

Title and Description	Allergy Safety Policy
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Date of last review	New Policy September 2026
Approved by	The Trust Board
To be reviewed by	The Trust Board
Responsibility	Headteacher
Review period	Biennial
Date of next review	September 2028

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AI Summary of this Policy

This Allergy Safety Policy sets out the school's commitment to creating a safe, inclusive environment for all students, staff, and visitors with allergies, particularly those at risk of life-threatening anaphylaxis. The policy aligns with Benedict's Law and relevant legislation, including the Children and Families Act 2014 and Human Medicines (Amendment) Regulations.

The school aims to identify and support individuals with allergies, minimise exposure to allergens, and ensure rapid emergency responses when required. Clear responsibilities are assigned to governors, leaders, staff, parents, and students. Parents must provide accurate medical information, allergy action plans, and prescribed medication, while staff must understand allergy risks, follow individual healthcare plans, and respond appropriately in emergencies.

The policy requires the safe storage and accessibility of prescribed and spare adrenaline auto-injectors (AAIs), with emergency procedures emphasising the immediate administration of adrenaline and prompt contact with emergency services. All staff receive regular allergy awareness training covering symptom recognition, risk reduction, and emergency response.

The school also manages allergen risks through catering procedures, activity planning, trips, and risk assessments. Students with allergies must be fully included in school activities wherever possible. Incident reporting processes, safeguarding considerations, and support for staff and visitors with allergies are also included. Overall, the policy promotes vigilance, inclusion, effective communication, and a culture where allergy safety is everyone's responsibility.

Allergy Safety Policy

1. Introduction and values

This policy is aligned with Benedict's Law. We are committed to providing a safe, inclusive, and welcoming environment for all students, young people, staff, and visitors with allergies. Recognising the serious and potentially life-threatening risk posed by anaphylaxis, this dedicated policy establishes robust risk-mitigation measures and emergency response protocols.

Benedict's Law is legislation in England that mandates schools implement comprehensive allergy safety measures to protect children from life-threatening allergic reactions.

Benedict's Law was introduced following the tragic death of five-year-old Benedict Blythe, who died from anaphylaxis at school in 2021 after being exposed to an allergen he was known to be allergic to. The law aims to ensure that all schools in England have consistent, legally enforceable measures to prevent and respond to severe allergic reactions.

Values and Ethos

Like all good schools, we're driven by our values above all else. We define these as:

Excellence - Everyone in our community will know and experience success

The most for those that need the most - We will meet the needs of all our learners

Known and valued - Everyone here will be celebrated for who they are and what they do

Collective endeavour - We will achieve success together

Joy - Everyone will know and create joy

These five values determine all that we do, and every part of the school flows from them. They set the direction and act as a compass to ensure we continue to grow and develop as a school in the way that we feel best supports all our students.

2. Aims and purpose of the policy

This school recognises its statutory duty under Section 100 of the Children and Families Act 2014 to support students with medical conditions. We are committed to the care of all students with allergies, ensuring their health, safety, and full inclusion in all aspects of school life.

In line with Department for Education (DfE) 2026 proposals, this Allergy Safety Policy is published as a separate, dedicated document because of the specific, immediate risk to life posed by anaphylaxis.

The procedures outlined in this policy aim to minimise risk through rigorous management and an academy-wide understanding anaphylaxis. It also sets out how we support our students

with allergies to ensure their wellbeing and inclusion, as well as demonstrating our commitment to being an allergy aware school.

The emergency procedures outlined in this policy for managing an incident of anaphylaxis via the emergency action protocol checklist applies to staff, students and visitors. The purpose of this policy is to demonstrate how the school complies with the statutory requirements in relation to Benedict's Law and Supporting Children and Young People with Medical Needs and Allergy DfE statutory guidance. This policy applies to all staff, parents, students and visitors.

3. Legislation and guidance

This policy has due regard to statutory legislation and guidance including, but not limited to, the following:

Section 100 of the *Children and Families Act 2014*: Duty to support students with medical conditions.

The Human Medicines (Amendment) Regulations 2017: Authorising schools to purchase and maintain "spare" adrenaline auto-injectors (AAIs).

Food Information Regulations 2014: Statutory requirements for allergen labelling (the "Top 14").

DfE Statutory Guidance: *Supporting students at school with medical conditions* (2015) and the 2026 Consultation Framework.

DfE statutory *Keeping Children Safe in Education*.

4. Definitions

An allergy is a condition in which the body reacts to normally harmless substances (allergens). Allergic conditions exist on a spectrum and can vary in severity from mild symptoms to severe, life-threatening reactions (anaphylaxis). Within this policy, the following forms of allergy are in scope:

Respiratory allergies (e.g. hay fever/allergic rhinitis and allergic asthma), triggered by airborne allergens such as pollen, dust mites, mould, or animal dander.

Skin allergies (e.g. eczema, dermatitis, urticaria/hives), caused by contact with allergens such as chemicals, metals, latex, or environmental allergens.

Food allergies, which may cause reactions ranging from mild oral symptoms to severe systemic reactions, including anaphylaxis.

Insect sting allergies (e.g. bee or wasp stings).

Medication allergies (e.g. antibiotics or anti-inflammatory drugs). Latex allergy (e.g. from gloves or balloons).

Conditions such as coeliac disease and food intolerance, which may present with similar symptoms to food allergy, are also recognised within this policy.

Allergen is a normally harmless substance that, for some, triggers an allergic reaction.

Anaphylaxis is a serious, sudden, and potentially life-threatening allergic reaction that requires immediate emergency treatment. It represents the extreme end of the allergic spectrum and affects the entire body.

ABC Symptoms:

Medical professionals typically identify a reaction as anaphylaxis when it involves one or more of the ABC (Airway, Breathing, and Circulation) symptoms:

Airway: Swelling of the tongue or throat, difficulty swallowing, or a hoarse voice.

Breathing: Sudden onset of wheezing, noisy breathing, or severe difficulty breathing.

Circulation: Dizziness, feeling faint, pale clammy skin, confusion, or loss of consciousness.

Most allergic reactions are mild and manageable; however, some individuals are at risk of severe reactions affecting airway, breathing, and circulation, requiring urgent medical treatment.

An Adrenaline Auto-Injector (AAI) is a medical device used as the "first line" emergency treatment for anaphylaxis, which is a sudden and potentially life-threatening allergic reaction. It works by delivering a single, fixed dose of adrenaline into the body to open airways, stop swelling, and raise blood pressure.

Every AAI is single-use only and contains a needle, meaning it must be disposed of as "sharps" in a dedicated disposal box after use.

Once started, anaphylaxis reactions progress quickly. Investigations into fatal anaphylaxis show that there is only a 20-30 minute window of opportunity during which steps can be taken to prevent death – therefore giving emergency adrenaline **immediately** and calling Emergency Services (999) is crucial. **Anaphylaxis always requires an emergency response**

Anaphylaxis can occur without any other signs (such as a skin rash) being present. **Always consider anaphylaxis in someone with a known food allergy who has sudden difficulty in breathing.** Giving adrenaline in this context is very safe and may be lifesaving.

5. Roles and responsibilities

The Trust Board is responsible for approving the Allergy Safety Policy, for monitoring its implementation and ensuring the policy is reviewed following any serious incident / "near miss".

It is the Headteacher's responsibility to ensure the policy is fully implemented and adhered to, including ensuring all staff receive annual training in allergy awareness in line with DfE requirements. The Headteacher is responsible for ensuring that all staff members are aware of the policy and have access to a copy. It is the responsibility of the Headteacher to ensure that new staff members are trained in implementing the policy by completing allergy awareness training as part of any staff induction.

The Central Services Co-ordinator is responsible for the technical maintenance of the Anaphylaxis Register for students, checking AAI expiry dates monthly, and overseeing the procurement of "spare" devices.

All staff must be aware of students in their care with known allergies. While the administration of medication is voluntary, the Headteacher has a duty to ensure enough trained staff are available to meet the assessed needs of the student population at all times, including during staff leave or off-site visits.

Students are expected to inform an adult immediately if they suspect a reaction is starting. Students deemed mature and competent by parents/carers and healthcare professionals will be mandated to carry their own inhalers/adrenaline auto injectors.

Parents/carers must provide the school with:

- Comprehensive details of all allergies and history of anaphylaxis upon entry.
- A British Society for Allergy & Clinical Immunology (BSACI) Allergy Action Plan signed by a healthcare professional for any student at risk of anaphylaxis.
- Two in-date AAIs for the child's personal use.
- Immediate notification of any changes in the child's medical condition.

All Staff:

Responsible for:

- Understanding their role in implementing this policy, recognising signs of allergic reactions, and acting swiftly in an emergency
- Supporting the creation of the students IHP
- Implementing the students IHP
- Creating an inclusive curriculum
- Curriculum adaptation to minimise risks
- Completing risk assessments for, curriculum activities involving food, trips and visits including sporting events
- Building proactive relationships with parents/carers
- Reporting near misses and incidents
- Checking all students with allergies prior to attending any trips or visits.

6. Storage and administering of medicine

The Medical Needs Policy must be adhered to for the safe storage and administration of medication.

The school maintains a supply of "spare" AAIs (two minimum) for students with a known risk whose own device is unavailable, out-of-date, or fails.

Use of spares should require written parental permission in the BSACI Allergy Action Plan and Individual Health Care plan.

Children and young people who are prescribed AAIs must have rapid access to their devices at all times. This includes in the lunch area, playground/yard and sports fields.

Adrenaline Auto-Injectors (AAIs):

Prescribed and 'spares'

Storage and accessibility summarised from the Medical Needs Policy:

- The 5-Minute Rule: "Spare" and prescribed AAIs must be stored so they are not more than 5 minutes away from where they may be needed.
- Accessibility: AAIs must be kept in a safe, central location that is readily accessible and never locked away.
- Storage Pairs: Spare devices must be stored in pairs to ensure a second dose is available if the first is ineffective or misfires.

The [Human Medicines \(Amendment\) Regulations 2017](#) permit "spare" adrenaline devices to be used for the purpose of saving a life. This might be, for example, a child presenting for the first time with anaphylaxis due to an undiagnosed allergy.

School holds spare adrenaline devices for use in emergency situations. These are not a replacement for a student's own adrenaline device. Students prescribed adrenaline are expected to have their own adrenaline devices with them at school for use in an emergency. Spare AAI's are located in both dining halls, sports hall and main office.

7. Emergency use of adrenaline

In the event of anaphylactic reaction:

- Adrenaline should be administered as soon as possible, within five minutes. **Do not wait** to contact the emergency services before administering adrenaline.
- The child, young person or individual should not be moved. Adrenaline devices should be brought to them (whether their own prescribed ADs or "spare" ADs).
- If the child, young person or individual **has their own prescribed adrenaline devices**, these should be used in the first instance.
- If the child, young person or individual **does not have prescribed adrenaline devices**, "spare" adrenaline devices can be used.
- If the child, young person or individual's **prescribed adrenaline devices are not available or misfire**, "spare" adrenaline devices can be used.
- If the individual has serious allergy and asthma and there is any doubt if they are presenting with anaphylaxis or having an asthma attack, always administer the adrenaline first.

The [Human Medicines \(Amendment\) Regulations 2017](#) do not require consent to have been obtained for "spare" adrenaline devices to be used. It can be good practice for the school, college or setting to obtain advance consent from parents/carers or the young person for "spare" adrenaline devices to be used, so that in an emergency, consent can be assumed to be in place. However, in an emergency situation anyone may take reasonable action to save a life without checking whether prior consent has been given.

8. Staff Training and Emergency Response

All staff, including teaching staff, support staff, catering staff and others who may oversee students including at breakfast or after school clubs will be trained in allergy awareness and emergency response. The school is responsible for ensuring that supply, cover, coaching, peripatetic staff have received allergy awareness training.

The content needs to include:

- Allergy awareness, the risks it poses, how allergic reactions occur and how to manage them
- Allergy includes multiple co-existing conditions: asthma, eczema, hay-fever
- Understand the difference between food allergy, intolerance and coeliac disease
- That a student can be allergic to any food, not just the top 14 allergens
- Know the symptoms of allergic reactions and how to treat
- Know the symptoms of anaphylaxis and how to treat
- How to locate and administer adrenaline or an asthma inhaler
- All adrenaline devices should be used to train with as the student may have different ones to the spare adrenaline
- How to report an allergic reaction including
- Mild to moderate
- Anaphylaxis
- Near miss/incident
- Understand their responsibilities in risk reduction to ensure that students prevented from coming into contact with their allergens
- Understand the impact that allergy can have on a student's wellbeing
- Understand the school's allergy safety policy and
- How to check if a student is on the record of those with a known allergy
- How to use an allergy or asthma action plan

IF IN DOUBT, GIVE ADRENALINE.

Legal exemption under Regulation 238 of the Human Medicines (Amendment) Regulations 2017 permits a school's "spare" adrenaline devices to be used to save the life of a student or any other person not previously known by the academy to be at risk of anaphylaxis. This means a spare device can be used even if there is no medical authorisation or parental consent on file for that specific individual. In any life-threatening medical emergency, the guidance states that anyone—including staff, volunteers, or bystanders—may take reasonable action to save a life. This specifically includes administering adrenaline when an individual is suffering from anaphylaxis. The law recognises that rescuers act under extreme pressure. People who attempt to save a life in good faith are protected, and the sources reassure schools that "mistakes, hesitation, or imperfect technique" do not constitute serious misconduct. While adrenaline can be given without consent in unforeseen emergencies, for children with a known allergy, the academy is expected to gather prior medical and parental consent for the use of "spare" devices as part of their Individual Healthcare Plan.

The Symptom Recognition **(ABC)** Anaphylaxis must be suspected if any of the following symptoms occur after exposure to a known or suspected allergen:

Category Symptoms;

Airway - Swollen tongue, hoarse voice, difficulty swallowing, throat tightness.

Breathing - Sudden wheeze, persistent cough, noisy or difficult breathing.

Circulation - Dizziness, pale or clammy skin, sudden sleepiness, loss of consciousness.

Warning: Biphasic Reactions. Staff must be aware that symptoms can recur after the first episode has been treated. A student must always be taken to the hospital via ambulance for observation, even if they appear to have recovered.

Emergency action protocol checklist:

- ✓ **STAY WITH THE CHILD:** Call for help.
- ✓ **POSITIONING:** Lie the child flat with legs raised . Do not stand them up. If breathing is difficult, they may sit up, but only for as long as necessary.
- ✓ **ADMINISTER AAI:** Deliver the device into the muscle of the outer thigh without delay. Note the time.
- ✓ **DIAL 999:** State "anaphylaxis."
- ✓ **SECOND DOSE:** If there is no improvement after 5 minutes, administer a second AAI in the other thigh.
- ✓ **CONTINUOUS CARE:** Stay with the child until paramedics arrive. If there are no signs of life, commence CPR.

All new, temporary, or supply staff must be briefed on this policy and at-risk students as part of their induction.

All supply staff must provide evidence that they have completed annual allergy awareness training in line with statutory guidance.

9. Maintenance & disposal

Monthly Checks: The Medical Lead will perform monthly audits of expiry dates and device functionality. Used or expired AAIs must be disposed of in a designated sharps bin or handed to paramedics. They must never be disposed of in general waste. A member of SLT will liaise with the central team to ensure AAIs are obtained. Secondary academies must adhere to the following DfE guidance:

Recommended Quantity of Spare Adrenaline Auto-Injectors (AAIs) by School Type

School Type	AAI for Children Under 6 Years (150 micrograms)(e.g., EpiPen Junior, Jext 150)	AAI for Individuals Over 6 Years (300 micrograms)(e.g., EpiPen, Jext 300)
State-funded nursery school	Two "spare" devices	n/a
Primary school	Two "spare" devices	Two "spare" devices
Secondary school	n/a	Two to four "spare" devices*
Special school	Two "spare" devices**	Two "spare" devices**

10. Catering

Caterers must identify the "Top 14" allergens in all products. Surfaces and utensils must be cleaned with warm soapy water to prevent cross-contamination.

Allergy safe meals must be prepared first.

In addition:

- **Continuous Communication:** School is required to maintain ongoing dialogue with parents or carers to understand exactly where a child is in the process of starting solid foods.
- **Individual Assessment:** Decisions about food must be based on the child's individual developmental needs and the textures they are already familiar with, rather than making assumptions based on their age.
- **Tailored Food Preparation:** All food must be prepared in a way that is suitable for the child's specific stage of development.
- **Collaborative Pacing:** The school must work closely with families to ensure the child progresses to new food stages at a pace that is appropriate for them.

Staff (including visiting staff) will consider allergies in all activity planning and include it in risk assessments.

Some examples include:

- Classroom activities, for example craft using food packaging, science experiments where allergens are present, food lessons or cooking;
- Bringing animals into school, for example a dog or hatching chick eggs can pose a risk;
- Clubs or teachers where they might hand out treats for food rewards. Ensure safe food is provided or consider an alternative non-food treat for all students
- Outsourced catering, such as pizzas, or buffets being ordered for afterschool clubs or enrichment events.

- Planning special events, such as cultural days and celebrations (bringing birthday cakes into the school). Inclusion of students with allergies must be considered alongside safety and they should not be excluded. If necessary, adapt the activity. The school will ensure compliance with the Equality Act 2010.

School will manage the risk of food allergy and provide clear information on allergens in food provided by:

- Ensure the contract with the school catering company is compliant with the Food Standards Authority allergen management regulations
- Ensuring school caterers provide information on food allergens to parents/carers and have this available for the students to check independently
- Provide student's allergen information to the caterers in a timely manner to ensure that students can eat safely
- Enabling parents/carers to liaise with the catering company or school chef
- Identify students with allergies at point of service by {insert methods of identification here. These could be allergy champions, coloured trays/plates, information cards that sit on the coloured tray, photos in the kitchen. The chosen method should not be reliant on one person with two people checking that the correct meal is going to the correct child.}
- Ensure that food is always labelled as unlabelled food poses a potentially greater risk of allergen exposure than packaged food with precautionary ("may contain") labelling suggesting a risk of contamination with allergen. This applies to foods used within the classroom curriculum (e.g. cooking) as well that from the school kitchen or canteen.
- Teach students not to food share, trade food or share utensils or food containers with the reasons why

When staff provide food for the students, they receive additional training to ensure they understand how to read labels for food allergens and how to prevent cross-contamination during the handling, preparation and serving of food.

Where food is not directly provided by the school (for example brought in as treats or to celebrate birthdays) parent/carer permission will be sought in advance to ensure inclusion and safety for students with allergies.

These procedures apply to school led breakfast and after school provision. Where this is provided by a third party, ensure that this policy is shared and the third-party provider meets the same procedures.

Students eligible for benefits based free school meals are entitled to their free school meal entitlement. School will work with parents/carers to determine the best way of ensuring that students receive their meal.

11. Non-food triggers

Examples of non-food triggers:

- Insect stings: Students with venom allergies must wear shoes outdoors; food and drinks must remain covered.
- Latex: Use of latex balloons or gloves is strictly prohibited if a student has a known allergy.

- Activities: Science, crafts, and cooking must be risk-assessed. Some glues may contain milk, wheat, or soya; "play dough" often contains wheat flour; and old food box.

12. Inclusion of off-site visits

Equality of access:

No students shall be excluded from trips due to an allergy.

Trip & visits management: Leaders must carry a "kit check" before departure to ensure students have their prescribed AAIs. At least one member of staff trained in AAI administration must accompany the group.

Residential trips: Venues must be briefed early and parents/carers met with to gather all relevant details.

Staff must ensure that students with allergies are fully included in every trip, sporting event, or extracurricular activities. A risk assessment addressing allergen exposure in each activity, emergency medication, transport, and proximity to local emergency care will be undertaken with control measures identified. In order to ensure that the student is safe and included, alternative activities will be planned. This will include the safe storage of adrenaline for the duration of the school trip.

Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all students have their medication including adrenaline devices with them before departure. Students unable to produce their required medication will not be able to attend the excursion.

In conjunction with the allergy lead, the trip leader will review any risk assessment to determine whether the school's spare adrenaline devices should be taken on the trip. School will provide additional spare adrenaline devices should the risk assessment for the trip deem necessary to take them ensuring that students remaining in school still have access to spare adrenaline devices should the need arise.

The member of staff who has responsibility for students on Alternative Provision must share relevant information with providers before a student attends.

13. Unacceptable practice

The following actions represent a fundamental failure in duty of care and are strictly prohibited:

- Forcing a student to walk to the medical room or main office during an allergic reaction.
- Locking away emergency medication or making it inaccessible to staff.
- Ignoring symptoms or waiting for a formal diagnosis before providing life-saving support.
- Assuming a "nut-free" policy guarantees 100% safety; vigilance remains the priority.
- Allowing a student to stand up or sit in a chair immediately after a reaction (this can cause a fatal drop in blood pressure).

14. Incidents & Reporting

Definitions

Serious Incident: An event where a student is harmed or placed at significant risk, requiring emergency medication or 999 intervention.

Near Miss: An event relating to a medical condition that did not result in harm but had the potential to do so (e.g., an error, omission, or system failure).

All incidents must be reported to the Chief Operating Officer and Central Services Co-ordinator, Director of Safeguarding and logged on CPOM's.

15. Supporting staff, visitors & volunteers

Based on the March 2026 draft statutory guidance, schools must proactively identify members of staff with medical conditions or allergies that may require support or an emergency response.

Visitors: Visitors can voluntarily declare serious medical conditions or allergies at sign-in if emergency support may be needed during their visit.

Staff: Staff must complete an annual staff health declaration, report any changes, and complete a staff health care plan alongside the Headteacher / line manager for serious medical conditions or allergies.

16. Safeguarding & wellbeing

We recognise that a safeguarding referral may be needed if an incident highlighted concern that the child or young person might be at an increased risk of being neglected, abused or exploited by persons inside or outside of their family unit because of their medical condition. This might occur where relevant information about a child or young person's medical condition is not provided to a school, college or setting, or where they are repeatedly sent without essential medication, thereby putting the individual at risk.

Appendices

Appendix A – Master Accident Form

Appendix B – Master Emergency Medication Letter

Ref. No.

CORPORATE ACCIDENT / INCIDENT / ILL-HEALTH OR NEAR MISS REPORT FORM

Please complete form in BLOCK CAPITALS in black ink

See guidance notes SMPACC0001G for help in completing the form

Section 1 Person injured / ill / involved in the incident or near miss

Name: _____ Date of Birth: _____ Male ☐ Female ☐

Home Address: _____ Tel: _____

Status: DCC Employee ☐ DCC Trainee ☐ Contractor ☐ Member of public ☐ Client ☐ Pupil ☐

Job Title: _____ Service: _____

Division: _____ Team: _____

Name of Premises/
 Unit/Division/School: _____ Premises No. _____

Section 2 Details of accident / incident / ill-health or near miss

Date of Incident: _____ Time of Incident: _____ am/pm Date of Report: _____

Incident Type: Violence ☐ Accident ☐ Work related Ill-health ☐ Near Miss ☐

Location of Incident (Include Establishment name and Location on premises):

Details of Incident or work-related ill-health (Include activity at time, full details of what happened and name of assailant if applicable)

Were they undertaking their normal employment duties Yes ☐ No ☐ (if No state why)

Section 3 Details of Injury (if applicable)

Description of injury
 (Include part of body and nature of injury): _____

Treatment Given: _____ Name of First-Aider: _____

(Tick all appropriate boxes) Is the injured party expected to be absent from work for more than 7 days due to the incident ☐

Was the injured person: Able to continue work ☐ Sent home ☐ Sent to GP/Dentist ☐ Taken to Hospital ☐

Section 4 Details of Person Completing Section 1-3 of this Form

Name: _____ Job Title: _____

(Please Print)

Signature: _____ Date: _____

Signature of person involved in the accident / incident/ ill health or near miss: _____

Where possible the signature of the person involved in the accident/incident should be obtained to confirm that they have read the completed section of this form and agree that the details above are correct.

Data Protection Act 1998

The information you have provided will be held by the council on computerised and manual files within your service area. The information will be used for record purposes. The form will also be passed to the Health and Safety function in order that they can ensure the matter has been properly investigated and reported to enforcement agencies (if required). The data may be disclosed to other organisations, but only in order to ensure compliance with relevant legislation or to prevent fraud or a crime.

Section 5 Investigation

a) Causes

Was the scene of the incident visited? Yes ☐ No ☐ Have photographs been taken? Yes ☐ No ☐ (if Yes please attach)
 Has any physical evidence been retained? Yes ☐ No ☐ Has the direct/indirect cause of the incident been identified? Yes ☐ No ☐
 (Please detail below the causes of the accident, incident or work-related ill-health and any previous relevant incidents)

Continue on a separate sheet as required

b) Names & Status of Witnesses (if any):

(See guidance form for key process to be followed during the investigation. Please attach any statements, addresses and other relevant information.)

- 1) _____ DCC Employee ☐ DCC Trainee ☐ Contractor ☐ Member of public ☐ Client ☐ Pupil ☐
 2) _____ DCC Employee ☐ DCC Trainee ☐ Contractor ☐ Member of public ☐ Client ☐ Pupil ☐
 3) _____ DCC Employee ☐ DCC Trainee ☐ Contractor ☐ Member of public ☐ Client ☐ Pupil ☐

c) Action taken to prevent recurrence/reduce risk

Action (Detail practical and managerial actions planned or taken)	Person Responsible	Target Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Continue on a separate sheet as required

Section 6 Signatures

Print Name:	Signature:	Date:
Person Investigating Incident _____	_____	_____
Reviewed by (Review actions) _____	_____	_____

It is the responsibility of the line manager to ensure the incident is fully investigated and details recorded on this form before it is submitted to the relevant H&S function.

THIS FORM ON COMPLETION SHOULD BE RETURNED TO THE RELEVANT HEALTH & SAFETY FUNCTION AS SOON AS POSSIBLE



Framwellgate School Durham
Newton Dr, Durham, DH1 5BQ

0191 386 6628
enquiries@framdurham.com

www.framdurham.com

<<DATE>>

To whom it may concern

Emergency Medication

In order for us to update our medical procedures, we are required to have the following emergency medications on site for students with medical conditions:

<<<MEDICATION >>>

We would be grateful if this item could be ordered for us for collection.

Kind regards

Miss W Pattison
Chief Operating Officer
Framwellgate School Durham