Policy Name	**ALLERGY SAFETY POLICY**
Relevant To	**Federation ☒** **Bidwell Brook Only ☐** **Ellen Tinkham Only ☐**
Type of Policy	**Model ☐** **School ☒**
Name of Policy Holder	**NIKKI BURROUGHS**
Subject/Department	
Approved By	**Full Governing Body ☐** **CBT Governors ☐** **T&L Governors ☒** **SLT ☐**
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1. Purpose

This policy outlines how the Federation identifies, prevents, manages, and responds to allergies and related medical conditions, including asthma, food allergies, hay fever, and skin allergies.

It recognises the increased vulnerability of pupils with Severe Learning Difficulties (SLD) and Profound and Multiple Learning Difficulties (PMLD), who may be unable to recognise, communicate, or respond to symptoms independently.

The Federation adopts a proactive, whole-school, risk-managed approach to ensure that all pupils are safe, well supported, and able to participate fully in all aspects of school life.

2. Related Policies and Procedures

This policy should be read alongside the following Federation policies, procedures and guidance documents:

- Supporting Pupils with Medical Conditions Policy
- Administration of Medication Policy
- Educational Visits Policy
- Safeguarding and Child Protection Policy
- Health and Safety Policy
- Educational Visits (Evolve) Procedures
- Catering and Food Safety Procedures

These documents provide additional operational guidance relating to the management of medical needs, medication, emergency response, educational visits, risk management and safeguarding arrangements.

3. Policy Aims

- To ensure a safe and inclusive environment for pupils with allergies and asthma
- To implement robust risk management systems that minimise exposure and harm
- To ensure staff are trained, confident and responsive
- To establish clear emergency response procedures
- To embed strong governance, monitoring and continuous improvement

4. Legal Framework

This policy should be read alongside and implemented in accordance with relevant legislation and statutory guidance, including:

1. Children and Families Act 2014
2. Equality Act 2010
3. Special Educational Needs and Disability (SEND) Code of Practice
4. Health and Safety at Work etc. Act 1974
5. The Management of Health and Safety at Work Regulations 1999
6. Supporting Children and Young People with Medical Conditions and Allergy: Statutory Guidance for Schools in England (2026)

7. Relevant food safety and allergen legislation

The federation recognises its legal duty to make appropriate arrangements for supporting pupils with medical conditions and allergies, ensuring that they can access education safely and participate fully in all aspects of school life

5. Roles and Responsibilities

The Federation recognises that effective allergy management requires a whole-school approach, with clearly defined roles and responsibilities for governors, school leaders, staff, parents/carers, and external professionals. While the Federation is committed to minimising risks, it acknowledges that it cannot guarantee an allergen-free environment. Therefore, appropriate risk-reduction measures are implemented and tailored to individual needs through comprehensive risk assessments.

The Governing Board is responsible for ensuring that appropriate policies, procedures, resources and monitoring arrangements are in place to support pupils with allergies and medical conditions.

The Executive Headteacher is responsible for the implementation of this policy, ensuring that systems, staffing, training and resources are sufficient to meet the needs of pupils safely and effectively.

The Nursing Assistants, School Nurses and other relevant leaders are responsible for coordinating healthcare arrangements, maintaining medical records, supporting staff and ensuring that Individual Healthcare Plans (IHPs) are implemented consistently.

All staff are responsible for understanding their duties under this policy, following Individual Healthcare Plans, completing required training and responding appropriately to emergency situations.

Parents and carers are responsible for providing accurate and up-to-date information about their child's medical needs, supplying prescribed medication and informing the school promptly of any changes in diagnosis, treatment or emergency contacts

Temporary, Supply and Agency Staff the federation recognises that temporary members of staff may not be familiar with pupils' medical needs and therefore appropriate arrangements must be in place to ensure they can work safely and effectively.

Before commencing duties:

- Supply, agency and temporary staff will receive an appropriate medical briefing.
- Staff will be informed of:
    - Pupils with life-threatening allergies and asthma.
    - Emergency procedures.
    - The location of emergency medication and spare emergency medication.
    - Relevant Individual Healthcare Plans (IHPs).
- The responsible class teacher or senior leader will ensure this information is provided before staff assume responsibility for pupils.

- Staff will be informed of how to summon assistance and access emergency support in the event of a medical emergency.
- Records of briefings will be maintained where appropriate.

6. Identification of Pupils with Allergies and Medical Conditions

The federation is committed to the early identification, assessment and effective management of pupils with allergies and other medical needs. Information is gathered through admission procedures, detailed medical information provided by parents/carers, ongoing communication with families and healthcare professionals and regular reviews of medical records to identify any emerging or changing needs.

Robust identification and review processes are implemented on entry to the school and at key transition and review points, including transitions at ages 3, 5, 11, 16 and 19, annual Education, Health and Care Plan (EHCP) reviews, and following any hospital admission or discharge.

For each pupil with a diagnosed medical condition, the federation obtains and records relevant information, including the clinical diagnosis, known triggers, recent test results where available, prescribed medication, dosage requirements, medication expiry dates and emergency contact details.

For pupils who are non-verbal or have limited communication skills, communication passports and behaviour or response profiles are attached to the Individual Healthcare Plan (IHP) to support staff in recognising symptoms, distress and emergency situations.

All pupils with identified allergies or medical conditions are recorded on a central medical register that is accessible to relevant staff. Where appropriate, records are supported by photographs, symbols or communication profiles to aid identification and understanding.

Information is shared appropriately with staff who have responsibility for the pupil, ensuring that medical needs, risks and required control measures are consistently understood and effectively managed across all federation settings

Recognising Atypical Presentations

The Federation recognises that some pupils, particularly those with SLD, PMLD, autism or complex communication needs, may not present with typical signs of an allergic reaction or asthma exacerbation and may be unable to communicate symptoms verbally. Staff must be familiar with each pupil's Individual Healthcare Plan (IHP), communication passport and behaviour profile and remain vigilant to changes from the pupil's usual presentation. Possible atypical presentations may include:

- Sudden distress
- Changes in facial expression
- Increased vocalisation
- Self-injurious behaviour
- Flushing
- Sudden lethargy
- Withdrawal

- Refusal behaviours
- Changes in breathing pattern
- Behaviour that differs significantly from the pupil's baseline presentation

Any unexplained change in presentation should be treated seriously and staff should follow the pupil's Individual Healthcare Plan and seek medical advice or emergency assistance where appropriate.

7. Risk Management Approach

The federation adopts a proactive, systematic and whole-school approach to risk management to ensure that allergy, medical and environmental risks are identified, assessed and effectively controlled.

Individual and site-specific risk assessments are undertaken, with allergy and medical risks incorporated into the federation's risk management processes and whole-school risk register. Risk assessments consider a broad range of potential triggers, including food allergens, pollen and other environmental allergens, skin allergens such as creams, wipes and materials, as well as cleaning products, therapeutic resources and sensory materials.

The federation is committed to minimising the risk of allergen exposure through effective catering, procurement and food management procedures. Catering providers and relevant staff maintain accurate and up-to-date allergen information for all food and drink provided within the school.

Risk assessments are completed for cooking activities, food technology lessons, celebrations and any curriculum activity involving food. Where necessary, reasonable adjustments and alternative arrangements are implemented to enable pupils with allergies to participate safely and fully in school activities.

Robust food safety and mealtime procedures are in place, including strict allergen controls during food preparation and service, clear communication of allergen information, measures to prevent cross-contamination and appropriate supervision of eating and drinking, particularly for pupils who require additional support. The federation also ensures the safe use of products during personal care routines and remains vigilant to potential allergens within therapeutic, sensory and learning environments.

For all educational visits, residential experiences and off-site activities, an Evolve risk assessment will be completed and will include details of pupils' medical needs, allergies, asthma, known triggers, control measures and emergency arrangements. Visit leaders must ensure that relevant Individual Healthcare Plans (IHPs) are reviewed and shared with staff prior to the visit, that all required medication is available, in date and readily accessible, and that staff understand their responsibilities in relation to supporting pupils' medical needs. Where appropriate, information regarding allergies, asthma and emergency procedures will be shared with venues, activity providers, transport providers and residential settings to ensure suitable arrangements are in place. Appropriate emergency contact arrangements must also be confirmed before the visit takes place.

Following any allergy- or asthma-related incident during an educational visit or off-site activity, the incident will be recorded, reviewed and used to inform future planning, risk assessments and Individual Healthcare Plans.

8. Individual Healthcare Plans (IHPs)

The federation ensures that all pupils who require support for allergies and/or asthma have an Individual Healthcare Plan (IHP) in place.

Each IHP clearly identifies the pupil's known triggers, symptoms and associated risks, including any atypical presentations, and incorporates clinically informed allergy and asthma action plans where appropriate. The plan outlines specific control measures, reasonable adjustments and strategies to reduce risk, while also providing clear, step-by-step emergency procedures. In addition, each IHP details the medication required, including arrangements for its storage, accessibility and administration.

IHPs are developed collaboratively with parents/carers and, where appropriate, relevant healthcare professionals to ensure that they accurately reflect the pupil's needs. They are reviewed at least annually, or sooner following any significant change in condition or related incident and are made readily accessible to all relevant staff to ensure they are consistently implemented and embedded within daily practice.

9. Medication and Emergency Response

The federation is committed to ensuring that medication for pupils with allergies and asthma is stored, managed and administered safely and effectively. This includes maintaining access to pupils' prescribed medication, such as inhalers, antihistamines and adrenaline auto-injectors (AAIs), as well as holding spare emergency medication on site in accordance with statutory guidance and best practice.

The federation will maintain appropriately located spare adrenaline auto-injectors (AAIs) on each site in accordance with statutory requirements and national guidance. Emergency medication will be clearly labelled, readily accessible and never stored in a manner that could delay emergency treatment. Systems are in place to monitor expiry dates, arrange timely replacement of medication and ensure that pupils prescribed AAIs have immediate access to the required number of devices, including during educational visits and off-site activities

The Federation will also maintain emergency salbutamol inhaler kits on each site in accordance with national guidance. These inhalers will be securely stored in clearly identified, readily accessible locations and will only be used for pupils who have a diagnosed asthma condition and parental consent in line with statutory requirements. Emergency inhaler kits will be available for use during school activities, educational visits and off-site provision where appropriate.

Robust systems are in place to ensure that required medication is readily accessible at all times and accompanies pupils during all educational activities, including off-site visits and residential experiences. Regular checks will be undertaken to ensure that emergency medication remains within its expiry date and that records of usage, replenishment and replacement are maintained.

Staff responsible for supporting pupils with asthma and allergies will receive appropriate training in the recognition of symptoms, the administration of prescribed inhalers, adrenaline auto-injectors and the use of emergency salbutamol inhalers. Training records will be maintained and reviewed as part of the Federation's quality assurance processes to ensure staff remain competent and confident in responding to medical emergencies

The federation also maintains clear emergency response procedures to ensure a rapid and effective response to allergic reactions and asthma attacks. All staff receive appropriate training to recognise the signs and symptoms of an allergic reaction or asthma attack, including non-verbal and atypical indicators and are expected to follow the pupil's Individual Healthcare Plan (IHP) without delay.

Emergency sequence:

1. Recognise symptoms.
2. Administer AAI immediately if indicated.
3. Call 999 (automatic alert to Reception who will inform SLT)
4. Contact parents.
5. Second AAI after 5 minutes if symptoms persist and available.
6. Record and review incident

Staff are trained to administer emergency medication safely and promptly and to contact emergency services immediately whenever this is required to protect the health and wellbeing of the pupil.

The federation will ensure that relevant information regarding a pupil's allergy or medical condition is shared appropriately with those who need to know in order to safeguard the pupil's health and wellbeing.

The federation will ensure that temporary, supply and agency and staff are familiar with relevant emergency procedures and know how to access emergency medication before assuming responsibility for pupils. Appropriate briefing arrangements will be in place to ensure staff understand the medical needs of pupils in their care, the location of emergency medication and the actions required in the event of an allergic reaction or asthma-related emergency.

This may include teachers, support staff, supply staff, agency staff, therapists, catering providers, transport providers, residential staff, volunteers and educational visit leaders. Information sharing will be undertaken in accordance with data protection requirements while ensuring that staff have sufficient information to respond safely and effectively in both routine and emergency situations

The federation recognises that certain practices place pupils at unnecessary risk and are therefore unacceptable.

The federation will not:

- Prevent a pupil from accessing prescribed medication when required.
- Require parents or carers to attend school to administer emergency medication.
- Exclude a pupil from activities solely because of their allergy or asthma without a suitable risk assessment and consideration of reasonable adjustments.

- Ignore, deviate from or fail to implement an Individual Healthcare Plan.
- Send pupils home unnecessarily because of their medical condition.
- Delay the administration of emergency medication or contacting emergency services when an emergency response is required

10. Staff Training and Competency

The Federation provides a comprehensive mandatory training programme to ensure that all staff are confident, competent, and well equipped to support pupils with allergies and asthma.

Training includes allergy awareness, asthma management, the recognition of symptoms and warning signs, including atypical presentations, and appropriate emergency response procedures. Staff are also trained in the safe and effective administration of adrenaline auto-injectors and other emergency medications, with a strong emphasis on applying this knowledge effectively within everyday school routines, educational activities, and off-site visits.

All staff receive training as part of their induction, and refresher training is provided at least annually to ensure that knowledge and skills remain up to date.

The Federation regularly monitors and evaluates the quality, effectiveness, and impact of training to ensure that staff maintain the competence required to safeguard pupils and respond promptly, confidently, and appropriately to medical emergencies.

Where necessary to preserve life or prevent serious harm, staff may administer emergency medication without prior parental consent.

11. Incident Management and Continuous Improvement

The federation operates a robust incident management system that supports both pupil safety and continuous improvement in practice.

All allergy- and asthma-related incidents, as well as near misses, are recorded accurately and promptly and reviewed by senior leaders to identify contributing factors, root causes and any wider risks within systems or procedures.

The findings from these reviews are used to inform improvements to Individual Healthcare Plans (IHPs), risk assessments, staff training and operational procedures, ensuring that lessons learned are embedded into everyday practice.

Where a serious incident occurs, an immediate review is undertaken, appropriate action is implemented without delay and communication is maintained with parents/carers and relevant professionals.

Serious incidents may also be reported to governors where appropriate to support oversight and accountability. Through this approach, the federation promotes a culture of vigilance, learning, accountability and continuous improvement, ensuring that arrangements for supporting pupils with allergies and asthma remain effective, responsive and centred on pupil wellbeing.

12. Benchmarking and Improvement Planning

The federation is committed to continuous improvement and will regularly benchmark its practice against current statutory requirements, national guidance and emerging best practice relating to the management of allergies, asthma and medical needs.

This process includes reviewing compliance with policy requirements, auditing the effectiveness and consistency of implementation across all settings, and identifying any gaps, areas for development or inconsistencies in practice.

Where improvements are required, the federation will develop and implement a formal improvement plan that sets out clear actions, priorities and intended outcomes. The plan will include named responsibilities, realistic timescales, measurable success criteria, and arrangements for ongoing monitoring and evaluation.

Progress against improvement plans will be regularly reviewed and reported to governors to ensure accountability, oversight and the continued enhancement of provision for all pupils

13. Evidence of Effectiveness and Governance Oversight

The federation maintains comprehensive records and evidence to demonstrate the effective implementation of this policy and to ensure that arrangements for supporting pupils with allergies, asthma and other medical needs remain robust and compliant.

This evidence includes up-to-date medical registers, Individual Healthcare Plans (IHPs), staff training records, competency assessments, incident and near-miss logs, records of follow-up actions, and relevant risk assessments and review documentation.

These records are used to monitor the effectiveness of procedures, identify areas for development and provide assurance that pupils' medical needs are being managed safely and consistently.

Governors receive regular reports and updates to enable them to fulfil their strategic oversight responsibilities and gain assurance that systems and processes are operating effectively, risks are being appropriately identified and managed and a culture of continuous improvement is embedded across the federation.

Through effective governance and monitoring, the federation seeks to ensure the highest standards of safety, inclusion and support for all pupils with medical needs.

14. Inclusion

The federation is committed to fostering an inclusive environment in which pupils with allergies and asthma are able to participate fully, confidently and safely in all aspects of school life.

Reasonable adjustments and appropriate support will be provided to minimise risks while enabling pupils to access educational, social, recreational and enrichment opportunities alongside their peers.

The federation will work collaboratively with pupils, families and relevant professionals to ensure that medical needs are understood and effectively managed, preventing unnecessary barriers to participation. Pupils with allergies and asthma will be treated with dignity, respect and understanding at all times, and every effort will be made to ensure that they are not excluded, disadvantaged or discriminated against as a result of their medical condition.

Through a proactive and person-centred approach, the federation seeks to promote equality, wellbeing, independence and a strong sense of belonging for all pupils

15. Monitoring and Review

The federation is committed to ensuring that this policy remains effective, relevant and aligned with current legislation, statutory guidance and best practice.

The policy will be formally reviewed on an annual basis and updated as required to reflect changes in legal requirements, national guidance, organisational practice or lessons learned from incidents and reviews. In addition, the policy may be reviewed at any time following a significant incident or the identification of emerging risks to ensure that appropriate improvements are implemented promptly.

Compliance with the policy and its effectiveness in practice will be monitored through the federation's safeguarding arrangements, health and safety processes, quality assurance activities and governor oversight.

This ongoing monitoring supports accountability, promotes continuous improvement and helps ensure that pupils with allergies, asthma and other medical needs receive safe, effective and inclusive support across all federation settings.

This policy will be published on the federation website and made available to parents, carers, staff, governors and relevant professionals. A review will be undertaken at least annually and sooner where required following significant incidents, legislative change or revised national guidance

16. Appendix


Suspected Anaphylaxis Procedure
FEDERATIONWIDE PROCEDURE
Learn to Live Federation
Everyone will be the best they can be
Everyone has a voice
No one is excluded
Anaphylaxis is a severe and potentially life-threatening allergic reaction.
This procedure must be followed if anaphylaxis is suspected.
1
Stay with the pupil and call for assistance.
2
If anaphylaxis is suspected, administer the pupil's AAI immediately.
3
Note the time administered.
4
999
Call 999 and state:
"Anaphylaxis"
Child has received adrenaline
School address and access arrangements.
5
Lay pupil flat unless breathing difficulties require sitting up.
6
Do not allow the pupil to stand or walk.
7
Send a trained member of staff to retrieve spare AAI if required.
8
5 mins
If symptoms do not improve after 5 minutes, administer second AAI if available.
9
Monitor airway, breathing and circulation continuously.
10
Contact parents/carers.
11
Ensure pupil travels to hospital even if symptoms improve.
12
CPOMS
Complete incident report on CPOMS and review.
KEY REMINDERS
Act quickly – anaphylaxis can be life-threatening.
Always use the pupil's prescribed AAI.
Do not delay calling 999.
Do not allow the pupil to stand or walk.
A second AAI can be given after 5 minutes if symptoms persist.
Always send the pupil to hospital, even if they appear to recover.
AFTER THE INCIDENT
Contact parents/carers.
Complete an incident report on CPOMS.
Review the incident, including triggers, response times and any learning points.
Ensure care plans are updated if required.
Share learning with relevant staff.
Learn to Live Federation

Asthma Emergency Flow Chart

FEDERATIONWIDE PROCEDURE

Learn to Live Federation

Everyone will be the best they can be
Everyone has a voice
No one is excluded

SUSPECTED ASTHMA ATTACK

Signs may include:

- Persistent coughing
- Wheezing
- Shortness of breath
- Tight chest
- Difficulty speaking
- Increased anxiety or distress
- Pale, clammy or exhausted appearance
- Changes in behaviour, engagement or communication for non-verbal pupils

FOR PUPILS WITH SLD/PMLD

Asthma symptoms may present as:

- Sudden distress
- Increased vocalisation
- Changes in facial expression
- Withdrawal
- Reduced engagement
- Increased fatigue
- Changes in colour
- Changes in breathing pattern
- Unusual behaviour from baseline presentation

If unsure, follow the pupil's Individual Healthcare Plan and seek urgent medical support.

1 INITIAL ACTION



- Stay with the pupil and remain calm.
- Sit the pupil upright.
- Loosen tight clothing if appropriate.
- Do not lay the pupil flat.
- Do not leave the pupil unattended.

2 GIVE RELIEVER INHALER



- Give 2 puffs of the pupil's reliever inhaler (usually blue salbutamol) using a spacer if available.
- Encourage slow, steady breaths.

3 IF SYMPTOMS PERSIST



- **Give 1 puff every 30–60 seconds.**
- Up to a maximum of **10 puffs.**
- Continue to reassure the pupil.

IMPROVING?

YES

- Continue to monitor.
- Inform parents/carers.
- Record the incident.
- Review support needs if required.

NO OR WORSENING

4 CALL 999 IMMEDIATELY IF:

999

- Symptoms are worsening.
- The pupil is struggling to breathe.
- The pupil is unable to complete sentences or communicate effectively.
- The pupil becomes exhausted.
- The pupil appears blue around lips or face.
- There is no improvement after 10 puffs.
- You are concerned at any point.

Tell the operator:
"A child is having an asthma attack."

5 WHILST WAITING FOR THE AMBULANCE



- Continue giving: **1 puff every 30–60 seconds. Up to 10 puffs.**
- Repeat every **10 minutes** if necessary.
- Monitor breathing continuously.
- Ensure emergency contacts are notified.

AFTER THE INCIDENT

- Inform parents/carers.
- Complete medical and incident records.
- Review Individual Healthcare Plan if required.
- Replenish medication if used.
- Undertake a post-incident review where appropriate.

Remember: If in doubt, call 999. It is safer to seek urgent medical advice than delay treatment.

Learn to Live Federation