



Allergy Safety Policy 2026-27

Policy Code:	
Policy Start Date:	September 2026
Policy Review Date:	September 2027

Executive Summary: Allergy Safety in Schools – Statutory Guidance 2026

Effective from 1 September 2026, the Department for Education has introduced statutory guidance *Allergy Safety in Schools*, establishing national requirements for how schools support children and young people with allergies. The guidance applies to maintained schools, academies, free schools, special schools and alternative provision settings in England.

Mandatory Allergy Safety Policy

Every school must have and publish an **Allergy Safety Policy** outlining how the school prevents, manages and responds to allergic reactions and anaphylaxis. MATs should ensure policies are consistent across all academies while reflecting local operational arrangements.

Whole-Staff Allergy Training

All staff must receive appropriate **allergy awareness training**, including:

- Recognising signs and symptoms of allergic reactions and anaphylaxis.
- Emergency response procedures.
- Safe administration of adrenaline auto-injectors (AAIs).
- Awareness of pupils' individual needs.

Individual Healthcare Plans (IHPs)

Schools must identify pupils requiring an **Individual Healthcare Plan** and work with parents, healthcare professionals and the child (where appropriate) to ensure risks, triggers, medication and emergency procedures are clearly documented.

Spare Adrenaline Auto-Injectors

Schools are expected to maintain access to **spare AAIs** for emergency use and ensure robust systems for storage, accessibility, training and record-keeping.

Incident Reporting and Learning

Schools should record, review and learn from:

- Allergic reactions.
- Anaphylaxis incidents.
- Near misses.
- Medication administration events.

This aims to strengthen organisational learning and reduce future risks.

Trust leaders have ensured:

A Trust-wide allergy management framework is in place.

Allergy training is incorporated into induction and annual safeguarding/health and safety programmes.

A plan to audit processes monitor compliance across all settings including checking effective communication systems exist between schools, families and healthcare professionals.

The Trust expects that all schools take a proactive, whole-school approach to allergy safety, ensuring staff are trained, risks are managed effectively, and children with allergies can attend school safely and confidently.

Overview

Allergy is a medical condition in which the body reacts to normally harmless substances such as food, insect stings, contact allergens and airborne allergens. Many individuals with allergies to food or insect stings are at risk of anaphylaxis, a serious and potentially fatal allergic reaction affecting the whole body – and in particular the Airway/Breathing/Circulation (“ABC”).

CIT is committed to safeguarding and promoting the welfare of all pupils, including those with allergies. We recognise that allergies can be life-threatening and that all CIT schools require a whole-school, proactive approach to prevention, identification, and response.

From September 2026, statutory guidance [Supporting children and young people with medical conditions and allergy](#) requires all schools to have a dedicated allergy policy, trained staff, and emergency medication on site, with clear procedures for managing risk and responding to anaphylaxis.

All CIT schools across the Trust are expected to have clear, consistent and compliant arrangements to support children and young people with allergic conditions including:

- Children and young people with food allergy
- Children and young people at risk of anaphylaxis (usually allergic to food or bee/wasp sting)
- Children and young people with allergic rhinitis or allergic eye disease or eczema, who may need to be given treatments for their condition in school (e.g. eczema creams, nasal sprays, eye drops), particularly if they have more severe allergic disease or need adaptations e.g. with sport.
- Children and young people with eczema or asthma, who may need additional precautions
- Children and young people with more severe allergies to animal fur, who may need to take avoidance measures

This central CIT Allergy Safety Policy has two parts.

- **Part 1** – this is the statutory guidance for all schools to show the statutory and Trust expectations. This policy will be published on the CIT and school websites.
- **Part 2** – this is where schools will contextualise the policy for each individual unique setting. It will outline how school leaders and staff will deliver statutory guidance.

1. Aims of Policy

1.1 Purpose

This policy aims to set out CIT Trust expectations for all schools with their duty to:

- Protect pupils with allergies from avoidable exposure to allergens.
- Ensure rapid, effective response to allergic reactions and anaphylaxis.
- Support full inclusion of pupils with allergies in all activities.
- Ensure compliance with statutory duties and best practice.

1.2 Scope of policy

This policy is to be followed by all CIT staff, governors, and volunteers across the Trust.

1.3 Legislation and Guidance

This policy is based on:

- Children and Families Act 2014 (Section 100 duty)
- Food Information Regulations 2014 (allergen labelling)
- DfE: Supporting pupils with medical conditions (updated guidance pending 2026)
- DfE allergy guidance (consulted 2026, implementation from Sept 2026)
- “Benedict’s Law” expectations (2026 reforms)
- Keeping Children Safe in Education 2026

This policy needs to be read in conjunction with the following Trust and school Policies:

- Health and Safety Policy
- Supporting Pupils with Medical Conditions
- CIT First Aid statement and policy
- CIT Risk Management Policy
- CIT Trust wide Safeguarding Statement
- Each individual school’s Safeguarding and Child Protection Policy

2. Roles and Responsibilities

2.1 Trust Board (Governance)

Allergy management is now treated as a core safeguarding issue, so the Trust Board must ensure systems across all our schools are effective and compliant. This also includes the central systems for checking and monitoring compliance across the Trust.

Trustees are legally responsible for ensuring the school meets its duty to support pupils with medical conditions (including allergies).

The Trust Board therefore must:

- Ensure that the Allergy safety Policy is in place, and each school adapts Part 2 to reflect their unique identity. The Trust must also ensure the policy is appropriately published and reviewed annually.
- Through reports from the central teams of education and Safeguarding and from information from Local School Boards (via the SOAP), the Trust must monitor the effectiveness of compliance and incident reporting.
- Ensure all schools have a named LSB governor who is responsible for reporting on allergy compliance in all required areas.

2.1.1 LSB

Each LSB will have a named governor with responsibility for allergy/medical needs.

They will be responsible for ensuring challenge, test, and ensure policies reflect real practice.

Key areas the Trust expects the LSB to monitor and report on:

- Staff **allergy awareness and emergency training** is compliant
- Availability of **spare adrenaline auto-injectors (AAIs)** and their location
- Use and quality of **Individual Healthcare Plans (IHPs)** for pupils with allergies
- **Incident reporting and learning from near misses**
- Inclusion and safeguarding (e.g. trips, meals, clubs) – pupils in school are fully included in all aspects of school life

Headteacher reports to the LSB must include:

- Reports/data on incidents including near misses
- Training compliance figures

Serious incidents must trigger governor-level review and scrutiny to understand what happened and what can be learned for the future practice. This will focus on the following questions - “How do we know children are safe?” “What has changed after the last incident?”.

2.2 In each of our schools, the **Headteacher** has the overall responsibility for ensuring compliance and must translate policy into effective practice across their school through:

- a) **Risk prevention** - Allergen management (food, environment, activities)
Safe catering and communication with suppliers
- b) **Emergency response** - Clear procedures for recognising and responding to anaphylaxis
Accessible spare adrenaline auto-injectors (AAIs) on site
- c) **Everyday management** - Safe lunchtimes, trips, clubs, transport, etc.

The Trust expects that Headteachers will ensure:

- Adequate and compliant training for ALL staff in the school so that staff feel confident, not just competent (following the CIT 3Year Pathway)
- Availability of age-appropriate emergency medication
- There is a compliant and up to date Allergy Register that meets the requirements of the Statutory Guidance
- That all pupils with allergies have the correct IHP in place and that they are compliant, up to date and followed.
- That the required paperwork and records are compliant. They ensure that incidents are recorded, investigated and reported appropriately.
- Take immediate action after serious incidents and that they update policies and practice accordingly.

- That the school has a named person responsible as Allergy Lead who is competent and trained appropriately to undertake the role. The Headteacher will oversee the effectiveness of their work.
- That the school has the correct processes for gathering allergy information for those starting school in the correct timescale.
- That the correct information is reported to the LSB via the Headteachers Report
- Engagement with monitoring of compliance.
- Clear communication with parents/carers of pupils with allergies and conditions as set out in the overview of this policy. Part 2 of this policy will set out how the school intends to follow the statutory guidance.
- That all statutory guidance around food provision is complied with on their school site, including when food is outsourced through caterers. How this will happen in each school will be set out in Part 2 of this policy.
- That all pupils feel included and risks are proactively managed rather than pupils being excluded from events or parts of school life due to their allergy. How this will be achieved will be set out in part 2 of this policy.

2.3 The Trust expects all schools to have a named **Allergy Lead** (Named Person). Part 2 of this policy will set out the school's individual requirements and expectations for this role.

The Designated Allergy Lead is operationally responsible for ensuring a safe, compliant, and inclusive whole-school approach to allergy management, including policy oversight, staff training, individual healthcare planning, risk reduction, emergency preparedness, and continuous monitoring and improvement.

The Trust expects that they will:

- Maintain a compliant allergy register and records.
- Ensure compliant Individual Healthcare Plans (IHPs) are in place and understand that those with IHPs need active management.
- Monitor training compliance and chase those who have not completed training in a timely fashion.
- Oversee the creation and implementation of risk assessments.
- Check the implementation of both Part 1 and Part 2 of this policy, making sure practice reflects policy. If any areas do not, they will inform school leaders who will be expected then to take rapid and robust action.

2.4 Staff

All staff employed by CIT schools need to go beyond “just being aware” — staff are expected to actively prevent, recognise, and respond to allergy risks. All staff share responsibility for keeping pupils with allergies safe as part of safeguarding and duty of care.

The Trust expects that all staff must:

- Know which pupils have allergies across the school – and have this information updated regularly.
- Undertake allergy awareness and anaphylaxis training in the required timescale so they understand common allergens (e.g., food, animals, stings) and know signs of allergic reactions and anaphylaxis.

- Recognise symptoms and act immediately.
- Understand pupils' specific needs – by reading IHPs and following the requirements.
- Follow risk reduction measures with fidelity.
- Ensure pupils with allergies are fully included in school life by understanding their conditions and the actions needing to be taken to manage risk.
- Record incidents and follow up as required in Part 2 of this guidance.

2.5 Parents/Carers

The Trust believes that parents and schools must act in partnership to secure safe practice for pupils.

All CIT schools will require parents to provide accurate and up-to-date medical information.

Parents must:

- Inform the school of their child's allergy as early as possible
- Provide clear details of triggers, symptoms, and severity
- Share any updates (e.g. new diagnosis, change in risk level)
- Supply medical evidence and action plans
- Provide a clinically completed Allergy Action Plan (from a GP/allergy specialist)
- Contribute to and agree the Individual Healthcare Plan (IHP) with the school
- Provide medication

Parents are responsible for:

- Supplying prescribed medication (e.g. adrenaline auto-injectors)
- Ensuring medication is:
 - in date
 - correctly labelled
 - replaced before expiry

(Even though schools must now hold spare AAls, these are a backup—not a replacement).

Giving consent and permissions

Parents must provide written consent for:

- administration of medication (including spare AAls where appropriate)
- inclusion of their child in emergency procedures
- Agreement to the contents of the IHP and care approach

Working in partnership with the school

The guidance emphasises ongoing collaboration, not one-off information sharing:

Parents should:

- Attend meetings where required (e.g. IHP reviews)
- Engage in discussions about:
 - school trips
 - meals and catering
 - reasonable adjustments

How schools intend to build and maintain relationships with parents of pupils with allergies and how the information will be processed (including processes for IHPs) will be detailed in Part 2 of this policy.

3. Identification and Care Planning

3.1 Identification

In all CIT schools, where pupils are starting as new admissions (at all ages and stages of the year) leaders will ensure that appropriate allergy arrangements are in place in time for the start of the relevant school term.

When pupils transfer to a CIT school mid-term, the Trust expects that school leaders will make every effort to ensure that allergy arrangements are put in place within two weeks.

For members of staff, arrangements should be in place for when they commence work.

For visitors, information on allergy should be sought in advance of their visit wherever possible.

3.2 Allergy Register

The Trust requires all schools to complete and maintain an up-to-date register of: Pupils with diagnosed allergies. The records will include details of:

- Known triggers.
- Medication requirements
- Whether pupil has an Individual Healthcare Plans and/or an Allergy Action Plan.

3.3 Individual Healthcare Plans (IHPs)

The Trust expects that across all CIT schools, all pupils with significant allergies will have an IHP, with any clinical notes attached - All pupils with an allergy require a compliant Allergy action Plan.

Some children and young people have medically recognised sensitivities or triggers which may not meet the clinical definition of allergy but may nonetheless result in serious or potentially life-threatening reactions (for example mast cell disorders or other systemic hypersensitivity conditions). Any known trigger with the potential to cause significant harm should be identified and managed as part of their IHP.

Food intolerance and coeliac disease are conditions that are also managed through dietary avoidance. Children and young people with these conditions should also have an Individual Healthcare Plan specifying the arrangements the school will put in place. This will include setting out the dietary restrictions established for the individual.

The structure of the IHP will be set out in Part 2 of this policy unique to each school. However, the Trust expects that the IHP will include the following information:

- Emergency contact details for the individual's parents, carers or family;
- An up-to-date photograph of the individual;
- What the individual's known allergens are and whether the allergen is ingested, inhaled or absorbed;
- Whether the individual has an Allergy Action Plan; if so, it should be attached to the Individual Healthcare Plan;

- Whether the individual has been prescribed adrenaline devices and, if so, what make and dosage it is;
- Whether there is prior medical and parental consent for a “spare” adrenaline device or emergency asthma reliever inhaler to be used (notwithstanding that in an emergency that could not be foreseen, a spare adrenaline device can be used without prior parental consent).
- Whether the individual also has asthma; if so, there should be an Asthma Plan attached to the Individual Healthcare Plan; this should include whether there is parental consent to use an emergency asthma reliever inhaler (if available) in an emergency

4. Risk Reduction and Prevention

4.1 Whole-School Approach

The Trust expects all CIT schools to adopt a risk reduction strategy, not an “allergen-free” guarantee.

CIT advocate an ‘allergy-aware’ approach, with active risk controls, clear labelling, no food-sharing rules, and trained staff to observe and monitor risk

The measures that individual schools will take to deliver the “Allergy aware” approach will be set out in Part 2 of this policy. The school contextual allergy safety policy should set out how our individual CIT schools will minimise the risk of individuals (whether children, young people, staff or visitors) encountering their known allergens.

These measures will include the following:

- Staff awareness of allergens in classrooms and activities
- Clear food labelling and safe catering practices
- Cleaning routines to reduce cross-contamination.
- Supervision in dining areas

The Trust will recommend as good practice for CIT schools to conduct allergy safety drills, in the same way as fire drills or in an active training exercise.

The results of the drill should be recorded in a similar way to an incident or “near miss” and used to inform the ongoing review of the allergy safety policy

4.2 Catering and Food Safety

The Trust expects all schools will comply with the catering and food safety requirements and responsibilities as set out in the statutory guidance on [supporting pupils at school with medical conditions](#). Schools will ensure that all allergens are clearly identified in line with regulations and catering staff follow Food Information Regulations requirements.

School leaders will ensure that in-school kitchens as well as outside caterers ensure any school menus accommodate pupils with allergies

The Trust expects that school leaders ensure that there are at least two robust methods of identifying children and young people with known allergies at mealtimes to ensure they receive a safe meal.

Part 2 of this policy sets out how individual schools will comply with the guidance around school food provision.

4.3 Safer eating and the EYFS

The Trust expects that whilst children are eating there should always be a member of staff in the room with a valid paediatric first aid certificate.

Before a child is admitted to the setting, school leaders must obtain information about any special dietary requirements, preferences, food allergies and intolerances that the child has, and any special health requirements.

This information must be shared by the provider with all staff involved in the preparing and handling of food. At each mealtime and snack time providers must be clear about who is responsible for checking that the food being provided meets all the requirements for each child.

4.4 Classroom and Activities

The Trust expects that all CIT school leaders will make compliant provision for risk assessment in relation to classroom activities such as cooking, science, trips, and events.

School leaders are expected to support staff to avoid unnecessary use of high-risk allergens.

The Trust expects that where risk is identified, school leaders will ensure that alternative resources provided where needed.

4.4.1 Trips and Off-site Activities

- Specific risk assessments completed.
- Medication taken and staff trained.
- Emergency procedures are clear and accessible.

5. Medication and Equipment

5.1 Adrenaline Auto-Injectors (AAIs)

Pupils with a known allergy should always have two AAIs with them during the school day, including trips and outdoor activities. This protects against device malfunction or the need for a second dose.

AAIs must be stored in a location that is clearly marked, easily accessible within five minutes, and never locked away.

All staff should know where the devices are kept ensuring there's no delay in treatment during an emergency.

Children and young people at risk of anaphylaxis should have their prescribed AAIs with them at school for use in an emergency and should always have access to both of their two prescribed AAIs.

Younger pupils should have a dedicated emergency kit held by staff—not locked away. Older students are encouraged to carry their own AAIs, with school oversight.

Part 2 of this policy will set the school expectation for the storage and portage of pupils' individual AAls.

The Trust expects that all schools will comply with statutory guidance and must hold spare AAls for emergency use. These must have the correct dosage for the age and stage of pupils in their designation.

Any devices held by a school in this way should be considered a “spare” device and not a replacement for a pupil's own AAI.

The school's spare device can be used in children and young people:

- who have been prescribed ADs, but whose own devices are not available (for example because they are broken, out of date, cannot be accessed or have misfired). These individuals should have an Allergy Action Plan which includes both medical authorisation and written parental consent for the use of a spare ADs in an emergency
- with food allergies who have been assessed as being at lower risk of anaphylaxis and therefore not prescribed their own device. Medical authorisation and parental consent must have been obtained. The easiest way for this to happen is by their healthcare professional providing an appropriate Allergy Action Plan.

School type	AAI for children under age 6 years (150 micrograms) e.g. EpiPen Junior, Jext 150	AAI for individuals Over 6 years of age (300 micrograms) e.g. EpiPen, Jext 300
State-funded nursery school	Two “spare” devices	n/a
Primary school	Two “spare” devices	Two “spare” devices
Secondary school	n/a	Two to four “spare” devices
Special school	Two “spare” devices	Two “spare” devices

Part 2 of this policy will outline what AAls are needed by the school and the arrangements for placement and storage.

The Trust expects that spare devices will be stored in a

- centrally located, accessible location
- Clearly labelled
- secure
- Regular checks for expiry dates

The logistics of AAI storage and access will be set out in Part 2 of this policy.

6. Training

CIT expects that all staff across the whole school workforce must undertake compliant annual allergy training. This includes support staff, supply and cover teachers, and those delivering breakfast clubs, after-school clubs, and wraparound provision (including third-party providers).

Where a member of staff is likely to support a specific pupil, they must be trained to do so competently before providing that support.

Allergy training will be set out on the CIT 3-Year Safeguarding training Pathway. If a member of staff joins CIT after the training has happened, it will be expected to be part of the induction package.

School leaders **MUST** make sure all their staff complete the training by the given deadline and refresh annually. The training will be recorded on the Safeguarding training matrix and will be checked by the central team on their monitoring activities.

Central team staff who work in schools must also undertake the training.

6.1 Emergency Response (Anaphylaxis) Recognising Symptoms

Staff are trained to recognise:

- Difficulty breathing
- Swelling (face/lips/throat)
- Rash, collapse, or unconsciousness

6.2 Immediate Action

- Administer adrenaline auto-injector (AAI) immediately.
- Call emergency services (999)
- Contact parents/carers.
- Monitor and record.
- Prompt treatment is essential - anaphylaxis is life-threatening and requires immediate intervention.

7. Communication

The school promotes clear, ongoing communication:

- With parents/carers
- Between staff
- With catering providers
- With external professionals

8. Inclusion and Wellbeing

The Trust are committed to making sur that pupils with allergies are fully included in school life in all our CIT schools.

Pupils should not be prevented from taking part in activities alongside their peers simply because of a risk of encountering one of their allergens.

For example, pupils with allergies should eat alongside their peers, not be segregated. In part 2 of this guidance, individual schools will set out how they will achieve this inclusion for pupils with allergies and how reasonable adjustments are made where required

Part 2 of this policy will include how any incident of bullying related to allergies are addressed.

9. Monitoring, Recording, and Review

CIT expects that all incidents that happen in schools related to allergies are recorded including 'near misses'. These are to be reviewed for learning for improvement. Schools will set out their intent for recording in Part 2 of this policy.

A near miss, for example, a child almost receiving the wrong medication, or an AAI not being accessible in time, is treated as equally important as an incident resulting in harm.

Schools should record what happened, when, and where, why it happened, how staff responded, whether emergency services were called, and the outcome.

Reports should be shared with parents and the LSB. Data will come to the Trust Board via the SOAP reporting procedure.

10. Policy Review

Both Part 1 and Part 2 of this policy will be reviewed annually or after serious incidents in any school in the Trust.

Part 1 – is the responsibility of the Director of Safeguarding

Part 2 – School Contextual Information:

Part 2 of this policy stands as an operational, working document that details **how** the statutory guidance will be implemented in our individual CIT school. Statutory guidance and Trust expectations have not been repeated in this part of the policy.

All staff must have read Part 1 and Part 2 must be available to staff, visitors and those in regulated activity at our school.

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1. Named Allergy Lead and Responsibility

At Greenfields Academy, the overall responsibility for allergy management rests with the Headteacher. Day-to-day responsibility for the implementation and monitoring of this policy is delegated to the designated Allergy Lead.

Named Allergy Lead: John-Paul Hogan

In the absence of the Allergy Lead, responsibility will be delegated to: Nick Coveley

The Allergy Lead will:

- Maintain an up-to-date register of pupils with diagnosed allergies and/or asthma.
- Ensure appropriate Individual Healthcare Plans (IHPs) are in place and reviewed regularly.
- Coordinate staff training in allergy awareness, anaphylaxis and asthma management.
- Monitor the storage, accessibility and expiry dates of prescribed and emergency medication.
- Support risk assessments for educational visits, sporting activities and off-site learning.
- Review allergy-related incidents and near misses.
- Report significant incidents, trends and actions taken to the Senior Leadership Team and Local School Board (LSB).

2. Identification of Pupils, Staff and Visitors with Allergies

At Greenfields Academy, reasonable steps will be taken to identify pupils, staff and regular visitors who have allergies, particularly food allergies and asthma.

The Academy will:

- Collect medical information through admissions forms, enrolment procedures and annual data collection.
- Request relevant medical information from parents/carers and healthcare professionals where appropriate.
- Maintain accurate allergy and asthma records on the school's management information system (Bromcom).
- Keep an up-to-date allergy register that is accessible to relevant staff via the school's management information system (Bromcom).
- Share medical information with staff on a need-to-know basis.
- Ensure emergency contact information is reviewed and updated regularly.
- Encourage parents/carers and staff to notify the Academy immediately of any changes to medical conditions or treatment plans.

Location of allergy register: (on the school's management information system (Bromcom)).

3. Minimising Exposure to Known Allergens

At Greenfields Academy, we recognise that it is not possible to create a completely allergen-free environment. However, we are committed to reducing the risk of exposure to known allergens through effective risk assessment, planning and education.

The Academy will:

- Complete individual risk assessments for pupils identified as being at risk of severe allergic reactions.
- Ensure relevant staff are aware of pupils' known allergens and agreed control measures.
- Promote effective handwashing before and after eating.
- Ensure appropriate cleaning procedures are in place to reduce the risk of cross-contamination.
- Consider allergen risks when planning curriculum activities, practical lessons, celebrations and enrichment activities.
- Make reasonable adjustments where a known allergen presents a significant risk.
- Raise awareness of allergies throughout the school community to encourage understanding and shared responsibility.
- Review classroom resources, materials and activities to identify potential allergen risks.

Any specific allergen management arrangements will be documented within the individual's Individual Healthcare Plan and associated risk assessments.

4. Management of Food Allergies and Allergen Information

At Greenfields Academy, all food provided by the Academy or contracted catering providers will comply with current food safety and allergen legislation.

The Academy will:

- Obtain allergen information for all food prepared and served on site.
- Ensure allergen information is available to pupils, parents/carers, staff and visitors upon request (shared via the weekly school menu).

- Work closely with catering providers to minimise the risk of allergen cross-contamination.
- Maintain systems to identify and support pupils with dietary requirements and food allergies.
- Ensure food-related events, celebrations and fundraising activities are appropriately risk assessed.
- Encourage parents/carers to inform the Academy of any food allergies or dietary requirements.
- Ensure pupils with food allergies are supported to make informed and safe choices regarding meals.

5. Staff Training and Emergency Response

At Greenfields Academy, all staff will receive appropriate allergy awareness and emergency response training relevant to their role.

Training will include:

- Understanding allergies and asthma.
- Recognition of allergic reactions.
- Recognition of the signs and symptoms of anaphylaxis.
- Recognition of acute asthma attacks.
- Administration of adrenaline auto-injectors.
- Use of emergency asthma inhalers.
- Emergency response procedures, including contacting emergency services.
- Awareness of Individual Healthcare Plans and agreed support arrangements.

Training records will be maintained and refreshed regularly.

6. Access to Prescribed Adrenaline and Asthma Medication

At Greenfields Academy, pupils prescribed adrenaline auto-injectors and/or inhalers will be able to access their medication quickly and appropriately throughout the school day.

The Academy will:

- Require medication to be supplied by parents/carers in accordance with medical advice.
- Ensure prescribed medication is readily accessible and not locked away.
- Ensure staff know where emergency medication is stored.
- Support pupils who are assessed as competent to carry and administer their own medication where appropriate.
- Ensure medication accompanies pupils during educational visits, sporting activities and off-site events.

7. Spare Adrenaline Autoinjectors

Greenfields Academy will maintain spare emergency medication in accordance with current legislation and guidance.

The Academy will:

- Hold spare adrenaline auto-injectors in clearly identified and accessible locations.
- Monitor stock levels and expiry dates.

- Conduct routine checks to ensure all emergency medication remains within date.
- Replace expired medication promptly.
- Ensure only appropriately trained staff administer emergency medication.

Storage location of spare medication: Medical Room

Person responsible for stock checks: John-Paul Hogan

8. Educational Visits, Trips and Off-Site Activities

At Greenfields Academy, pupils with allergies and asthma will be supported to participate fully and safely in all educational visits and off-site activities.

The Academy will:

- Complete visit-specific and individual risk assessments where appropriate.
- Ensure emergency medication accompanies pupils at all times.
- Brief relevant staff regarding medical needs and emergency procedures.
- Consider food provision, travel arrangements and venue-specific risks.
- Consult with parents/carers when additional planning is required.
- Ensure emergency contact details are available throughout the visit.

No pupil will be excluded from participation solely because they have an allergy or asthma unless a risk assessment identifies that the activity cannot be undertaken safely.

9. Individual Healthcare Plans

At Greenfields Academy, pupils who require specific support arrangements relating to allergy or asthma will have an Individual Healthcare Plan (IHP).

The IHP will include:

- Details of the medical condition.
- Known allergens and triggers.
- Signs and symptoms of a reaction.
- Required medication and storage arrangements.
- Emergency procedures.
- Contact details for parents/carers and healthcare professionals.
- Arrangements for educational visits and extracurricular activities where necessary.

IHPs will be reviewed:

- At least annually.
- Following a significant incident.
- Following any change in medical advice or circumstances.

10. Promoting Wellbeing and Inclusion

At Greenfields Academy, we recognise that allergies and asthma can affect a pupil's emotional wellbeing, confidence and participation in school life.

The Academy will:

- Promote an inclusive and supportive environment.
- Encourage understanding and awareness of allergies and asthma among pupils and staff.
- Ensure pupils with allergies are not unnecessarily excluded from activities.

- Respond promptly to any bullying, teasing or discrimination linked to a medical condition.
- Support pupils to develop age-appropriate independence and self-management skills.
- Provide opportunities for pupils and families to raise concerns and seek support where needed.

11. Reporting, Monitoring and Learning from Incidents

At Greenfields Academy, all serious allergy-related incidents, episodes of anaphylaxis, severe asthma attacks and significant near misses will be reported, reviewed and used to improve practice.

The Academy will:

- Record incidents in accordance with the school's accident, safeguarding and medical reporting procedures.
- Inform parents/carers of incidents involving pupils as soon as reasonably practicable.
- Review Individual Healthcare Plans and risk assessments following any significant incident.
- Investigate incidents and near misses to identify contributory factors and lessons learned.
- Implement appropriate actions to reduce the likelihood of recurrence.
- Monitor incidents and trends to inform future planning and risk management.

The Headteacher and Allergy Lead will provide reports to the Local School Board (LSB) on:

- Serious allergy-related incidents.
- Severe asthma attacks requiring emergency intervention.
- Significant near misses.
- Use of prescribed or spare emergency medication.
- Outcomes of investigations.
- Actions taken and lessons learned.

Information arising from incident reviews will be used to strengthen procedures, update risk assessments, inform staff training and support continuous improvement in the safety and wellbeing of pupils, staff and visitors.

Governor responsible for Health and Safety/Medical Needs: David Milner

12. Review of Policy

At Greenfields Academy, this policy will be reviewed **annually** to ensure it remains compliant with current legislation, statutory guidance and best practice relating to allergy management, anaphylaxis and asthma.

The policy may also be reviewed earlier if:

- There are changes to relevant legislation or national guidance.
- A significant allergy-related incident or near miss identifies the need for changes to policy or practice.
- There are changes to the school's procedures, staffing structures or provision that impact allergy management.
- Recommendations are made by the Local School Board (LSB), Trust, Local Authority or other relevant agencies.

Recognise the signs of anaphylaxis

A AIRWAYS	→	• Tightening of the throat • Hoarse voice • Difficulty swallowing • Swollen tongue	B BREATHING	→	• Sudden wheezing • Difficult or noisy breathing • Persistent cough	C CIRCULATION	→	• Persistent dizziness • Pale or floppy • Suddenly sleepy • Collapse/unconscious
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If any one (or more) of these signs are present: **Don't delay**

- 1 Lie flat with legs raised** (if breathing is difficult, allow to sit)

- 2 Give adrenaline device without delay** (use the school's spare device if needed)


Scan this code for instructions on how to use adrenaline devices
- 3 Immediately dial 999** for ambulance and say ANAPHYLAXIS (ana-fill-axis)


After giving adrenaline:

- Stay with person until ambulance arrives, do NOT stand them up.
 - Keep them lying down, even if things seem to be getting better.
- Phone parent/emergency contact.



  **If no improvement after 5 minutes, give another dose of adrenaline using a second device, if available.**

Commence CPR at any time if there are no signs of life 

ALWAYS GIVE ADRENALINE DEVICE FIRST if someone has **SEVERE AND SUDDEN BREATHING DIFFICULTY** (including wheeze, persistent cough or hoarse voice). **THEN SEEK MEDICAL HELP. Anaphylaxis can occur without skin symptoms**