review consultant letters from allergy specialist and Individual care plan from allergy clinic (or medical welfare officer).</li> <li>• Establish all class teachers have had adrenaline autoinjector training</li> </ul>	
3	<b>Training &amp; Administration emergency medication:</b> <ul style="list-style-type: none"> <li>• Have all adults within class received annual training?</li> <li>• Do you know the symptoms of a mild/moderate reaction and what action to take? And to give antihistamine. To contact parents?</li> </ul>	

	<ul style="list-style-type: none"> <li>Are all colleagues assigned to class aware of recognising signs of Anaphylaxis: <b>ABC</b> - Airways Breathing Circulations</li> <li>Are all colleagues assigned to a class aware of emergency Anaphylaxis actions to take. And how to administer an Adrenaline Auto Injector (AAI)/ Epi Pen.</li> </ul>	
4	<p><b>Inclusion:</b></p> <ul style="list-style-type: none"> <li>How do we ensure that the pupil with the allergy is fully included?</li> <li>What messages do colleagues give out through their actions? i.e. do they make sure that the pupil is fully included, or do they model exclusion through providing 'different yet safe' food?</li> </ul>	
5	<p><b>Food in school/ classrooms:</b></p> <ul style="list-style-type: none"> <li>Review use of food in the curriculum.</li> <li>Does this need to be used and if it does, how are all children included?</li> <li>Do we need to consider impact of cake and sweets for children as treats both for birthdays and school celebrations.</li> <li>When planning classroom activities with food-based products has a risk assessment been completed?</li> <li>Has a colleague consulted with parent when planning classroom activities involving food?</li> </ul>	
6	<p><b>Break &amp; Lunchtimes:</b></p> <ul style="list-style-type: none"> <li>Is there a safe system in place to ensure that the pupil eats safely?</li> <li>Is red plate/bowel system in place for lunchtimes for the pupil in your class?</li> <li>Do all the catering and lunchtime colleagues know who has allergies and how to ensure that they are safe.</li> <li>Do they know how to report near misses and what to do should a reaction occur?</li> <li>Do all pupils know that they should not share food or touch the food of an allergic pupil as this could cause an allergic reaction?</li> </ul>	
7	<p><b>School trips:</b></p> <ul style="list-style-type: none"> <li>Has consultation with the parents'/ carers taken place?</li> <li>Has the risk assessment been completed on evolve system 3 months prior to event – closely aligned to pupils Individual Health Care Plan</li> <li>Are those colleagues attending suitably and sufficiently trained, having completed training within last 12 months?</li> </ul>	