Interim Allergy Safety Policy

Including the prevention and emergency management of anaphylaxis

Interim status

This school-level policy takes immediate effect while the trust-wide allergy policy is finalised. It will be replaced or aligned promptly when the trust policy is issued.

School	Charnwood Primary Academy
Academy trust	Staffordshire University Academies Trust (SUAT)
Policy owner	Head of School / named senior allergy safety lead
Operational support	School Business Manager and designated first-aid/medical staff
Approval body	Local Governing Committee / Trust - to be confirmed
Effective from	September 2026
Review	On receipt of the trust policy; after a serious incident or near miss; and no later than September 2027
Published	School website and staff policy area

Emergency rule

Suspected anaphylaxis is always an emergency. Give adrenaline immediately, call 999, and bring help and medication to the person. If in doubt, give adrenaline.

1. Purpose and status

This policy sets out the academy's arrangements for identifying, reducing and responding to allergy-related risks. It supports children to attend, learn and participate fully, including within Nursery/EYFS, breakfast and after-school provision, educational visits and extracurricular activities.

It is an interim academy policy pending the trust-wide policy. It should be read with the academy's Supporting Pupils with Medical Conditions, Administration of Medicines, First Aid, Food/Catering, Educational Visits, Safeguarding, Equality, Health and Safety and Data Protection policies.

2. Legal and guidance framework

This policy has been prepared with regard to the Department for Education's Allergy safety in schools: statutory guidance for governing bodies of maintained schools and proprietors of academies in England (July 2026). The guidance is issued under section 100 of the Children and Families Act 2014, as amended by section 34 of the Children's Wellbeing and Schools Act 2026. The requirement for a dedicated, published and reviewed allergy safety policy is commonly referred to as Benedict's Law.

- Children and Families Act 2014, section 100, and statutory guidance on supporting pupils with medical conditions at school.
- Children's Wellbeing and Schools Act 2026, section 34, and the July 2026 statutory allergy safety guidance.
- Human Medicines Regulations 2012, as amended in 2017, permitting schools to obtain and use spare adrenaline auto-injectors (AAIs) in emergencies.
- Equality Act 2010, safeguarding duties, common-law duty of care, Health and Safety at Work etc. Act 1974, food-information law and the EYFS statutory framework.

Scope note

Allergy includes food, insect-sting, medicine, latex, contact and airborne allergies, and allergic asthma. Coeliac disease and food intolerance require safe management under wider medical and food arrangements but do not cause anaphylaxis and are not treated as allergy in this policy.

3. Principles

- The academy is allergy-aware. It will not describe itself as "allergen-free" or "nut-free", because no school can guarantee the complete absence of an allergen.
- No child will be excluded, unnecessarily segregated, denied a school meal, trip, club or activity, or required to have a parent attend solely because of allergy.
- Reasonable steps will reduce exposure, while rapid recognition and emergency treatment remain essential because first reactions can occur in school.
- Children's dignity, privacy, voice, independence and emotional wellbeing will be promoted. Allergy-related teasing, bullying, food swapping or deliberate exposure will be addressed under the behaviour and safeguarding arrangements.

4. Roles and responsibilities

4.1 Trust, governing body and Head of School

- Ensure a suitable policy is in place, published, implemented, resourced and reviewed; include allergy risk on the academy risk register and monitor assurance.
- Nominate a senior allergy safety lead and ensure responsibilities are not delegated solely to catering staff.
- Ensure sufficient trained staff, appropriate insurance, emergency arrangements and access to in-date medication throughout the school day and wraparound provision.

4.2 Named senior allergy safety lead

- Lead implementation, annual review, incident learning, staff communication and liaison with families, health professionals, caterers and providers.
- Maintain oversight of the allergy register, Individual Healthcare Plans (IHPs), training compliance, risk controls and emergency-drill learning.

4.3 School Business Manager / designated medical staff

- Maintain Medical Tracker records, consent, medication locations, expiry alerts and replacement follow-up.
- Check the emergency anaphylaxis kit at least monthly and after any use; record checks, stock, batch/expiry details and replacement action.
- Ensure new, supply, agency, catering, peripatetic and wraparound staff receive essential information before supervising pupils.

4.4 All staff and volunteers

- Complete allergy-awareness and emergency-response training at induction and at least annually; know the children they support, relevant plans and medication locations.
- Plan activities to avoid known allergens, supervise safe eating, prevent food sharing and respond immediately to symptoms.
- Record and report reactions, errors, exposures and near misses without delay.

4.5 Parents/carers and pupils

- Parents/carers should provide accurate, current information; prescribed medication in original labelled packaging; two prescribed adrenaline devices where prescribed; consent; and updated clinical/action plans as soon as available.
- Pupils will be supported, according to age and ability, to recognise symptoms, communicate concerns, avoid sharing food, carry or access medication and develop safe independence.

5. Identifying allergy and planning support

1. At admission, transition and at least annually, the academy will ask about diagnosed or suspected allergy, asthma, triggers, symptoms, medication and emergency arrangements.
2. New or changed information will be recorded promptly on Medical Tracker and Bromcom and communicated on a need-to-know basis to relevant staff, caterers and providers.
3. A pupil will have an IHP where allergy has a functional impact, creates a risk of harm and requires arrangements additional to or different from universal provision.

4. The academy will develop the IHP with the pupil and parent/carer, taking account of clinical advice. A healthcare-professional Allergy Action Plan or Asthma Action Plan remains the clinical document and will be attached, not rewritten or replaced by the school.
5. If clinical advice is not yet available, the concern will not be dismissed. Interim proportionate arrangements will be agreed with the family using the best available risk information, and appropriate healthcare advice will be sought where safe support cannot otherwise be determined.

Admission and medication

A pupil must not be routinely refused attendance solely because clinical paperwork or replacement medication is awaited. The Head of School must make and document an individual risk decision, agree temporary controls with the family and seek clinical/trust advice urgently where the academy cannot safely determine the required support. Emergency adrenaline must never be delayed while consent is checked.

6. Information sharing and confidentiality

- Health information is special-category personal data. It will be shared only where necessary for safety, support and inclusion, using secure systems and staff-only displays where appropriate.
- Relevant staff will have prompt access to IHPs and current action plans. Lists/photos used in kitchens, serving points or activity areas will be located away from public view.
- Supply staff, club providers, contractors with pupil-facing roles and trip leaders will receive the necessary safety information before responsibility transfers.

7. Training and assurance

- All staff present while pupils are on site will receive allergy-awareness training at least annually. This includes leaders, teachers, support staff, office staff, lunchtime supervisors, catering staff, cleaners with pupil contact, supply/agency/peripatetic staff, regular volunteers, and breakfast/after-school-club staff.
- Training will cover allergies and asthma; allergy versus intolerance/coeliac disease; triggers; mild reactions; ABC signs of anaphylaxis; calling 999; positioning; locating and administering the devices stocked by the academy; second doses; and reporting.
- Those supporting an individual pupil will also understand the pupil's IHP and action plan. Training records will show date, content, provider and attendees.
- At least one practical scenario/drill will be considered each year and after significant changes, with lessons recorded and acted upon.

8. Reducing exposure to known allergens

- Staff will check the allergy register/IHP before food, cooking, science, art, craft, sensory, gardening, animal or celebration activities. Risks include flour/play dough, milk/wheat/soya in glues, nuts/sesame in bird feed, latex and contaminated food packaging.
- Alternatives will be chosen for the whole group wherever reasonably practicable so the pupil is not singled out.
- Hands and surfaces will be cleaned with soap and water; food utensils and preparation areas will be cleaned to prevent cross-contact. Alcohol hand gel does not reliably remove food proteins.
- Food, drinks, utensils and containers must not be shared or traded. Lunch boxes, bottles and food intended for a pupil with allergy must be clearly named.

- Animals, plants, medication, latex, cleaning products, air quality and insect-sting risks will be considered where relevant to a pupil's documented triggers.
- Risk controls will reflect the individual rather than blanket assumptions. Requests to discourage a particular food from being brought on site may be used as one control but will never replace supervision, hygiene, accurate allergen information and emergency readiness.

9. Food, catering, celebrations and EYFS

- The caterer must provide clear and accurate information about the 14 regulated allergens and comply with prepacked-for-direct-sale labelling requirements. Menu substitutions must be communicated and checked before service.
- Catering staff will meet families where necessary, maintain controls against cross-contact and ensure an agreed safe meal is identifiable at service. Children with allergy will eat with their peers, with proportionate supervision.
- Home-baked or unlabelled foods will not be given to a pupil with allergy unless expressly risk-assessed and agreed with the parent/carer. Families will be consulted in advance about birthday treats, curriculum food and events.
- For EYFS children, before a child is admitted the academy will obtain information about special dietary requirements, preferences, food allergy and health requirements. Fresh drinking water will be available; food and drink will be prepared, handled and served safely; and competent supervision will reflect each child's age and needs.
- A first aider who understands the child's arrangements and can rapidly summon emergency help will be available throughout EYFS and wraparound sessions. Providers must follow this policy, their contractual safeguarding/medical duties and the child's current IHP/action plan.

10. Medication and emergency equipment

10.1 Individually prescribed medication

- Medication will be readily accessible, not placed where retrieval creates avoidable delay, and stored in accordance with its label. Children prescribed adrenaline should have rapid access to two devices at all times, including playgrounds, PE, lunch, clubs, journeys and trips.
- At Charnwood, individual prescribed AAIs and other emergency medicines are ordinarily held in the pupil's classroom in a clearly identified, accessible location; the precise location is recorded on Medical Tracker and in the IHP. Arrangements will move with the pupil when needed.
- Older/competent pupils may carry their own devices where agreed in the IHP, but this does not remove the academy's responsibility to plan reliable access and staff response.

10.2 Spare emergency anaphylaxis kit

- The wall-mounted emergency anaphylaxis kit is located in the school hall. It is clearly marked, readily accessible and not locked away.
- The kit holds one pair of 150 microgram AAIs and one pair of 300 microgram AAIs (two of each strength), with instructions and the stock/check record. Doses will be selected according to the device instructions, current clinical guidance and 999 advice.
- The academy will test that AAIs can be brought to any occupied part of the site within five minutes. If this is not reliably achieved, the risk assessment will require relocation or additional kits.

- The School Business Manager/designated person will check the kit monthly and after use for quantity, integrity and expiry. Expiry dates are also tracked electronically. Used AAIs will be handed to paramedics or disposed of as sharps; stock will be replaced urgently.
- A pupil's own prescribed device should be used first when immediately available. A spare AAI may be used if the prescribed device is unavailable, faulty or has misfired, or where a person presents with suspected anaphylaxis without a known diagnosis. Prior consent is good practice, but it must not be checked or allowed to delay lifesaving treatment.

11. Recognising and responding to a reaction

Mild/moderate signs	Emergency ABC signs
Swollen lips, face or eyes; itchy/tingling mouth; hives/itchy rash; abdominal pain or vomiting; sudden behaviour change; mild throat tightness.	AIRWAY: throat/tongue swelling, hoarse voice, difficulty swallowing. BREATHING: sudden wheeze, difficulty/noisy breathing, persistent cough. CIRCULATION: dizziness, faintness, sudden sleepiness/confusion, pale clammy skin, collapse or loss of consciousness.

11.1 Suspected anaphylaxis - act immediately

1. Call for help and send someone to bring the pupil's own medication and the hall emergency kit. Do not move the person to the medication.
2. Lay the person flat with legs raised. If breathing is difficult, allow them to sit with legs extended. If pregnant, place on the left side. Never allow them to stand or walk. If unconscious, use the recovery position and start CPR if needed.
3. Give an adrenaline device immediately into the outer mid-thigh, following the device instructions. If in doubt, give adrenaline. Do not substitute an asthma reliever for adrenaline.
4. Call 999 immediately and say "anaphylaxis". Give the school address/access details and follow the call handler's advice. Do not wait for 999 before giving adrenaline.
5. Note the time. If there is no improvement after five minutes, give a second dose using another device. Continue monitoring and be prepared to give CPR.
6. Contact the parent/carer after emergency action is underway. Send the IHP/action plan and medication details with the pupil. The pupil must be assessed by emergency services and must not be left alone.

Breathing difficulty with food allergy

For a person with food allergy and asthma, sudden breathing difficulty may be anaphylaxis even without a rash. Give adrenaline first; give a reliever inhaler afterwards only if directed by the action plan or 999.

11.2 Mild to moderate reaction

- Follow the pupil's current action plan and give prescribed medication only in accordance with it and the academy's medicines arrangements.
- Do not leave the pupil alone. Inform the parent/carer and observe continuously in a safe place for at least 60 minutes because symptoms can progress.
- If any ABC symptom develops, or there is uncertainty, treat as anaphylaxis immediately.

12. Trips, PE, clubs and off-site activity

- Planning will begin early and include an individual allergy risk assessment where the pupil is at risk of anaphylaxis. The pupil will not be excluded simply because of allergy.
- The trip leader will confirm named trained adults, current plans, emergency contacts, safe food/catering arrangements, destination access to emergency care and that two prescribed devices travel with the pupil.
- Medication remains with the pupil/group and is never left on a coach, in a locked vehicle or inaccessible bag. A spare school pair may be taken where the risk assessment supports this only if adequate spare cover remains on site.
- External providers, transport, residential venues and after-school clubs must be given relevant information and confirm how they will meet the pupil's needs before the activity.

13. Incidents, near misses and learning

- Every allergic reaction, medication error, incorrect meal, known exposure, serious incident and near miss will be recorded on the academy's reporting system/Medical Tracker as appropriate and reported promptly to the Head of School and parent/carer.
- Any use of adrenaline, attendance by emergency services, urgent clinical intervention or immediate significant risk is a serious incident. A system failure that could reasonably have caused serious harm is a near miss.
- The Head of School/allergy lead will conduct a proportionate no-blame review, preserve relevant food labels and records, notify the governing body/trust and statutory bodies where required, and update risk controls, the IHP, training or this policy.
- Delayed reactions or incidents reported later by families or healthcare professionals will be accepted and reviewed in the same way.

14. Complaints and concerns

Concerns should be raised promptly with the class teacher, office or Head of School so immediate safety action can be taken. Formal complaints will follow the trust complaints procedure. A complaint does not replace emergency or safeguarding reporting.

15. Monitoring and review

- The allergy lead will report at least annually to the Head of School/governing body on training, IHP coverage, medication checks, incidents/near misses, drill outcomes, catering/provider assurance and outstanding actions.
- This policy will be reviewed on receipt of the SUAT policy, at least annually, after a serious incident or near miss, following relevant legal/guidance change, or where site/provision changes affect risk.

Appendix A - Daily emergency prompt

ANAPHYLAXIS = ABC

AIRWAY swelling/hoarse voice/difficulty swallowing • BREATHING sudden wheeze/difficulty/persistent cough • CIRCULATION faintness/confusion/pale clammy skin/collapse

1. Bring the person's own adrenaline and the hall emergency kit to them.
2. Lay flat; do not let them stand or walk.
3. Give adrenaline immediately. If in doubt, give it.
4. Call 999 and say "anaphylaxis".
5. Give a second dose after 5 minutes if no improvement.
6. Stay with them, contact family, record and review.

Appendix B - Interim implementation checklist

Area	Action
Leadership	Name senior allergy safety lead; add allergy to risk register; approve/publish interim policy.
Pupil records	Audit Medical Tracker; identify pupils needing an IHP; attach current action plans; document classroom medication locations.
Medication	Confirm two prescribed devices where prescribed; check hall kit contains 2 x 150 mcg and 2 x 300 mcg AAIs; record monthly checks and expiry alerts.
Access test	Time retrieval from hall to all occupied areas, playgrounds and wraparound spaces; act if five minutes cannot be achieved.
Training	Complete/record annual training for all staff, catering, supply/agency/peripatetic staff, regular volunteers and club providers.
Catering/EYFS	Confirm allergen-information, cross-contact, substitutions, celebration food and EYFS dietary-information controls.
Providers	Issue policy and relevant pupil plans to breakfast/after-school providers; obtain written assurance on trained cover and medication access.
Communication	Brief pupils/families proportionately; set no-sharing expectations; place emergency posters and secure staff-only allergy lists.
Practice/review	Run a scenario, log lessons; review after incidents/near misses and when the trust policy arrives.

Appendix C - References

- Department for Education, Allergy safety in schools: statutory guidance for governing bodies of maintained schools and proprietors of academies in England (July 2026).
- Department for Education, Supporting pupils at school with medical conditions (statutory guidance).

- Department of Health and Social Care, Using emergency adrenaline auto-injectors in schools.
- Statutory framework for the Early Years Foundation Stage.
- Food Standards Agency guidance on allergen information and food labelling.

Policy drafting note: This document is operational policy, not individual clinical advice. Current healthcare-professional action plans and device instructions take precedence for a named pupil.