



# Allergy Safety Policy 2026–27

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## Arnbrook Primary School

Updated to reflect the Department for Education statutory guidance: Allergy safety in schools (July 2026), commonly referred to as Benedict's Law.

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| <b>Policy owner</b> | Headteacher / designated senior leader                                     |
| <b>Approved by</b>  | Arnbrook Primary School                                                    |
| <b>Date adopted</b> | August 2026                                                                |
| <b>Review date</b>  | August 2027 (or sooner if statutory guidance/regulations change)           |
| <b>Status</b>       | Whole-school allergy safety policy – to be published on the school website |

### 1. Introduction

Arnbrook Primary School is committed to providing a safe, inclusive and supportive environment for pupils, staff and visitors with allergies. The school recognises that allergies can range from mild reactions to potentially life-threatening anaphylaxis and that a first allergic reaction can occur in school even where there is no previous diagnosis.

This policy sets out the whole-school arrangements used to identify allergy, minimise exposure to known allergens, support pupils to participate fully in school life, provide appropriate emergency medication and respond effectively to allergic reactions.

The policy should be read alongside the school's Medical Conditions Policy, First Aid arrangements, Supporting Pupils with Medical Conditions procedures, Food Safety arrangements, Behaviour Policy, Safeguarding and Child Protection Policy and relevant educational visit risk assessments.

### 2. Legislative and guidance framework

This policy has been updated in response to the Department for Education's Allergy safety in schools statutory guidance, published in 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. Schools must have regard to this statutory guidance when fulfilling their duty to have an allergy safety policy.

The policy will also take account of the Equality Act 2010, the Children Act 1989, the Education Act 2002, the SEND Code of Practice, the EYFS statutory framework where relevant, UK GDPR/data protection requirements and food allergen requirements applying to school food provision.

The school will monitor further regulations arising from Benedict's Law and will amend this policy promptly where additional statutory requirements come into force.

### 3. Aims

- To minimise the risk of pupils, staff and visitors being exposed to known allergens.
- To ensure all staff have the knowledge and confidence to recognise and respond to allergic reactions and anaphylaxis.
- To ensure pupils at risk of anaphylaxis have rapid access to their prescribed adrenaline devices and that the school maintains appropriate spare adrenaline auto-injectors (AAIs) for emergency use.
- To ensure pupils with allergies are able to participate fully in learning, trips, residential visits, clubs, sporting activities and wider school life.
- To promote the wellbeing, confidence and inclusion of pupils with allergies and prevent allergy-related bullying.

- To learn from allergic reactions, serious incidents and near misses and use these to strengthen practice.

#### **4. Scope and definitions**

This policy applies to pupils, staff, volunteers, supply and agency staff, regular visitors and contractors where they have a pupil-facing role.

Allergy: a medical condition in which the immune system has an abnormal reaction to normally harmless substances such as food, insect stings, contact allergens or airborne allergens.

Anaphylaxis: a potentially fatal allergic reaction affecting the airway, breathing and/or circulation (ABC).

Adrenaline device: a prescribed adrenaline auto-injector (AAI) or, where prescribed, a non-injectable nasal adrenaline device.

Individual Healthcare Plan (IHP): a plan setting out the additional or different arrangements the school will put in place to support an individual pupil. Relevant Allergy Action Plans and other clinical plans should be attached to or referenced by the IHP.

Food intolerance is different from food allergy and does not cause anaphylaxis. Coeliac disease is also not an allergy and does not cause anaphylaxis. These conditions will be managed through the school's wider medical conditions and dietary arrangements, with appropriate individual support.

#### **5. Leadership and responsibilities**

A named senior leader will have overall responsibility for the implementation and annual review of this policy.

- Headteacher/designated senior leader: ensures the policy is implemented, published, reviewed and communicated; ensures appropriate resources and training are available; and oversees learning from incidents.
- SENDCO/medical lead: coordinates identification of pupils requiring support, IHPs and communication with parents/carers and relevant healthcare professionals.
- All staff: follow the policy and individual plans, reduce known risks, recognise allergic reactions and respond appropriately in an emergency.
- Catering/kitchen staff: follow allergen management and food information requirements, check ingredients and communicate allergen information clearly.
- Parents/carers: provide accurate and up-to-date information, prescribed medication and emergency contacts; inform school promptly of changes; and work with school to develop and review individual arrangements.
- Pupils: where developmentally appropriate, are encouraged to understand their allergy, recognise risk and develop age-appropriate independence in managing their condition.

#### **6. Identification and recording of allergy**

The school will identify pupils, staff and, where appropriate, regular visitors with known allergies. Information will be gathered at admission, transition, through parent/carer communication and whenever a new allergy or change in medical circumstances is reported.

- The school will maintain a current record of pupils with known allergies and whether an IHP and/or Allergy Action Plan is in place.
- Known allergens, symptoms, prescribed medication and emergency arrangements will be recorded clearly and shared with staff who need the information to keep the pupil safe.

- A pupil does not need a formal diagnosis for the school to consider supportive arrangements where there is a significant functional impact or risk of harm. Appropriate clinical advice will be sought where necessary.
- Health information will be shared on a need-to-know basis, in accordance with UK GDPR and the school's data protection arrangements.

## **7. Individual Healthcare Plans and Allergy Action Plans**

Any pupil whose allergy requires additional or different arrangements to those normally available in school will have an Individual Healthcare Plan. The IHP will be developed with the pupil, parents/carers and, where appropriate, relevant healthcare professionals.

- The IHP will identify the known allergen(s) and relevant risks.
- The IHP will identify reasonable adjustments and measures to reduce exposure.
- The IHP will record arrangements for prescribed medication and access to emergency medication.
- The IHP will refer to and attach the relevant Allergy Action Plan issued by the healthcare professional.
- The IHP will identify who needs to know the information and how information will be communicated during lessons, lunch, clubs, trips and other activities.
- IHPs will be reviewed at least annually and whenever there is a significant change, incident, near miss, new clinical advice or change in medication.

## **8. Staff allergy awareness and emergency training**

All staff who are present when pupils are on site will receive regular allergy awareness and emergency response training at least annually. This includes permanent, temporary, supply, agency, peripatetic and regular volunteer staff, as well as catering staff and staff supervising breakfast or after-school provision. New staff will receive appropriate induction and arrangements will be made to ensure supply and cover staff are trained.

First aid training alone is not sufficient. Training will cover:

- the nature and risks of allergy and how allergic reactions can occur
- food allergy, asthma, eczema, hay fever and other allergic conditions
- the difference between allergy, coeliac disease and food intolerance
- common signs and symptoms of allergic reactions and recognition of anaphylaxis
- how to locate and administer prescribed and spare emergency medication
- how and when to call 999 and inform parents/carers
- the school's allergy safety policy, individual plans and emergency procedures
- how to reduce exposure to known allergens
- the impact of allergy on wellbeing and the prevention of allergy-related bullying
- how to report allergic reactions, serious incidents and near misses.

## **9. Prescribed adrenaline devices**

Pupils prescribed adrenaline must have rapid access to their prescribed devices at all times, including during lessons, lunch, playtimes, PE, sports, clubs, educational visits and residential visits.

- Where appropriate for their age and development, pupils will be encouraged to carry their own prescribed devices.
- Where a pupil cannot safely carry their devices, they will be stored in an appropriate unlocked and readily accessible location.

- Pupils at risk of anaphylaxis should have access to both prescribed devices, as two doses may be required.
- Parents/carers are responsible for providing in-date prescribed medication and replacing medication before it expires or following use.
- The school will keep a record of pupils prescribed adrenaline and will monitor expiry dates as part of its medication checks.
- Prescribed devices are not replaced by the school's spare devices.

#### **10. Spare adrenaline auto-injectors (AAIs)**

Arnbrook Primary School will maintain spare adrenaline auto-injectors for emergency use in line with the DfE statutory guidance and forthcoming requirements under Benedict's Law. Spare AAIs are not a replacement for a pupil's prescribed medication.

- As a primary school, the school will maintain spare AAIs in the appropriate doses for pupils under 6 and pupils over 6, stored in pairs.
- Spare AAIs will be kept in a clearly labelled emergency anaphylaxis kit in a central, readily accessible location. The current designated location is above the medical cupboard in the staff workroom, subject to the school's five-minute access check.
- Spare AAIs will not be locked away and will be stored at room temperature, protected from extremes of heat and direct sunlight.
- The school will ensure spare AAIs can be brought to a person experiencing anaphylaxis within five minutes.
- Spare AAIs will be checked routinely to ensure they remain in date and are replaced promptly after use or expiry.
- Used or expired AAIs will be disposed of safely in accordance with manufacturer and medicines disposal requirements.
- Where possible, advance parental consent for emergency use of spare AAIs will be obtained. In a life-threatening emergency, staff may take reasonable action to save life without waiting for prior consent.

#### **11. Minimising exposure to known allergens**

The school will take reasonable steps to minimise the risk of exposure to known allergens. The school cannot guarantee a completely allergen-free environment, but will use proportionate and robust control measures based on individual risk.

- Parents/carers will provide clear information about allergens and relevant dietary requirements.
- Staff will check IHPs and allergy information before planning activities involving food, animals, chemicals, craft materials or other potential allergens.
- Where an activity creates a significant risk, an alternative will be provided so that the pupil can participate alongside peers wherever reasonably possible.
- Food, packaging and materials that may contain allergens will be checked carefully. Staff should not assume that a product is safe because it has been used previously.
- Handwashing will be promoted before and after eating.
- Children will not share food or drinks.
- Tables and eating areas will be cleaned appropriately.
- Lunches and snacks brought from home should comply with school requests regarding nuts and other known allergens. The school's approach will be reviewed in light of the individual needs of pupils.
- The school will communicate regularly with families about allergy safety and any relevant changes.
- Reasonable measures will be considered for contact and airborne allergens, including animals, latex, craft materials and other known triggers.

## **12. Food provision and allergen information**

Where food is provided by the school or a catering provider, allergen information will be managed in accordance with applicable food information requirements. The school/caterer will maintain clear and accurate information about the regulated allergens present in food.

- Ingredients and product information will be checked when products or suppliers change.
- Allergen information will be accessible to pupils and parents/carers.
- Prepacked for direct sale (PPDS) food will be labelled with the name of the food, a full ingredients list and regulated allergens clearly emphasised.
- For non-prepacked food, clear and accurate information about the presence of regulated allergens will be available.
- Where food is brought into school by families or others for occasional events, the school will encourage clear allergen information and will assess the risks to pupils with known allergies.
- Pupils with allergies will be supported to access school meals and free school meal provision through reasonable adjustments where required.

## **13. Wellbeing, inclusion and allergy-related bullying**

The school recognises that pupils with allergies may experience anxiety, embarrassment or a sense of being different. Staff will actively promote reassurance, dignity, inclusion and age-appropriate independence.

- Pupils with allergies will not be routinely excluded from activities because of their condition. Risk will be managed so that pupils can participate alongside their peers wherever reasonably possible.
- Allergy-related teasing, exclusion, threats to expose someone to an allergen or deliberate use of an allergen to frighten or harm a pupil will be treated as a serious behaviour and safeguarding concern.
- The school will respond to allergy-related bullying in line with the Behaviour and Anti-Bullying Policy and safeguarding procedures.
- Where appropriate, pupils and peers will receive age-appropriate education about allergies, focusing on understanding, empathy, safety and inclusion.
- New pupils with significant allergies will be supported to understand the arrangements in place and, where appropriate, introduced to relevant staff and the dining environment.

## **14. Educational visits, trips and residential visits**

Pupils with allergies must be enabled to participate in educational visits, trips and residential experiences wherever reasonably possible.

- A specific risk assessment will be completed for pupils at risk of anaphylaxis when travelling off site.
- Prescribed adrenaline devices will accompany the pupil and remain rapidly accessible.
- Staff accompanying the pupil will know the pupil's IHP/Allergy Action Plan and be trained in emergency response.
- Food, accommodation, transport, activities and venues will be checked for relevant allergy risks.
- Spare AAls may be taken on some visits where appropriate, but this must not result in the school being left without its required on-site spare devices.

## **15. Responding to an allergic reaction or anaphylaxis**

All staff must act promptly and follow the pupil's Allergy Action Plan/IHP where available. Anaphylaxis is a medical emergency.

1. Recognise the signs of anaphylaxis and treat the situation as an emergency.

2. If anaphylaxis is suspected, administer adrenaline as soon as possible and within five minutes. Do not delay adrenaline while waiting for an ambulance.
3. If the pupil has prescribed adrenaline, use their own device in the first instance where it is available.
4. If prescribed adrenaline is unavailable, inaccessible or misfires, use the school's spare AAI.
5. Immediately call 999 and request an ambulance.
6. Keep the pupil flat with legs raised where possible, unless breathing is easier in another position. Do not allow the pupil to stand or walk.
7. If symptoms have not improved after approximately five minutes and a second adrenaline device is available, administer the second dose in accordance with the action plan/training.
8. Send a member of staff to meet the ambulance and ensure the pupil's medication and relevant information are available.
9. Contact parents/carers as soon as practicable.
10. Record the incident and ensure a serious incident or near miss is reviewed so that lessons are learned and the IHP/policy is amended where necessary.

Any person experiencing an allergic reaction should be monitored and managed in accordance with their individual plan and appropriate first aid/emergency guidance. A mild reaction can worsen, so staff must remain vigilant and escalate promptly if symptoms develop.

#### **16. Serious incidents and near misses**

The school will record serious allergy incidents and near misses, including incidents reported after the pupil has gone home. Parents/carers and the governing body will be informed as appropriate. Incidents will be investigated proportionately and lessons will be used to review risk assessments, IHPs, staff training and this policy.

The school will comply with any statutory reporting requirements that apply and will seek appropriate clinical, local authority or other specialist advice where required.

#### **17. Communication and publication**

This policy will be published on the school website and made available to staff, pupils and parents/carers. Staff will be expected to understand the policy as part of annual allergy awareness training.

- Relevant allergy information will be shared with class staff, supply/cover staff, lunchtime staff, catering staff and other staff who need the information.
- Information will be shared sensitively and only to the extent necessary to keep pupils safe and included.
- Parents/carers will be informed of the school's allergy arrangements and encouraged to raise concerns or provide updated medical information promptly.

#### **18. Monitoring and review**

The Headteacher/designated senior leader will monitor implementation of this policy through staff training records, medication checks, IHP reviews, incident and near-miss records, educational visit risk assessments and feedback from pupils, parents/carers and staff.

The policy will be reviewed at least annually and sooner if there are significant incidents, changes to individual needs, changes to clinical advice, changes to food provision or changes to legislation or statutory guidance.

#### **19. Related documents and sources**

- Department for Education – Allergy safety in schools: statutory guidance (July 2026).
- Department for Education – Allergy safety policy template and Individual Healthcare Plan template (2026).
- Department for Education – Allergy guidance for schools (updated July 2026).
- School Medical Conditions Policy.
- First Aid and Medication Procedures.
- Educational Visits Policy and risk assessment procedures.
- Behaviour and Anti-Bullying Policy.
- Safeguarding and Child Protection Policy.
- Food Safety / Catering procedures.

**Policy adopted by: Arnbrook Primary School**

Date: August 2026

Review date: August 2027