drb Ignite Multi Academy Trust

Allergy Safety Policy

Document Control

Issue No: 1.0

Issue Date: October 2026

Outstanding pupil experience

Excellence in education

Impactful teaching

Effective partnerships

Contents

Trust Vision
1. Aim of this Policy
2. Overriding principles
3. Inclusion
4. Definitions
5. Policy implementation
6. Identification that a pupil has an allergy
7. Identification of staff and visitors that have an allergy
8. Procedure following identification that a pupil has an allergy
9. Records of pupils and staff with allergies
10. Individual Healthcare Plans (IHP)
11. Allergy and Asthma Action Plans
12. Reviewing Individual Healthcare Plans (IHP)
13. Allergen risk assessment
14. Staff training
15. Allergy awareness training
16. Prescribed adrenaline and spare adrenaline auto-injectors (AAIs)
17. Allergen management in catering and food provision
18. Emergency procedures – whole-school approach
19. Serious incidents and near misses
20. Support for the wellbeing of pupils with medical conditions and/or allergy
21. Visits and trips
22. Unacceptable practice
23. Information sharing
24. Complaints

Monitoring and Review
Change Management

Annex 1 - A flow chart for identifying and agreeing the support a child or young person needs and developing an Individual Healthcare Plan

Annex 2 - drb Ignite Individual Healthcare Plan for Allergy

Annex 3 - Location of AAIs in drb Ignite Schools

Trust Vision

Vision: *'All pupils achieve the highest standard of educational outcomes regardless of circumstances or background.'*

- The Trust has been established through a shared belief that lives can be transformed by what goes on in schools. We believe that the process of teaching and learning shapes futures. To this end, our vision is to give every pupil learning experiences that excite and give them the power to begin to shape their own lives.

1. Aim of this Policy

1.1 As proprietor of one or more schools, drb Ignite Multi Academy Trust has a legal duty to ensure there is an allergy safety policy in place, which sets out the arrangements to reduce the risk for individuals coming into contact with their known allergens (e.g. food or contact allergens) and sets out emergency response plans. The board of Trustees has delegated this responsibility to the school.

1.2 The Trust and its schools have adopted this policy to set out the arrangements of its duty to ensure there is an allergy safety policy in place, which sets out the arrangements to reduce the risk for individuals coming into contact with their known allergens (e.g. food or contact allergens) and sets out emergency response plans.

2. Overriding principles

2.1 Children and young people with allergies are entitled to a full education. The Trust is committed to ensuring that pupils with allergies are properly supported in school so that they can play a full and active role in school life, remain healthy, and achieve their academic potential. We want all pupils, as far as possible, to access and enjoy the same opportunities at school as any other child. This will include actively supporting pupils with allergies to participate in school trips/visits and/or in sporting activities.

2.2 To ensure a rigorous approach to allergy safety and supporting pupils with medical conditions, all staff must cross-reference this policy with the Supporting Pupils with Medical Conditions Policy whenever they are dealing with a pupil with an allergy.

3. Inclusion

3.1 Some pupils with an allergy will have a disability as defined by the Equality Act 2010 and the Trust will comply with those duties in the implementation of this policy and in all decisions made about individual pupils with allergies.

3.2 This policy sets out policies and procedures to ensure proactive steps are taken to meet the needs of pupils with allergies, and that they feel safe and included.

4. Definitions

4.1 **Allergy** is a medical condition in which the body's immune system has an abnormal reaction to normally harmless substances such as food, insect stings, contact allergens, and airborne allergens. Allergic reactions can range in severity from mild symptoms (such as a rash or runny nose) to anaphylaxis, which is a severe and potentially life-threatening reaction.

4.2 Common allergic conditions include:

- Hay Fever (Allergic Rhinitis)
- Skin allergies (e.g. eczema, contact dermatitis, contact urticaria/hives)
- Food allergy
- Asthma

4.3 Less common allergic conditions include:

- Allergy to insect stings.
- Allergy to medicines.

4.4 **Anaphylaxis** is a potentially fatal reaction affecting the Airway/Breathing/Circulation ("ABC"). Many individuals with allergies to food or insect stings are at risk of anaphylaxis.

4.5 **Asthma** is a lung disease caused by inflammation and tightening of the airways. It is frequently associated with allergy and anaphylaxis because exposure to allergens can provoke an asthma attack, a potentially life-threatening condition.

4.6 **Intolerance** to foods or an ingredient that the body is unable to digest is different to allergy and does not cause a serious allergic reaction. It can cause long-term health problems if not avoided. Common food intolerances include lactose and gluten. Coeliac disease is intolerance to gluten, found in rye, barley, and wheat.

5. Policy implementation

5.1 This policy is published on the school and Trust website and is available in hard copy on request from the school office.

5.2 All drb Ignite Trust schools are nut-free. The Trust reserves the right to designate a school as free from any other allergen where this is considered necessary to manage risk. Where a school is designated as free from a

particular allergen, this will be clearly displayed at the school's main entrance.

5.3 The member of the senior leadership team (SLT) designated as the school's medical lead has overall responsibility for the effective administration and implementation of this policy.

5.4 The medical lead is responsible for driving implementation of this policy and ensuring:

- Sufficient staff are suitably trained to meet the known allergies of pupils at the school.
- Induction training is provided.
- All relevant staff are made aware of pupils' allergies and supply teachers are properly briefed.
- Cover arrangements are in place for staff absences and turnover to ensure that someone is always available and on site.
- Risk assessments for school visits, holidays and other school activities outside the normal timetable are completed, including allergen risk assessments.
- Individual Healthcare Plans (IHPs) are prepared where appropriate and monitored. IHPs have Allergy Action Plans attached where these have been provided by healthcare professionals.
- This policy is reviewed annually and following an incident or near miss.

6. Identification that a pupil has an allergy

6.1 Ordinarily, the pupil's parent/carer will notify the school that their child has an allergy. Parents/carers must provide this information as soon as possible. The Individual Healthcare Plan (IHP) developed in conjunction with the parent/carer and school will identify including whether the pupil carries any medication, such as an adrenaline auto-injector (AAI) device or asthma reliever inhaler. Any staff member receiving notification that a pupil has an allergy should notify named medical lead as soon as practicable.

6.2 A pupil may disclose that they have an allergy. The staff member to whom the disclosure is made should notify named medical lead as soon as practicable.

6.3 The school may also be notified by the pupil's healthcare provider or previous school. Where a pupil returns after a long-term absence, the school may initiate the procedure to confirm whether any allergy-related support is required.

6.4 Where a pupil is starting school or is new to the school, the named medical lead, or someone designated by them, will make enquiries in advance of the pupil starting, including seeking information from any previous school and parents, or the pupil themselves if appropriate, to ensure that suitable support is in place from the first day of attendance.

6.5 Where a pupil is moving to a new school from the Trust school, their IHP and/or Allergy Action Plan should be shared by the named medical lead, or someone designated by them, as part of the transition.

6.6 The school will ask parents to inform it as soon as possible when their child is diagnosed with a new allergy, so that appropriate support can be put in place.

7. Identification of staff and visitors that have an allergy

7.1 All staff members will be asked to notify the school in writing if they have an allergy, including whether they carry any medication (e.g. an adrenaline auto-injector (AAI) device or asthma reliever inhaler).

7.2 Wherever possible, information on allergy should be sought in advance from visitors ahead of their visit, especially if they are likely to be served food.

7.3 The school should consider on a case-by-case basis at what point it seeks information from staff and visitors regarding allergy and at what point it provides information about allergy to visitors, especially if they are likely to be served food.

7.4 Staff members and visitors will ordinarily manage the condition/allergy themselves without any support or monitoring from the school. If the visitor is a child, their parent will ordinarily manage their child's condition/allergy themselves without any support or monitoring from the school.

7.5 Where appropriate, the school will consider whether it should revise external booking documents, contracts for third-party use of the site and/or contracts with third parties providing services to reflect the provisions of this section.

7.6 Emergency response procedures will apply to all individuals on the school site.

8. Procedure following identification that a pupil has an allergy – see Annex 1

8.1 Except in exceptional circumstances where the pupil does not wish their parent/carer to know about their allergy, the pupil's parents/carers will be contacted by the named medical lead, or someone designated by them, as

soon as practicable to discuss what, if any, arrangements need to be put in place to support the pupil. Every effort will be made to encourage the pupil to involve their parents while respecting their right to confidentiality. If a decision is made not to inform a parent/carer, the reasons for this should be documented and the decision reviewed by a senior member of staff.

8.2 Unless the allergy is short-term and relatively straightforward (e.g. the pupil can manage the condition/allergy themselves without any support or monitoring), a meeting will normally be held to:

- Discuss the pupil's support needs.
- Identify a member of school staff who will provide support to the pupil where appropriate.
- Determine whether an Individual Healthcare Plan (IHP) is needed and, if so, what information it should contain.

8.3 Where possible, the pupil will be enabled and encouraged to attend the meeting and speak on their own behalf, taking into account the pupil's age and understanding. Where this is not appropriate, the pupil will be given the opportunity to contribute their views by other means, such as setting them out in writing.

8.4 The healthcare professional(s) with responsibility for the pupil may be invited to the meeting or asked to prepare written evidence about the pupil's allergy for consideration. Where possible, their advice will be sought on the need for, and contents of, an IHP.

8.5 In cases where a pupil's allergy is unclear, or where there is a difference of opinion, the headteacher will exercise their professional judgement, based on the available evidence, to determine whether an IHP is needed and/or what support to provide.

8.6 For pupils joining the school at the start of the school year, any support arrangements will be made in time for the start of term, where possible. In other cases, such as a new diagnosis, a newly identified allergy or a pupil moving to the school mid-term, every effort will be made to ensure that support arrangements are put in place within two weeks.

8.7 Where the school becomes aware that a pupil has a severe allergy, it will treat this as a priority matter and ensure that an Allergy Action Plan and any associated risk-management measures are put in place without delay.

9. Records of pupils and staff with allergies

9.1 The school will keep a list of all pupils and staff with an allergy, an up-to-date photo, what medication they are prescribed (e.g. an AAI), and whether the pupil has an IHP and an Allergy Action Plan.

9.2 The school will keep a list of pupils and staff with known allergy, including an up-to-date photo and a list of their known allergens, in places where food may be served or handled, including food technology, science, craft and art classrooms.

9.3 Such lists will be kept in areas accessible to staff only.

10. Individual Healthcare Plans (IHP) – see Annex 2

10.1 Pupils should have an Individual Healthcare Plan (IHP) if:

- They have an allergy which has a functional impact on them in their school.
- They are at risk of harm as a result of their allergy; and
- They require arrangements which are additional to, or different from, those made generally.

10.2 Where it is decided that an IHP should be developed for the pupil, this shall be developed in partnership between the school, the pupil's parents/carers, the pupil, and the relevant healthcare professional(s) who can best advise on the particular needs of the pupil; this may include the school nursing service. The local authority will also be asked to contribute where the pupil accesses home-to-school transport, to ensure that the authority's own transport healthcare plans are consistent with the IHP.

10.3 The aim of the IHP is to capture the steps which the school needs to take to help the pupil to manage their condition and/or allergy and overcome any potential barriers to getting the most from their education. It will be developed with the pupil's best interests in mind. In preparing the IHP, the school will need to assess and manage the risk to the pupil's education, health and social wellbeing, and to minimise disruption.

10.4 IHPs may include:

- Details of the medical condition, allergy, its triggers, signs, symptoms, and treatments.
- The pupil's resulting needs, including medication (dose, side-effects, and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, and dietary requirements. Also, environmental issues, e.g. crowded corridors, or 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, additional support in catching up with lessons, or 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, 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/allergy and the support required.
- Arrangements for written permission from parents/carers and named medical lead 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 activities outside the normal school timetable that will ensure the pupil can participate, e.g. risk assessments.
- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition/allergy.
- What to do in an emergency, including whom to contact and contingency arrangements; some pupils may have an emergency healthcare plan prepared by their lead clinician that could inform development of their IHP.

10.5 The IHP will also clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils should know what to do in general terms, such as informing a teacher immediately if they think help is needed. If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent/carer arrives, or accompany a pupil taken to hospital by ambulance.

10.6 Except in exceptional circumstances or where the healthcare provider deems that they are better placed to do so, the school will take the lead in writing the plan and ensuring that it is finalised and implemented.

10.7 Where a pupil has an Allergy Action Plan and/or Asthma Action Plan issued by a healthcare professional, the IHP should attach it. All Action Plans will record whether the pupil is prescribed adrenaline. Whenever an updated Action Plan becomes available, the IHP should be reviewed to incorporate it.

10.8 Where a pupil is returning to the school following a period of hospital education or alternative provision, including home tuition, the school will work with the local authority and education provider to ensure that the IHP identifies the support the pupil will need to reintegrate effectively.

10.9 Where the pupil has a special educational need identified in an Education, Health and Care Plan (EHCP), the IHP will be linked to, or become part of, that EHCP.

11. Allergy and Asthma Action Plans

11.1 Pupils with a known allergy to food or insect stings should be issued with an appropriate Allergy Action Plan by their healthcare professional. These

are medical documents designed to facilitate emergency response, including in the case of anaphylaxis and an asthma attack.

11.2 The relevant healthcare professional is responsible for the content of Allergy and Asthma Action Plans. Whenever an updated Allergy and/or Asthma Action Plan becomes available, the pupil's IHP should be reviewed and incorporate it.

11.3 The pupil's IHP should attach the pupil's Allergy and/or Asthma Action Plan(s).

12. Reviewing Individual Healthcare Plans (IHP)

12.1 Every IHP shall be reviewed at least annually. The named medical lead, or someone designated by them, shall, as soon as practicable, contact the pupil's parents/carers and the relevant healthcare provider to ascertain whether the current IHP is still needed or needs to be changed. If the school receives notification that the pupil's needs have changed, a review of the IHP will be undertaken as soon as practicable.

12.2 Where practicable, staff who provide support to the pupil with the medical condition shall be included in any meetings where the pupil's condition/allergy is discussed.

13. Allergen risk assessment

13.1 In order to minimise the risk to individuals, whether pupils, staff or visitors, the school will carry out an allergen risk assessment of the school environment, including:

- Food and catering arrangements.
- Classrooms and other learning environments (e.g. art rooms, science laboratories, food technology rooms).
- Communal areas (e.g. canteen, dining hall, common rooms).
- Outdoor areas (e.g. playing fields, nature areas).
- Activities and events where food is present on the school site (e.g. school fairs, celebrations).
- Activities where other allergens are present on the school site, e.g. animals.
- A separate and specific risk assessment to manage the risk of exposure to allergens on external visits or trips.

13.2 The allergen risk assessment will be carried out by the named medical lead, in conjunction with relevant staff, including catering staff, and, where available, the school nursing service. The assessment will be reviewed at least annually and whenever there is a significant change to the school environment or catering arrangements.

13.3 The allergen risk assessment will identify:

- Allergens present in the school environment, including airborne or contact allergens.
- Pupils at risk of an allergic reaction.
- Other individuals, specifically staff and visitors, at risk of an allergic reaction, if known.
- Measures to reduce the risk of exposure to allergens.
- Procedures to follow if a pupil has an allergic reaction.

13.4 Where the risk assessment identifies a risk, the school will take proportionate steps to manage that risk. This may include, for example, designated allergen-free zones, allergen-free options in the canteen, measures to identify children with allergy and measures to prevent cross-contamination.

14. Staff training

14.1 The Headteacher is responsible for:

- Ensuring that all staff scheduled to be on site, including permanent, new and temporary staff, regular volunteers, and any person responsible for before-school provision, free breakfast clubs or after-school clubs, peripatetic workers and agency workers, are aware of this allergy safety policy, trained in allergy awareness and emergency response and understand their role in its implementation at least annually. This is not intended to include contractors carrying out work with no pupil-facing role, e.g. builders.

- Working with the school nursing service, relevant healthcare professionals and other external agencies to identify staff training requirements and commission the training required.

- Ensuring that there are sufficient numbers of trained staff available to implement the policy and deliver against all IHPs and Allergy Action Plans, including any specific training needs required by an IHP and in contingency and emergency situations.

14.2 In addition, all members of school staff will know what to do and respond accordingly when they become aware that a pupil or any individual needs help.

14.3 Where specific conditions require specialist training, including but not limited to the use of adrenaline auto-injectors (AAIs), the management of anaphylaxis, the use of blood glucose monitors or insulin pumps, the management of epileptic seizures, and the management of asthma attacks, named medical lead will ensure that sufficient staff receive that training from an appropriately qualified healthcare professional, and that competency is confirmed before a member of staff is asked to provide support.

14.4 Allergy awareness training will be provided to all staff. This will cover the nature and prevalence of food and other allergies, the signs and symptoms of allergic reactions and anaphylaxis, how to use an AAI, and the steps to follow in an emergency.

14.5 A record of all staff training shall be maintained. Training will be refreshed at regular intervals and whenever there is a significant change to the conditions affecting pupils at the school.

14.6 Training will be delivered annually unless healthcare professionals involved in an individual's care advise otherwise and should be sufficient to ensure staff are competent and have confidence in their ability to support pupils and individuals with allergies, and to fulfil the requirements set out in relevant IHPs and/or Allergy Action Plans.

14.7 Induction arrangements for new staff will include training on this allergy safety policy, allergy awareness and emergency response.

14.8 Cover staff will be informed of the medical needs of the pupils they will be responsible for on arrival to the school. As appropriate, they will be briefed or trained on individual pupils needs.

14.9 The school has in place appropriate levels of insurance regarding staff providing support to pupils with medical conditions, including the administration of medication. Copies of the school's insurance policies can be made accessible to staff as required.

15. Allergy awareness training

15.1 Allergy awareness training should ensure all staff:

- Have an awareness of allergy, the risks it poses, how allergic reactions can occur and how to manage it.
- Understand that allergy includes multiple conditions (food allergy, asthma, eczema, hay fever and others), which can co-exist.
- Understand the difference between food allergy, coeliac disease and food intolerance.
- Know where to find information on allergy triggers.
- Can identify the range of symptoms of allergic reactions.
- Understand and can recognise anaphylaxis.
- Know how to respond in an emergency, including:
  - Calling emergency services and informing parents.
  - How to locate and administer emergency medication (adrenaline for anaphylaxis and an asthma reliever inhaler for an asthma attack).
  - Training on how to use the medication/device in an emergency, whether prescribed to a given person or a school's spare adrenaline devices.
- Understand the impact allergy can have on a child's wellbeing.
- Understand the school's allergy safety policy.

- Know how to check whether an individual is on the record of those with known allergy and how to use an Allergy or Asthma Action Plan.
- Understand their responsibilities in reducing the risk of individuals with known allergy coming into contact with their known allergens.
- Understand how to report an allergic reaction or case of anaphylaxis, whether an incident or a near miss.

15.2 Training under this guidance should be understood as allergy awareness and emergency response training. It should not be read as replacing any separate clinical governance, competency or delegation arrangements that may be needed where a pupil requires individual healthcare support beyond school-level allergy safety arrangements.

15.3 Raising allergy awareness with pupils will be carefully considered and managed in an age-appropriate way.

16. Prescribed adrenaline and spare adrenaline auto-injectors (AAIs)

16.1 All AAIs will be stored at room temperature and not locked away or kept in any location where access is restricted.

16.2 All AAIs will be stored in the location identified in Annex 3.

16.3 Pupils who are prescribed adrenaline will have rapid access to their devices at all times. Other school arrangements for access and storage during the school day in lessons, break, lunch, and when on visits and trips will be identified in the IHP.

16.4 The school will audit AAIs and Salbutamol inhalers each half term to ensure they remain in date.

16.5 The school will hold spare adrenaline auto-injectors (AAIs) for use in an emergency where a pupil is known to be at risk of anaphylaxis.

16.6 The school will maintain a supply of spare, clearly labelled AAIs for use in an emergency. Spare AAIs may be used where:

- A pupil at the school has been prescribed an AAI and is known to be at risk of anaphylaxis.
- The pupil's own AAI is not available, e.g. because it has been used, is out of reach, has expired, or has been lost.
- The pupil or other individual has had, or is judged to be having, an anaphylactic reaction.

16.7 Spare AAIs held by the school are for emergency use only and are not a substitute for a pupil's own prescribed AAI. Parents/carers are still required to provide the school with their child's in-date, personally prescribed AAI.

16.8 Spare AAIs will be stored in a clearly marked, accessible and safe location known to all relevant staff. They will be contained in an 'emergency anaphylaxis kit' clearly marked as such, and separate to the first aid kit. They will be checked regularly to ensure that they are in date and functional and replaced as required. This will also include any emergency asthma reliever inhaler and spacers, and instructions for use of all equipment.

16.9 All spare AAIs and instructions for use will be stored in pairs and the school will have a minimum of two spare pairs of AAIs on site.

16.10 All staff will receive training in the recognition of anaphylaxis and in the correct use of AAIs. This will include training that, in the event of anaphylaxis, adrenaline should be administered as soon as possible and within five minutes.

16.11 Following any use of a spare AAI, the named medical lead will ensure that a replacement is obtained promptly and that a record of the use is made.

17. Allergen management in catering and food provision

17.1 The Trust recognises that the management of allergens in food provision is a critical safety issue for pupils, staff and visitors with food allergies.

17.2 The school, or its catering contractor, will:

- Ensure that allergen information for all food and drink provided to pupils, staff and visitors is available and clearly communicated.
- Ensure that staff involved in food preparation and service are trained in allergen awareness and the prevention of cross-contamination.
- Ensure that allergen-free options are available for pupils, staff and visitors with known food allergies, as reflected in the allergen risk assessment.
- Ensure that catering contractors are made aware of pupils, staff and visitors with known food allergies, and take appropriate steps to manage the risk.

17.3 The school will use at least two robust methods of identifying pupils with known allergies at mealtimes.

17.4 The school will ensure that food served at school events, including fairs, celebrations, parties and school trips, is managed in a manner that takes into account pupils, staff and visitors with known food allergies. Where the school cannot control the allergen content of food served at an event, appropriate measures will be taken to ensure that affected pupils and individuals are kept safe, including consideration of what information is provided regarding allergens.

17.5 The named medical lead will liaise with the catering manager or contractor on allergen management and will ensure that any relevant information from

a pupil's IHP or Allergy Action Plan is shared with catering staff on a need-to-know basis, in compliance with data protection requirements.

18. Emergency procedures – whole-school approach

18.1 Nothing in this policy prevents any person taking reasonable action in good faith to save a pupil's life if they experience a life-threatening medical emergency.

18.2 The Trust and its schools adopt a whole-school approach to emergency preparedness in relation to allergies. This means that all staff, not just those directly named in a pupil's IHP or Allergy Action Plan, are equipped to respond appropriately in an emergency.

18.3 The headteacher will ensure that:

- Emergency procedures for the most common or highest-risk conditions affecting pupils at the school, including anaphylaxis, severe asthma attacks, hypoglycaemic episodes and epileptic seizures, are clearly documented and accessible to all staff.
- All staff are trained on what to do if they encounter a pupil in a medical emergency, an anaphylactic reaction or acute asthma.
- Regular training and scenario-based exercises are carried out with staff to ensure preparedness, particularly in relation to anaphylaxis and other life-threatening conditions.
- Spare emergency medication, including spare AAIs, is stored in an accessible, clearly marked location known to all staff.
- The location of emergency medication and the school's emergency procedures are included in the induction of all new staff.
- General emergency procedures, including calling 999 and first aid, are set out in the template at Annex 3.

18.4 If a pupil, regardless of whether they have an IHP or Allergy Action Plan, needs urgent medical attention, staff will:

- Call 999 immediately where there is any doubt about the seriousness of the situation.
- Administer any emergency medication in accordance with the pupil's IHP/Allergy Action Plan, or, in the absence of a plan, their best clinical judgement.
- Stay with the pupil until emergency services or a parent/carer arrives.
- Notify the pupil's parent/carer as soon as practicable.
- Complete a record of the incident.

19. Serious incidents and near misses

19.1 The school recognises that however effective its policies and procedures are in relation to pupils, staff and visitors with medical conditions and/or

allergies, they can never completely remove the risk of a serious incident happening.

19.2 Serious incidents and 'near misses' will be treated seriously and in accordance with the Trust's health and safety policies and procedures.

20. Support for the wellbeing of pupils with medical conditions and/or allergy

20.1 Measures the school will take to support the wellbeing of pupils with medical conditions and/or allergies, and allergy awareness, may include:

- The school will involve the pupil's parents and, where appropriate, the pupil themselves in developing and reviewing their IHP.
- The school will ensure proactive communication to the school community about allergy, ongoing awareness, and severity of risk.
- The school will proactively engage with new joiners, for example by offering a tour of the location that pupils will eat.
- The school will introduce 'allergy champion' roles as a point of contact for pupils.
- The school will ensure regular communication with members of the school community about medical conditions, allergies, and the awareness and appreciation of ongoing risks.
- The school will address and respond to any bullying related to medical conditions and/or allergy under its anti-bullying policy.
- The school will consider any appropriate support to the pupil and their parent/carer following any serious incident.

21. Visits and trips

21.1 A specific risk assessment to manage the risk of exposure to allergens on external visits or trips will be undertaken by the school before every visit or trip.

21.2 Each specific risk assessment will assess every individual pupil, staff member, or volunteer need on the trip who has an allergy.

21.3 Every pupil, member of staff or volunteer with an AAI and/or asthma reliever inhaler will be required to take an in-date device with them on the trip.

21.4 The arrangements for the storage of pupils' AAI and asthma reliever inhaler will be set out in the off-site visit risk assessment.

21.5 All members of staff and volunteers will be expected to store and carry their own devices.

21.6 A pair of spare AAIs will be supplied for each visit or trip.

21.7 All staff on the trip will be trained in how to administer adrenaline in an emergency.

22. Unacceptable practice

22.1 Although the named medical lead and other school staff should use their discretion and judge each case on its merits with reference to the pupil's IHP, it will not be generally acceptable practice to:

- Prevent pupils from easily accessing their medication, AAIs or inhalers and administering their medication when and where necessary.
- Assume that every pupil with the same condition requires the same treatment.
- Ignore the views of the pupil or their parents/carers or ignore medical evidence or opinion, although this may be challenged.
- Send pupils with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHP.
- If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable. In the case of an allergic emergency (anaphylaxis), help must come to the pupil, not the other way around.
- Penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments.
- Prevent pupils from drinking, eating, or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively.
- Require parents/carers, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child; no parent/carer should have to give up working because the school is failing to support their child's medical needs.
- Prevent pupils from participating, or create unnecessary barriers to pupils participating, in any aspect of school life, including school trips, e.g. by requiring parents/carers to accompany the child.

23. Information sharing

23.1 A pupil's health information, including allergy, is considered special category data. The school has a lawful basis to hold, use, and share a pupil's special category health data. The school will need to hold, use, and share this information in order to ensure the pupil receives the support they need to stay safe and be included in education.

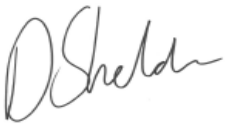
23.2 All individual pupil health data will be stored and processed in accordance with the Trust's privacy notice.

24. Complaints

24.1 Complaints regarding this policy or the support provided to pupils with medical conditions should be raised under the Trust's usual complaints procedure.

Monitoring and Review

This Policy is reviewed annually by the Director of School Improvement. Should there be any changes/further national guidance issued relevant to this Policy, it will be updated accordingly prior to the review date shown above and referred to the next Trust Board meeting.

Monitoring and Review:	Director of School Improvement Headteachers
Links:	Supporting Pupils with Medical Conditions Policy Health and Safety Policy Anti-Bullying Policy Complaints Policy
Staff responsible:	CEO Executive Director of School Improvement Trust Safeguarding Lead Headteachers Teachers
Committee responsible:	Achievement, Support and Scrutiny Committee
Date reviewed:	October 2026
Next review:	October 2027
Sign off by Chair of Trustees:	 Date: October 2026

Change Management

Issue No	Change Date	Change description
1.0	October 2026	Browne Jacobson policy adopted

Annex 1 - A flow chart for identifying and agreeing the support a child or young person needs and developing an Individual Healthcare Plan

A pupil comes onto roll of school. Parents identify they have allergy. Advice and instruction from relevant healthcare professionals (e.g. Allergy Action Plan) is provided.

OR

A pupil already on the roll of the school is identified as having an allergy (including a new diagnosis) or develops an allergy.



School considers the advice or instruction provided by relevant healthcare professionals. They meet the pupil and their parents to discuss the circumstances, the impact of the allergy and consider whether an Individual Healthcare Plan (IHP) is required. If necessary, the school seeks advice from relevant healthcare professionals.



If the allergy has a functional impact on the pupil or poses a risk to them, the school should discuss what supportive arrangements may be required with the pupil and their parents and should draw up an IHP to specify them.

If healthcare professionals have provided advice or instruction (e.g. an Allergy Action Plan), their IHP will refer to it.



IHP is shared with the pupil, their parents and those staff who need to be aware of its contents.



School, college or setting delivers the arrangements set out in the IHP.



IHP is reviewed at least annually. Any serious incident, "near miss" or change in circumstances (including changes in instructions or advice from relevant healthcare professionals such as changes to care plan, action plan or medication) should prompt review of the IHP.



Amended IHP is shared with the pupil, their parents and those staff who need to be aware of its contents. School, college or setting delivers the revised arrangements.

Annex 2 - drb Ignite Individual Healthcare Plan for Allergy

Section A: Pupil Details					
 Pupil Photograph	**Pupil Name**				
	Year Group/Class				
	Date of Birth				
	Allergy to				
	Reason for IHP				
Date of IHP		**Review Date**		**Version**	
Detail what the allergen(s) are and any signs/symptoms to be aware of					
Detail all allergens and previous symptoms experienced, if any i.e. vomiting, breathing difficulties					
Is the pupil able to recognise a reaction for themselves?	Yes		No		
Does the pupil have any known triggers?					
A trigger is anything that brings on a reaction or symptom. This is different to an allergen.					
Does the pupil require any specialist equipment/device(s) to manage their condition?					
Summary of treatment/help that pupil needs:					
Include daily care requirements, school support needs, any reasonable adjustments, food/access arrangements and any steps required to support the pupil safely in school.					

Section B: Emergency Procedures	
Describe what constitutes an emergency	
In the case of an emergency, please detail the steps to be taken:	
Consider who needs to be contacted and contingency arrangements	
Who is responsible in an emergency?	

Section C: Trips and Offsite Visits	
Detail the arrangements for an offsite visit	
Consideration for a risk assessment	
Who is responsible in an emergency?	

Section D: Medication

Name of Medication			
Expiry Date		**Storage**	
Times to be taken in school?		**Dosage**	
		Method of Administration	
		Route	
Precautions and any known personal side effects:			
Be aware of side effects detailed in patient information leaflet			
For medication that need not be administered at pre-set times please indicate when it should be given: *(e.g. before exercise, onset of asthma attack, onset of migraine etc)*			
Are there any circumstances in which this medication would be inadvisable?			
Has the pupil ever been hospitalised as a result of this medical condition? If so, please detail.			

Section E: Contact Numbers *(emergency contact, doctor/GP, occupational health etc.)*			
	Name	**Relationship/Role**	**Contact Number**
1			
2			
3			

4			
5			

Section F: Information Regarding Travel Arrangements		
Travel arrangements	**Yes**	**No**
Walking (alone or in a group)		
Personal transport		
Local authority contract travel (e.g. bus/taxi)		
Local authority escorted travel		
Other (please specify)		
Any additional information regarding travel arrangements:		

It is the responsibility of the parent/carer to maintain in-date personal medication and to inform the school of any changes to the pupil's condition, medication or emergency arrangements.

The establishment should take all reasonable steps to support agreed allergy arrangements and reduce foreseeable risk in school. The parent/carer should provide clear information about any foods, substances or activities that need to be avoided.

The school should ensure appropriate staff are aware of any agreed emergency arrangements where this is necessary to keep the pupil safe.

Section G: Signatures and Agreement to IHP		
Parent/carer to complete. Please tick one:	**Yes**	**No**
I give permission for this risk assessment to be shared with anyone who needs this information to keep me safe at school.		

I give permission for my child's photograph to be displayed sensitively where this is necessary to keep me safe at school.		
I give permission for the school's emergency AAI to be used on me in an emergency where anaphylaxis is suspected, where this is permitted and clinically appropriate.		

Role	Name	Signature	Date
Parent/Carer			
Headteacher			
Health Professional *(enter role)*			
Health Professional *(enter role)*			

It is important that school are updated of any medical appointments or hospital admissions in relation to this medical condition as soon as practicable.

Original document to be retained by Headteacher

Copies sent to:

- Parents/carers
- Health professional(s)
- Other professionals (e.g. Integrated Children's Services, Named Person, Lead Professional)

Record of staff training to be held separately by Headteacher

Attach personalised care or action plan issued by healthcare professional to this.

Annex 3 - Location of AAIs in drb Ignite Schools

School	Location of AAI(s)
Audley Primary School	Main Office / Dining Hall
Beechwood CE Primary School	Outside Wrap Around Care Room
Bromley-Pensnett Primary School	Dining Hall corridor
Hawbush Primary School	Cupboard in Dining Hall
Hob Green Primary School	Outside Staff Room
Jervoise School	School Hall
Paganel Primary School	Outside School Hall
Princethorpe Infant School	School Hall
Princethorpe Junior School	Outside Family Room
The Oaks Primary School	School Office
The Oval School	Main Entrance / Upper School Hall
Woodthorpe JI School	School Hall
Wychall Primary School	KS2 School Hall
Yorkmead School	Dining Hall