Allergy Safety Policy

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Allergy safety policy: document provenance

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Policy authors	Estates centre of excellence Vice principal: SEND Director of SEND and safeguarding
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Summary of changes in this review	• Minor changes made to confirm that in emergency situations prior consent is not required for the use of AAIs
Related policies and documents	• Child protection and safeguarding • Health and safety • Medical conditions • Data protection • Data protection complaints • Complaints

Unless there are legislative or regulatory changes in the interim, the policy will be reviewed as per the review cycle. Should no substantive change be required at this point, the policy will move to the next review cycle.

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1.0 Policy statement

1.1 Dixons Academies Trust (our trust) is committed to a fully inclusive environment, where all students with allergies are supported to thrive academically, socially and emotionally. Students with medical conditions including allergies have the same right to education as their peers and should be able to attend regularly and participate fully. We have a statutory responsibility to make arrangements to support students with allergies, and that these duties apply equally to learning inside and outside of the classroom.

1.2 Our trust recognises that some allergies can be complex, long term or lifelong, and also that some conditions can be life threatening or life limiting, and this means that support may need to be ongoing throughout the time a student is with us. The Trust also recognises the impact that having an allergy may have on the student's learning, wellbeing and mental health, as well as that of their family, and that the support required may need to be beyond simply managing the allergy itself in order for the student to be able to fully access their education. All students with allergies will be supported under both the medical conditions policy and this separate allergy safety policy because of the specific risk posed by anaphylaxis which can be life threatening.

1.3 This policy sets out the arrangements for supporting students with allergies to ensure they:

- have full access to education, including academy trips and physical education
- are safe, included, and supported
- can manage their health needs effectively
- experience no discrimination or barriers to participation
- have reasonable adjustments in place when necessary

2.0 Scope and purpose

2.1 The purpose of the document is to demonstrate our trust's commitment to providing a quality education for all students, including those with allergies, and to ensure that all staff understand their role in providing this.

2.2 This policy aims to protect the education of all students being affected by an allergy and to support each academy to meet and exceed their statutory obligation. We are committed to removing barriers and providing appropriate, inclusive support for students with allergies through strong leadership and a proactive, solutions-focused approach. This includes working closely with students, families and relevant health professionals to develop a shared understanding of each student's needs and the wider impact of their condition on learning, wellbeing and participation.

2.3 Our trust recognises that allergies may be fluctuating or privately managed and ensures that risks are effectively addressed while upholding each student's dignity and rights whilst understanding how medical need may co-exist with other areas of vulnerability.

2.4 A whole-academy approach is promoted, where all staff contribute to supporting students consistently, alongside a culture that values diversity and actively prevents stigma or bullying. Policies and practices, including those relating to attendance and uniform, are responsive and sensitive to medical needs. The effectiveness of support is regularly reviewed and improved, with strategic oversight from leadership and trustees, supported by training and the use of meaningful data.

2.5 This policy applies to:

- all students with diagnosed allergies or those at the assessment phase who may not have a formal diagnosis or NHS issued care plan in place
- students with other allergies requiring academy-led support arrangements

2.6 The scope of this policy encompasses:

- all staff working within our trust including supply staff and volunteers
- any external provider who is responsible for students during academy activities including outsourced catering providers and wraparound care providers
- all academy organised activities including trips, residentials and enrichment activities

3.0 Roles and responsibilities

3.1 The academy will ensure students with allergies are both enabled and supported to attend as fully as possible, and to participate as fully as possible in all aspects of life in the academy, including trips and extracurricular activities, and the role played by all staff in doing so.

3.2 Trustees

3.3 Provide strategic guidance as required.

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3.4 Strategically monitor and review any issues relating to medical incidents and the use of this policy.

3.5 Ensure that adequate resources are available.

3.6 Act as a critical friend in relation to related matters.

3.7 School and college trust leaders

3.8 Approve this policy for use across our trust.

3.9 Ensure statutory duties are met in relation to this policy and the management of allergies.

3.10 Where duties are breached ensure that appropriate action is taken to address any weaknesses in policy and procedure.

3.11 Oversee the review and monitoring of this policy.

3.12 Health and safety team

3.13 Provide guidance and support to academies in applying this policy.

3.14 Monitor the effectiveness of arrangements and compliance across our trust at a strategic level.

3.15 Review this policy when legislation or guidance changes or when learning from incidents requires it.

3.16 Principal

3.17 Ensure that all students are fully supported and able to access their entitlement to a quality education.

3.18 Ensure there is a named senior leader with responsibility for the ownership of the implementation of the medical conditions policy and allergy safety policy.

3.19 Ensure there is a named staff member with delegated responsibility for the day-to-day management of students with medical conditions and allergies, this person will be the academy medical lead. This responsibility may be delegated to the academy SENCO or the academy nurse or equivalent (for example, a healthcare assistant or first aid lead). In some cases, the responsibility may be delegated to a member of staff other than the ones suggested here – this is fine, as long as they are aware that they have this role and understand what it comprises.

3.20 Named senior leader for an individual academy

3.21 Oversee the implementation of the allergy safety policy within the designated academy.

3.22 Ensure that all academy employees are aware of this policy and understand their role in its implementation.

3.23 Ensure that academy staff are trained and available to implement this policy and deliver against all individual healthcare plans (IHPs), including in emergency situations. Ensure that training records are kept up to date.

3.24 Ensure that IHPs are in place as required.

3.25 Ensure that arrangements are in place to support students with medical conditions.

3.26 Ensure that students with allergies can access and are given the same opportunities at the academy as any other student.

3.27 Work with the local authority (LA), health professionals, commissioners and support services to ensure that students with allergies receive a full education.

3.28 Ensure that, following long-term or frequent absence, students with allergies are reintegrated effectively.

3.29 Ensure that the focus is on the needs of each student.

3.30 Ensure that policies, plans, procedures and systems are properly and effectively implemented.

3.31 Ensure that the academy's procedure clearly identifies the roles and responsibilities of all those involved in the arrangements they make to support students and sets out the procedures to be followed whenever an academy is notified that a student has an allergy.

3.32 Ensure that the academy's procedure covers the role of individual healthcare plans, and who is responsible for their development, in supporting students at the academy with medical conditions.

3.33 Quality assure that IHPs are reviewed at least annually, or earlier if evidence is presented that the students' needs have changed.

3.34 Oversee related incident review and reporting.

3.35 Ensure medication storage and record keeping systems are safe and effective.

3.36 Delegated medical lead or person with delegated responsibility

3.37 Management of Individual healthcare plans, including healthcare professional issued care plans, and related documents.

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3.38 Ensure that that IHPs are reviewed at least annually, or earlier if evidence is presented that the students' needs have changed.

3.39 Share student medical information with the relevant staff as appropriate.

3.40 Contact external medical professionals where a student with a medical condition requires support that has not yet been identified.

3.41 Work collaboratively with healthcare professionals, families and students.

3.42 Plan and monitor each student's access to education, including when they are not able to attend.

3.43 All employees

3.44 Be aware of and complying with the requirements of this policy and any individual role requirements.

3.45 Attend relevant training as required.

3.46 Be aware of and following Individual Healthcare Plans (IHPs).

3.47 Act appropriately in emergencies and responding accordingly when they become aware that a student with a medical condition needs help.

3.48 Provide support to students with medical conditions, where requested.

3.49 Report any concerns, changes or incidents to the named senior leader.

3.50 Families

3.51 Notify the academy if their child has a medical condition and provide accurate and up to date medical information.

3.52 Update the academy on any changes or relevant information regarding medical needs or conditions.

3.53 Provide medication for their child where required which is in date, correctly labelled and in original packaging. Ensure medication is replaced before expiry dates.

3.54 Be involved in the development and review of their child's IHP.

3.55 Carry out any agreed actions contained in the IHP.

3.56 Ensure that they, or another nominated adult, are contactable at all times.

3.57 Students

3.58 Contribute to the development of their IHP, if they have one, where applicable.

3.59 Participate in decisions where appropriate.

3.60 Ensure their medication is not shared.

3.61 Follow agreed arrangements for self-management.

3.62 Report feeling unwell or any incident or emergency to a staff member immediately.

4.0 Legal and regulatory framework

4.1 This policy is developed in accordance with the following legislation:

- Keeping Children Safe in Education (KCSIE)
- Children and Families Act
- Equality Act
- Children Act
- Education Act
- Health and Safety at Work Act
- Children's Wellbeing and Academies Bill ("Benedict's Law") draft guidance (not yet statutory at the time of writing)
- SEND Code of Practice
- Working together to improve school attendance
- Arranging education for children who cannot attend school because of health needs
- Supporting children and young people with medical conditions and allergy
- Automated external defibrillators (AEDs)

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- Department for Health and Social Care (DHSC) guidance on the use of adrenaline auto-injectors (AAIs) in schools
- First aid in schools: a good practical guide
- Guidance on the use of emergency salbutamol inhalers in schools

4.2 At the date of writing the current version 1.0 of this policy, the Children's Wellbeing and Academies Bill is currently progressing through parliament. This includes new requirements for all academies to adopt an allergy safety policy, maintain IHPs and anaphylaxis action plans, purchase and store spare AAIs, provide staff training and formally record allergic reactions. These measures were included in amendments made by the House of Lords in February 2026.

4.3 The government has also committed to publishing mandatory statutory guidance on allergy safety, known as Benedict's Law, which will require robust allergy policies, trained staff, individual plans, and access to emergency AAIs in every academy.

4.4 Our trust will review and update this policy once the bill becomes law (Children's Wellbeing and Academies Act) and new statutory guidance is issued.

5.0 Identification of medical needs relating to an allergy

5.1 The academy will:

- collect information on allergies before or shortly after a student starts in one of our academies
- maintain a register of students with allergies
- gather information during the admissions process
- gain relevant information from previous settings during transitions
- review needs following diagnosis or changes
- ensure arrangements are in place before attendance starts where possible
- use existing healthcare plans as a starting point when students transition or start during the academic year
- liaise with families (and, where appropriate, the young person themselves) for information on allergies and their impact

5.2 When the academy is notified that a student has a diagnosed allergy or suspected risk of an allergy or anaphylaxis, the person with delegated responsibility will be made aware without delay. They will then make contact with the family and any identified healthcare professionals in order to obtain a full picture of the student's needs, including social and emotional needs as well as educational, and use this to identify support that can be put in place.

5.3 The family (and, where appropriate, the young person themselves) should always be asked for information on allergies and their impact. Every effort will be made to ensure that arrangements are put in place as quickly as possible. Where a need is identified, the academy will coordinate a meeting to discuss the student's allergy and identify academy staff who will provide support.

5.4 The academy will discuss with the family (and, where appropriate, the young person themselves) that spare AAIs can be used in an emergency scenario without prior consent and medical authorisation.

5.5 The academy will ensure arrangements are put in place in a timely manner which may include interim arrangements until the IHP is completed.

5.6 It is also acknowledged that any student may develop an allergy, or require first aid or emergency support, and so procedures also take into consideration potential need that has not been pre-identified or brought to the academy's attention.

6.0 Individual healthcare plans (IHPs) and allergy action plans

6.1 Wherever possible, a care plan will be obtained from the student's healthcare professional / team and will form the basis of their support and provision at their academy. Whenever this is not forthcoming, it is the responsibility of the person with delegated responsibility to liaise with the family and any healthcare professionals and expedite the process of providing one to the academy as soon as possible as ideally, it is this care plan that informs practice in relation to a student's medical needs.

6.2 Individual healthcare plans will be developed in consultation with students and their families to document specific support arrangements, and how the effectiveness of the arrangements will be reviewed and (where necessary) amended).

6.3 IHPs must be in place for students with allergies that require active management in the academy or where there is a risk of anaphylaxis. The IHP must be supported by a clinician signed allergy action plan which acts as the medically validated emergency guide.

6.4 IHPs will be shared with relevant staff for them to understand their responsibilities and if necessary, they will be given

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further training to provide support. This may include outsourced catering providers or external education providers in order to ensure reduced risk of allergen exposure and prompt access to AAIs where needed.

6.5 The IHP should be reviewed at least annually and following any change in the student's needs, any incident, or at the request of any of the stakeholders involved.

6.6 Content of the IHP

- Outline of the allergens and the severity of the allergy.
- Typical symptoms of both mild reactions and anaphylaxis.
- When to use the student's own AAI and when the spare AAI can be used (including medical authorisation and parental consent), including confirmation that in an emergency situation all staff are authorised to use spare AAIs.
- Required support and adjustments.
- Required medication and treatment.
- Emergency procedures.
- Specific roles and responsibilities.

6.7 When to develop an IHP

- Support arrangements are needed.
- Medication is required during academy hours.
- There is a risk of emergency intervention.
- Reasonable adjustments are required.

6.8 Development of the IHP

- Developed in collaboration with families, students and healthcare professionals.
- Created and owned by the academy.
- Shared with relevant employees and other professionals.

6.9 Review of the IHP

- Reviewed at least annually.
- Updated following incidents or changes.
- Adjusted as the student's needs evolve.

7.0 Training

7.1 All staff (whether teaching staff or associate staff) will be trained in awareness of allergies, how to respond to an emergency and allergy safety annually. This includes supply staff and wraparound providers. This will also be part of the induction process for new starters.

7.2 For students who have IHPs, relevant staff will be made aware of the arrangements and where necessary trained to provide the required support. Staff who are likely to be involved in supporting the student must know that they have an IHP and understand the arrangements it sets out, which they may to be called upon to provide. Where a student has an IHP, it may identify specific training needs for staff who are likely to be involved in supporting the student. In some cases, relevant healthcare professionals may provide advice on the type and level of training required, how this can be obtained and whether any assessment of competency is required. Staff who provide support to students with allergies should be included in meetings where this is discussed and developed.

7.3 Staff should receive suitable training to ensure:

- they can provide the necessary support safely (which may include giving prescription medicines or undertaking healthcare procedures in accordance with an individual healthcare plan)
- they understand any risks associated with providing support
- they can recognise symptoms of the allergy, what can trigger them, appreciate their effects and know what preventative and emergency measures to take
- they can recognise and respond quickly to anaphylaxis and understand the importance of acting immediately

7.4 The academy will ensure:

- all staff are aware of this policy

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- all staff receive annual allergy awareness training
- induction includes allergy awareness
- staff receive role-specific and annual training
- staff supporting students IHPs receive competency-based training
- emergency response training is provided
- all staff know the location of prescribed and spare AAIs and how to access them within five minutes
- staff involved in educational trips and visits understand their role in reducing exposure to allergens

7.5 Practical AAI administration training

7.6 Academies must ensure that a sufficient number of staff are trained to administer AAIs confidently and correctly. Practical training must include:

- how to recognise anaphylaxis
- correct use of any AAI device held on site (e.g. EpiPen, Jext etc.)
- correct positioning of the student during anaphylaxis
- administration of a second dose after five to ten minutes if symptoms persist
- calling 999 and communicating effectively with the emergency services
- procedures for recording the incident and notifying families

7.7 Training for external providers

7.8 Any external provider that supports students during academy activities must receive the information they need to understand and follow this policy. This includes catering teams, breakfast and after-academy club providers, wraparound care staff, and trip supervisors.

7.9 External providers must know how to seek immediate help from trained academy staff if a student shows symptoms of an allergic reaction or anaphylaxis.

7.10 Training records

7.11 Each academy must maintain an up-to-date record of all staff who have received:

- whole staff awareness training
- practical AAI administration training
- student specific training linked to IHPs

7.12 Records should be periodically checked by the designated named senior leader. The principal or our central trust health and safety team may also request to review these records as part of compliance checks.

8.0 Emergency procedures

8.1 Every minute counts when responding to anaphylaxis. National guidance is clear that anaphylaxis is a life-threatening emergency that requires the immediate use of adrenaline, and that delays in treatment have been associated with fatal outcomes. All staff must therefore act quickly and confidently if a student shows signs of a severe allergic reaction.

8.2 The following procedures apply across our trust and must be followed without hesitation.

8.3 Recognising an allergic reaction

8.4 Staff must be familiar with the recognised symptoms of allergic reactions as set out in the student's allergy action plan and national guidance.

8.5 National guidance notes that anaphylaxis may occur without any mild symptoms first and staff must act on severe symptoms immediately.

8.6 Mild to moderate symptoms may include:

- swollen lips, face, or eyes
- itchy or tingling mouth
- mild throat tightness
- hives (blotchy, red, itchy skin) or itchy skin rash

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- abdominal pain
- nausea or vomiting
- sudden change in behaviour

8.7 Symptoms of anaphylaxis may include:

- persistent cough
- hoarse voice
- difficulty swallowing
- swollen tongue
- difficult or noisy breathing
- wheeze or persistent cough
- persistent dizziness
- pale or floppy
- suddenly drowsy or sleepy
- collapse or loss of consciousness

8.8 Immediate actions in suspected anaphylaxis

8.9 If any severe symptoms of anaphylaxis are present you must follow this procedure.

8.10 Administer adrenaline immediately

- Use the student's own prescribed AAI without delay
- If the student's AAI is unavailable, broken, out of date or has misfired, use the academy's spare AAI

8.11 Call 999 and state clearly "ANAPHYLAXIS" (pronounced anna – fill – axis)

- Provide the information requested by the emergency call handler calmly and clearly
- Send a member of staff outside to meet the ambulance
- DHSC guidance requires 999 to be called every time an AAI is administered

8.12 Position the student correctly

- Keep the student laying flat with legs raised
- If breathing is difficult, allow them to sit but do not stand them up as this can trigger a cardiac arrest

8.13 Administer a second dose if required

- If symptoms do not improve 5 minutes after first AAI is administered, give a second AAI if available
- Inform 999 call handler that a second AAI has been given
- If the call has ended, make a second call to 999 to confirm that an ambulance is on the way and inform them that a second AAI has been given

8.14 Stay with the student

- Monitor the student's breathing and level of consciousness
- Begin CPR if there are no signs of life

8.15 Inform families as soon as it is safe to do so.

8.16 After an incident

8.17 Following any use of an AAI or suspected anaphylactic reaction the student must be taken to hospital immediately for medical assessment and monitoring. This is mandatory. Where a family member is not present, two members of staff must accompany the student to hospital and remain until a family member arrives

8.18 A full written record of the incident must be completed, including:

- date, time and location
- symptoms observed
- medication used, dose, time administered and who by

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- staff involved
- time and method of family notification

8.19 The used AAI must be handed to paramedics or disposed of safely in a sharps bin

8.20 The named senior leader must review the incident within three academy days to determine whether:

- the IHP or allergy action plan requires amendment
- additional training is required
- improvements to storage, access or risk management are required

8.21 The health and safety team may request incident details for trust-wide safeguarding oversight and trend monitoring.

8.22 All allergic reactions, AAI administrations and near misses must also be logged on SmartLog as part of our trust's incident reporting process. This ensures trust-wide oversight, safeguarding analysis, and continuous improvement.

8.23 Emergency procedures offsite

8.24 The same emergency procedures apply during:

- trips and educational visits
- residentials
- sporting activities, events and fixtures
- any other off-site event
- travel to and from any of the above

8.25 Trip leaders / staff must ensure:

- the student's allergy and anaphylaxis needs are fully included in the trip or visit risk assessment
- prescribed AAIs travel with the student
- a spare AAI is taken if the student has parental and medical authorisation for its use
- the IHP and allergy action plan are accessible
- at least one AAI trained member of staff is present
- emergency services can be contacted quickly

9.0 Risk assessments

9.1 Risk assessments may be required for students with diagnosed allergies to ensure that risks are identified, controlled, and reviewed regularly. These risk assessments must reflect the student's IHP and allergy action plan and must be proportionate to the potential severity of the allergy, the environment and the activities involved.

9.2 Risk assessments are required as national guidance recognises that allergen exposure often happens during daily activities, food preparation, curriculum subjects, and transitions and that academies must have arrangements in place to prevent exposure and to respond quickly when symptoms occur.

9.3 A risk assessment may be required for:

- catering arrangements
- classroom activities that involve food, materials containing allergens (e.g. flour, egg boxes, latex), practical subjects, science, art, and technology
- whole-academy events such as summer fetes, celebrations, charity days, food-based activities, and refreshments
- trips and residential visits with catering arrangements, emergency access to AAIs and trained staff availability throughout the visit, reflecting the national guidance expectation for safe off-site provision
- unstructured times (e.g. break time, dining hall movement, clubs, and transitions where accidental exposure may be likely)
- environmental risks, including shared surfaces, classroom food handling, student allergen interactions, and cleaning routines

9.4 Risk assessments must:

- identify individual risks based on allergens, severity, and environmental factors

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- set out actions to reduce exposure, including food handling instructions, seating plans, supervision requirements, and cleaning procedures
- clarify responsibilities, including catering teams, activity leaders, and external providers
- ensure emergency procedures are clear, including location of AAIs, staff roles, and communication routes
- be reviewed regularly, and immediately after any incident, change in medical need or change in routine or environment
- be shared with all relevant staff and external providers before the activity begins

10.0 Supporting students

10.1 Inclusion

10.2 Students with allergies will:

- participate fully in learning and activities
- be included in trips and extracurricular provision
- have reasonable adjustments applied when necessary

10.3 Attendance

10.4 The ambition for students with allergies to attend should be the same for all students, but those with allergies may need additional support and flexibility.

10.5 The academy will:

- maintain high expectations for attendance
- use flexible approaches where needed
- avoid penalising medically related absence

10.6 The academy will be mindful of students absent due to mental or physical ill health and will seek to understand the individual needs of the student and family. The academy will work together with families and agencies with the aim of ensuring regular attendance for every student. The academy will provide pastoral support with the aim of improving attendance while supporting the students underlying health issue.

10.7 If a student is expected to be absent for more than 15 school days the academy will liaise with the Local Authority to ensure that the student receives as normal an education as possible while they are absent. A range of options can be made available including home teaching, a hospital school or teaching service, as well as work being provided by the academy.

10.8 The academy will do regular home visits to those students who cannot attend school for medical or health reasons, as per their usual home learning and alternative provision safeguarding arrangements. These visits are for both safeguarding purposes and to ensure that the student maintains a connection with the academy and staff.

10.9 Students will never be penalised if their absence from school is related to their medical or health condition, including attending hospital or other healthcare appointments. Wherever possible, families should keep medical appointments outside of the school day. The families of students with medical or health conditions should be made aware of the procedure for requesting leave of absence for their child in order to avoid penalty for non-attendance. An absence can be authorised for these purposes as well as for occasions the student is too ill to attend school if the academy is notified as soon as possible.

10.10 In a minority of cases, the academy may seek medical evidence to understand the needs of the students, identify the most suitable provision, and or make reasonable adjustments.

10.11 Self-management

10.12 Where appropriate, students will:

- be encouraged to manage their own condition
- have access to medication at all times
- be supported according to their capability

10.13 Where it is safe and appropriate, students may carry and manage their own prescribed AAI devices. The decision must be based on clinical advice, consent from the student's families and the student's level of understanding, as recommended in the national guidance.

10.14 Where students are not yet competent, or where self-carry is not deemed appropriate, their AAIs must be stored in academy in clearly labelled, unlocked locations that staff can reach and return to the student within five minutes. This applies only to AAIs, for other medication types, see section 11 of this policy.

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10.15 The IHP must specify:

- whether the student carries their own AAIs
- supervision requirements (if applicable)
- expectations for self-management
- how staff will support the student if they experience symptoms
- how staff will support the student if they are unable to administer their own medication in the event of anaphylaxis

10.16 Students who self-carry must still have access to trained staff who can administer adrenaline immediately if they are unable to do so, which aligns with DfE requirements for appropriate emergency support.

11.0 Medication management

11.1 The academy will ensure that medication, including AAIs, is managed safely, including appropriate storage, administration, and disposal procedures. Wherever clinically possible, medicines (including controlled drugs) should be prescribed in a way that allows them to be taken outside of academy hours. Medication will only be administered within the academy where it is essential for a student's health or where failure to do so would impact their attendance.

11.2 The academy will not prevent students from taking prescribed or non-prescribed medication. However, no student under the age of 16 will be given medication without written consent from a parent or person with parental responsibility, except in exceptional circumstances where medication has been prescribed without parental knowledge. Medicines containing aspirin must never be administered to students under 16 unless prescribed by a doctor. The only exception when aspirin can be used as first aid is to a casualty with a suspected heart attack for those 16 and over. Before administering any medication, staff will check the maximum dosage and when the previous dose was taken, and families will be informed accordingly.

11.3 Arrangements for administering medication may be detailed within an individual healthcare plan (IHP), which may identify named members of staff responsible for providing support. While any member of staff may volunteer to administer medication or assist a student, they cannot be required to do so. Where staff are identified to support with medication, they will receive appropriate training, and this responsibility will be reflected in their role and job description to ensure it is undertaken safely and competently.

11.4 Academies must keep a written record of all medicines administered to individual students, stating who administered the medication, at what time and how much was given. If appropriate and after consultation with families, students are allowed to carry and administer their own medication. A meeting between the academy, the student and families should precede the arrangement commencing, with clear agreement being made regarding level of supervision required, the importance of medications not being shared or left unattended, and ongoing monitoring and review of the arrangement. Where the medication being carried presents potential risk to others, a risk assessment must be carried out.

11.5 Management of adrenaline auto injectors (AAIs)

11.6 The management of AAIs must follow the requirements in DHSC guidance, which states that adrenaline should be administered immediately at the first signs of anaphylaxis and that delays are associated with potentially fatal outcomes.

11.7 The following arrangements apply:

- Students' prescribed AAIs must return home with the student at the end of each academy day.
- Academies must not retain prescribed AAIs overnight unless this is specifically written into the student's Individual Healthcare Plan and agreed with families and a healthcare professional.
- Student's own AAIs must be kept accessible at all times and must not be locked away, in accordance with DHSC guidance on rapid access.
- Prescribed AAIs must only be used for the student to whom they have been prescribed.
- In an emergency where that student's own AAI is unavailable or not working, the academy's spare AAI may be used.
- AAIs must be stored centrally in clearly designated, unlocked locations that staff can access within five minutes in line with national requirements for emergency availability.
- Monthly checks must confirm that all AAIs (student-owned and spare) are present, in date and in good working order. Checks must be recorded and devices replaced before expiry.
- All AAIs must be stored at room temperature and protected from sunlight or temperature extremes, as set out in national guidance.
- Employers must ensure that staff who administer AAIs are appropriately covered by the academy's insurance, in line with national expectations.

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11.8 Use of antihistamines

11.9 Antihistamines may be provided in the student's IHP for mild reactions, as advised by a clinician.

11.10 Antihistamines must not be used in place of adrenaline in cases of suspected anaphylaxis. Adrenaline must always be given first for severe symptoms, in line with DHSC guidance.

11.11 Non-prescription medication

11.12 Non-prescription or over-the-counter medicines may be administered by a member of staff or self-administered by the student, provided that written parental consent has been obtained in advance. Any member of staff may be asked to support students with the administration of medicines; however, staff cannot be required to undertake this role. Where staff do agree to provide such support, it should be carried out in line with academy procedures to ensure the safe and appropriate use of medication.

11.13 Students should not bring any non-prescription or over the counter medicines on site unless written parental consent has been obtained in advance.

11.14 Controlled drugs

11.15 The school may administer controlled drugs where they have been prescribed to a student, in line with Regulations 7(1) and 7(3) of the Misuse of Drugs Regulations 2001. These medicines will only be administered in accordance with the prescriber's instructions, where it is necessary during the academy day or related activities, including home-to-academy transport where appropriate. As these drugs are prescribed specifically for the student's needs within the education setting, there are no additional storage requirements under the Misuse of Drugs (Safe Custody) Regulations 1973; however, the academy will ensure that they are stored securely and handled safely in accordance with good practice.

11.16 Storage of medication

11.17 The academy will ensure that all medication is stored safely and in accordance with the manufacturer's instructions, including requirements for room temperature or refrigeration where necessary. Students will be informed of where their medication is kept and must be able to access it promptly, including when off-site on visits or trips. Where appropriate, and where agreed by a healthcare professional, students may carry their own medication for self-administration, such as inhalers, insulin pumps or other essential treatments.

11.18 Emergency medication, including adrenaline auto-injectors, asthma inhalers, blood glucose monitoring equipment and emergency epilepsy medication, will be readily available at all times and must never be locked away. Clear procedures will be in place for the safe disposal of any medicines. The school will only accept prescribed medication that is in date, clearly labelled, provided in the original container as dispensed by a pharmacist, and includes instructions for dosage and storage. Insulin is an exception to this requirement, as it may be provided in an insulin pen or pump, but must still be in date.

11.19 Disposal of medication

11.20 The academy will ensure that all medicines and associated products (including needles, injectors and inhalers) are disposed of safely and in line with relevant legislation, including the Controlled Waste Regulations (England and Wales) 2012, the Environmental Protection Act 1990, the Hazardous Waste Regulations 2005, and the Misuse of Drugs Regulations 2001. Medicines will be separated from other waste to ensure appropriate handling and to minimise risks to public health and the environment.

11.21 Over-the-counter medicines should normally be returned to a pharmacy for safe disposal, while prescription medicines must be disposed of through licensed facilities. Controlled drugs will be disposed of in accordance with regulations to ensure they are rendered irretrievable and cannot be misused. Specific items such as adrenaline auto-injectors should be disposed of in line with manufacturer guidance, including transfer to paramedics, return to a pharmacy, or placement in an approved sharps container for collection. Used or expired asthma inhalers should also be returned to a pharmacy where possible.

11.22 Medicines awaiting disposal will be stored securely in a tamper-proof container until they can be collected or returned. The school will meet its duty of care by ensuring waste is managed, transported and disposed of safely, and will maintain appropriate registration as a lower-tier waste carrier where required.

12.0 Educational visits and extended provision

12.1 The academy will make appropriate arrangements and reasonable adjustments to ensure that students with allergies are able to participate fully, safely and inclusively in educational visits, trips and extracurricular activities. A thorough risk assessment will be carried out for all activities, taking into account the specific needs of the student, and will involve consultation with families, the student and relevant healthcare professionals where appropriate.

12.2 Staff will be informed of how a student's allergy may impact their participation and will ensure that any necessary support, equipment and medication are available at all times, including during off-site activities. The academy will ensure sufficient flexibility to enable participation in line with individual abilities and will make reasonable adjustments unless clear clinical evidence indicates that participation is not possible.

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12.3 For early years provision, at least one member of staff with a current paediatric first aid qualification will accompany students on all outings. The academy expects that all students will be included in activities wherever possible, with planning focused on enabling safe participation rather than restricting access.

13.0 Wellbeing and safeguarding

13.1 Promotion of wellbeing

13.2 Our trust recognises students with medical conditions are at greater risk of experiencing poor mental wellbeing, including anxiety, social isolation and potential bullying. The academy will take a proactive approach to supporting their welfare by promoting inclusion, understanding and positive peer relationships. Measures will be in place to prevent and respond to bullying related to medical conditions, including allergies, in line with the school's behaviour and anti-bullying policies.

13.3 Support for wellbeing will be tailored to the age, needs and circumstances of the individual, taking account of the nature and severity of their condition, including those with life-limiting or progressive conditions. The academy will work in partnership with students and their families to develop and review appropriate support arrangements, ensuring that their views are central to decision-making. Where appropriate, support will also be extended to siblings and close peers to promote a supportive and inclusive school environment.

13.4 Safeguarding

13.5 Keeping Children Safe in Education (KCSIE) recognises that having health needs, including mental health needs, as well as frequent absence from education are both additional risk factors for students in relation to their safety from abuse and neglect. Our trust understands the importance of early help, including the support available within our academies as well as from the local authority and community services, in preventing harm from occurring and that students with pre-existing vulnerabilities such as these should be considered for this intervention at the very first signs of concern.

13.6 In addition, our trust recognises that students with medical and health conditions may be more vulnerable to forms child on child abuse such as bullying, and is committed to combatting this through:

- having a fully trained DSL and wider safeguarding team in each academy
- annual safeguarding training for all staff
- developing and maintaining a culture of safeguarding, including ensuring students feel confident to report child on child abuse, in each academy
- having a range of support available, including referral to outside agencies where needed, for both the victim and perpetrator of any incidence of child on child abuse

13.7 Our trust will follow our child protection and safeguarding policy where required, for example if there is a need to refer to statutory services for any concern about medical abuse or medical neglect.

14.0 Working with stakeholders

14.1 Working with healthcare professionals

14.2 Wherever possible, a care plan will be obtained from the student's healthcare professional / team and will form the basis of their support and provision at their academy. Whenever this is not forthcoming, it is the responsibility of the person with delegated responsibility to liaise with the family and any healthcare professionals and expedite the process of providing one to school as soon as possible as ideally, it is this care plan that informs practice in relation to a student's medical needs.

14.3 The advice and guidance of healthcare professionals will always be taken into account and used to inform practice within the academies. When there are named healthcare professionals involved in a student's care, or a specific team that supports on an ongoing basis, the person with delegated responsibility for medical and health conditions will strive to build a relationship wherever possible. The academies will always aim to accommodate healthcare professional's offers of training, requests to see a student in school, advice and guidance provided, and requests for information.

14.4 Working with outsourced catering providers

14.5 The academy must ensure that all staff and any external providers responsible for students understand the allergy needs of the students in their care and follow the procedures set out in this part of the policy. This includes catering teams, breakfast and after-school clubs, supply staff and any adults supervising students during academy activities.

14.6 The designated named senior leader should ensure that:

- relevant information from a student's IHP and allergy action plan is shared with catering teams, wraparound care providers and any organisation preparing or serving food to students (including on trips and residential visits)
- providers understand allergen management expectations and how to avoid cross-contamination in line with national guidance on reducing exposure risks in academy settings
- plans are accessible to staff supervising students in practical subjects or during activities where food may be used

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- arrangements are in place so that supply staff or volunteers can easily access necessary information
- external staff are instructed to seek help immediately from trained academy staff if a student shows signs of an allergic reaction

14.7 Working with families

14.8 Families are key partners in understanding and supporting the needs of a student with a medical or health condition and so should always be involved in the development and review of their child's IHP and related documents where needed. It is often the case that there are additional pressures and responsibilities placed on the families of a student with medical or health conditions and so the academy will aim to support them to meet those requirements wherever possible. This may include referral to other agencies, including early help support, in some circumstances.

14.9 Working with students

14.10 The students themselves are often best placed to provide information about how their condition affects them and how they should be supported. The student should be fully involved in discussions about their medical or health support needs and, wherever possible, in the development and review of their IHP and related documents where needed.

15.0 Equality and accessibility

15.1 Our trust will fulfil its duties under the Equality Act 2010 by making reasonable adjustments to support students with disabilities, taking into account individual circumstances, available resources, cost, effectiveness and practicality. Decisions will consider the impact of the disability, health and safety requirements, and the needs of all students.

15.2 Our trust will not discriminate and will promote equality, inclusion and positive relationships, ensuring access to education, facilities and services.

15.3 An accessibility plan will be in place and regularly reviewed to improve access to the curriculum, the physical environment and information.

15.4 Risk assessments will be proportionate, individualised and ongoing, ensuring that risks are managed effectively without unnecessarily limiting participation.

15.5 The academy will:

- make reasonable adjustments when required
- ensure equitable access to education
- maintain accessibility plans

16.0 Monitoring and review

16.1 This policy will be reviewed every two years and will be approved by school and college trust leaders.

16.2 In the event of any serious incident or near miss involving allergies or the use of an AAI the academy must review internal procedures, and a broader review may be conducted if systemic issues are identified.

16.3 Outcomes of any review must be documented and used to strengthen future practice.

16.4 Academy monitoring

16.5 Each academy must monitor the implementation of this policy in daily practice.

16.6 This includes ensuring that monthly checks are completed for all prescribed and spare AAIs, confirming they are:

- present and in the assigned location
- in date and the visual check window is as expected (e.g. not cloudy)
- accessible within five minutes

16.7 Academies must maintain accurate records of:

- allergy registers
- IHP reviews
- staff training
- incident records and near misses

16.8 Academies must ensure that all updates to IHPs and allergy action plans are shared promptly with relevant staff and external providers.

16.9 The principal is responsible for ensuring that these arrangements are consistently applied and that appropriate oversight is

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maintained at all times.

16.10 Trust oversight

16.11 School and college trust leaders and / or the health and safety team may request access to academy level records at any time to:

- review the implementation of this policy
- monitor trends in allergy-related incidents
- identify training or resource needs across our trust
- support academies to continuously improve allergy safety

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