



Trefonen C.E. Primary School

Asthma, Allergy and Other Medical Conditions Management Policy September 2026

Next Review Due: September 2027

Approved by: Governing Body
School Leader: Cathy Dunleavy

Date: September 2026

Deputy School Leader: Naomi Phillips

Review Frequency: Annual

Link Governor: Malcolm Kirk

PART 1:

1.1. Policy Statement and Strategy

Trefonen C.E. School is committed to ensuring that all pupils with asthma, allergies, anaphylaxis and other related medical conditions are fully supported to access education safely and participate in all aspects of school life. Trefonen Primary School recognises its duty under Section 100 of the Children and Families Act 2014 to make arrangements to support pupils with medical conditions and has regard to the Department for Education's statutory guidance *Supporting Pupils at School with Medical Conditions 2026* <https://consult.education.gov.uk/medical-conditions-at-school/medical-conditions-at-school-statutory-guidance/> (link to be updated following publication of final DfE guidance). Pupils with medical conditions will be properly supported so that they have full access to education, including school trips, physical education, residential visits and extracurricular activities.

Trefonen Primary School aims to:

- Provide a safe and inclusive environment for all pupils.
- Reduce the risks associated with asthma and allergic reactions.
- Ensure staff understand and can carry out their responsibilities.
- Enable pupils to manage their condition confidently where age and development allow.
- Ensure emergency procedures are clear, understood and followed
- Work closely with parents, healthcare professionals and pupils.

1.2 Legal and Regulatory Framework - This policy is informed by:

- Children and Families Act 2014 (Section 100);
- Equality Act 2010;
- Health and Safety at Work etc. Act 1974;
- SEND Code of Practice;
- DfE Supporting Pupils at School with Medical Conditions, 2026;
- DfE Allergy Safety in Schools guidance;
- Human Medicines (Amendment) Regulations;
- Legislation relating to spare Adrenaline Auto-Injectors (AAIs);
- UK GDPR and Data Protection Act 2018.

1.3 Scope

Trefonen School Governing Body will ensure appropriate arrangements are in place to support pupils with medical conditions so they can access the same opportunities as their peers.

This policy applies to:

- Pupils diagnosed with asthma.
- Pupils with allergies (food allergies, environmental allergies, including pollen, animal dander and insect stings.
- Pupils at risk of anaphylaxis.
- Pupils with any other medical condition requiring support.
- Pupils requiring medication in school (long-term and short-term)
- All staff, volunteers, governors and visitors involved in school activities.

PART 2: Roles and Responsibilities

2.1 Governing Body

The Governing Body will:

- Appoint a named governor to oversee Allergy Awareness.
- Ensure appropriate arrangements and resources are in place for supporting pupils with medical conditions.
- Ensure this policy is reviewed regularly.
- Monitor implementation and effectiveness.
- review significant incidents and near misses.
- ensure lessons learned are implemented.

2.2 Headteacher

The Headteacher will:

- Ensure implementation of this policy.
- Ensure all staff, governors, volunteers receive statutory training for Allergy Awareness (Benedict's Law) , as well as other required training.
- Ensure Individual Healthcare Plans (IHPs) are in place where required and reviewed regularly with parents /carers.
- Ensure suitable risk assessments are completed , as required.
- Maintain oversight of emergency procedures.
- review significant incidents and near misses and ensure lessons learned are implemented.

2.3 School Staff

Staff will:

- Understand and implement relevant pupil healthcare plans.
- Recognise symptoms of asthma and allergic reactions.
- Follow emergency procedures.
- Ensure medicines are readily accessible.
- Support pupils' participation in all activities.
- Participate in relevant training.
- Report incidents and near misses.
- Administer medicines where required according to approved instructions and procedures.
- Risk assess all activities to support the inclusion of all pupils, specifically pupils with additional medical need.

2.4 Parents/Carers

Parents will:

- Inform the school of any medical condition, including asthma or allergy diagnosis.
- Provide accurate and up-to-date medical information and medication, including replacing any expired medication
- Notify the school of any changes.
- Participate in reviewing healthcare plans.

2.5 Pupils

Pupils will be encouraged to:

- Understand their condition.
- Carry medication where appropriate and agreed.
- Take increasing, age / ability appropriate responsibility for self-management.
- Inform an adult if symptoms develop.

PART 3: HEALTHCARE PLANS AND MEDICATION

3.1 Individual Healthcare Plans (IHPs)

IHPs will be developed for pupils whose condition requires supportive arrangements in school.

Plans will be developed with parents/carers; healthcare professionals the pupil where appropriate. IHPs will include:

- medical condition details;
- medication requirements;
- symptoms requiring intervention;
- emergency actions;
- storage arrangements;
- staff responsibilities;
- after-school activities
- educational visit arrangements.

IHPs will be reviewed annually or sooner after any significant change or after emergency incidents after any near misses.

3.2 Administration of Medicines

Prescription Medicines: The school will administer prescription medicines where written parental consent has been provided; medication is in original packaging; pharmacy instructions are clear; medication is in date.

Non-Prescription Medicines: The school will administer non-prescription medicines only in exceptional circumstances and according to school procedures.

Self-Administration: Pupils may self-administer medication where:

- written consent has been provided;
- arrangements are contained within the IHP;
- the pupil is considered competent to do so.

Refusal of Medication:

If a pupil refuses medication staff will not force administration; parents/carers will be informed; a record will be made; medical advice will be sought as appropriate.

PART 4: ASTHMA MANAGEMENT

4.1. The school will:

- Maintain a register of pupils with asthma.
- Hold details of prescribed inhalers.
- Ensure inhalers are immediately available when needed.
- Permit pupils to carry their inhalers where agreed with parents.
- Take inhalers on trips and outdoor activities.
- Ensure PE staff are aware of pupils with asthma.

4.2. Signs of Asthma Difficulty

Staff should be alert to:

- Persistent coughing
- Wheezing
- Shortness of breath
- Chest tightness
- Difficulty speaking in full sentences
- Increased distress or anxiety

4.3. Asthma Emergency Procedure

1. Keep the pupil calm and seated upright.
2. Assist the pupil to use their reliever inhaler.
3. Follow the pupil's healthcare plan.
4. Stay with the pupil.
5. Call 999 if:
 - Symptoms worsen.
 - No improvement after medication.
 - The pupil becomes exhausted, cyanosed or distressed.
 - There is concern about breathing.
6. Parents will be informed as soon as practicable.

PART 5: ALLERGY AND ANAPHYLAXIS MANAGEMENT

The school recognises that allergic reactions can range from mild symptoms to life-threatening anaphylaxis.

5.1. Common Triggers

- Food allergens (e.g., peanuts, tree nuts, milk, eggs, sesame)
- Insect stings
- Medication
- Animal exposure
- Environmental allergens

5.2. Preventative Measures

The school will:

- Maintain an allergy register.
- Share information appropriately, including communicating relevant information to staff (including supply staff) volunteers and after-school staff.

- Consider allergen risks when planning events, visits, and other activities, including undertaking risk assessments
- Promote good hand hygiene.
- Supervise food-sharing appropriately.
- Complete risk assessments where significant allergens are present.

Trefonen school cannot guarantee an allergen-free environment but will take all reasonable steps to minimise risk.

5.3. Adrenaline Auto-Injectors (AAIs)

Where prescribed, pupils' AAIs will:

- Be clearly labelled.
- Be stored securely but readily accessible.
- Accompany pupils on off-site visits.
- Be monitored for expiry dates.

Where clinically advised, pupils should have access to two prescribed AAIs. Trefonen School holds a spare emergency AAI that comply with current national guidance regarding storage, staff training and parental consent arrangements.

5.4. Recognising Anaphylaxis

Symptoms may include:

Airway/Breathing

- Swelling of tongue or throat
- Difficulty breathing
- Noisy breathing
- Persistent cough

Circulation

- Pale or floppy appearance
- Collapse
- Dizziness
- Loss of consciousness

Skin

- Hives
- Widespread rash
- Swelling of lips or face

5.5. Emergency Anaphylaxis Procedure

If anaphylaxis is suspected:

1. Use the pupil's prescribed AAI immediately in accordance with training instructions
2. Call 999 and state:
 - "Suspected anaphylaxis."
3. Contact parents/carers.
4. If symptoms continue and a second AAI is available, administer in accordance with healthcare plan and emergency guidance.

5. Monitor breathing and responsiveness.
6. Remain with the pupil until emergency services arrive.

Any use of an AAI requires urgent medical assessment.

5.6. School Visits, PE, Outdoor Learning and After-school Clubs

Pupils with asthma, allergies or other medical conditions will be enabled to participate in all activities wherever reasonably possible.

Prior to activity:

- Risk assessments will be completed.
- Emergency medication will be checked.
- Relevant staff will be briefed.
- Emergency contact details will accompany the group.

This reflects statutory guidance requiring consideration of medical needs during educational visits and sporting activities.

Part 6: TRAINING AND RECORD KEEPING

6.1. Training

The school will ensure appropriate staff receive training covering:

- Asthma awareness.
- Allergy awareness (statutory for all staff, governors, contractors and volunteers)
- Recognition of anaphylaxis.
- Use of inhalers and spacers.
- Use of adrenaline auto-injectors.
- Emergency procedures.

Training records will be maintained in accordance with recommended guidance.

6.2. Record Keeping

All medicine administration will be recorded. Medical information will be shared on a need-to-know basis. The school will maintain:

- Asthma register.
- Allergy register.
- Individual Healthcare Plans.
- Consent forms.
- Medication administration records.
- Training records.
- Incident records, including 'near misses' and outcomes of 'near miss' reviews.

7. Monitoring and Review

This policy will be reviewed annually or sooner if:

- Guidance changes.
- Following any significant incidents or 'near misses'.
- Following recommendations from healthcare professionals or governors.

8. Compliments and Complaints

We are always delighted to receive positive feedback from parents, carers, staff, volunteers and contractors. Such feedback is invaluable in helping us recognise what is working well and ensuring we continue to provide the best possible experience for our children.

From time to time, however, there may be occasions when things do not work as well as they should. We welcome this feedback too, as it helps us to improve and address any concerns promptly.

Any concerns or complaints should, in the first instance, be raised with the class teacher or Headteacher. We are committed to working in partnership with families to ensure that our school provides a positive and supportive environment for every child. If a concern remains unresolved, the school's complaints procedure should then be followed.

Part 9: APPENDICES

9.1 Appendix A: Whole School Asthma and Allergy Risk Assessment Template

9.2 Appendix B: Individual Asthma Care Plan

9.3 Appendix C: Individual Allergy / Anaphylaxis Care Plan

9.4 Appendix D: Parent/Carer Consent for Long-term Medical Administration

9.5 Appendix E: Parent/Carer Consent for Short-term Medical Administration

9.6 Appendix F: Record of Medication Administered in School

9.7 Appendix G: Monthly Medication Storage Check

9.1 APPENDIX A: Whole School Asthma and Allergy Risk Assessment Template

Assessment Date: _____

Assessor: _____

Hazard	Persons at Risk	Existing Controls	Further Action Required	Responsible Person	Review Date
Delayed access to inhaler	Pupils with asthma	Individual plans in place			
Delayed access to AAI	Pupils with severe allergies	Medication accessible			
Staff unaware of medical needs	Affected pupils	Register maintained			
PE-induced asthma symptoms	Pupils with asthma	Inhalers available during PE			
School trips	Affected pupils	Visit risk assessment completed			
Food allergens in school events	Pupils with allergies	Staff awareness and supervision			
Insect stings during outdoor learning	Allergic pupils	Medical plans shared			
Expired medication	Affected pupils	Regular checks			
Supply staff unaware of pupils' needs	Affected pupils	Visitor briefing system			

Overall Risk Rating: Low / Medium / High

Headteacher Signature: _____

9.2. APPENDIX B: Individual Asthma Care Plan

Pupil Name: _____ Date of Birth: _____ Class: _____

Parent/Carer Contact: _____ GP/Consultant: _____

Asthma Medication

Medication	Dose	Frequency

Known Triggers:

Usual Symptoms:

Signs Medical Help Is Needed:

Emergency Procedure:

Permission to Carry Inhaler

☐ Yes

☐ No

Parent Signature: _____ Date: _____ Review Date: _____

9.3. APPENDIX C: Individual Allergy/Anaphylaxis Care Plan

Pupil Name: _____ Date of Birth: _____ Class: _____

Confirmed Allergies:

Known Triggers:

Prescribed Medication

Medication	Location

Typical Reaction Symptoms:

Severe Reaction Symptoms:

Emergency Action

- 1.
- 2.
3. Call 999
4. Contact Parent/Carer

Adrenaline Auto-Injector Details

Brand: _____ Expiry Date: _____ Storage Location: _____

Staff Briefed

- ☐ Class Teacher ☐ Teaching Assistants ☐ Midday Supervisors
☐ Office Staff ☐ Trip Leaders

Parent Signature:

School Representative:

Review Date:

9.4. APPENDIX D: Parental Consent for Medication Administration – Long Term

School: Trefonen C.E. School

Pupil Details

Child's Name: _____ **Date of Birth:** _____ **Class:** _____

Medication Details

Medical Condition: _____ **Name of Medication:** _____

Dosage Required: _____ **Method of Administration:** _____

Time/Frequency Required: _____ **Storage Requirements:** _____

Expiry Date: _____

Parent/Carer Consent

I request that authorised members of school staff administer the medication described above to my child in accordance with the instructions provided.

I understand that:

- Medication must be provided in its original packaging with the dispensing label attached.
- Medication must be in date.
- I am responsible for informing the school immediately of any changes to my child's medical condition or medication.
- I will collect any expired or discontinued medication promptly.
- Reasonable efforts will be made by school staff to administer medication as agreed, but school staff cannot be held responsible for any consequences arising from inaccurate information supplied by parents/carers.

Emergency Consent

☐ I consent to trained school staff administering emergency medication, including inhalers, spacers and adrenaline auto-injectors, where required in accordance with my child's healthcare plan.

☐ I consent to emergency medical treatment being sought for my child if required.

Parent/Carer Name: _____

Signature: _____ **Date:** _____

Contact Number(s):

1. _____
2. _____
3. _____

9.5. APPENDIX E: Short-Term Medication Request Form

(To be completed where medication is required during the school day for a limited period.)

Child's Name: _____ **Class:** _____ **Medical Condition:** _____

Reason Medication Is Required in School:

Medication Name:

Dose:

Time(s) Required:

Start Date:

End Date:

Parent Declaration

I confirm that:

- The medication has been prescribed/recommended for my child.
- The medication is supplied in its original packaging.
- The dosage instructions provided are accurate.
- I will inform the school of any changes immediately.

Parent Signature: _____ **Date:** _____

9.6. APPENDIX F: Record of Medication Administered in School

Pupil Name: _____ Class: _____

Date	Time	Medication Given	Dose	Reason	Administered By	Witness (if required)	Parent Informed

Notes / Comments

9.7. APPENDIX G: Medication Storage and Checking Record

Pupil	Medication	Date Received	Expiry Date	Storage Location	Checked By	Replacement Requested

Monthly Check Completed By:

Name: _____

Signature: _____ Date: _____