Allergy Safety and Medical Conditions Policy

Document Control

Date	Revision amendment details	By whom
Sept 2026	Approved by Operations team	Ops
	Adopted by TEFAT Board	Trustees
July 2027	Proposed date for review	Estates and H&S Director

Table of contents

Table of contents	2
Elliot Foundation Academies Trust Values	3
Related policies and documents	4
Policy statement	4
Definitions and Legislation	5
Roles and Responsibilities	7
Identifying individuals at risk and information management	9
Individual Healthcare plans	10
Risk assessment, catering and trips	11
AdrenalineAuto-Injectors (AAI)	12
Managing emergencies	14
Allergy awareness	15

Elliot Foundation Academies Trust Values

1. Put children first

a. We trust and value your professionalism
b. We share the responsibility for the learning and welfare of all of our children
c. Our purpose is to improve the lives of children

2. Be safe

a. Don't assume that someone else will do it
b. Look after yourself, your colleagues and all children
c. We are all responsible for each other's safety and well being
d. Discuss any concerns with an appropriate member of staff

3. Be kind & respect all

a. People are allowed to be different as are you
b. Kindness creates the positive environment we all need to flourish
c. This kindness should extend to ourselves as well as to others

4. Be open

a. If you can see a better way, suggest it
b. If someone else suggests a better way to you, consider it
c. We exist to nurture innovators and support those who take informed risks in the interests of children

5. Forgive

a. We all make mistakes
b. Admit them, learn from them and move on

6. Make a difference

a. Making the world a better place starts with you
b. Model the behaviour that you would like to see from others

Related Policies and Documents

This policy should be read in conjunction with other key TEFAT policies, including:

- Health and Safety Policy
- Safeguarding and Child Protection Policy
- First Aid Policy
- Animals on School Sites Policy
- Off-Site Visits and School Trips Policy
- Data Protection Policy

1. Policy Statement and Purpose

The Elliot Foundation Academies Trust (TEFAT) is committed to ensuring that the whole school community, regardless of any medical conditions or allergies, can enjoy school life to their full potential and play an active role whilst remaining safe and healthy. The Children and Families Act 2014 and Allergy Safety in schools statutory guidance place duties on the proprietors of academies to ensure that the necessary arrangements are in place to support pupils at school who have a medical condition or allergy.

Pupils who have a medical condition or allergy should have the support they need to fully access the entire education offer. This includes making sure arrangements are in place for extra-curricular activities or trips that will allow pupils with medical needs to participate to the fullest extent, as well as supporting their physical and emotional needs.

Where children are considered to be disabled as defined within the Equality Act 2010, duties under this Act must be complied with. In the instance that they are also a pupil with special educational needs (SEN) or they have an Education, Health and Care plan (EHCP), this policy should be read in conjunction with the SEND Code of Practice, the locally owned SEND Information Report, and the Accessibility Plan.

The aims of the policy are to:

- Reassure parents that the Trust and the school their child attends can appropriately support any child with a medical need or allergy and keep them safe.
- Adopt and follow statutory policy and guidance regarding supporting pupils with medical needs and allergies safety in schools.
- Provide a framework to ensure the necessary training, resources, and support required for staff to manage conditions confidently.

2. Definitions and Legislation

2.1 Definitions

- **The Trust / TEFAT:** Refers to The Elliot Foundation Academies Trust, the responsible body.
- **Medical Conditions:**
    - *Short-term medical conditions:* A temporary condition or illness that affects a pupil's ability to participate fully due to being on a short course of medication.
    - *Long-term medical conditions:* An ongoing or chronic condition that fundamentally limits a pupil's access to education without adjustments and requires long-term support through an Individual Healthcare Plan (IHP).
- **Allergy**: An overreaction of the body's immune system to a common, innocuous substance like food, pollen, or medication.
- **Serious Incident (Allergy/Medical):** Any event relating directly to a medical condition or allergy in which a pupil, member of staff, or visitor is harmed or placed at immediate and significant risk of harm. This includes situations requiring emergency medication, urgent clinical intervention, or attendance by emergency services.
- **Near Miss:** An event relating directly to a medical condition or allergy that did not result in harm but had the clear potential to do so under slightly different circumstances (e.g., an error, omission, or system failure).

2.2 Legislation and Guidance

This policy has due regard to, and complies with, the following statutory duties and guidance documents:

- Section 21 and Section 175 of the Education Act 2002 (promoting wellbeing and safeguarding)
- Paragraph 7 of the Schedule to the Education (Independent School Standards) Regulations 2014
- Section 3 and Section 17 of the Children Act 1989
- Section 10 of the Children Act 2004
- Section 3 and Section 3A of the NHS Act 2006
- The Equality Act 2010
- Section 2 of the Health and Safety at Work Act 1974
- The Misuse of Drugs Act 1971 and associated Regulations
- The Medicines Act 1968
- Regulation 5 of the School Premises (England) Regulations 2012
- Supporting Pupils at School with Medical Conditions (DfE 2015)
- Special Educational Needs and Disability (SEND) Code of Practice: 0 to 25 years
- Statutory Framework for the Early Years Foundation Stage
- School Admissions Code
- Education Inspection Framework
- Children and Families Act 2014

- DfE / Food Standards Agency (FSA) Allergy Guidance for Schools
- The Food Information Regulations 2014 and The Food Information (Amendment) (England) Regulations 2019
- Department of Health and Social Care's guidance on using emergency adrenaline auto-injectors in schools
- Children's Wellbeing and Schools Act 2026
- Benedict's Law (see Appendix A for summary document)
- DfE statutory guidance on Allergy Safety in schools 2026

2.3 Scope

This policy applies to all schools across the Trust and all staff must be aware of its content and their responsibilities in ensuring that all pupils can enjoy school life regardless of any medical condition or allergy.

2.4 Legal

This policy operates within a comprehensive legal and statutory context that defines the Trust's obligations for the safety and welfare of its pupils and staff. Key documents informing this policy include:

- **The Health and Safety at Work etc. Act 1974 (HSWA 1974):** Establishes the fundamental duty of an employer to ensure, so far as is reasonably practicable, the health, safety, and welfare of its employees and others affected by its undertaking e.g. pupils.
- **The DfE's 'Academy Trust Handbook':** Sets out the mandatory financial and governance requirements for academy trusts, including risk management and business continuity planning.
- **The DfE's statutory guidance 'Allergy safety in schools'**
- **The Master Funding Agreement (MFA) with the Secretary of State:** The contractual basis for the operation of the academies, which includes compliance with relevant laws and guidance.
- **The Trust's Articles of Association:** The governing document of the Academy Trust, which outlines its charitable objects and governance structure.

As a multi-academy trust (MAT), TEFAT is the legal employer and holds the primary duty for health and safety across all its academies. While the Board has a strategic and supervisory role, specific day-to-day tasks are properly delegated to academy leaders and staff, who must engage with health and safety procedures to fulfil their own duties under the law. To enact these principles and fulfill our legal obligations, the Trust has established a clear structure of roles and responsibilities.

3. Roles and Responsibilities

3.1 The Trust Board

- Ensure that arrangements in place across all academies are sufficient to meet statutory responsibilities and that policies, plans, procedures, and systems are properly and effectively implemented.
- Appoint a member of the Operations Group (Trish Martin, Estates and H&S Director) to be responsible for maintaining overall oversight of the effectiveness of the allergy safety and medical needs framework, reviewing the trust-wide approach at least annually, taking account of incident and near miss reports as well as relevant feedback. They will report into a Trustee with a dedicated remit including Allergy Safety.
- Recognise that children and young people with medical conditions are entitled to a full education and have the same rights of admission to school as other children. No child can be denied admission or prevented from taking up a place because arrangements for their medical condition or allergy have not yet been made.
- Ensure that the appropriate insurance policy is in place to provide liability cover relating to the administration of medication.

3.2 The Principal

The Trust delegates day-to-day implementation of this policy to the Principal, who will ensure that:

- Pupils with medical needs and allergies are able to participate fully within daily school life and engage with the complete educational offer.
- Any reward scheme relating to school attendance does not unfairly penalise pupils with medical absences
- A link to this policy is included on the school website, together with details of the school Allergy Safety Lead recorded on the Local Safeguarding Arrangements Appendix A.
- Delivery of the policy is effectively managed at the school level, ensuring all individuals are fully aware of their specific roles and responsibilities.
- The school actively promotes an “allergy aware environment” both on site and on off site activities.
- Risks relating to pupils with medical conditions and allergies are actively identified, risk-assessed, and managed.
- A suitably competent **Allergy Safety Lead** (and/or named individual responsible for medical conditions and allergies) is nominated from the senior staff team, adequately supported, and given time to fulfill their responsibilities.
- Staff training is sufficient, monitored, and regularly reviewed to ensure staff are competent and confident in fulfilling the requirements of IHPs, recognising anaphylaxis, and administering emergency medication.

- Sufficient staff and contingency/emergency plans are available to deliver the care detailed in all active IHPs.
- There are no unnecessary safeguarding or health risks to the wider school community e.g. in the case of infectious diseases, the school is not required to allow attendance of a child if it is detrimental to the health of the child or others at that point in time.
- Anaphylactic practice drills take place at least annually but based on a risk assessment, which may increase this frequency.

3.3 The Allergy Safety Lead

The nominated school Allergy Safety Lead is responsible for:

- Implementing this policy and supporting processes on a day-to-day basis.
- Promoting and maintaining allergy awareness across the school community.
- Ensuring all pupil allergy and medical information is up to date, recorded accurately on Arbor, and readily available to relevant members of staff.
- Ensuring that every pupil who requires support with allergies or long-term conditions has an up-to-date Individual Healthcare Plan (IHP) and medical allergy action plan.
- Ensuring and verifying that all staff receive, as a minimum, annual allergy awareness and medical training. Frequency will be determined on a risk basis.
- Developing, reviewing, and executing protocols for the safe storage, inventory tracking, and disposal of adrenaline autoinjectors (AAI's).
- Ensuring the school evacuation plan identifies a process for taking key medicines, inhalers and AAI's belonging to individuals and school spares when evacuation of the building is required.
- Ensuring that residential trips and off site visits are appropriately planned, risk assessed and resourced in respect of managing allergies and medical conditions
- Ensuring that the school maintains an inventory of spare adrenaline auto-injectors (AAIs), checking them on a monthly basis to ensure they are present and in-date, and arranging timely replacements.
- Ensuring that printed copies of the allergy register, complete with pupil photographs, are displayed securely in the school kitchen and updated immediately when changes occur.
- Identifying activities that require a specific allergy risk assessment and assisting staff in drafting them.
- Recording and reporting serious incidents and near misses via the Trust's accident, incident, and near miss process, and leading the subsequent lessons-learned reviews with staff.
- Liaising directly with parents/carers to ensure necessary medications and devices are present in school.

3.4 Teaching and Support Staff

- Attend mandatory at least annual allergy awareness and medical conditions training.
- Maintain familiarity with the school's allergy safety policy, medical procedures, and emergency response plans.

- Know how to recognise the signs of a mild or severe allergic reaction (anaphylaxis) or a medical emergency, and respond immediately.
- Be fully aware of the specific pupils with allergies and medical conditions under their direct care and implement risk-reduction measures to prevent exposure to known allergens or triggers.
- Promote sensitivity, inclusion, and allergy awareness among pupils, actively encouraging peers to think and act thoughtfully toward students with medical needs.
- Report any allergic reaction, case of anaphylaxis, or medical emergency immediately to the Allergy Safety Lead and the Principal.
- *Note:* Any member of school staff may be asked to provide support to pupils with medical conditions, including the administration of medicines, although they cannot be required to do so.

3.5 Parents and Carers

- Notify the school immediately upon admission, or at the point of a new diagnosis, of their child's medical needs, allergies, dietary requirements, and history of anaphylaxis or reactions.
- Actively participate in the development, implementation, and annual review of their child's IHP.
- Provide the school with two in-date adrenaline auto-injectors (if prescribed), alongside any other required, in-date medications (e.g., inhalers, antihistamines) in their original, clearly labelled packaging.
- Replace expiring or used medications and devices proactively when notified by the school or when expiry is imminent.
- Follow all school guidance regarding food brought into the school environment for packed lunches or shared classroom events.
- Inform the school immediately in writing of any updates or changes to their child's condition, treatment plans, or emergency contact details. Ensure they or an alternative designated contact are reachable at all times.

3.6 Pupils

- **Pupils with allergies/medical conditions (age-appropriate):** Maintain an awareness of their own allergens, medical triggers, and the risks they pose; carry their adrenaline devices or emergency medicine on their person where agreed; understand how and when to use them; and report any symptoms to a staff member immediately.
- **Pupils without allergies/medical conditions:** Act sensitively and considerately toward their peers, maintaining an awareness of allergens and medical needs and the importance of preventing cross-contamination or distress.

4. Identifying Individuals at Risk and Information Management

4.1 Identification Processes

- **Pupils:** For all new starters, and annually for all returning students, parents/carers must complete a standardised medical and allergy information form. Where a child receives a new diagnosis, or arrives mid-term without prior notice, this information must be collected and recorded immediately.
- **Staff and Visitors:** New staff members must provide details of any severe allergies or medical conditions in advance of their start date. The school should agree with the staff member an appropriate risk assessment which is to be signed off by themselves and the Principal. In the case of the Principal having a risk assessment, this will be signed off by the relevant Regional Director.
- Visitors will be asked, where possible, to state any severe allergies or medical needs prior to arriving on site. Signage is to be provided at the sign in entrance requesting visitors to alert staff to any allergies.

4.2 Systems and Data Protection

- All pupil and staff medical and allergy data is recorded centrally on **Arbor** for pupils and on Personnel files for staff
- Information regarding an individual's health constitutes special category data under UK GDPR and is handled strictly in line with the Trust's Data Protection Policy.
- A hardcopy register of pupils with known allergies—including detailed risk factors, prescribed AD types/doses, parental emergency administration consent status, and a current photograph of each pupil—must be maintained by the Allergy Safety Lead.
- **Kitchen Integration:** Up-to-date printed copies of this photo-allergy register must be displayed clearly and securely inside the school kitchen to enable catering staff to conduct visual checks before food service.

5. Individual Healthcare Plans (IHCP / IHP)

5.1 Criteria and Development

An IHP must be put in place for any pupil who has ongoing, long-term, or continual medical needs or allergies. The plan forms an agreement between the school and parents/carers, with input sought from external healthcare professionals or clinicians where necessary. If a pupil has SEN but does not have a formal EHCP, this status must be highlighted within their medical IHP. A template IHP is provided here.

5.2 Mandatory IHP Content

Every IHP must be documented using the school's standard template and contain:

- Full details of the medical condition or allergy, including clear clinical definitions.

- Known symptoms, warning signs, and specific triggers (e.g., particular foods, environmental factors, or exercise).
- Clear requirements for adjustments: necessary medications, dosages, storage requirements, specialised equipment, or physical accessibility adaptations.
- Explicit written parental consent for staff to administer emergency medicines, including adrenaline for anaphylaxis or a reliever inhaler in the event of an asthma attack.
- Defined impact on educational, social, and emotional development, outlining flexible adjustments such as managing medical absences/lateness.,
- The exact level of support required, establishing whether the pupil is competent to self-manage and self-administer medication, or defining which trained staff members will assist them.
- Complete staff training details, identifying who will deliver care and when their competency certifications expire.
- Specific risk assessment details and procedural frameworks required for extra-curricular activities, food tech lessons, and school trips.
- Confidentiality controls, outlining exactly who is entrusted with the pupil's medical data.
- A clear emergency protocol detailing what constitutes a medical emergency for that specific pupil, alongside contingency arrangements and step-by-step instructions.

5.3 Review and Transition

IHPs must be reviewed at least annually, or more frequently if a pupil's medical requirements change or an incident occurs. When a pupil transfers to a new school or college, the active IHP is shared securely with the receiving institution as a core component of the transition process.

6. Risk Assessment, Catering, and School Trips

6.1 Mandatory Risk Assessments

The school will conduct a formal, documented risk assessment for any pupil at risk of anaphylaxis or a severe medical episode prior to their participation in:

- Food preparation, cooking or baking activities
- Science experiments involving food products or chemicals.
- Art and crafts utilising food packaging or organic materials.
- Activities involving live animals, animal handling experiences, or instances where dogs are visiting the school premises.
- Off-site educational visits, residential stays, and school trips.

6.2 Catering Controls

- The school ensures the provision of safe food options that satisfy the verified dietary and allergy needs of all pupils.

- Where the school employs a third party caterer, those caterers must adhere to TEFAT policies, maintain daily pre-service allergen briefings, and manage cross-contamination risks at self-service/salad bar areas.
- All catering staff must receive specialist allergy and hygiene training to ensure complete compliance with food safety regulations, cross-contamination controls, and visual pupil identification protocols.
- Menus must be made available to parents/carers and pupils in advance, with all ingredients and the "top 14" allergens explicitly and clearly labelled on all food products in compliance with legal standards outlined by the Food Standards Agency (FSA).
- The rules apply to all food provided, not simply traditional lunch services. Any foods packed on site prior to service (such as grab-and-go items, packed lunches prepared for trips, and wraparound care snacks) must display full ingredient lists with the 14 major allergens highlighted in bold. All food controls must cover all food served, including breakfast/after-school clubs, PTA events, and classroom food crafts or cooking lessons.
- Catering staff must remain available to meet with parents/carers to discuss individual dietary plans.
- General school staff must be trained to read food labels accurately for hidden allergens whenever food is utilised or provided within classrooms.

6.3 Off-Site Visits and School Trips

- No pupil with a medical condition or allergy will be excluded from participating in any school trip or extra-curricular activity unless a clinician or healthcare professional formally advises against it for overriding health and safety reasons.
- All staff members accompanying a trip must be fully aware of participating pupils' medical needs and allergies, carry copies of relevant IHPs/emergency plans, and hold up-to-date training certifications for managing those conditions and administering required emergency medications.
- A joint risk assessment must be completed in conjunction with parents prior to departure.
- Pupils at risk of anaphylaxis must have their two prescribed ADs present on the trip. Staff must ensure that spare school emergency devices are integrated into the trip kit in line with off-site emergency procedures (this is in addition to the required two devices on school site at all times).

7. Medication and Adrenaline Autoinjectors (AAI's)

7.1 Administration of Medication

- **Written Consent:** The school will never administer prescribed or non-prescribed medication during the school day without explicit, written parental consent. For ongoing, long-term prescribed medications detailed in an IHP, written authorisation must also be secured from the school staff involved and the Trust's Head of Legal and Governance .
- **Packaging and Labelling:** All medications must be delivered to the school in their original packaging, in-date, and clearly labelled with the manufacturer's guidelines, the

pupil's name, precise dosage instructions, and administration frequencies. Staff should not administer unlabelled or altered medications.

- **Non-Prescription Medicines:** Over-the-counter medications (e.g. Calpol) will only be administered under explicit circumstances defined in the individual school's local procedures, requiring original packaging and written parental consent for each instance or defined period.

7.2 Storage and Self-Management

- **Secure Storage:** General medications must be stored in a secure, controlled area accessible only to authorised, named staff members, with a log maintained documenting every instance of access and administration. Pupils must be informed exactly where their medication is located.
- **Classroom AAI Storage:** Prescribed AAI's, alongside the pupil's IHP/action plan, must be held directly by the class teacher within the classroom. They must be clearly labelled and kept out of reach of children but completely unlocked and instantly accessible to staff. When off-site, they must be held continuously by the designated responsible adult.
- **Self-Administration:** Where agreed by all parties within the IHP, competent pupils will be encouraged to carry and manage their own medication or adrenaline devices. For pupils requiring staff assistance, trained backup staff must always be present on site.
- **Refusal of Medication:** If a child refuses to take prescribed medication or follow their IHP, staff must not use force. The alternative strategy outlined in their IHP must be initiated immediately, and parents/carers notified.

7.3 Emergency Spare Adrenaline Autoinjectors (AAI's) and Inhalers

The school must maintain spare, non-student-specific emergency AAI's and asthma reliever inhalers.

- **Sourcing and Oversight:** The Allergy Safety Lead is responsible for sourcing spare devices and managing their upkeep. At least two designated staff members must be named locally to execute monthly checks verifying that spare devices are present, stored correctly, and in-date, arranging replacements proactively.
- **Storage Protocol:** Spare AAI's must be stored in pairs (in case a second injection is required) within a central, unlocked location that is strictly accessible to staff only. They must be kept separate from individual student-prescribed AAI's, clearly labelled as school spares to prevent confusion, maintained at room temperature, and stored and positioned so they can be retrieved and administered within 5 minutes from anywhere on the school site (including playing fields).
- **Emergency Use Criteria:** A spare school emergency AAI will only be deployed if:

1. The pupil has a known history of allergy but does not have a prescribed AAI on site.
2. The pupil's own prescribed AAI is unavailable, empty, or misfires.

- **Consent Framework:** The school will seek advance emergency consent from parents/carers. However, in an immediate, life-threatening emergency, anyone may take reasonable, immediate action to administer a spare AAI to save a life without checking for prior consent, ensuring that fatal treatment delays are eliminated.

- **Disposal:** ADs are single-use devices. Once deployed, the device must be disposed of immediately and safely in strict accordance with the manufacturer's medical sharps instructions.

8. Managing a General Medical Emergency

- **Immediate Notification:** The individual witnessing the emergency must immediately notify the nearest staff member. Pupils are trained to report symptoms or peer distress to a teacher instantly.
- **Protocol Activation:** Staff must immediately activate the specific emergency steps detailed in the pupil's IHP or follow standard first aid and anaphylaxis response procedures.
- **Emergency Services:** If emergency services are required, a designated staff member will call 999, provide clear location data, and outline the exact medical symptoms or allergen exposure details.
- **Hospital Escort:** If a pupil must be blue-lighted to the hospital via ambulance, a member of school staff will accompany them and remain continuously by their side until their parents or registered carers arrive on site.

8.1 Serious Incident and Near Miss Management

- **Incident Logging:** Every incident or near miss relating to an allergy or medical event must be reported by telephone to the Estates and H&S Director on the same day and be documented in writing via the Trust's accident, incident and near miss google form reporting process as soon as possible. The record must explicitly detail:
  - Who was affected (pupil, staff member, or visitor).
  - What occurred, alongside exact timestamps and specific location details.
  - The root cause of the incident or system failure (as far as can be established).
  - The precise staff/pupil response and immediate medical interventions applied.
  - Whether emergency services were summoned and details of clinical attendance.
  - How the situation concluded and the immediate recovery status of the individual.
- **No-Blame Culture:** All reviews are approached in a constructive, "no-blame" spirit focused entirely on safeguarding optimisation, identifying systemic updates, and preventing reoccurrence.
- **Reporting Timelines and Protocols:**
  - *Parents/Carers:* Must be notified as soon as possible on the day of the event
  - *Report Sharing:* The finalised incident report will be shared directly with the parents/carers who are invited to contribute their views to the lessons-learned review.
  - *Internal Escalation:* Staff must share the report immediately with the designated leader responsible for medical conditions and the Allergy Safety Lead to assess whether immediate updates are required for the school's layout, catering controls, or individual IHPs.
  - *HSE / RIDDOR:* Incidents arising directly out of a school work activity (e.g. a member of staff preparing food incorrectly and providing a verified allergen to a pupil) that results in death or immediate hospital treatment must be formally reported by the Trust to the Health and Safety Executive (HSE) via RIDDOR procedures.

○ *Local Authority:* If the school operates as a registered food business, any allergen-related food safety incident must be reported directly to the local environmental health authority.
○ *Clinical Notification:* If the incident involved a failure or discrepancy in a care plan issued by a medical professional, the relevant external clinician will be notified.
● **Delayed Reactions:** Staff must recognise that allergen exposure impacts can sometimes be delayed and manifest after the pupil has returned home. Families or healthcare professionals are encouraged to report these delayed events to the school immediately to prompt a formal internal review.

9. Allergy Awareness Training

9.1 Staff Training and Simulated Drills

● **Annual Mandate:** All school based staff members must complete comprehensive allergy awareness and anaphylaxis training at least annually, via Flick. Frequency should be determined on a risk basis. Key staff (the Allergy Lead and staff who have a child using an AAI in their class) should also complete High Speed Training annually.
● **Induction:** New starters must complete this training as a core element of their mandatory induction prior to undertaking teaching or supervisory duties.
● **Practical Resources:** The school must procure and maintain active "training pens" from EpiPen and Jext, ensuring staff can safely practice the physical mechanics of device deployment.
● **Simulated Emergency Drills:** The school will conduct a simulated anaphylaxis emergency drill at least **annually.** This live simulation tests staff communication channels, device retrieval speeds, and deployment confidence without putting any individual at risk. The operational results and response times will be recorded to refine this policy

Appendix A

Benedict's Law and what it means for you