



Vernon Primary School

Allergy Policy

Named Allergy Safety Lead	Louise Currall
Behaviour-related concerns	Senior Leadership Team
Emotional wellbeing / mental health support	Karen Wood
Approval	Governing Board
Policy date	September 2026
Review	Annually, and sooner following a serious incident, near miss or relevant change in law/guidance.

Policy status: This policy has been rewritten for September 2026 to reflect the statutory allergy-safety duties introduced by the Children’s Wellbeing and Schools Act 2026 and the Department for Education’s July 2026 statutory guidance, Allergy safety in schools. The campaign term “Benedict’s Law” is commonly used to describe these reforms; the legal duties themselves sit within the 2026 Act and associated statutory guidance.

Purpose, principles and aims

Vernon Primary School is committed to an evidence-informed, whole-school approach to allergy safety. Our aim is not simply to respond effectively when a reaction occurs, but to build reliable systems that reduce avoidable risk, strengthen staff confidence and enable pupils with allergies to participate fully in school life.

The school recognises that allergy safety is a safeguarding, inclusion, health and wellbeing responsibility. Effective practice depends on consistent routines, clear ownership, timely information sharing and a culture in which pupils and families are listened to. The school will therefore use proportionate, individualised arrangements rather than assuming that all pupils with allergies require the same support.

- reduce the risk of pupils, staff and visitors being exposed to known allergens;
- ensure that anaphylaxis and other allergic reactions are recognised and treated promptly;
- ensure prescribed emergency medication is rapidly accessible and that school-held spare adrenaline auto-injectors (AAIs) are available and managed safely;
- identify pupils who need additional or different arrangements and record these through an Individual Healthcare Plan (IHP);
- promote attendance, participation, dignity, independence and emotional wellbeing for pupils with allergies;
- ensure all relevant staff understand their role through regular training, induction and practical rehearsal;
- record and learn from serious incidents and near misses, using them to strengthen systems rather than attribute blame; and
- communicate the school's approach clearly to pupils, parents/carers, staff, governors, caterers, clubs and other relevant partners.

Legal and statutory framework

This policy has been developed with regard to current requirements and guidance in England, including:

- Children and Families Act 2014, section 100, as amended by section 34 of the Children's Wellbeing and Schools Act 2026;
- Department for Education (DfE), Allergy safety in schools: statutory guidance for governing bodies of maintained schools and proprietors of academies in England (July 2026);
- DfE, Supporting pupils at school with medical conditions (statutory guidance), which remains in force pending further update;
- Department of Health and Social Care, Guidance on the use of adrenaline auto-injectors in schools;
- Human Medicines Regulations 2012 and the Human Medicines (Amendment) Regulations 2017;
- Food Information Regulations 2014 and the Food Information (Amendment) (England) Regulations 2019;
- Equality Act 2010, including the duty to make reasonable adjustments where applicable;
- Health and Safety at Work etc. Act 1974 and the school's common-law duty of care;
- Education Act 2002 safeguarding duties and Keeping Children Safe in Education 2026;
- UK GDPR and the Data Protection Act 2018; and
- the Early Years Foundation Stage statutory framework where it applies to children within the school's provision.

The Children's Wellbeing and Schools Act 2026 introduced a specific statutory requirement for relevant schools to have an allergy safety policy, review it at least annually, publicise it and publish it on the school website, while having regard to DfE statutory guidance. Vernon will also

review this policy sooner where an incident, near miss, emerging risk or change in statutory guidance indicates that improvement is required.

Scope and definitions

This policy applies across the school day and to school-led activities, including breakfast and after-school provision, clubs, curriculum activities, trips, residentials, sporting events, performances and other school events.

An allergy is an immune-system reaction to a normally harmless substance, such as a food, insect sting, medicine, latex, animal allergen or airborne allergen. Anaphylaxis is a potentially life-threatening allergic reaction affecting the airway, breathing and/or circulation.

Asthma, eczema and allergic rhinitis may co-exist with allergy and can be relevant to an individual pupil's risk. Coeliac disease and food intolerance are not allergies and do not cause anaphylaxis; however, they still require appropriate management through the school's wider medical and dietary arrangements. Where a medically recognised sensitivity or trigger has the potential to cause significant harm, the school will act on the best available clinical advice and risk information.

Leadership, governance and responsibilities

Governing Board

- ensure the school has, implements, publicises and publishes a dedicated allergy safety policy;
- review and approve the policy at least annually and ensure allergy-related risks are actively managed;
- seek assurance that staff training, emergency arrangements, IHPs, medication systems and incident-learning processes are effective in practice; and
- receive appropriate information about serious incidents and near misses, while respecting confidentiality.

Named Allergy Safety Lead - Louise Currall

- lead the day-to-day implementation and review of this policy;
- maintain oversight of the allergy register and ensure relevant information is current and accessible to staff who need it;
- coordinate IHP arrangements for pupils whose allergy requires additional or different support, ensuring current clinical Allergy Action Plans and/or Asthma Action Plans are referenced and accessible;
- coordinate annual whole-school allergy awareness and emergency-response training, including induction arrangements for new, temporary and supply staff;
- ensure activities requiring an allergy-specific risk assessment are identified and appropriately managed;
- oversee the sourcing, storage, accessibility, checking, replacement and disposal arrangements for school-held spare AAls;
- ensure serious incidents and near misses are recorded, reviewed, reported as required and used to inform improvement; and
- promote an inclusive culture in which allergy safety is understood as everybody's responsibility.

Headteacher and Senior Leadership Team

The Headteacher retains overall operational responsibility for ensuring suitable arrangements are in place. Decisions about whether a pupil requires an IHP will be made in discussion with

parents/carers and, where relevant, healthcare professionals, with reference to functional impact, risk of harm and whether support is additional to or different from usual provision. Any behaviour-related concern, including deliberate exposure to an allergen, teasing, intimidation, food-related bullying or misuse of another pupil's medication, will be addressed by the Senior Leadership Team in line with the school's behaviour and safeguarding procedures.

Teaching, support, catering, wraparound and other pupil-facing staff

- know the pupils with relevant allergies in their care and know where to find the information needed to keep them safe;
- follow IHPs and clinical action plans and make reasonable adjustments to planned activities;
- reduce known exposure risks and challenge unsafe practices such as food sharing;
- recognise allergic reactions and anaphylaxis, summon help and act without avoidable delay;
- know where prescribed and spare emergency medication is located and how it is accessed;
- report reactions, medication administration, serious incidents and near misses promptly; and
- promote inclusion and avoid singling pupils out unnecessarily.

Parents and carers

- provide accurate, up-to-date information about their child's allergy, symptoms, triggers, medication and emergency contacts;
- provide current prescribed medication in accordance with the school's medical procedures and replace it before expiry;
- provide or share current clinical Allergy Action Plans, Asthma Action Plans or other relevant professional advice where available;
- inform school promptly of changes in diagnosis, medication, risk or treatment; and
- work with the school on reasonable arrangements for food, trips, celebrations and other activities.

Pupils

Pupils will be supported, in an age- and developmentally-appropriate way, to understand their own allergy, communicate when they feel unwell, avoid known triggers, know how to seek help and, where appropriate, take increasing responsibility for carrying or using their medication. Responsibility will never be transferred to a pupil simply because they are older or appear confident.

Identifying pupils, staff and visitors at risk

- All new-starter information will seek details of allergies, asthma, prescribed medication and dietary needs before admission wherever possible.
- Parents/carers will be reminded at least annually to update medical information and must notify school whenever circumstances change.
- Where a pupil develops a suspected or newly diagnosed allergy during the year, interim arrangements will be put in place promptly on the basis of the best available information; the school will not wait for a formal diagnosis where there is a credible risk of harm.
- New staff will be asked to disclose relevant allergy information through appropriate occupational/HR processes. Visitors with supervisory or food-related roles will be asked for relevant information where this is necessary for safe participation.
- Information will be shared proportionately: enough for safe care, but no more widely than necessary.

Individual Healthcare Plans and clinical action plans

A pupil should have an IHP where their allergy has a functional impact in school, places them at risk of harm and requires arrangements that are additional to or different from those made generally. A formal diagnosis is not always required before an IHP is considered.

The IHP is a school document describing how Vernon will respond to the information and advice received. It is not a clinical document and will not rewrite or replace clinical instructions. Where a healthcare professional has issued an Allergy Action Plan, Asthma Action Plan, medication plan or advice letter, the IHP will refer to the current version and make it accessible to staff who need to act on it.

- develop IHPs collaboratively with the pupil, parents/carers and relevant professionals where appropriate;
- record triggers, signs and symptoms, preventative arrangements, medication, storage, access, emergency response, participation and reasonable adjustments;
- review IHPs at least annually, and sooner after changes in need, medication, clinical advice, a serious incident or near miss;
- maintain version control so staff act on the most recent clinical advice; and
- share relevant plans securely during transition, while the receiving setting develops arrangements appropriate to its own context.

Allergy register and information sharing

The school will maintain a central allergy register. It will include, as relevant, the pupil's known allergens, risk factors, prescribed emergency medication and dose, location of medication, emergency contacts and links to the current IHP and clinical action plan.

Health information is special category personal data. The school will process and share it lawfully, securely and respectfully under UK GDPR and the Data Protection Act 2018. Information will be available to staff who need it to keep a pupil safe, including relevant teachers, support staff, catering staff, wraparound staff and trip leaders. The school will balance confidentiality with the need for rapid access to critical information in an emergency.

Assessing and minimising risk

Vernon will use a layered approach to risk reduction: reliable universal routines for everyone, strengthened by individual controls where a pupil's risk profile requires them. Risk reduction cannot remove all risk, but consistent systems can reduce foreseeable exposure and improve emergency readiness.

Activities requiring particular consideration

- cooking, baking and food-tasting activities;
- science investigations involving foods, latex, animals, plants or chemicals;
- art, craft and sensory materials, including food packaging or food-based resources;
- animal visits, petting activities, gardening and outdoor learning;
- celebrations, rewards, fundraising, fairs and food brought from home;
- PE, sport and outdoor activity where exercise, pollen, temperature or insect stings may be relevant;
- trips, residential and transport; and
- any new activity where a known allergen or trigger may reasonably be present.

Hygiene and environmental controls

- pupils will be encouraged to wash hands before and after eating;
- food, drinks, containers and utensils must not be shared;

- surfaces and equipment will be cleaned appropriately after food use and cross-contact risks considered;
- named drinking bottles and clearly identified meals will be used where appropriate;
- staff will check ingredients and activity resources where a pupil's known allergen may be present;
- after animal contact, pupils will wash their hands and individual adjustments will be made for pupils with animal allergy; and
- outdoor risk controls will be used where insect stings or airborne allergens are relevant.

'Nut-free' and allergen-free claims

The school will not rely on a blanket 'allergen-free' or 'nut-free' label as a substitute for robust risk management. Absolute absence of an allergen cannot usually be guaranteed across a whole school community. Where a specific restriction is required to protect a pupil, it will be clearly communicated and supported by proportionate controls, education and individual planning.

Food, catering and safer eating

The school will work with its catering provider, Aspens, to ensure food-allergy controls are clear, practical and consistently applied. Allergen management will comply with food-information law and Food Standards Agency requirements.

- catering staff will receive appropriate allergen training and be able to identify pupils requiring special dietary provision;
- the school and caterer will maintain clear processes for special diets, menu changes, ingredient checks and prevention of cross-contact;
- information about the 14 regulated allergens will be available as legally required, and staff will not guess when allergen information is uncertain;
- pupils with allergies will be supported to eat safely without unnecessary segregation or stigma;
- food sharing is not permitted;
- food brought in for curriculum activities, celebrations or events will be subject to appropriate checks and, where needed, prior communication with parents/carers;
- where a pupil is in the EYFS, safer-eating requirements and age-appropriate supervision will be applied.

Adrenaline devices and emergency medication

Prescribed adrenaline devices

Pupils at risk of anaphylaxis should have rapid access to both of their prescribed adrenaline devices at all times. Where a pupil is able and it is appropriate, they may carry their own medication. For younger pupils, medication will be stored in an unlocked, readily accessible location known to staff, protected from inappropriate access and environmental extremes. Medication must be able to be brought to the pupil promptly; the pupil must not be sent to fetch it.

School-held spare AAls

Vernon will maintain school-held spare adrenaline auto-injectors in line with current national guidance. For a primary school, the DfE guidance indicates one pair of 150 microgram AAls and one pair of 300 microgram AAls, subject to the needs and age profile of pupils and any future regulatory change.

- spare AAls will be stored in pairs, clearly labelled and separate from named pupils' prescribed devices;
- they will be readily accessible and not locked away;

- the storage arrangement will enable adrenaline to be brought to a person experiencing anaphylaxis within five minutes wherever reasonably practicable on the school site;
- Louise Currall will oversee a documented monthly check of stock, dose, condition and expiry dates, with a delegated trained member of staff providing resilience and cover;
- used or expired AAls will be replaced promptly and disposed of safely in accordance with manufacturer and medicines-waste arrangements; and
- school-held spare AAls are an emergency back-up and do not replace a pupil's own prescribed devices.

Current regulations permit schools to purchase spare AAls, but not non-injectable nasal adrenaline as a school-held spare. A pupil may nevertheless be prescribed nasal adrenaline individually; their own prescribed device should be used according to their clinical plan. A school-held spare AAI may be used in an anaphylaxis emergency when appropriate under current law and guidance.

Emergency asthma inhaler

Where the school holds an emergency salbutamol inhaler and spacer, it will be managed in line with the separate national guidance. The legal rules for emergency asthma inhalers differ from spare AAls; written consent is required for use of the emergency asthma inhaler in the circumstances set out in that guidance.

Responding to an allergic reaction or anaphylaxis

All staff must treat suspected anaphylaxis as a medical emergency. Anaphylaxis may occur with or without skin symptoms. If there is doubt about whether a reaction involving airway, breathing or circulation is anaphylaxis, adrenaline should be given without delay.

1. Stay with the pupil/person and call for help. Do not send them to another room or ask them to walk to their medication.
2. Follow the individual's current Allergy Action Plan where available.
3. For anaphylaxis, administer the person's prescribed adrenaline device immediately if available; otherwise use an appropriate school-held spare AAI.
4. Call 999 immediately and state 'anaphylaxis'. Do not delay adrenaline while waiting to contact emergency services.
5. Keep the person lying flat with legs raised. If breathing is difficult, they may be allowed to sit up gently. Do not allow them to stand or walk.
6. If there is no improvement after 5 minutes, give a second dose of adrenaline using a second device if available.
7. Commence CPR if there are no signs of life and follow emergency-service instructions.
8. Contact parents/carers or the emergency contact as soon as practicable after emergency treatment has begun.
9. Record the incident, medication given, timings and actions taken, and begin the serious-incident review process.

For a mild to moderate allergic reaction without airway, breathing or circulation features, staff will follow the pupil's action plan, give authorised medication as directed, contact parents/carers and monitor the pupil in a safe place for at least 60 minutes because symptoms can progress.

Critical safety principle: Never use an asthma reliever inhaler instead of adrenaline to treat anaphylaxis. Where a pupil has both food allergy and asthma and develops sudden breathing difficulty after possible allergen exposure, staff should consider anaphylaxis and follow the allergy action plan.

Educational visits, clubs and extended provision

Pupils with allergies will not be excluded from visits, residentials, clubs or school activities simply because of their allergy. Planning will start from inclusion and identify the reasonable adjustments needed for safe participation.

- an allergy-specific risk assessment will be completed for pupils at risk of anaphylaxis on off-site visits;
- trip leaders and relevant adults will know the pupil's allergens, action plan and emergency procedures;
- prescribed adrenaline devices and other essential medication will travel with the pupil and remain rapidly accessible;
- at least one appropriately trained adult able to respond to anaphylaxis will be present;
- food, accommodation, travel and activity providers will be contacted in advance where allergen controls are required;
- the school will consider taking suitable spare AAls off site where appropriate, without leaving the school site inadequately supplied; and
- breakfast clubs, after-school clubs, preschool/early-years provision and other extended services operating under the school's responsibility will follow this policy.

Staff training, induction and allergy awareness

All staff who may be present when pupils are on site will receive allergy-awareness training at least annually. This includes permanent, temporary and supply staff, agency workers, relevant peripatetic staff, regular volunteers, catering staff and staff supervising breakfast or after-school provision. New starters will receive appropriate information and training as part of induction. First-aid training alone is not sufficient.

- the nature of allergy and how allergic reactions can occur;
- the relationship between food allergy, asthma, eczema and other allergic conditions;
- the difference between allergy, coeliac disease and food intolerance;
- recognition of mild reactions and anaphylaxis, including airway, breathing and circulation signs;
- how to summon emergency help and how to locate and administer prescribed and spare emergency medication;
- the importance of immediate adrenaline, correct positioning and a second dose after five minutes if there is no improvement;
- how to use Allergy Action Plans and Asthma Action Plans;
- individual and whole-school responsibilities for reducing exposure risk;
- the impact of allergy on attendance, participation, anxiety, belonging and wellbeing; and
- how to report reactions, medication use, serious incidents and near misses.

The school will use practical rehearsal and, where appropriate, simulated allergy-safety drills to test whether systems work under pressure. Learning from drills will be recorded and used to improve practice.

Wellbeing, inclusion, behaviour and bullying

Allergy safety is not only a medical issue. Fear of exposure, previous reactions, feeling different from peers and uncertainty around food or activities can affect a pupil's sense of safety, attendance and participation. Vernon will use a relational and inclusive approach: reducing avoidable risk while avoiding unnecessary restriction, stigma or over-protection.

- class staff will provide age-appropriate reassurance and check-ins where a pupil is worried about their allergy;
- Karen Wood will provide or coordinate additional emotional wellbeing and mental health support where this is needed;

- reasonable adjustments will be planned so that pupils can participate as fully as possible in learning, lunch, trips, clubs and celebrations;
- the pupil's views will be heard when arrangements are developed or reviewed;
- deliberate allergen exposure, threats, teasing or bullying linked to allergy will be treated seriously and referred to the Senior Leadership Team under the school's behaviour and safeguarding procedures; and
- following an incident or near miss, the school will consider the emotional impact on the pupil, family, staff and witnesses and provide appropriate support.

Serious incidents, near misses and learning

A serious incident is an event connected with allergy in which a pupil, member of staff or visitor is harmed or placed at immediate and significant risk of harm, including situations requiring emergency medication, urgent clinical intervention or emergency services. A near miss is an event that did not cause harm but had clear potential to do so.

The school will use a 'no blame, learn and improve' approach. This does not remove accountability; it ensures that review focuses on the systems, decisions and conditions that need strengthening.

- record the event as soon as practicable, including who was affected, what happened, when and where, the likely cause, the response, medication administered, emergency-service involvement and outcome;
- inform parents/carers promptly where a pupil is involved and invite relevant views into the review;
- inform Louise Currall and the Headteacher/Senior Leadership Team;
- report to the Governing Board at an appropriate level of detail and confidentiality;
- consider whether statutory external reporting is required, including RIDDOR or food-safety reporting where the relevant legal threshold is met;
- notify an appropriate healthcare professional where the event relates to the delivery of a clinical care/action plan or where clinical review is needed;
- review the pupil's IHP, risk assessment, training, communication, catering or medication arrangements as relevant; and
- share learning with staff and track actions to completion.

Reports from parents/carers about delayed reactions or exposures identified after a pupil has returned home will also be considered within the school's incident-learning process.

Monitoring, assurance and review

Louise Currall will monitor implementation of this policy through proportionate assurance activity. The Governing Board will review and approve the policy at least annually. Review will also take place after a serious incident or near miss, a significant change in a pupil's risk profile, or a material change in legislation or statutory guidance.

- completion and currency of the allergy register and relevant IHPs;
- staff training and induction records;
- monthly checks and expiry management for spare AAIs;
- accessibility of emergency medication across the site and on trips;
- risk assessments for relevant curriculum and enrichment activities;
- catering and food-allergen controls;
- incident and near-miss themes and completion of resulting actions;
- pupil and parent/carer feedback, particularly where arrangements affect participation or wellbeing; and
- evidence that the policy is known to staff, communicated to families and published on the school website.

Implementation will be judged by whether the agreed routines are understood and reliably enacted in practice, not by the existence of documentation alone.

Links to other school policies

- Supporting Pupils with Medical Conditions / Administration of Medicines
- Health and Safety
- Safeguarding and Child Protection
- Behaviour and Anti-Bullying
- Educational Visits
- First Aid
- Food / School Meals
- Data Protection and UK GDPR
- Equality and Accessibility
- SEND and Inclusion
- Early Years policies and procedures, where applicable

Reference framework

This policy should be read alongside the most current versions of the following official publications. Where legislation or statutory guidance changes, the school will update its arrangements accordingly.

- Department for Education (2026), Allergy safety in schools: statutory guidance for governing bodies of maintained schools and proprietors of academies in England.
- Children's Wellbeing and Schools Act 2026, section 34 (allergy safety provisions), amending section 100 of the Children and Families Act 2014.
- Department for Education, Supporting pupils at school with medical conditions (statutory guidance).
- Department for Education (2026), Keeping Children Safe in Education.
- Department of Health and Social Care, Guidance on the use of adrenaline auto-injectors in schools.
- Medicines and Healthcare products Regulatory Agency, Adrenaline Auto-Injectors: guidance and resources for safe use.
- Food Standards Agency requirements and guidance on food allergens and allergen information.

Policy drafting note: 'Benedict's Law' is used in public campaigning and sector commentary to describe the strengthened school allergy-safety reforms. In formal legal references, Vernon uses the Children's Wellbeing and Schools Act 2026 and the DfE statutory guidance issued under the amended Children and Families Act 2014.

Appendix 1. Emergency anaphylaxis procedure

RECOGNISE	Suspect anaphylaxis if there are airway, breathing or circulation problems. Skin symptoms may be absent.
ADRENALINE	Give prescribed adrenaline immediately if available; otherwise use an appropriate spare AAI. If in doubt, give adrenaline.
999	Call 999 and say 'anaphylaxis'. Do not wait to call before giving adrenaline.
POSITION	Lie flat with legs raised. If breathing is difficult, sit up gently. Never stand or walk.
5 MINUTES	If no improvement after 5 minutes, give a second dose using a second device if available.
STAY / RECORD	Stay with the person, commence CPR if needed, contact parents/carers, hand over to ambulance staff and record the incident.

Appendix 2. Allergy safety implementation checklist

- ☐ Dedicated allergy safety policy approved, published and publicised
- ☐ Named Allergy Safety Lead: Louise Currall
- ☐ Central allergy register current
- ☐ IHPs current for pupils who require additional/different arrangements
- ☐ Current Allergy/Asthma Action Plans accessible to relevant staff
- ☐ Prescribed medication locations known and accessible
- ☐ Spare AAIs held in appropriate doses, in pairs and accessible
- ☐ Monthly AAI checks documented; replacement dates tracked
- ☐ Annual whole-school allergy training completed
- ☐ New/supply/temporary staff induction process in place
- ☐ Catering special-diet and allergen controls checked
- ☐ Trips/clubs/wraparound procedures aligned with policy
- ☐ Serious incident and near-miss reporting route understood
- ☐ Wellbeing route clear: Karen Wood
- ☐ Behaviour/bullying escalation route clear: Senior Leadership Team
- ☐ Annual review and governing-board assurance scheduled

Appendix 3. Serious incident / near-miss record

Date/time	
Person affected	
Location/activity	
Allergen/trigger (if known)	
What happened	
Action taken / medication / timings	
Emergency services / parent contact	
Immediate outcome	
Learning and actions / owner / deadline	