SUPPORTING PUPILS WITH MEDICAL CONDITIONS AND ALLERGY SAFETY POLICY

'This policy will be implemented in a way which honours the vision that every FCJ school is a community of persons - students, staff, governors - bound together in mutual respect and ready to rely on each other in fulfilling their privileged task as educators in a Catholic school.'

Policy status

This policy incorporates the school's dedicated allergy safety policy and should be read alongside each pupil's Individual Health Care Plan and any attached clinical action plan.

Policy information	Details
Named senior leader responsible	Mr P Jones, Assistant Headteacher
Allergy safety lead	Mr P Jones, Assistant Headteacher; Mrs K Spiby, Director of Business
Approved by	Board of Governors
Review cycle	Annual, and following a serious allergy incident or near miss where review is indicated
Next review	September 2027

Contents

1. Aims and principles

This policy sets out how Upton Hall School FCJ supports pupils with medical conditions and how the school prevents, prepares for and responds to allergy-related risks. It aims to ensure that pupils are safe, included and able to participate fully in education, school visits, physical activity and wider school life.

The school will:

- make arrangements that support pupils with medical conditions, including allergy and asthma, in accordance with section 100 of the Children and Families Act 2014;
- take reasonable steps to reduce exposure to known allergens without creating a false guarantee that the school is allergen-free;
- maintain robust arrangements for recognising and responding to allergic reactions, anaphylaxis and acute asthma;
- ensure that relevant information, medicines and emergency devices can be accessed quickly;
- work in partnership with pupils, parents and healthcare professionals;
- support pupils' educational progress, dignity, emotional wellbeing and increasing independence.

> **Allergy-aware approach**
> The school is allergy-aware rather than "allergen-free" or "nut-free". No school can guarantee the complete absence of an allergen. The emphasis is on proportionate risk reduction, reliable information, inclusion and a rapid emergency response.

2. Legislation and statutory guidance

This policy has regard to:

- section 100 of the Children and Families Act 2014, as amended by section 34 of the Children's Wellbeing and Schools Act 2026;
- the Department for Education statutory guidance Supporting pupils at school with medical conditions;
- the Department for Education statutory guidance Allergy safety in schools, colleges and early years settings (July 2026);
- the Equality Act 2010, including the duty to make reasonable adjustments;

- the Human Medicines Regulations 2012, as amended in relation to emergency salbutamol inhalers and emergency adrenaline auto-injectors;
- the Food Information Regulations 2014, including requirements for information about the 14 regulated allergens and prepacked for direct sale food;
- the Requirements for School Food Regulations 2014 and relevant health and safety, data protection and incident-reporting requirements.

The governing body must make arrangements to support pupils with medical conditions and must have regard to the allergy safety guidance when fulfilling its duty to maintain an allergy safety policy. References in the 2026 guidance to proposed future regulations are not treated in this policy as duties already in force. The school has nevertheless adopted the recommended arrangements where they strengthen safety.

3. Roles and responsibilities

3.1 Board of Governors

- ensure appropriate arrangements are in place for pupils with medical conditions and allergy;
- ensure the policy is implemented, published, readily accessible and reviewed at least annually;
- ensure sufficient staff receive suitable training and that cover and contingency arrangements are robust;
- receive periodic information about serious incidents and near misses and assure itself that lessons are acted upon;
- ensure appropriate insurance and risk-management arrangements are in place.

3.2 Headmistress

- retain overall responsibility for implementation;
- ensure all staff understand their responsibilities and that sufficient trained staff are available throughout the school day and during activities;
- ensure systems obtain, record, share and update information about pupils' medical needs;
- ensure healthcare advice is sought where needed and staff do not make clinical judgements outside their competence;
- ensure supply, temporary and visiting staff receive the information they need.

3.3 Named senior leader and allergy safety lead

The Headmistress delegates operational leadership to Mr P Jones, Assistant Headteacher and Mrs K Spiby, Director of Business. They will:

- drive implementation of this policy and oversee the school-wide approach to allergy safety;
- coordinate with Heads of Year, reception, catering, educational visits and relevant pastoral staff;
- ensure allergy risks are reflected in the school risk register and reviewed actively;
- oversee training, emergency preparedness and any allergy safety drills;
- review serious incidents and near misses and report themes and actions to governors.

3.4 Heads of Year

- construct and review IHCPs for pupils in their year group, in partnership with the pupil and parents and with support from healthcare professionals where needed;
- ensure relevant Allergy Action Plans, Asthma Action Plans and other clinical plans are attached or clearly linked without rewriting clinical instructions;
- send parents a current copy of the plan each September as part of the annual review and initiate an earlier review when needs, medication or clinical advice change;
- ensure that agreed information is accessible to staff who need it, including through the school management information system (MIS);
- liaise with trip leaders, catering staff, reception and other colleagues when individual arrangements are required.

3.5 All staff

Supporting pupils with medical conditions is a shared responsibility. Staff will take account of the needs of pupils

they teach or supervise, follow this policy and relevant plans, reduce foreseeable risks and summon help promptly. Staff who undertake specific healthcare support will receive suitable training and achieve any competency required before doing so. In a life-threatening emergency, any person may take reasonable action in good faith to save life, including administering adrenaline for suspected anaphylaxis.

3.6 Parents

- tell the school promptly about any new or changed health condition, suspected allergy, trigger, medication, emergency-device prescription or clinical advice;
- provide accurate, current information, emergency contacts, consent and copies of clinical action plans;
- provide prescribed medicines and devices in date, labelled and in the original dispensed packaging where applicable;
- participate in developing and reviewing plans and carry out agreed actions, including replacing expired or used medication;
- ensure a pupil prescribed two adrenaline devices has access to both, including for travel to and from school.

3.7 Pupils

Pupils will be involved according to their age, understanding and competence. They should explain how their condition affects them, follow agreed safety measures, avoid sharing food or utensils, carry and use their own medicine or devices where agreed and report symptoms, exposures, bullying or concerns immediately.

3.8 Healthcare professionals and catering provider

Healthcare professionals advise on clinical need and may issue care or action plans. The school nursing service may support planning, training or access to appropriate clinical advice. The school's catering team must comply with food-information law, provide clear and accurate allergen information and maintain controls to reduce cross-contact.

4. Identification, notification and information sharing

The school actively seeks information about medical conditions and allergy on admission, transition and when circumstances change. Parents must inform the school in a timely manner so that safe arrangements can be established, particularly for emergencies. Where information suggests a newly emerging or suspected allergy, the school will not dismiss the concern because a diagnosis or specialist letter is not yet available. Interim arrangements will be based on the best available information and professional advice will be sought where support cannot be determined safely.

The school will aim to have arrangements in place by the start of the relevant term for new pupils and within two weeks of notification or a mid-year transfer where appropriate.

Known medical conditions and allergies are recorded on the MIS and are clearly accessible to authorised staff. The record will include known allergens, relevant medication, whether an IHCP and action plan are held and where emergency medication is located. Current photographs may be used in staff-only allergy records and in relevant food-handling or serving areas. Information will be shared on a need-to-know basis, balancing confidentiality and data protection with the need for staff to act safely and quickly.

Parents and pupils must be involved in decisions about routine sharing. In an emergency, relevant information may be shared to protect life and health. Supply teachers, cover staff, trip staff, regular volunteers and contractors with a pupil-facing role will receive proportionate information before supervising affected pupils.

5. Individual Health Care Plans and related plans

5.1 When an IHCP is required

An Individual Health Care Plan (IHCP) will be used where a medical condition or allergy has a functional impact in school, creates a risk of harm and requires arrangements additional to or different from those made generally. A formal diagnosis is not always necessary. Not every minor or well-controlled condition requires an IHCP; the decision will be made by the Headmistress or delegated senior leader after discussion with parents and relevant professionals.

A pupil should have one overarching IHCP encompassing the school's supportive arrangements across conditions.

Condition-specific documents, including the school's separate allergy and asthma records and clinical Allergy Action Plans or Asthma Action Plans, will be attached or clearly linked as annexes. They remain distinct source documents and clinical instructions will not be paraphrased in a way that could introduce error.

5.2 Development and review

Heads of Year construct and review IHCPs with the pupil and parents, supported by healthcare professionals where needed. Plans will be reviewed at least annually. Parents will be sent a copy each September as part of the review process. A review will take place sooner when needs change, medication or an action plan is updated, an incident or near miss identifies a weakness or the pupil moves phase or setting.

5.3 Content

An IHCP/allergy plan will be proportionate to need and may include:

- pupil details, photograph, emergency contacts and who needs access;
- the condition, known triggers or allergens, signs, symptoms and likely functional impact;
- medication, dose, storage, access, consent and self-management arrangements;
- specific educational, social, emotional and dietary support or reasonable adjustments;
- steps to reduce exposure to known allergens, including at mealtimes and in practical activities;
- staff roles, training, competence and cover arrangements;
- arrangements for trips, physical activity, examinations and periods of absence;
- emergency action, contacts and the location of prescribed and spare devices;
- the source and date of current clinical advice and attached action or care plans;
- review dates and version control.

5.4 Mental health and safety planning

Where the principal concern is complex or severe mental health need, the school may use a Mental Health Support Plan (MHSP). A separate safety plan may also be required where there is a significant and immediate risk, for example severe self-harm or previous suicide attempts. These plans should link to the pupil's wider support arrangements and safeguarding records. They do not replace an IHCP where a physical medical condition or healthcare procedure also requires one, and unnecessary duplication will be avoided.

IHCPs will be linked to an Education, Health and Care Plan where applicable and will identify relevant interactions with special educational needs or disability.

6. Equality, inclusion and wellbeing

The school will make reasonable adjustments and will not create unnecessary barriers to attendance, meals, lessons, examinations, clubs, sport, trips or other aspects of school life. Pupils will not be penalised for disability-related absence or required routinely to go home because of a condition unless this is clinically necessary or set out in their plan.

Allergy can cause anxiety and a sense of being different. Staff will provide reassurance about the controls and emergency arrangements in place, listen to pupil and parent concerns and seek pastoral or mental health support where needed. Pupils with allergy will not normally be segregated at mealtimes.

Bullying, threats or deliberate exposure involving a known allergen will be treated seriously under the behaviour and anti-bullying arrangements and may also constitute a safeguarding concern. This includes mocking dietary or medication needs, excluding a pupil because of allergy, threatening to force-feed an allergen or deliberately contaminating food or belongings.

7. Managing medicines

7.1 General arrangements

Prescription and non-prescription medicines will be administered when it would be detrimental to health or attendance not to do so and appropriate consent has been obtained, except where a medicine has been prescribed without parental knowledge. Staff may seek evidence that medicine has been prescribed. Pupils under 16 will not be given aspirin unless prescribed by a doctor.

Medicines supplied to school should be in date, labelled for the pupil and in the original dispensed container with instructions, except that insulin may be supplied in an in-date pen or pump. Medicines will be stored safely and pupils will know where they are. Time-critical medicines and devices, including inhalers and adrenaline devices, must be readily accessible and not locked away.

A record will be made when staff administer medicine. The maximum dose and timing of any previous dose will be checked. Parents will be informed where medicine has been administered or the pupil has been unwell. Unused or expired medicine will be returned to parents for disposal, except used or expired school AAIs which will be disposed of safely through paramedics, a pharmacy or an approved sharps route.

7.2 Self-management

Competent pupils will be encouraged to manage their own medicine and devices. This will be agreed with the pupil and parents and recorded in the IHCP. Pupils prescribed adrenaline should normally keep both devices with them in their school bag so that they also have access during travel. If a pupil cannot carry a device, it must be stored unlocked, safely and close enough to be brought to them within five minutes. This will usually be in Reception.

7.3 Controlled drugs

7.4 Unacceptable practice

It is not acceptable to:

- prevent rapid access to medication or require a pupil having an allergic emergency to walk to reception;
- assume pupils with the same condition need identical support or ignore the pupil's, parent's or healthcare professional's views;
- send an unwell pupil to reception or the medical room unaccompanied or without suitable supervision;
- withhold food, drink, toilet, movement or rest breaks required to manage a condition;
- require a parent to attend school routinely to administer medicine or accompany a trip because the school has not made suitable arrangements;
- administer medicine in school toilets;
- replace adrenaline with a reliever inhaler when anaphylaxis is suspected.

8. Allergy safety: prevention and preparedness

8.1 Minimising exposure

Staff planning lessons, clubs, celebrations, practical work or events must consider allergen risks. This includes food, recycled food packaging, flour-based materials, some glues, animal products, bird feed and airborne or contact allergens. Where a commonly used material creates a known risk, a safe alternative should normally be used for the whole group so the pupil is not excluded. Individual risks will be documented in the IHCP/allergy plan and, where appropriate, in activity or site risk assessments.

Food, utensils and containers should not be traded or shared. Food and drink brought from home should be labelled where this is needed by an individual plan. Occasional food brought in for celebrations or events must be planned in advance, with allergen information and parental engagement where necessary. Air quality and infection-prevention measures will be considered as part of the school's wider health and safety arrangements where these affect asthma or allergy.

8.2 Food and catering

The school's catering team will make clear and accurate information about ingredients and the 14 regulated allergens readily accessible to pupils and parents. Ingredients and allergen information are available on request in the dining room. Gluten-free and other suitable options will be clearly signposted, and any claim that food is "gluten-free" must meet the applicable legal standard. Prepacked for direct sale food will carry the required name, full ingredients list and emphasised regulated allergens.

The catering team will work with the pupil and parents to identify and manage risks, prevent cross-contact and agree reasonable adjustments. Controls may include staff checking the pupil and their agreed meal, safe preparation and service procedures, cleaning of surfaces and utensils and clear communication when menus or ingredients change. Identification methods will be proportionate and discreet so that safety does not undermine

inclusion.

Parents who remain concerned about cross-contact or accidental ingestion may choose to provide a clearly labelled packed lunch, and the school will support safe storage and consumption where needed. This is an option rather than a condition of attendance or the school's only response. The school will continue to consider reasonable adjustments to enable pupils, including those entitled to free school meals, to access suitable school food.

8.3 Prescribed adrenaline and inhalers

Pupils prescribed adrenaline devices should have rapid access to both prescribed devices at all times, including lessons, lunch, outdoor areas, sport, trips and travel to and from school. A copy of the current Allergy Action Plan should be kept with or immediately accessible alongside the medication. Prescribed devices do not remove the need for the school's spare devices.

8.4 Spare AAIs and emergency inhalers

The school holds spare adrenaline auto-injectors (AAIs) and emergency salbutamol inhalers with spacers in reception. Spare AAIs are for emergency use where a person's prescribed devices are unavailable or misfire, or where a person with no previous diagnosis presents with suspected anaphylaxis. Prior consent is good practice but is not required before reasonable emergency action is taken to save life. The emergency inhaler may only be used for a pupil prescribed a reliever inhaler whose own inhaler is unavailable and for whom the required written consent is held.

Spare AAIs will:

- be the correct 300 microgram dosage for pupils over six years of age and be held in pairs;
- be clearly labelled as school emergency devices and stored at room temperature, away from direct sunlight or extremes of heat;
- remain unlocked, safely stored and accessible at all times pupils are on site;
- be capable of being brought to any relevant location within five minutes; the adequacy of reception as the location will be checked through risk assessment and drills;
- be checked and recorded at least monthly and before off-site use to confirm quantity, condition and expiry date;
- be replaced promptly following use, damage or expiry.

The school will consider an additional pair if a timed drill or site assessment shows that reception cannot reliably provide access within five minutes. Taking a spare pair off site must not leave the school without adequate cover.

9. Emergency procedures, anaphylaxis and acute asthma

9.1 Recognising anaphylaxis

Anaphylaxis is a potentially fatal reaction involving Airway, Breathing or Circulation (ABC). It may occur with or without a rash or other mild symptoms. In a person with known food allergy, sudden breathing difficulty must be treated as possible anaphylaxis. If there is doubt, staff should give adrenaline and call 999.

9.2 Immediate response

1. Stay with the pupil. Send someone to bring the pupil's two prescribed adrenaline devices and the school emergency kit. Do not send the pupil to reception.
2. Lay the pupil flat with legs raised. If breathing is difficult, allow them to sit with legs extended. Do not let them stand or walk. If unconscious, place them in the recovery position and check breathing.
3. Give adrenaline immediately in accordance with the device instructions and current Allergy Action Plan. Do not wait to call parents or 999 before giving it.
4. Call 999, state "anaphylaxis" and give the school location. Arrange for someone to meet the ambulance.
5. If prescribed devices are unavailable or misfire, use a school spare AAI. If the pupil has prescribed nasal adrenaline but it is unavailable, a school spare AAI may be used.
6. If there is no improvement after five minutes, give the second dose using a second device.
7. If wheeze continues and the action plan directs it, give the reliever inhaler after adrenaline. Never use the inhaler instead of adrenaline for suspected anaphylaxis.

8. Contact parents after emergency action is underway. Continue monitoring. Start CPR if the pupil becomes unresponsive and is not breathing normally.
9. The pupil must be assessed by ambulance clinicians and transferred to hospital following anaphylaxis. A member of staff will remain with or accompany the pupil until a parent takes over.

9.3 Mild to moderate allergic reaction

A reaction not involving Airway, Breathing or Circulation may be treated with the pupil's antihistamine in accordance with their plan. The pupil must not be left unattended. Parents or the emergency contact will be informed and the pupil will be observed in a safe place for at least 60 minutes because a mild reaction can progress. If ABC symptoms develop or there is doubt, follow the anaphylaxis procedure immediately.

9.4 Acute asthma

Staff will follow the pupil's Asthma Action Plan. Help will be brought to the pupil, their reliever inhaler and spacer will be used as directed and 999 will be called where symptoms are severe, worsening or not responding. Food allergy with sudden wheeze or breathing difficulty must be treated as possible anaphylaxis: adrenaline first, then the inhaler if directed.

10. Educational visits, trips and activities

Medical conditions and allergy will be considered early in planning so pupils can participate safely. The trip leader will review the IHCP and/or action plan, complete an individual risk assessment where required and confirm:

- known triggers and how exposure will be reduced, including food and accommodation arrangements;
- that both prescribed adrenaline devices, inhalers and other medicines will remain with or immediately accessible to the pupil;
- that an appropriately trained member of staff is present and cover is available;
- how and where emergency care will be accessed, including during travel and remote activities;
- whether a pair of spare AAIs should accompany the visit without reducing safe cover on the school site;
- how plans and medicines will be handed over between responsible staff and checked on return.

A parent will not be required to accompany a pupil solely because the school has failed to make suitable arrangements. Where residual risk cannot be managed safely, the school will consult the pupil, parents and relevant professionals and consider reasonable alternatives.

11. Training and awareness

All staff present when pupils are scheduled to be on site will receive allergy awareness and emergency-response training at least annually. This includes permanent and temporary staff, supply teachers, peripatetic staff, agency workers, regular volunteers, catering staff and staff supervising breakfast or after-school provision. New staff will receive training during induction and supply or cover arrangements will ensure the necessary awareness before deployment. First-aid training alone is not sufficient.

Training will enable staff to:

- understand allergy, asthma, coeliac disease and food intolerance and the important differences between them;
- identify allergic reactions, acute asthma and anaphylaxis, including anaphylaxis without a rash;
- locate relevant MIS information, plans, prescribed medicines, spare AAIs and emergency inhalers;
- administer the devices held by the school, call 999 and position and monitor the casualty safely;
- reduce exposure to known allergens and understand the effect of allergy on wellbeing;
- report incidents and near misses.

Staff providing pupil-specific healthcare support will receive any additional training and competency confirmation identified through the IHCP. Training records will be maintained and refreshed when devices, guidance or pupil needs change. The school will conduct a simulated anaphylaxis drill periodically and after material changes, recording timings and learning. Pupils directly affected will be considered sensitively before any drill.

12. Records, incidents and near misses

12.1 Records

The school will maintain appropriate records of medical information, consent, plans, training, stock checks, medicine administration, allergic reactions and emergency action. Records will be accurate, secure, version-controlled and accessible to those who need them. Allergy risks will be included in the school risk register and actively managed.

12.2 Serious incidents and near misses

A serious allergy incident includes anaphylaxis or another event causing significant harm. A near miss is an event that could reasonably have caused serious harm, for example a pupil being served a known allergen but identifying it before eating. Less severe reactions and other errors will also be considered for learning.

Any serious incident or near miss involving a pupil, member of staff or visitor will be recorded as soon as feasible in the accident record. The report should identify who was affected, what happened and when, the known or likely cause, the response and use of emergency services and how the event concluded.

Parents of a pupil under 16 will be informed as soon as possible. For a young person aged 16 or over, their agreement to inform parents will normally be sought, unless sharing is otherwise necessary to protect health or safety. The report will be shared with the person affected and they and their parents will be invited to contribute to the review.

The allergy safety lead(s) will review the event in a no-blame, learning-focused manner and consider whether the IHCP, clinical plan, catering controls, training, communication, device location, risk register or this policy needs amendment. Relevant learning will be shared without compromising confidentiality. The governing body will receive periodic reports. The relevant healthcare professional will be notified where the event concerns delivery of their plan.

The school or catering provider will make any additional report required by law, including to the local authority food safety team where unsafe food may have left immediate control and to the Health and Safety Executive under RIDDOR where the statutory threshold and work-activity connection are met. A safeguarding referral is not automatic but will be considered where the facts suggest neglect, abuse or exploitation, including repeated failure to provide essential medication.

13. Insurance, complaints and monitoring

13.1 Liability and indemnity

The Governing Body will ensure that the school has an appropriate level of insurance and that staff understand the cover applying to approved support and emergency action. The school's insurance is brokered by Marsh Commercial and placed with Ecclesiastical and Zurich. Current policy schedules, rather than figures reproduced here, provide the authoritative limits and conditions of cover.

13.2 Complaints

Parents should raise concerns about medical or allergy support with Mr P Jones in the first instance. If the matter cannot be resolved, the school complaints procedure applies. This includes complaints about prolonged failure to establish or deliver arrangements and concerns following a serious incident or near miss.

13.3 Monitoring and review

This policy will be published on the school website and made readily accessible to staff, pupils and parents. It will be reviewed and approved by the Board of Governors annually and sooner where legislation or guidance changes or a serious incident, near miss, drill or risk assessment indicates that revision is needed. Pupils, parents and staff affected by allergy will be invited to inform relevant reviews.

13.4 Related policies

- Accessibility Plan
- Anti-Bullying Policy
- Attendance Policy

- Behaviour Policy
- Complaints Policy
- Educational Visits Policy
- Equality Information and Objectives
- Food and Catering procedures
- Health and Safety Policy
- Safeguarding and Child Protection Policy
- SEND Policy and Information Report
- Supporting Pupils with Mental Health Needs and relevant pastoral procedures

Appendix A: Emergency response to suspected anaphylaxis

ANAPHYLAXIS = AIRWAY, BREATHING OR CIRCULATION PROBLEM

It may occur without a rash. If in doubt, give adrenaline. Adrenaline is the first-line treatment. Call 999.

Action	What staff must do
1. Stay and summon help	Stay with the pupil. Send for both prescribed devices and the emergency kit. Bring help to the pupil.
2. Position	Lay flat with legs raised. If breathing is difficult, allow sitting with legs extended. Never allow standing or walking.
3. Give adrenaline	Give the first dose immediately. Use the prescribed device first if available; otherwise use a spare AAI. Do not delay.
4. Call 999	Say “anaphylaxis”. Give the location and arrange for someone to meet the ambulance.
5. Second dose	If there is no improvement after 5 minutes, give a second dose using a second device.
6. Monitor	Follow the action plan. Give a reliever inhaler after adrenaline if directed. Start CPR if needed.
7.Parent and hospital	Contact parents once emergency action is underway. The pupil requires ambulance assessment and hospital transfer.
8. Record and review	Record medicine and events, preserve devices for paramedics or safe disposal and initiate the incident review.

Spare AAIs and emergency salbutamol inhalers are held in reception. This appendix is a school procedure and does not replace an individual Allergy Action Plan or the instructions supplied with a device.

Appendix B: Notification and planning process

1. School receives information about a new or changed medical condition, suspected allergy, medication or clinical plan.
2. Head of Year and relevant staff gather information from the pupil and parents, update the MIS and obtain any existing action or care plan.
3. Immediate interim safety arrangements are put in place where necessary; professional advice is sought if support cannot be determined safely.
4. The Head of Year decides with the delegated senior leader whether an IHCP is required and constructs it with the pupil and parents, supported by healthcare professionals where needed.
5. Condition-specific Allergy or Asthma Action Plans and other clinical documents are attached or linked. Medication, consent, storage, staff information and training are confirmed.
6. Relevant staff, catering and trip leaders receive the information needed to act. The plan is accessible through agreed systems.
7. The plan is reviewed at least annually. Parents receive a copy each September. Earlier review follows changed needs, updated advice, an incident, a near miss or transition.