Fioretti Trust

Aspiration Wisdom Compassion

Supporting Pupils with Medical Conditions and Allergies Policy

This policy supersedes all other ***medical conditions and allergy*** policies

Approved by:	Trust Board
Date of review:	July 2026
Next review:	July 2027
Cycle:	Annually

Content

1. Aims

At Fioretti Trust we understand that medical conditions and allergies requiring support at school can affect quality of life and may be life-threatening.

Our schools will support pupils with medical conditions and allergies so that they have full access to education, including school trips and physical education.

This policy aims to:

- Make sure that pupils, staff and parents/carers understand how our schools will support pupils with medical conditions, including allergies
- Set out the roles and responsibilities for everyone in the school community in regard to pupils with medical conditions and allergies
- Set out the procedure for creating, reviewing and managing individual healthcare plans (IHPs) and allergy action plans
- Set out how we will manage medicines in school, including adrenaline auto-injectors (AAIs)
- Set out our approach to allergy risk assessment and reducing the risk of exposure to allergens
- Reassure parents/carers that the school will help their child feel safe, supported and included
- Promote and maintain allergy awareness among the school community

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 the board of trustees to make arrangements for supporting pupils at their school with medical conditions.
This policy also meets the duty introduced by section 34 of the Children's Wellbeing and Schools Act 2026, which requires the Trust to have an allergy safety policy, publish it and keep it under review. In meeting this duty, the Trust has had regard to the Department for Education's statutory guidance Allergy safety in schools (July 2026).

It is also based on the statutory guidance on supporting pupils with medical conditions at school, the Department for Education (DfE)'s guidance on allergies in schools, the Department of Health and Social Care's guidance on using emergency adrenaline auto-injectors in schools, and the Early Years Foundation Stage (EYFS) statutory framework.

This policy also has regard to the following legislation:

- The Equality Act 2010
- The Food Information Regulations 2014
- The Food Information (Amendment) (England) Regulations 2019
- The Human Medicines (Amendment) Regulations 2017, which permit schools (but not early years settings or colleges) to purchase "spare" adrenaline auto-injectors without a prescription

This policy also complies with our funding agreement and articles of association.
This policy also reflects the following requirements under section 34 of the Children's Wellbeing and Schools Act 2026 and its associated Regulations: a named senior leader responsible for allergy safety (see Section 3.5); mandatory whole-staff allergy awareness training (see Section 11); mandatory stocking of "spare" adrenaline devices (see Section 8.4.2); and mandatory recording of serious incidents and "near misses" (see Section 10).

3. Roles and responsibilities

3.1 The board of trustees

The board of trustees has ultimate responsibility to make sure there are arrangements to support pupils with medical conditions and allergies across the Trust. Although the Trust delegates certain duties to different levels as outlined below, the board is still accountable for making sure the Trust is compliant with the requirements in the above legislation and guidance.

- Allergy-related risks will be included on the Trust's and each school's risk register and actively managed by the board/local governing body

The board will also determine and approve this policy.

3.2 CEO

The CEO will:

- Oversee and support the headteachers and/or local governing bodies of each school in carrying out their duties
- Highlight any issues found across the Trust to the board of trustees
- Receive periodic reports on serious incidents and "near misses" relating to allergy safety across the Trust's schools

3.3 Local governing bodies

Local governing bodies of each school will:

- Review this policy in a timely manner, in line with the relevant legislation and requirements
- Monitor practice, and staff training, in regard to pupils with medical conditions and allergies, in line with this policy
- Receive periodic reports on serious incidents and "near misses" and consider whether they indicate a need to review this policy or arrangements at school level

A named governor for allergy safety is not a statutory requirement. Local governing bodies may choose to nominate one as a matter of good practice, but oversight may instead sit with the LGB as a whole or a relevant committee (e.g. FAR).

The local governing body of each school may delegate the day-to-day implementation of this policy to the headteacher of the school.

3.4 The headteacher

The headteacher of each school will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Make sure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs) and allergy action plans, including in contingency and emergency situations
- Make sure that all staff who need to know are aware of a child's medical condition or allergy
- Take overall responsibility for the development and monitoring of IHPs
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way
- Manage cover arrangements in the case of staff absence or turnover, to make sure a suitable staff member is always available, and supply staff are briefed appropriately about pupils' medical needs
- Approve risk assessments for school visits and school activities outside the normal school timetable that involve provision for pupils with medical conditions or allergies

- Ensure this policy is published on the school's website and made available in hard copy on request
- 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
- Make sure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date
- Where applicable, implement systems for obtaining information about a child's needs for medicines in EYFS settings and keeping this information up to date

3.5 Allergy safety lead

The nominated allergy lead is [insert staff member's name]. This role fulfils the statutory requirement for a named senior leader responsible for allergy safety.This should be a member of the senior leadership team (SLT) who has pastoral/welfare responsibilities. Responsibility for allergy safety must not sit with a catering manager alone.

They are responsible for:

- Promoting and maintaining allergy awareness across our school community
- Recording and collating allergy and special dietary information for all relevant pupils (the information collection itself may be delegated to the medical officer/school nurse/administrative staff)
- Ensuring all allergy information is up to date and readily available to relevant members of staff
- Ensuring all pupils with allergy who need one have a single Individual Healthcare Plan, incorporating any Allergy Action Plan and/or Asthma Action Plan completed by a medical professional
- Ensuring all staff receive an appropriate level of allergy training and are aware of this policy and procedures This includes supply, agency and regular volunteer staff.
- Ensuring relevant staff are aware of which activities need an allergy risk assessment
- Keeping stock of the school's adrenaline auto-injectors (AAIs) and emergency asthma reliever inhalers
- Ensuring serious incidents and "near misses" are recorded, reported and used to inform review of this policy and individual IHPs
- Regularly reviewing and updating the allergy-related sections of this policy

3.6 School nurses and other healthcare professionals

Our school nursing services will notify the relevant school when a pupil has been identified as having a medical condition or allergy 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 or allergy action plan. Our schools do not have an on-site school nurse or medical officer.

Healthcare professionals, such as GPs and paediatricians, will liaise with our school nurses and notify them of any pupils identified as having a medical condition or allergy. They may also provide advice on developing IHPs and allergy action plans.

Where a school nursing service is involved, they may support staff to implement a child's IHP or advise on it, but responsibility for maintaining the IHP and checking spare AAIs rests with the allergy safety lead. Schools are not responsible for making clinical assessments or judgements, and are not responsible for healthcare activities that fall under NHS responsibility.

3.7 Staff

Supporting pupils with medical conditions and allergies during school hours is not the sole responsibility of one person. Any member of staff at the school may be asked to provide support to pupils with medical conditions or allergies, although they will not be required to do so. This includes the administration of medicines and implementing systems for obtaining information about a child's needs for medicines and keeping this information up to date.

Those staff who take on the responsibility to support pupils with medical conditions or allergies will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.
Teachers will take into account the needs of pupils with medical conditions and allergies that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition or allergy needs help.

All teaching and support staff are also responsible for: (including temporary, supply, peripatetic and agency staff, catering staff and regular volunteers)

- Promoting and maintaining allergy awareness among pupils
- Being able to recognise the signs of severe allergic reactions and anaphylaxis
- 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
- Knowing how to report an allergic reaction, anaphylaxis, or a "near miss"

3.8 Parents/carers

Parents/carers will:

- Provide the school with sufficient and up-to-date information about their child's medical needs, dietary requirements, and any history of allergies, reactions and anaphylaxis
- Provide evidence of appropriate prescription and written permission for medicines to be administered by staff
- Be involved in the development and review of their child's IHP or allergy action plan, 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
- If required, provide their child with 2 in-date adrenaline auto-injectors and any other medication, including inhalers, antihistamine etc., and make sure these are replaced in a timely manner
- Carefully consider the food they provide to their child as packed lunches and snacks, and try to limit the number of allergens included
- Follow the school's guidance on food brought in to be shared
- Update the school on any changes to their child's condition

3.9 Pupils with medical conditions and/or allergies

Pupils with medical conditions and allergies will often be best placed to provide information about how their condition affects them, and will be involved in discussions about their medical support needs and IHP as fully as their age and understanding allow.
Given the age of pupils in our schools, staff lead and administer all aspects of day-to-day allergen

management, medicines, and adrenaline devices. Pupils are not expected or encouraged to carry or self-administer their own adrenaline auto-injector or other medication. Pupils are supported to:

- Be aware, in an age-appropriate way, of their allergens and the risks they pose
- Recognise, as far as their age and understanding allow, how they are feeling and to tell an adult if they feel unwell
- Understand the importance of not sharing food, drinks, or other items that could contain their allergens

3.10 Pupils without allergies

All pupils are helped to understand allergy awareness in an age-appropriate way, including how to tell an adult quickly if a friend seems unwell. Pupils are not expected or relied upon to administer treatment or to take responsibility for a peer's medical emergency response; adults will always lead the emergency response.

4. Equal opportunities

The Trust will adhere to the legal responsibilities under the Equality Act 2010 and will not unlawfully discriminate against any pupils. Our Trust is clear about the need to actively support pupils with medical conditions and allergies to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

The Trust and the individual 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 and allergies are included. In doing so, pupils, their parents/carers and any relevant healthcare professionals will be consulted.
Under the Equality Act 2010, severe allergy can amount to a disability where it has a substantial and long-term effect on a person's ability to carry out normal day-to-day activities (Wheeldon v Marston's plc). Seasonal rhinitis (hay fever) is excluded from the definition of disability unless it aggravates another condition.
For pupils entitled to Free School Meals, the school will make reasonable adjustments to enable them to access their entitlement safely, working with the caterer, the pupil and their family. Such adjustments will be recorded in the pupil's IHP.

5. Being notified that a child has a medical condition or allergy

When the school is notified that a pupil has a medical condition or allergy, the process outlined in Appendix 1 will be followed to decide whether the pupil requires an IHP or allergy action plan.

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 the school.

5.1 EYFS settings: obtaining information about medicines

The EYFS framework states that settings must include how they obtain information about a child's need for medicine, and a system for keeping this information up to date (see Section 10 of this policy).
The school will:

- For new starters, send a form to all parents/carers of pupils after their place at the school has been confirmed, but before their first school year starts, to confirm any medicine(s) their child needs. Where a pupil has a new diagnosis and/or has moved to the school mid-term, we will send a form and put arrangements in place within 2 weeks
- Send a reminder to parents/carers at the start of each year in a newsletter, as well as a form to

complete, if their child requires certain medicine(s)

We ask that parents/carers proactively inform us by phone call to the school [insert contact number] or email to [insert staff member and contact email] if their child's medical needs change during the school year.

6. Individual healthcare plans and allergy/asthma action plans

The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions, and allergy action plans for pupils with allergies.

Each pupil who needs one will have a single Individual Healthcare Plan (IHP), which brings together all of their medical and allergy support needs in one place. A pupil should not have separate IHPs for different conditions. Where a healthcare professional has issued an Allergy Action Plan and/or Asthma Action Plan, or another care plan, this will be attached to the IHP as an annex rather than being duplicated or paraphrased within it, to avoid the risk of transcription errors in clinical information.

If another member of staff has day-to-day responsibility, this will be [insert role].

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/carers 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.

A pupil should have an IHP if: their allergy or medical condition has a functional impact on them in school; they are at risk of harm as a result; and they require arrangements which are additional to or different from those made generally. Not every pupil with an allergy will need an IHP - for example, where mild hay fever can be managed under the school's general medicines arrangements using over-the-counter antihistamine, an IHP may not be necessary. It is not necessary for a pupil to have a formal diagnosis for an IHP to be put in place; schools should be guided by functional impact and risk of harm.

Plans will be drawn up in partnership with the school, parents/carers 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 special educational needs (SEN) but does not have an EHC plan, the SEN 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. The local governing body and the headteacher (or the individual with responsibility for developing IHPs) will consider the following when deciding what information to record:

- The medical condition, its triggers, signs, symptoms and treatments
- Key information: the pupil's name, date of birth, class, a current photo, and emergency contact details
- 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 from a healthcare professional, and cover arrangements for when they are unavailable
- Who in the school needs to be aware of the pupil's condition and the support required
- Arrangements for written permission from parents/carers and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil, during school hours
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/carer or 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
- When the IHP was issued, by whom, when it was last discussed with the pupil and parents, and when it is next due for review

For pupils with allergies, the allergy action plan will be completed by a medical professional and will include known allergens and risk factors for anaphylaxis, whether the pupil has been prescribed AAI(s) (and if so, what type and dose), and whether parental consent has been given for use of a spare school AAI. Any Allergy or Asthma Action Plan will be attached to the pupil's single IHP as an annex, noting the issuing professional, their role and the date issued, rather than being duplicated within the IHP itself.

7. Assessing and managing allergy risk

This section sets out our approach to reducing the risk of pupils being exposed to allergens, and complements the individual allergy action plans described in Section 6.

7.1 Assessing risk

The school will 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
- 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 dog.

Staff planning any activity involving food, craft materials, or animals will consider the risk of allergen exposure, including less obvious sources such as food packaging used in craft, wheat-based play dough, glues containing milk, wheat or soya, and bird feed containing nuts or sesame.

7.2 Hygiene procedures

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

7.3 Catering

The school is committed to providing safe food options to meet the dietary needs of pupils with allergies.

- Catering staff receive appropriate training and are able to 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 allergen information relating to the 'top 14' allergens is displayed on the packaging of all food products, allowing pupils and staff to make safer choices, in line with Food Standards Agency (FSA) requirements
- Catering staff follow hygiene and allergy procedures when preparing food to avoid cross-contamination
- At least two robust methods are used to identify pupils with known allergy at mealtimes (for example, a member of staff checking who the pupils with allergy are, and photographs with allergy details held in the kitchen/serving area). Pupils with food allergies are not segregated from their peers at mealtimes
- The school, as a "food business", will record and review all allergen incidents and near-misses relating to food, seeking advice from the local authority environmental health team where appropriate, and will notify the relevant authority where there is reason to believe unsafe food may pose an ongoing risk to other pupils (see Section 10)

7.4 Food restrictions

Our schools operate a nut-free policy. Packaged nuts and food products containing nuts are not permitted to be brought onto the premises, and are not served or sold through the school kitchen or tuck shop, including in packed lunches where possible.

This sits alongside the wider measures in this policy for reducing allergen exposure, including catering controls, hygiene procedures, risk assessments for food-related activities, and staff training. Pupils and staff should note that no environment can be guaranteed completely free of allergen traces, and the school's emergency response arrangements (Section 9) apply regardless of this policy.

7.5 Insect bites/stings

When outdoors:

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

7.6 Animals

- All pupils will 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

7.7 Support for mental health

Pupils with allergies can experience bullying and may also suffer from anxiety and depression relating

to their allergy, in line with our schools' behaviour policies and anti-bullying measures. Bullying related to a pupil's allergy is treated as a safeguarding concern and managed in line with our schools' behaviour and anti-bullying policies.

Pupils with allergies will have additional support through:

- Pastoral care
- Regular check-ins with their class teacher/form tutor
- Proactive engagement with new joiners with known allergy, including a tour of the kitchen/canteen where helpful, to reduce anxiety and build familiarity with mealtime routines
- Regular, age-appropriate communication with the whole school community about allergy, to maintain awareness and reduce the risk of a pupil with allergy feeling singled out

7.8 Events and school trips

- No pupils with allergies will be excluded from taking part in events or school trips
- The school will plan accordingly for all events and school trips, and arrange for the staff members involved to be aware of pupils' allergies and to have received adequate training
- Appropriate measures will be taken in line with the school's AAI protocols for off-site events and school trips (see Section 8.4.5) The school will separately consider whether it is appropriate to also take "spare" AAIs on such trips, without leaving school premises short of spare devices (see Section 8.4.5).
-

7.9 Asthma

Asthma is closely linked to allergy: exposure to airborne allergens can trigger an asthma attack, and children with both food allergy and asthma are at increased risk from anaphylaxis. On average, there are two to three children with asthma in every primary classroom.

- Pupils known to have asthma will have their own reliever inhaler at school; this will be easily accessible to there class, and kept where an adult can wuickly reach it.
- The school keeps an emergency ("spare") asthma reliever inhaler and spacer, obtained without prescription under the Human Medicines Regulations 2012 (as amended), for use where a pupil's own prescribed inhaler is not available. This can only be used where written parental consent has been given, and is stored alongside the school's "spare" adrenaline devices
- An asthma reliever inhaler must never be given instead of adrenaline to treat anaphylaxis. If a pupil known to have asthma and food allergy suddenly has difficulty breathing, staff will always consider anaphylaxis and give adrenaline without delay

8. Managing medicines

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

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

The person administering the medicine will keep a written record. Parents/carers will always be informed on the same day the medicine has been administered, or as soon as reasonably possible.

The only exception to this is where the medicine has been prescribed to the pupil without the knowledge of the parents/carers.

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 recommended and maximum dosages for the pupil's age, and when the previous dosage was taken.

Schools 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

Schools 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/carers to arrange for safe disposal when no longer required.

8.1 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 will be kept in a secure cupboard in the school office and only named staff will have access.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

8.2 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/carers and it will be reflected in their IHPs.

Pupils will be allowed to carry their own medicines and relevant devices wherever possible.

IHPs will include a procedure for staff to follow if a pupil refuses to carry out a necessary procedure or take medicine.

8.3 Unacceptable practice

Although school staff will use their discretion and judge each case on its merits with reference to the pupil's IHP, they will keep in mind that it is not generally acceptable practice to:

- Prevent pupils from easily accessing their inhalers and medication, or administering their medication when and where necessary
- Assume that every pupil with the same condition requires the same treatment
- Assume that older pupils do not require support, even where they are able to take increasing responsibility for managing their allergy
- Assume a pupil does not have an allergy because they do not yet have a formal diagnosis, while investigation is under way
- Ignore the views of the pupil or their parents/carers

- Ignore medical evidence or opinion
- 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 or prevent them from staying for normal school or extra-curricular activities, including lunch, unless this is specified in their IHPs
- Send an ill pupil 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 including excluding them from attendance rewards on this basis
- 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/carers, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupil, including with toileting issues
- Prevent pupils from participating, or create unnecessary barriers to pupils participating, in any aspect of school life, including school trips
- Administer, or ask pupils to administer, medicine in school toilets

8.4 Adrenaline auto-injectors (AAIs)

Following the Department of Health and Social Care's guidance on using emergency adrenaline auto-injectors in schools, the procedures below set out our approach to AAIs.

8.4.1 Register of pupils with 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)
- Where a pupil has been prescribed an AAI, whether parental consent has been given for use of the spare AAI, which may be different to the personal AAI prescribed for the pupil
- A photograph of each pupil to allow a visual check to be made (this requires parental consent)
- Where a pupil is prescribed two adrenaline devices, both should be available to them at school, since clinical advice recommends carrying two doses at all times in case a second is needed.

The register is kept [in an easily accessible location/in every classroom] and can be checked quickly by any member of staff as part of initiating an emergency response.

8.4.2 Purchasing of spare AAIs

The allergy lead is responsible for buying AAIs and ensuring they are stored according to the guidance. School arrangements will set out:

- Where the AAIs will be sourced (i.e. a local pharmacy)
- The quantity of AAIs required
- Which brand(s) of AAI are purchased (schools are recommended to buy a single brand to avoid confusion)
- The dosage required, based on Resuscitation Council UK's age-based criteria

As a primary school, we stock spare AAIs covering both dosage bands, since our roll spans children under and over 6 years old:

Dosage band	Spare AAIs to stock
Under 6 years (150 micrograms, e.g. EpiPen Junior, Jext 150)	One pair
Over 6 years (300 micrograms, e.g. EpiPen, Jext 300)	One pair

"Spare" AAIs are always stocked and stored in pairs, so that a second dose is on hand if needed. Where the school operates across more than one site, spare AAIs of the appropriate dosage will be held on each site.
Purchase is made from a local pharmacy without the need for a prescription, using a request letter signed by the headteacher on school headed paper, confirming the school name, quantity required, and that the AAIs are for emergency use with pupils at the school.

8.4.3 Storage
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 staff have access at all times, but 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.

8.4.4 Maintenance and disposal
The school are responsible for checking monthly that AAIs are present and in date, and that replacement AAIs are obtained when the expiry date is near.

AAIs can only be used once. Once an AAI has been used, it will be disposed of in line with the manufacturer's instructions (for example, in a sharps bin for collection by the local council).

8.4.5 Use of AAIs off school premises
Pupils at risk of anaphylaxis who are able to administer their own AAIs should carry their own AAI with them on school trips and off-site events. [Insert arrangements for taking spare AAIs for emergency use on school trips and off-site events.]

8.4.6 Emergency anaphylaxis kit
The school holds an emergency anaphylaxis kit. This includes:

- Spare AAIs
- A spare emergency asthma reliever inhaler and spacer
- Instructions for the use and storage of AAIs and 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, and a record of when AAIs have been administered

9. Emergency procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHPs and allergy action plans will clearly set out what constitutes an emergency and will explain what to do. If any one or more signs of anaphylaxis are present - Airway (tightening throat, hoarse voice, difficulty swallowing, swollen tongue), Breathing (sudden wheezing, difficult or noisy breathing, persistent cough), or Circulation (persistent dizziness, pale or floppy, suddenly sleepy, collapse) - staff will not delay:

- Lie the pupil flat with legs raised (allow to sit if breathing is difficult)
- Give the adrenaline device without delay, using the school's spare device if needed
- Immediately dial 999 and say "ANAPHYLAXIS"
- Stay with the pupil until the ambulance arrives; do not stand them up; phone the parent/emergency contact
- If no improvement after 5 minutes, give a further dose of adrenaline using a second device if available
- Commence CPR at any time if there are no signs of life

If a pupil has an allergic reaction, the staff member will initiate the school's emergency response plan, following the pupil's allergy action plan. If an AAI needs to be administered, a member of staff will use the pupil's own AAI, or if it is not available, a school one.

If the pupil has no allergy action plan, staff will follow the school's procedures on responding to allergy and, if needed, the school's normal emergency procedures.

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)

Consent is not legally required for a "spare" AAI to be used to save a life in an emergency; staff should not delay treatment to check whether prior consent has been given.

If the allergic reaction is mild (e.g. skin rash, itching or sneezing), the pupil will be monitored and the parents/carers informed.

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent/carer arrives, or accompany the pupil to hospital by ambulance.
Staff who act reasonably and in good faith to save a life - including administering adrenaline - are protected in law, even if things do not go perfectly. Mistakes, hesitation or imperfect technique in a genuine emergency do not amount to misconduct.

10. Serious incidents and "near misses"

This is a new section, added to reflect the Department for Education's statutory guidance Allergy safety in schools (July 2026).
The school approaches serious incidents and "near misses" in a "no blame" spirit, seeking to learn lessons and improve arrangements so that pupils are better protected in future.

10.1 Definitions

- A serious incident is any event relating directly to a medical condition or allergy in which a pupil, member of staff or visitor is harmed, or placed at immediate and significant risk of harm, including situations requiring emergency medication, urgent clinical intervention or

attendance by emergency services.

- A “near miss” is an event that did not result in harm but had the clear potential to do so - for example, where an error or system failure could reasonably have led to a serious incident had circumstances been only slightly different.

Example: a pupil is served food containing a known allergen; staff catch this before it is eaten and provide a safe alternative. This is a “near miss” and must be recorded, even though no harm occurred.

10.2 Recording

- Any serious incident or “near miss” is recorded as soon as feasible in the school's accident book, noting who was affected, what happened and where, why (as far as known), how staff responded, whether emergency services were called, and how the incident concluded.
- Reporting is not limited to staff who witnessed the event: the pupil, their parents, or a healthcare professional may be the ones to identify that an incident or near miss occurred, including where effects were delayed until after the school day.

10.3 Reporting

- Parents/carers are notified of the incident or “near miss” as soon as possible and given the opportunity to contribute to the lessons-learned review.
- The report is shared with the allergy safety lead, who considers what lessons should be learned and whether this policy or the pupil's IHP needs to change.
- The governing body/LGB receives periodic reports on serious incidents and “near misses”, which will be considered as part of the annual review of this policy.
- Where the school is acting as a food business and there is reason to believe unsafe food (e.g. containing an undeclared allergen) has left its immediate control and may pose an ongoing risk to other pupils, this is reported to the local authority environmental health team. Isolated incidents that were caught and contained will not usually require this notification, but should still be recorded and reviewed.
- Incidents that arose from the way the school carried out a work activity and resulted in death or a pupil being taken directly to hospital are reported to the Health and Safety Executive under RIDDOR. A pupil taken to hospital as a precaution, or due to a medical condition itself (e.g. an asthma attack) rather than a work activity, is not RIDDOR-reportable.
- Where an incident relates to the delivery of a care plan or Action Plan issued by a healthcare professional, the relevant healthcare professional or team is notified.

10.4 Learning lessons

Following any serious incident or “near miss”, the allergy safety lead and relevant staff will consider: could the incident reasonably have been foreseen; could it have been avoided through reasonable preventative steps; was it covered by an existing policy or IHP, and if so was that plan followed and was it adequate; and whether this policy or the pupil's IHP should be changed as a result.

- A serious incident or “near miss” relating to a pupil's allergy is not, of itself, a safeguarding matter. A safeguarding referral is only needed where the incident suggests the pupil may be at increased risk of neglect, abuse or exploitation - for example, where essential medication or information is repeatedly withheld, putting the pupil at risk.
- The school will consider the wellbeing of the pupil involved, their peers, and staff following any serious incident, including time to reflect in a constructive, blame-free spirit.

10.5 Complaints

Complaints relating to a serious incident or “near miss”, including a prolonged failure to put agreed arrangements in place, may be raised through the Trust's complaints procedure (see Section 15).

11. Training

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so.

The training will be identified during the development or review of IHPs. Staff 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 (or relevant individual). Training will be kept up to date.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils
- Fulfil the requirements in the IHPs
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures

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

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

The school is committed to training all staff 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 AAIs are kept on the school site, and how to access them
- How to administer AAIs
- The wellbeing and inclusion implications of allergies

Allergy training will be carried out bi-annually by the allergy lead. It is recommended that all staff are trained at least once a year.

12. Record keeping

The local governing body (or relevant committee) will ensure that written records are kept of all medicine administered to pupils for as long as these pupils are at the school. Parents/carers will be informed if their pupil has been unwell at school.

IHPs and allergy action plans are kept in a readily-accessible place that all staff are aware of.

12.1 EYFS settings: recording information about medicines

The EYFS framework states that settings must include how they obtain information about a child's need for medicine (see Section 5 of this policy), and a system for keeping this information up to date. We will:

- Enter each pupil's medicine need in the school's system
- Update our records when parents/carers of pupils inform us of changes to their child's needs
- Keep a record of changes, labelling the most recent record for each child
- Make sure that all staff have access to records so that they are informed about pupils' medical needs
- Securely hold this information digitally in accordance with the UK GDPR

- Inform parents/carers about how they can access their child's information (provided no relevant exemptions apply to their disclosure under the Data Protection Act 2018)

13. Publication and awareness of this policy

This is a new section, reflecting the duty under section 34 of the Children's Wellbeing and Schools Act 2026 to publish and raise awareness of the allergy safety policy.

- This policy is published on each school's website and made available in hard copy on request.
- All staff are made aware of this policy as part of induction and annual allergy awareness training.
- Parents/carers and pupils are made aware of this policy, in an age-appropriate way for pupils, including how to report a concern or a "near miss".
- Where a pupil is prescribed an adrenaline device, the school will discuss with them and their parents whether it is appropriate for close friends to know how to seek help in an emergency. This does not replace staff emergency response arrangements.

14. Liability and indemnity

The board of trustees will ensure that the appropriate level of insurance is in place and appropriately reflects the Trust's level of risk.

The details of the insurance policy are:

Risk protection arrangement	
Membership no:	t10347700 (school refer details)
Employers liability:	unlimited
Third Part public liability:	unlimited
Professional indemnity:	unlimited

Insurance policies should provide liability cover relating to the administration of medication, but individual cover may need to be arranged for any healthcare procedures. If the Trust has Risk Protection Arrangement across its schools, this should be stated here.

15. Complaints

Parents/carers with a complaint about the school's actions in regard to their child's medical condition or allergy should discuss these directly with the headteacher (or relevant individual) in the first instance. If the matter cannot be resolved, they will be directed to the Trust's complaints procedure.

16. Monitoring arrangements

This policy will be monitored by the Head of Safeguarding.

It will be reviewed and approved by the governing board every year. and additionally following any serious incident or "near miss" that suggests the policy or arrangements may need to change

17. Links to other policies

This policy links to the following policies:

- Accessibility plan
- Complaints
- Equality information and objectives
- First aid

- Health and safety
- Safeguarding
- Special educational needs information report and policy
- School food policy
- Data protection policy
- Schools with an EYFS setting: procedure to prevent the spread of infection (if not included in Appendix 1)

Appendix 1: Procedures for children who are sick or infectious

Statutory for settings with an EYFS. Other settings may choose to include it.

- Pupils who have an infectious disease should not attend school/nursery
- Parents should notify the school if their child has an infectious disease
- If a pupil becomes unwell during the day – for example, they have a temperature, sickness, diarrhoea or stomach pains – the parents or carers will be contacted to collect their child
- Pupils with a temperature, sickness, diarrhoea or an infectious disease should not attend school/nursery while they are sick. Depending on the sickness, staff may ask parents to take their child to the doctor before they return to school
- Staff will notify parents if a risk to other pupils exists

Children with specific infectious diseases set out in the UK Health Security Agency's exclusion table will not be allowed to return to school/nursery until the appropriate exclusion period has passed.

We will take the following steps to prevent the spread of infection:

- Reducing or eliminating sources of infection through good hygiene practices
- Good handwashing practice
- Encouraging and facilitating healthy eating
- Ensuring that regulated food hygiene standard requirements in the maintenance of food preparation areas and preparation of food are followed
- Championing and educating staff, parents, carers and pupils on the importance of immunisation as a tool against infection (while recognising the individual's right to choose)
- For school-based nurseries: establishing a daily cleaning routine for nappy changing facilities, play areas, and toys, activities and equipment

Appendix 2
Serious incident / “near miss” record

New appendix, added to support the recording requirements in Section 10.

Date and time	[insert]
Pupil / staff member / visitor affected	[insert]
What happened, when and where	[insert]
Why it occurred (as far as known)	[insert]
How staff and pupils responded	[insert]
Was adrenaline / emergency medication given?	[insert]
Were emergency services (999) called?	[insert]
How the incident concluded	[insert]
Parents/carers informed (date/time)	[insert]
Reported to (allergy safety lead / LA environmental health / RIDDOR / healthcare professional, as applicable)	[insert]
Lessons learned / changes to policy or IHP	[insert]
Reviewed by / date	[insert]