School: Bentley CEVC & Copdock Primary Federation
Designated Allergy Safety Lead: Heidi Cross, Deputy Headteacher
Designated Allergy Safety Governor: Peter Drew
Approved by: Whole Governing Board
Approval date: 14th October 2026
Effective from: September 2026
Review date: September 2027 or following any incidents/near misses
Version: 1.0.

Policy statement

Bentley CEVC & Copdock Primary Federation is committed to providing a safe, inclusive and
supportive environment for all pupils, staff, volunteers and visitors affected by allergies.

The Federation recognises that allergic reactions can occur unexpectedly and that anaphylaxis is a serious medical emergency. The Federation will therefore take reasonable and proportionate steps to reduce the risk of exposure to known allergens, ensure appropriate emergency arrangements are in place and ensure that staff understand how to respond effectively.

This policy has been developed in accordance with the Department for Education's statutory guidance on **Allergy safety in schools** and S**upporting Pupils with Medical Conditions at School**, the Department of Health and Social Care's guidance on **using emergency adrenaline auto-injections in schools,** and, the following legislation:

- Children's Wellbeing and Schools Act 2026 (including Benedict's Law)
- The Food Information Regulations 2014
- The Food Information (Amendment) (England) Regulations 2019

This policy is separate from the Federation's general medical conditions policy and specifically
addresses allergy safety.

2. Scope

This policy applies to:

- all pupils
- all teaching and non-teaching staff
- temporary, agency, supply and peripatetic staff
- catering staff
- staff supervising breakfast clubs, after-school clubs and other pupil activities

- regular volunteers
- visitors where relevant to the management of allergy risk.

Contractors undertaking work with no pupil-facing role are not normally required to undertake allergy-awareness training, although the Federation will communicate relevant emergency arrangements where appropriate.

The policy applies throughout the schools, premises and during activities undertaken under the schools' supervision, including educational visits, residential trips, sporting activities, clubs and other off-site activities.

3. Legal and statutory framework

The Federation will have due regard to the Department for Education's statutory guidance, ***Allergy Safety in Schools***, and will comply with all legal requirements relating to the management of allergies and anaphylaxis in schools.

The schools will maintain appropriate procedures for the prevention, management, recording and reporting of allergy-related incidents, and will ensure that accurate information regarding pupils' allergies is collected, stored and shared with relevant staff.

The schools will also comply with any additional legislation, regulations or statutory requirements relating to allergy management, pupil health, safeguarding and medical needs within educational settings.

4. Responsibility and leadership

The Executive Headteacher/senior member of staff will have overall responsibility for ensuring that this policy is implemented. They will also decide (in discussion with the parents/carers and any relevant healthcare professionals) whether a pupil's allergy can be managed through the adjustments made under the school's medical conditions policy or, whether an IHP is required to specify arrangements that reflect the pupil's circumstances.

A named member of the Senior Leadership Team will have designated responsibility for allergy safety. The Allergy Safety Lead will:

- oversee implementation of this policy
- promote and maintain allergy awareness across our school communities, ensuring all staff are aware of the schools' policy and procedures regarding allergies
- maintain oversight of pupils and staff with known allergies, ensuring allergy information is up to date and readily available to relevant members of staff
- coordinate regular allergy-awareness and emergency-response training for all staff
- ensure relevant Individual Healthcare Plans and Allergy Action Plans are in place and up to date

 appoint a member of staff to check that spare ADs are present and in date on a monthly basis
 ensure that replacement ADs are obtained when expiry dates approach
 develop and review arrangements for the safe storage and disposal of prescribed and spare adrenaline devices (ADs)
 ensure staff know where emergency medication is located
 coordinate allergy-related risk assessments
 ensure incidents and near misses are recorded and reviewed
 ensure lessons are learned and appropriate changes are made to policy and procedures
 liaise with parents/carers and relevant healthcare professionals where necessary
 contribute to the annual review of this policy.

4.1 Teaching and support staff

All teaching and support staff are responsible for:

- Promoting and maintaining allergy awareness among pupils
- Maintaining awareness of our allergy safety policy and procedures
- Being able to recognise the signs of severe allergic reactions and anaphylaxis
- Being aware of specific pupils with allergies in their care
- Reducing the risk to pupils with known allergies coming into contact with known allergens
- Ensuring the wellbeing and inclusion of pupils with allergies
- Reporting any allergic reaction or case of anaphylaxis to the Allergy Safety Lead

All staff have a responsibility to follow this policy and to take reasonable steps to reduce allergy
risks.

4.2 Parents/carers

Parents/carers are responsible for:

- Being aware of our schools' allergy safety policy
- Providing the school with up-to-date details of their child's medical needs, dietary requirements and, any history of allergies, reactions and anaphylaxis
- If required, provide their child with two in-date ADs and any other medication including inhalers, sprays, antihistamine etc. and making sure these are replaced in a timely manner
- For educational visits, the child must have their two auto injectors with them. If on the day of the trip, they do not have two injectors with them, the parent/carer will be required to supply the school with the two auto injectors to allow the child to participate.
- Following the schools' guidance on food brought in to be shared
- Updating the school on any changes to their child's condition

5. Allergy awareness and staff training

All staff who are present during times when pupils are scheduled to be on site will receive allergy

awareness and emergency-response training. This includes permanent staff, temporary staff, supply teachers, peripatetic staff, regular volunteers and catering staff, as well as staff supervising breakfast and after-school activities. The schools will make appropriate arrangements to ensure supply and cover staff receive relevant knowledge and information.

Training will be completed:

 at least annually
 as part of induction for new staff
 following significant changes to allergy arrangements where additional training is required.

Training will ensure staff understand:

 what allergy is and the risks it can pose
 that allergy includes conditions such as food allergy, asthma, eczema and hay fever, which may co-exist
 the difference between food allergy, coeliac disease and food intolerance
 where to find information about individual allergy triggers
 the symptoms and signs of an allergic reaction
 how to recognise anaphylaxis
 how to respond to an emergency
 how and when to contact emergency services and parents/carers
 how to locate emergency medication
 how to use relevant adrenaline auto-injectors and other emergency devices
 the purpose and use of school spare adrenaline devices
 the location of prescribed medication
 how to check the school's allergy records and relevant Allergy Action Plans
 their responsibilities for reducing exposure to known allergens
 the potential impact of allergy on pupil wellbeing
 the Federation's allergy safety policy
 how to report allergic reactions, anaphylaxis and near misses.

Training under this policy does not replace any separate clinical competency, healthcare delegation, or individual medical training required for a particular pupil.

6. Identification and recording of allergies

The school will seek and obtain information about any known allergies before a child's first day at school and whenever a new allergy is identified. Information will be gathered, as appropriate, from:

- the pupil
- parents/carers
- the pupil's previous school or setting
- healthcare professionals
- other relevant sources.

Arrangements will be put in place within two weeks of being notified of a new allergy or of a pupil with an allergy joining the school mid-term. The school will maintain an up-to-date record of pupils known to have allergies, including:

 the known allergen(s)
 the nature and severity of the allergy where known
 known symptoms and signs of a reaction
 whether the pupil is at risk of anaphylaxis
 prescribed emergency medication
 whether the pupil has an Allergy Action Plan (written by medical professionals)
 whether the pupil has an Asthma Action Plan (written by medical professionals) where
relevant
 whether an Individual Healthcare Plan (written by school) is required
 any specific reasonable adjustments or additional arrangements required.

Relevant allergy information concerning staff and visitors will also be requested and managed where necessary to keep individuals safe. We will send a reminder to parents/carers at the start of each school year, asking them to update their child's medical information

7. Individual Healthcare Plans

A pupil will have an Individual Healthcare Plan (IHP) where their allergy:

 has a functional impact on them at school
 creates a risk of harm
 requires arrangements that are additional to or different from those made generally for
pupils.

The IHP will document the additional or different arrangements required to support the pupil, including emergency arrangements. Where a healthcare professional has issued an Allergy Action Plan and/or Asthma Action Plan, this will be referred to or attached to the IHP where appropriate. The school will review the IHP at least annually, or sooner where a pupil's needs change, new medical advice is received, or following any significant incident.

8. Reducing the risk of allergen exposure

The schools will take reasonable measures to reduce the risk of pupils, staff and visitors coming
into contact with known allergens.
Risk reduction measures will include consideration of:

 pupils being reminded to wash their hands before and after eating;
 food provided by the school;

 food brought into school by pupils, parents/carers and staff;
 sharing of food, containers or utensils not being permitted
 pupils having their own named water bottles
 clearly labelling meals provided for pupils with food allergies
 food served during celebrations and special events
 catering and lunchtime arrangements
 food preparation and storage
 classroom activities
 cooking activities
 science activities
 art and craft materials
 musical activities
 contact with animals
 outdoor activities
 medicines and other products
 airborne allergens
 contact allergens
 educational visits and trips.

The Federation will not assume that allergen risks exist only within dining areas. Pupils may be exposed to allergens through classroom activities, animals, educational visits, or other aspects of school life. The school will identify potential risks and take reasonable steps to reduce the likelihood of allergen exposure for pupils with known allergies.

9. Food allergy and catering

The Federation will maintain clear procedures for identifying, recording and managing food allergens in all food provided by the schools or their catering provider. Information about allergens will be accurately documented and communicated to pupils, parents/carers and relevant staff as appropriate.

Catering staff will:

 have appropriate allergy-awareness training
 have access to current information about pupils with food allergies where necessary
 follow agreed food-allergy procedures
 prevent avoidable cross-contact with allergens
 ensure food provided to pupils with allergies is correctly identified
 follow individual arrangements contained in relevant IHPs and allergy plans
 report any suspected allergen exposure, error or near miss immediately.

Food brought into school by others will be managed in accordance with the schools' risk assessments and individual pupil arrangements. Where a particular allergen presents a significant risk, the school may introduce additional controls in specific areas or activities. Any such arrangements will be proportionate, clearly communicated and reviewed regularly.

10. Prescribed adrenaline auto-injectors

Where a pupil has prescribed adrenaline auto-injectors (AAIs), they must be rapidly accessible
whenever the pupil is on school premises or participating in a school activity.
The school will ensure that prescribed adrenaline is accessible:

- in classrooms or other relevant learning areas;
- in dining areas
- in outdoor areas
- during clubs and activities
- during educational visits and trips.

In accordance with statutory guidance, adrenaline should be administered without delay where anaphylaxis is suspected, even if there is uncertainty about the diagnosis. The schools will ensure that arrangements are in place to enable rapid access to prescribed adrenaline auto-injectors at all times.

Prescribed medication will not be routinely stored in locations that could delay access in an emergency. Individual adrenaline auto-injectors and inhalers will be stored in classroom cupboards marked with a clearly visible red first aid cross and will be readily accessible to trained staff.

Auto-injectors and inhalers will be kept in a transparent folder or bag displaying the pupil's photograph to allow for quick and accurate identification in an emergency.

The schools will maintain an up-to-date register of pupils who have been prescribed adrenaline auto-injectors, including details of their allergy, medication requirements and emergency procedures.

Parents/carers are responsible for ensuring that prescribed medication remains in date and is replaced promptly when required. The schools will have arrangements in place for returning individually prescribed medication to parents/carers at the end of the school year or when it is no longer required.

Where appropriate, spare adrenaline auto-injectors may be held by the school in accordance with current legislation and statutory guidance.

The school will check relevant medication in accordance with its medication procedures and will communicate with parents/carers where replacement or updated medication is required. However, parents/carers remain responsible for ensuring that medication is in date and replacing it when required.

11. Spare adrenaline auto-injectors

The schools will maintain an appropriate supply of spare adrenaline auto-injectors for emergency
Spare devices:

- will be stored in pairs
- will be clearly labelled as school spare/emergency devices
- will be readily accessible and not locked away
- will be stored so they can be brought to a person experiencing anaphylaxis within five minutes
- will be checked regularly to ensure they remain in date and usable
- will be replaced promptly following use or expiry
- will be disposed of safely in accordance with appropriate arrangements because adrenaline auto-injectors contain a needle.

The Federation will determine the number and locations of spare devices following consideration of the size and layout of each site. The schools will maintain an appropriate supply of spare adrenaline auto-injectors for emergency use in accordance with statutory guidance.

12. Emergency response to suspected anaphylaxis

All staff must treat suspected anaphylaxis as a medical emergency. The school's emergency response will include:

1. Recognise the signs and symptoms of anaphylaxis, both mild and severe allergic reactions.
2. Ask staff members for emergency assistance.
3. Locate the person's prescribed adrenaline device, where available.
4 Administer adrenaline promptly in accordance with the individual's Allergy Action Plan
and emergency procedures, using the child's prescribed AD, where available.
5. Contact emergency services.
6. Locate a school spare adrenaline device where a second prescribed AD is not available.
7. Inform the parent/carer as soon as practicable after giving emergency treatment.
8. Follow instructions from emergency services.
9. If symptoms persist after 5 minutes or, emergency services advise further action, use a second adrenaline device where available and appropriate.
10. Ensure the incident is recorded and reported following the emergency.

Staff must follow the individual's Allergy Action Plan where available.

13. Wellbeing, inclusion and bullying

The schools recognise that living with allergies, including the risk of anaphylaxis, may cause anxiety for some pupils and families.
The schools will:

- provide appropriate reassurance and support
- avoid unnecessary or embarrassing public attention to a pupil's allergy
- support pupils to participate fully in school life
- make reasonable adjustments where required
- avoid unnecessary exclusion from activities
- promote understanding and respect among pupils, address bullying, teasing, harassment or discrimination related to allergies in accordance with the schools' Anti-Bullying and Behaviour Policies.

Any pupil experiencing anxiety or distress relating to allergies will be offered appropriate support, for example ELSA support. The schools will discuss any wider pupil awareness activity with the pupil and their parents/carers where appropriate.

14. Educational visits, trips and activities off site

Pupils with allergies will be enabled and supported to participate safely in educational visits and trips wherever possible. Prior to any off-site activity, a risk assessment will be undertaken to identify and manage potential allergen risks. Staff accompanying the visit will be made aware of pupils' allergies, associated healthcare plans and emergency procedures, including the recognition and treatment of anaphylaxis. Appropriate emergency medication, including prescribed adrenaline auto-injectors, will accompany the pupil and remain readily accessible throughout the visit.

For the safety of the pupil, prescribed adrenaline auto-injectors must be available for all educational visits and off-site activities. Where a pupil who has been prescribed an adrenaline auto-injector does not have their medication available, they will not be permitted to attend the visit. This is because the absence of essential emergency medication would present a significant safeguarding and health risk and would prevent the school from meeting its duty of care to the pupil.

The risk assessment will consider:

- known allergens;
- food and drink;
- accommodation;
- transport;
- activities;
- access to emergency medication;
- access to emergency medical assistance;
- staff training;
- communication arrangements;
- supervision;
- the location and accessibility of prescribed and spare medication; and
- any reasonable adjustments required.

Pupils who are at risk of anaphylaxis will have access to their prescribed adrenaline auto-injector during all educational visits and off-site activities, where prescribed. At least one suitably trained member of staff will accompany the pupil and be able to recognise the signs of anaphylaxis and administer adrenaline in an emergency.

Staff will check that all emergency medication is present, in date and in good condition before departure. Emergency medication will remain readily accessible throughout the visit and will not be stored in a way that could delay access in an emergency.

15. Incidents and near misses

The school will record and respond to serious allergy incidents and near misses.

A **serious incident** is any event relating directly to a medical condition (including allergy) in which a pupil, member of staff or visitor with a medical condition or allergy is harmed or is placed at an immediate and significant risk of harm, including situations requiring emergency medication, urgent clinical intervention or attendance by emergency services.

A **'near miss'** is an event relating directly to a medical condition (including allergy) that did not result in harm but had the clear potential to do so – for example, where an error, omission, or system failure could reasonably have led to a serious incident had circumstances been only slightly different.

Examples include:

- incorrect food being provided;
- an allergen being present where it should not have been;
- incorrect food or drink being given to a pupil;
- an allergy plan not being followed;
- emergency medication being inaccessible;
- medication being out of date;
- a significant delay in responding to a suspected reaction; or a failure in communication that could have resulted in allergen exposure.

Incidents and near misses will be:

- recorded promptly in the Accident Book, including who was affected, what happened when and where, the response and support given, whether emergency services were called, how the incident concluded;
- reported to the Allergy Safety Lead;
- communicated to parents/carers as soon as possible;
- reviewed to identify what happened and why;
- used to identify lessons and improvements;
- escalated through the school's existing incident-reporting procedures where required.

The school will also consider reports made after the event, including reports from pupils,

parents/carers and healthcare professionals, recognising that the effects of allergen exposure may not always become apparent while the pupil is at school.

16. Information sharing and confidentiality

Information about a pupil's allergy will be shared only with those who need it in order to keep the pupil safe. Health information is special category personal data under UK GDPR and will be handled carefully, respectfully and in accordance with the schools' Data Protection Policy.
The schools will ensure that relevant staff have access to the information they need to manage allergy safely without unnecessarily disclosing sensitive information. Information will be shared with:

- relevant teaching and support staff
- catering staff where necessary
- trip and activity leaders
- appropriate first aiders
- emergency responders where appropriate
- parents/carers
- healthcare professionals and other agencies where there is a lawful basis and a genuine need to share.

The schools will seek to avoid unnecessary disclosure that could embarrass or single out a pupil.

17.Communication with parents and pupils

The schools will work collaboratively with parents/carers and pupils to understand allergy needs
and implement appropriate arrangements. Parents/carers should inform the school promptly of:

- a newly diagnosed allergy;
- a change in allergy;
- a change in symptoms or risk;
- a new or amended Allergy Action Plan;
- a change to prescribed medication;
- replacement or expired medication; or
- any significant incident occurring outside school that may affect school arrangements.

Pupils will be encouraged, in an age-appropriate way, to develop an understanding of their allergy, including how to recognise symptoms, avoid known allergens and seek help if they feel unwell. Where appropriate, and with the agreement of the pupil and their parents/carers, close friends or peers may be provided with information about the pupil's allergy and how to seek adult assistance in the event of an allergic reaction. This will be done sensitively and in a manner that promotes the pupil's safety, wellbeing and inclusion.

18. Awareness of this policy

This policy will be:

- published on the Federation's website;
- available to parents/carers;
- available to staff;
- provided in hard copy on request;
- incorporated into staff induction;
- covered as part of annual allergy-awareness training; and
- reviewed with relevant stakeholders at least annually.

The schools will raise age-appropriate awareness of allergy safety among pupils.

19. Monitoring, review and governance

The Governing Board will ensure that this policy is implemented and reviewed. The policy will be reviewed at least annually and sooner where:

- there has been a serious allergic reaction;
- there has been an anaphylaxis incident;
- a significant near miss has occurred;
- an individual pupil's needs change;
- there is a change to statutory guidance or regulations;
- emergency medication arrangements change;
- monitoring identifies an area requiring improvement.

Reviews will consider incidents and near misses and will seek to identify lessons that can improve allergy safety. The Allergy Safety Lead will provide relevant information to the Headteacher and Governing Board as part of the review process.

20. Compliance checklist

The schools will maintain evidence that they have:

- ☐ A named senior leader responsible for allergy safety.
- ☐ A published whole-school allergy safety policy.
- ☐ An annual policy review process.
- ☐ Annual allergy awareness and emergency response training for relevant staff.
- ☐ Induction arrangements for new staff.
- ☐ Arrangements for supply and temporary staff.
- ☐ An up-to-date allergy register/record.
- ☐ Individual Healthcare Plans where required.
- ☐ Current Allergy Action Plans provided.
- ☐ Rapid access to prescribed adrenaline.
- ☐ Spare adrenaline auto-injectors stored in pairs.
- ☐ Spare adrenaline devices available within five minutes.

☐ A system for checking expiry dates and replacing devices.
☐ Arrangements for food allergen management.
☐ Risk assessments for relevant activities and trips.
☐ Arrangements for allergy-related incidents and near misses.
☐ A process for recording incidents and near-misses
☐ Appropriate information sharing arrangements.
☐ Wellbeing and anti-bullying arrangements.
☐ A process for learning from incidents and near misses.

21. Related documents

This policy should be read alongside:

-Supporting Pupils with Medical Conditions Policy
-Medical & First Aid Policy
-Food Safety and Catering Policy/procedures
-Educational Visits Policy
-Safeguarding and Child Protection Policy
-SEND Policy
-Anti-Bullying Policy
-Health and Safety Policy
-Data Protection and Privacy Policy
-Individual Healthcare Plans
-Allergy Action Plans
-Asthma Action Plans applicable

22. Policy approval

Approved by: Governing Board

Date: 14th October 2026

Signature: Peter Drew Heidi Cross

Next review date: September 2027