Trust Allergens Policy - Benedicts Law

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1. Instructions for Policy Preparation

Purpose of this Policy:

This policy sets out the arrangements of Futura Learning Partnership and its schools for identifying, preventing and managing allergy-related risks and for supporting children, young people and staff with allergies to participate as fully as possible in school / work life.

The policy has been developed in accordance with the Department for Education's statutory guidance *Allergy safety in schools* and the statutory duties applying from September 2026.

The Trust recognises that allergies are medical conditions which can range from mild reactions to life-threatening anaphylaxis. The Trust is committed to ensuring that pupils with allergies are safe, included and supported, while also ensuring that staff understand their responsibilities and have the knowledge and confidence to respond appropriately to an allergic reaction.

The policy applies across all Trust schools and should be read alongside each school's local procedures, Individual Healthcare Plans (IHPs), Allergy Action Plans, medical conditions arrangements, food safety procedures, educational visit procedures, first aid arrangements and safeguarding procedures.

The Trust will take reasonable steps to minimise the risk of exposure to known allergens while recognising that it is not possible to eliminate all risk. Schools will maintain robust emergency arrangements so that an allergic reaction can be responded to promptly and effectively.

The policy is intended to provide both a framework for compliance and practical guidance for colleagues. Individual arrangements for pupils will be set out in their IHP and relevant clinical Allergy Action Plan.

2. Legal and Statutory Framework

This policy has been developed with regard to:

- The Children and Families Act 2014, including section 100 concerning arrangements for supporting pupils with medical conditions.
- The Children's Wellbeing and Schools Act 2026, including the provisions introducing statutory duties relating to allergy safety policies.
- The Department for Education statutory guidance *Allergy safety in schools* (July 2026).
- The Department for Education statutory guidance *Supporting pupils with medical conditions at school*, as applicable.
- The Human Medicines (Amendment) Regulations 2017, which permit schools to obtain and use "spare" adrenaline auto-injectors (AAIs) in specified emergency circumstances.
- The Equality Act 2010, including the duty to make reasonable adjustments where applicable.
- The Health and Safety at Work etc. Act 1974.
- The Education Act 2002 and relevant safeguarding duties.
- The Special Educational Needs and Disability (SEND) Code of Practice: 0 to 25 years.
- The Early Years Foundation Stage (EYFS) statutory framework, where applicable.
- Food safety and allergen information requirements applicable to food provided by the school or its catering provider.
- Relevant Department for Education School Food Standards and associated allergy guidance.

3. Definitions

In this policy:

Allergy: A medical condition in which the body's immune system has an abnormal reaction to a normally harmless substance, such as a food, insect sting, contact allergen or airborne allergen.

Allergic reaction: A reaction following exposure to an allergen. Reactions vary in severity and may include skin, gastrointestinal, respiratory or cardiovascular symptoms.

Anaphylaxis: A potentially life-threatening allergic reaction affecting the airway, breathing and/or circulation and requiring urgent treatment with adrenaline.

Allergen: A substance capable of triggering an allergic reaction in a person who is sensitised to it.

Allergy Action Plan: A clinical plan, normally completed or issued by an appropriate healthcare professional, setting out how a person's allergic reaction should be recognised and managed, including emergency treatment where appropriate.

Adrenaline Auto-Injector (AAI): A prescribed or emergency device used to administer adrenaline to treat anaphylaxis.

Spare AAI: An emergency adrenaline auto-injector held by the school for use in accordance with the Human Medicines (Amendment) Regulations 2017 and Department for Education guidance. A spare AAI is not prescribed to a named individual.

Individual Healthcare Plan (IHP): A personalised document setting out the additional or different arrangements required to support an individual pupil with an allergy or other medical condition. An IHP is not a clinical document and should refer to and/or attach relevant clinical action plans.

Food allergy: An immune-mediated reaction to a food which may range from mild symptoms to anaphylaxis.

Food intolerance: A non-immune reaction to a food or ingredient. Food intolerance is different from food allergy and does not cause anaphylaxis.

Coeliac disease: An autoimmune condition triggered by gluten. Coeliac disease is not an allergy and does not cause anaphylaxis, although a person with coeliac disease may also have a separate food allergy.

Known allergy: An allergy that has been reported to the school by the pupil, parent/carer or relevant healthcare professional.

Suspected allergy: Symptoms or circumstances suggesting allergy where a formal diagnosis has not yet been established. Appropriate safety arrangements will not be withheld solely because a formal diagnosis is not yet available.

Near miss: An event in which an allergy-related risk or exposure occurred but did not result in harm, or where harm was avoided by chance or timely intervention.

4. Roles and Responsibilities

4.1 Audit & Risk Committee

The Audit & Risk Committee will:

- Ensure the school complies with statutory allergy guidance.
- Approve this allergy policy and monitor its implementation.

4.2 Headteacher

The Headteacher will:

Ensure the school implements this policy and associated allergy safety procedures.

- Ensure a named Allergy Lead is identified.
- Ensure appropriate numbers and doses of spare AAIs are available for the pupils and school population, in accordance with current Department for Education and Department of Health and Social Care guidance.
- Ensure spare AAIs are stored in accessible, clearly identified locations and can be brought to a person experiencing anaphylaxis within five minutes.
- Ensure spare AAIs are stored safely and are checked regularly for expiry and condition.
- Ensure arrangements are in place for the safe replacement and disposal of used or expired AAIs.
- Ensure all relevant staff receive allergy awareness and emergency response training at least annually and that induction arrangements are in place for new, temporary, supply, agency and regular volunteer staff.
- Ensure pupils who require additional or different support have an appropriate Individual Healthcare Plan.
- Ensure allergy safety is considered in curriculum activities, food related curriculum, educational visits, clubs, trips and other activities.
- Ensure allergy-related serious incidents and near misses are recorded, investigated and used to identify and implement lessons learned.
- Ensure the policy is communicated to staff, pupils and parents/carers and is published in accordance with statutory requirements.

4.3 Staff

All staff must:

All staff who are present when pupils are on site have a responsibility to support allergy safety.

Staff must:

- Complete the Trust's required allergy awareness and emergency response training at least annually.
- Complete relevant allergy training as part of induction where they join the school during the academic year.
- Know how to access information about pupils with known allergies and their Individual Healthcare Plans/Allergy Action Plans.
- Know where prescribed medication and spare AAIs are located and how to access them quickly.
- Understand the signs and symptoms of allergic reactions and anaphylaxis.
- Follow the school's emergency response procedure without delay where anaphylaxis is suspected.
- Take reasonable steps to minimise the risk of exposure to known allergens.
- Consider allergy risks when planning or delivering lessons, practical activities, food technology, science, art, craft, music, sporting activities and other curriculum or extracurricular activities.
- Consider allergy risks when planning educational visits, trips, residentials and off-site activities.
- Follow the school's arrangements for food brought into school by pupils, parents/carers or staff.

- Never knowingly give a pupil food, drink, medication or other substance containing an allergen identified in their IHP or Allergy Action Plan.
- Report allergic reactions, suspected reactions, exposures and near misses in accordance with the trust / school reporting arrangements.
- Maintain confidentiality when handling information about a pupil's health condition.
- Support pupils with allergies to participate fully in school life and avoid unnecessary restrictions or exclusion.
- Challenge and report bullying, harassment or deliberate misuse of allergens.

4.4 Parents/Carers

Parents must:

- Provide accurate medical information and medication.
- Update the school immediately if their child's allergy changes.
- Supply two in-date personal AAIs (if prescribed).

4.5 Pupils

Pupils should:

- Follow allergen-avoiding guidance (age-appropriate).
- Inform a staff member if they think they are having a reaction.

5. Identification and Management of Allergies

5.1 Notification

Parents should notify the school during enrolment or at any point where an allergy is identified.

An Individual Healthcare Plan will be developed where a pupil's allergy:

- has a functional impact on them within the school setting;
- presents a risk of harm; and
- requires arrangements or support that are additional to or different from the arrangements provided generally.

A formal diagnosis is not required for an IHP to be considered where a pupil has symptoms or a suspected allergy and specific arrangements are required to manage risk.

The IHP will be developed in collaboration with the pupil, parent/carer and, where appropriate, relevant healthcare professionals.

The IHP should:

- identify the known or suspected allergen(s);
- identify relevant signs and symptoms;
- identify any prescribed medication;
- identify whether the pupil carries or has access to an AAI;
- refer to and attach the pupil's Allergy Action Plan and/or Asthma Action Plan where applicable;
- set out arrangements for reducing exposure to known allergens;
- set out arrangements for food and mealtimes where relevant;
- identify the level of supervision or support required;
- identify arrangements for curriculum activities and practical lessons;
- identify arrangements for educational visits, trips and residential activities;
- identify any reasonable adjustments required;
- consider the impact of allergy on learning and wellbeing;
- set out emergency response arrangements;
- identify where emergency medication is stored;

- identify who needs to know the arrangements;
- include arrangements for reviewing the plan.

IHPs are not clinical documents. Clinical advice and Allergy Action Plans issued by healthcare professionals should be attached or clearly referenced rather than reproduced or amended by school staff.

Where a pupil has more than one medical condition, the school should seek to maintain a single IHP covering all relevant supportive arrangements where appropriate.

6. Emergency Medication (Spare AAIs)

6.1 Stock Requirements

From September 2026, schools must **stock spare AAIs** for emergency use.

The DfE indicates that **in general, each school should hold four spare devices**.

6.2 Storage

Spare AAIs will:

- be readily accessible and not locked away
- be stored in clearly identified locations
- be accessible to staff during the school day
- be stored in pairs
- be clearly labelled as emergency/spare AAIs
- be stored in accordance with the manufacturer's storage requirements
- be located so that they can be brought to a person experiencing anaphylaxis within five minutes.

Where the school is large or operates across multiple sites, more than one emergency AAI location should be considered.

6.3 Checking and Replacement

The school will maintain a documented checking system to ensure that:

- spare AAIs remain in date;
- devices are present and accessible;
- devices are stored appropriately;
- devices are not damaged;
- the correct dosage is available;
- used or expired devices are replaced promptly;
- used devices are disposed of safely in accordance with appropriate arrangements.

6.4 Use of Spare AAIs

Spare AAIs may be used to save life where a person is experiencing anaphylaxis, including:

- where a pupil's prescribed AAI is unavailable;
- where a prescribed AAI has misfired;
- where a pupil does not have a prescribed AAI; or
- where a person is experiencing anaphylaxis due to an unrecognised allergy.

In an emergency, treatment must not be delayed while waiting to establish whether prior consent has been obtained.

The school's emergency response procedure must be followed, and emergency services must be called immediately.

Where a pupil has their own prescribed AAI, this should normally be used in the first instance. Spare AAIs may be used where the prescribed device is unavailable, has misfired or a second dose is required.

7. Training Requirements

All staff who are present when pupils are on site will receive mandatory allergy awareness and emergency response training, at least annually, in accordance with current statutory requirements and guidance.

Training will form part of the induction process for new staff.

The Trust / school will ensure arrangements are in place so that temporary staff, supply teachers, agency workers, and regular volunteers who are present when pupils are on site receive appropriate allergy awareness training.

First aid training alone does not constitute allergy awareness training.

Training records will be maintained by the school/Trust via its centralised training systems and will identify staff who have completed the required training and the date of completion.

8. Allergy Prevention Measures

The Trust recognises that it is not possible to eliminate all exposure to allergens. The aim is therefore to take reasonable and proportionate steps to minimise risk while ensuring pupils with allergies are not unnecessarily excluded from school life.

The trust and our schools will:

- Maintain up-to-date information about known allergens.
- Ensure staff are aware of relevant pupil allergies and associated arrangements.
- Assess allergen risks in classrooms, curriculum activities and practical lessons.
- Consider allergens used in food technology, cooking, science, art, craft and other activities.
- Consider contact and airborne allergens where relevant.
- Consider risks associated with animals, animal products and outdoor activities.
- Consider allergen risks when planning school events, celebrations and special activities.
- Manage the risks associated with food brought into school by pupils, parents/carers and staff.
- Discourage the sharing or trading of food, drinks, utensils and food containers.
- Implement appropriate food hygiene and cross-contamination controls.
- Ensure appropriate allergen information is available for food provided by the school or catering provider.
- Work with parents/carers and caterers to agree appropriate reasonable adjustments.
- Consider allergy risks when planning educational visits, trips, residentials and extracurricular activities.
- Avoid unnecessary exclusion of pupils with allergies from activities.
- Use reasonable adjustments and alternative resources where necessary to enable pupils to participate safely.
- Review allergy-related risk assessments following incidents or near misses.

The Trust and our schools will adopt an **allergy-aware approach** rather than relying solely on blanket allergen bans. A blanket “nut-free” or other allergen-free environment cannot guarantee that exposure will not occur and must not replace individual risk management and robust emergency arrangements.

9. Emergency Response Procedure

Anaphylaxis is a medical emergency. Staff must act immediately and must not wait for symptoms to become more severe.

If a pupil or other person is showing signs of anaphylaxis:

1. **Give adrenaline immediately.** Use the person's prescribed AAI where available. If it is unavailable, has misfired, or the person does not have a prescribed AAI, use the school's spare AAI.
2. **Do not wait for an ambulance before administering adrenaline.**
3. **Call 999 immediately** and state clearly that the person is experiencing anaphylaxis and requires an ambulance.
4. **Bring the emergency medication to the person.** Do not send the person to the office or medical room to obtain medication.
5. Keep the person lying flat with their legs raised where possible. If they are having difficulty breathing, allow them to sit with their legs extended. They should not stand or walk.
6. If there is no improvement after approximately 5 minutes and a second AAI is available, administer the second dose in accordance with the person's Allergy Action Plan/emergency guidance.
7. Ensure a member of staff meets the ambulance and directs emergency services to the person.
8. Contact the parent/carer as soon as practicable.
9. Ensure the person remains supervised and is not left alone.
10. Record the incident in accordance with the school's incident reporting procedures.
11. Notify the Allergy Lead/Headteacher.
12. Following the incident, review the pupil's IHP, Allergy Action Plan and relevant risk assessments and identify any lessons learned.

Important: A pupil experiencing a suspected allergic emergency must not be sent alone to the school office, medical room or another location for treatment. Help and medication must be brought to the pupil.

10. Record Keeping

The school will maintain:

- Allergy registers
- AAI expiry logs
- Incident reports
- Training records
- Individual Healthcare Plans

11. Monitoring and Review

The Trust will monitor implementation of this policy through appropriate governance and assurance arrangements.

Monitoring may include:

- completion rates for annual allergy awareness training;
- induction compliance for new and temporary staff;
- numbers and locations of spare AAIs;
- AAI expiry and stock-check records;
- completion and review of relevant IHPs;
- allergy-related incidents and near misses;
- lessons learned and resulting actions;
- educational visit risk assessments;
- catering and food allergen controls;
- feedback from pupils and parents/carers;
- complaints relating to allergy safety;

The policy will be reviewed at least annually and sooner where:

- statutory guidance or legislation changes;
- a serious allergy incident occurs;
- a significant near miss occurs;
- there is a significant change to school arrangements;
- monitoring identifies a concern;
- new clinical or national guidance is issued; or
- lessons learned indicate that amendments are required.

12. Communication

This policy will be:

- Published on the trust website
- Shared with all staff annually
- Provided to all parents of pupils with allergies
- Shared with supply staff and contractors where relevant

13. Linked Policies

This policy should be read alongside the following policies:

- Supporting Children with Medical Conditions Policy
- Health & Safety Policy
- Food Safety Policy
- SEND Policy
- Food Allergy Policy
- Educational Visits Policy
- Safeguarding and Child Protection Policy
- Behaviour Policy
- Anti-Bullying Policy
- Attendance Policy
- SEND Policy
- Equality and Diversity/Equality Policy
- Data Protection Handbook and SAR Policy
- Business Continuity Plan

Appendix 1

NAME – Individual Healthcare Plan for allergy	
Date of birth:	Current photo
Year / class:	
Emergency contacts:	
Staff who need to be aware:	

Allergy:

Note what allergy the child or young person has.

Note any known allergens.

Note whether the child or young person is likely to be aware that they are having an allergic reaction and whether they can alert others.

How the allergy is managed:

Note any care or action plans or prescribed medication issued by healthcare professionals.

If the allergy can be partly or wholly managed by practical adjustments (for example avoidance of known allergens), note them here.

Note the extent to which the child or young person is able to take responsibility for managing their allergy.

Impact on education:

Indicate the potential harm which might come to the child or young person if their allergy is not managed properly.

Indicate how the allergy may impact on the child or young person's learning.

Indicate how the allergy may impact on the child or young person's emotional wellbeing.

If relevant, note any interaction between allergy and SEN.

Arrangements for support:

Give details of the specific support or adaptations which the school, college or early years setting will put in place, within its educational remit.

Outline measures to reduce the risk of contact with known allergens.

Give details of the specific support or adaptations to manage food allergy at meal and snack times.

Note arrangements for maintaining educational progress where absence or missed learning occurs due to allergy.

Visits and trips: *Give details of any arrangements or procedures which may be required for school trips or other activities outside of the normal timetable that will ensure the child can participate.* *Note any requirement for a risk assessment and prompts for specific issues which should be considered.*	
Emergency response: *Where an Action Plan issued by a healthcare professional covers emergency response, refer to it and ensure it is attached.* *Otherwise summarise the signs or symptoms which would indicate an emergency.* *Set out what to do in an emergency, including whom to contact.* *If relevant, note where "spare" adrenaline devices are located.*	
Last discussed with parents:	**Date**
Issued by:	**Date**:
Next planned review:	**Date**: