1. Purpose and scope

This policy sets out how Bespoke Training & Education (BT&E) keeps pupils, staff and visitors with allergies safe, reduces the risk of exposure to known allergens, and responds quickly and effectively to allergic reactions, including anaphylaxis. It also explains how we ensure that pupils with allergies are fully included in all aspects of school life.

The policy applies to all pupils, staff (permanent, temporary, supply, peripatetic and agency), regular volunteers, catering staff, and staff running breakfast and after-school clubs. It applies during the school day, on school trips and residential visits, and at any activity organised by the school on or off site.

2. Legal framework and guidance

This policy has been written with regard to:

- Section 34 of the Children's Wellbeing and Schools Act 2026, which requires maintained schools, academies and pupil referral units to have an allergy safety policy (often referred to as "Benedict's Law")
- Department for Education (DfE) *Allergy safety in schools* statutory guidance (July 2026), in force from September 2026, and the accompanying allergy safety policy and Individual Healthcare Plan templates
- Section 100 of the Children and Families Act 2014 and the DfE statutory guidance *Supporting pupils at school with medical conditions*
- Department of Health and Social Care guidance on the use of adrenaline auto-injectors (AAIs) in schools and the Human Medicines (Amendment) Regulations 2017, which allow schools to hold spare AAIs
- The Food Information Regulations 2014 and Food Standards Agency allergen guidance, including the DfE *School food standards: allergy guide*
- The Equality Act 2010
- Guidance and resources from Allergy UK, Anaphylaxis UK and the Natasha Allergy Research Foundation

3. Definitions

- **Allergy** – when the body's immune system reacts to a normally harmless substance (an allergen), such as a food, insect sting, medicine or latex. Allergic conditions include food allergy, asthma, eczema and hay fever, and these can co-exist.
- **Anaphylaxis** – a severe, potentially life-threatening allergic reaction affecting the airway, breathing and/or circulation. It requires immediate treatment with adrenaline and a 999 call.
- **Adrenaline device / AAI** – an adrenaline auto-injector (for example EpiPen or Jext) or other licensed adrenaline device used to treat anaphylaxis.

- **Spare AAI** – an adrenaline device bought by the school without a prescription for use in an emergency.
- **Individual Healthcare Plan (IHP)** – a written plan, agreed with parents/carers and the pupil, setting out the support a pupil needs to manage their allergy, including their allergy action plan.
- **Food intolerance and coeliac disease** – these are not allergies. Coeliac disease is an autoimmune condition and is managed through our Supporting Pupils with Medical Conditions policy, although similar food-safety controls apply.

4. Roles and responsibilities

Role	Responsibilities
Proprietor	Ensures the school has an allergy safety policy that is published on the website and reviewed at least annually; ensures allergy risks are on the school risk register and actively managed; receives periodic reports on serious incidents and near misses and uses them to challenge and inform review.
Headteacher	Ensures the policy is implemented; appoints a named senior leader for allergy safety; ensures sufficient resources for training, spare adrenaline devices and safe catering.
Named senior leader for allergy safety	Leads implementation and review of this policy; maintains the allergy register; oversees IHPs, training records, spare AAI stock and incident logs; reports to governors.
All staff and regular volunteers	Complete allergy awareness training; know which pupils in their care have allergies and where their medication is kept; follow IHPs and emergency procedures; report incidents and near misses.
Catering provider and kitchen staff	Provide accurate allergen information for all food served; follow safe preparation and cross-contamination controls; check product and menu changes; work with the school to identify pupils with allergies at the point of service.
Parents and carers	Inform the school of any allergy and provide medical evidence; contribute to the IHP; supply in-date prescribed medication (including two adrenaline devices where prescribed); tell the school promptly of any changes.
Pupils	Age-appropriately, help manage their own allergy, carry their medication where agreed, avoid sharing food, and tell an adult if they feel unwell.

5. Identifying pupils with allergies and Individual Healthcare Plans

- Parents/carers are asked about allergies on admission, at the start of each academic year and whenever a pupil's needs change.

- The named senior leader maintains an up-to-date allergy register, shared with relevant staff, catering staff and club leaders. Where consent is given, photographs of pupils with severe allergies are displayed discreetly in staff areas and the kitchen.
- Pupils whose allergy requires specific support (including all pupils prescribed adrenaline) will have an IHP, using the DfE template, agreed with parents/carers, the pupil and healthcare professionals where appropriate. The IHP includes the pupil's BSACI allergy action plan.
- IHPs are reviewed at least annually and whenever there is a change in diagnosis, medication or circumstances, or after an incident.
- The school will not wait for a formal diagnosis before putting interim measures in place where an allergy is reported.

6. Reducing the risk of exposure

Allergy risks are included on the school risk register and assessed for all school activities. We aim to reduce risk sensibly rather than rely on blanket bans, which can create false reassurance. Key measures include:

6.1 School meals and catering

- Allergen information for the 14 major allergens is available for all food served, in line with the Food Information Regulations 2014, and prepacked for direct sale (PPDS) food is fully labelled.
- Kitchen staff check ingredients and labels, especially when menus or suppliers change, and inform the school of any substitutions.
- Pupils with food allergies are identified at the point of service; staff check meals against the pupil's needs.
- Procedures are in place to prevent cross-contamination during storage, preparation and serving.
- Lunchtime supervisors encourage handwashing before and after eating and discourage sharing of food.

6.2 Classrooms, curriculum and activities

- Food is not used as a reward. Food used in lessons (for example food technology, science or celebrations) is risk-assessed and checked against the allergy register in advance.
- Arts and crafts materials (for example egg boxes, cereal packets, playdough) are checked for allergens.
- Parents are reminded of our approach to food brought in for celebrations, fundraising events and packed lunches.
- Non-food allergens such as latex, insect stings, animals and pollen are considered in risk assessments.
- Good ventilation and air quality are maintained as part of managing asthma risks.

6.3 Trips, residentials, clubs and extended provision

- Trip risk assessments include allergy arrangements, catering at the destination and access to emergency services.

- Each pupil's prescribed medication and IHP go with them; a trained member of staff accompanies the group. Where possible, a spare adrenaline device is also taken.
- Breakfast club, after-school club and external providers using the site are made aware of this policy and of relevant pupils' needs.
- School transport arrangements are considered where relevant.

7. Staff training

All staff present when pupils are on site – including permanent, temporary, supply, peripatetic and agency staff, regular volunteers, catering staff and club staff – receive allergy awareness training at least annually. New staff receive training as part of induction, and supply and cover staff are briefed before working with pupils. Training ensures staff:

- understand allergy, the risks it poses and how reactions can occur;
- understand that allergy includes several conditions (food allergy, asthma, eczema, hay fever and others) which can co-exist;
- understand the difference between food allergy, coeliac disease and food intolerance;
- know where to find information about pupils' allergy triggers;
- can recognise the symptoms of mild, moderate and severe allergic reactions, including anaphylaxis;
- know how to respond in an emergency, including calling 999, informing parents and locating and administering adrenaline devices and asthma reliever inhalers.

Training is delivered through Highspeed Training an accredited online course with practical practice using trainer devices. Records of training are kept by the named senior leader.

8. Adrenaline devices and emergency medication

8.1 Prescribed adrenaline devices

- Parents/carers provide two in-date prescribed adrenaline devices (where prescribed), clearly labelled with the pupil's name.
- Where agreed in the IHP, pupils carry their own device; otherwise devices are stored in an unlocked, clearly marked and easily accessible location close to the pupil, never locked away.
- Medication accompanies the pupil at all times off site and during PE, trips and clubs.
- Expiry dates are checked [termly/monthly] and parents are reminded in good time to replace devices.

8.2 Spare adrenaline devices

- In line with the DfE statutory guidance, the school holds spare adrenaline devices for use in an emergency. These are kept in emergency kits at classrooms in locked cupboards, together with instructions, a copy of the allergy register and a record sheet.
- The school holds devices in appropriate doses for the ages of its pupils, following the Department of Health guidance on the use of adrenaline auto-injectors in schools.
- Spare devices are used in line with that guidance and the DfE statutory guidance, for example where a pupil's own device is unavailable, faulty or has been used. Where a

person who is not known to be at risk appears to be having anaphylaxis, staff call 999 immediately and follow the advice of the emergency services on using a spare device.
- Parental consent for use of a spare device is recorded in the IHP.
- The named senior leader checks the kits monthly, records expiry dates, replaces used or expired devices promptly and disposes of used devices safely.

9. Emergency response to an allergic reaction

Mild to moderate reaction (for example swollen lips, face or eyes; itchy or tingling mouth; hives or itchy rash; abdominal pain or vomiting; sudden change in behaviour): stay with the person and call for help; locate their adrenaline device; give antihistamine if prescribed in their plan; contact parents/carers; and watch closely for signs of anaphylaxis.

Anaphylaxis – look for problems with the **Airway** (persistent cough, hoarse voice, difficulty swallowing, swollen tongue), **Breathing** (difficult or noisy breathing, wheeze or persistent cough) or **Consciousness/circulation** (persistent dizziness, pale or floppy, suddenly sleepy, collapse or unconsciousness). If any of these signs are present:

1. Lie the person flat with legs raised. If breathing is difficult, allow them to sit up. Do not let them stand or walk.
2. Give adrenaline immediately into the outer thigh (through clothing if necessary), using their own device or the spare device. If in doubt, give adrenaline.
3. Call 999, say "anaphylaxis" (ana-fil-axis), and give the school address and postcode.
4. Send someone to bring the second adrenaline device and the spare emergency kit, and to meet the ambulance.
5. If there is no improvement after 5 minutes, give a second dose of adrenaline using a new device.
6. If the person becomes unresponsive and is not breathing normally, start CPR.
7. Contact parents/carers. A member of staff accompanies the pupil to hospital if parents are not present.
8. Record the time adrenaline was given and hand used devices to the paramedics.

A person with asthma who has a food allergy and develops sudden breathing difficulty should be treated for anaphylaxis with adrenaline first, and then given their reliever inhaler. Emergency procedures are displayed in classrooms.

10. Inclusion, wellbeing and unacceptable practice

Pupils with allergies are entitled to full access to the curriculum, trips, clubs, school meals and all other activities. Reasonable adjustments are made so that they are not excluded. It is unacceptable practice to:

- prevent pupils from easily accessing their medication or require them to go alone to collect it;
- exclude pupils from activities, or make them eat separately, unless this is part of an agreed IHP;
- send a pupil who feels unwell anywhere unaccompanied;

- require parents/carers to attend school to administer medication or to accompany their child on trips;
- penalise pupils for absence related to their allergy, including through attendance reward schemes.

Allergy-related bullying, including deliberately exposing someone to an allergen, is treated seriously under our Behaviour and Anti-Bullying policies and, where appropriate, as a safeguarding concern. Pupils are taught age-appropriately about allergies to build understanding and support.

11. Recording and learning from incidents and near misses

- All allergic reactions, uses of adrenaline (prescribed or spare) and near misses (for example a pupil being served or given food containing their allergen) are recorded on CPOMS / incident form on the same day.
- Parents/carers are informed of any reaction or near miss involving their child.
- The named senior leader reviews every serious incident and near miss, identifies lessons learned, and updates IHPs, risk assessments and procedures as needed.
- Serious incidents are reported to governors and, where required, to the local authority/trust and other relevant bodies. A serious incident or near miss triggers an interim review of this policy.

12. Communication with parents and carers

The school works in partnership with parents/carers and pupils. Menus and allergen information are made available to families, parents are consulted when IHPs are written and reviewed, and the school community is reminded regularly about our allergy-aware approach, including food brought into school for events.

13. Monitoring, review and publication

- This policy is reviewed **at least annually** by the named senior leader and approved by the governing body. It is also reviewed after any serious incident or near miss, or following changes to legislation or guidance.
- Reviews take account of incident and near-miss records, training records, spare device checks and feedback from staff, parents/carers and pupils.
- The policy is **published on the school website** and available in hard copy from the school office on request. It is shared with all staff, catering providers and club providers.

14. Related policies and sources of support

Related school policies: Supporting Pupils with Medical Conditions; First Aid; Administration of Medicines; Health and Safety; Safeguarding and Child Protection; Educational Visits; Behaviour and Anti-Bullying; Equality; Food and Catering.

External guidance and support:

- DfE – Allergy safety in schools (statutory guidance and templates)

- DfE – School food standards: allergy guide
- Allergy UK – Spare pens in schools
- Spare Adrenaline in Schools – official guidance
- Anaphylaxis UK, the Natasha Allergy Research Foundation (Allergy School) and the British Society for Allergy and Clinical Immunology (BSACI) allergy action plans