Allergy Safety Policy

This policy sets out Innovate2Educate Partnership's Trust-wide arrangements for preventing, recognising and responding to allergy-related risks, while ensuring pupils with allergies are safe, included and able to participate fully in school life.

This policy was approved as follows:			
Approver:	Board of Trustees	**Date:**	TBC
Owner:	Education / Safeguarding	**Version:**	V1 Final
LAC adoption date:	**October 2026**	**Review frequency:**	Annually
School name:	**Bramshall Meadows First School**		

Status: Statutory

Next review: September 2027

This policy applies to all Innovate2Educate Partnership schools and to pupils, employees, agency and supply staff, regular volunteers, catering and wraparound staff, and other relevant adults. School-specific allergy safety contacts and operational arrangements must be completed locally where highlighted.

Document History

Version	Version Date	Author	Summary of Changes
V1 Final Draft	September 2026	Education / Safeguarding	New Trust-wide policy aligned to section 34 of the Children's Wellbeing and Schools Act 2026, DfE statutory guidance Allergy safety in schools (July 2026), KCSIE 2026, current medical conditions guidance, food-allergen requirements and health and safety/RIDDOR expectations.

Policy governance

The Board of Trustees, as proprietor of all i2e academies, retains strategic responsibility for allergy safety. The CEO provides executive oversight. The Trust Safeguarding Lead supports Trust-wide assurance where allergy safety interfaces with safeguarding and pupil welfare. Headteachers are responsible for implementing this policy locally and must nominate a senior leader responsible for allergy safety.

This policy must be reviewed at least annually and sooner where a serious incident, near miss, change in legislation/guidance or local practice indicates that revision is required. Each school must keep its local contacts, medication arrangements and risk controls current throughout the year.

School-specific allergy safety contacts

Role	Name / contact	Training / date
Chief Executive Officer (CEO)	Kerry Rochester (k.rochester@i2e.org.uk)	
Trust Safeguarding Lead	Helen Major	
Headteacher	Tom Burrows	26.08.26
Named Senior Leader responsible for Allergy Safety	Tom Burrows	26.08.26
Allergy / Medical Conditions Coordinator	Heather Forrester	09.09.26
School Catering Lead / Provider	Kerry Chell	01.09.26
First Aid / Medicines Lead	Heather Forrester	09.09.26
Relevant Link Governor / LAC Lead	Ross Newton	SCHOOL TO COMPLETE

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1. Purpose and scope

This policy sets the Trust-wide expectations for allergy safety across Innovate2Educate Partnership. It applies to pupils with allergies, including those at risk of anaphylaxis, and to the school arrangements needed to protect them while enabling full participation in education and school life.

Each school must complete the highlighted local fields and ensure that its procedures, staff training, medication arrangements, catering controls and risk assessments accurately reflect practice.

Coeliac disease and food intolerance are not allergic conditions and do not cause anaphylaxis, but schools will apply appropriate dietary safety controls through their medical conditions and catering arrangements.

2. Legal and statutory framework

This policy has been developed with due regard to:

- Section 100 of the Children and Families Act 2014, as amended by section 34 of the Children's Wellbeing and Schools Act 2026;
- DfE statutory guidance Allergy safety in schools (July 2026);
- DfE statutory guidance Supporting pupils at school with medical conditions;
- Keeping Children Safe in Education 2026 and Working Together to Safeguard Children 2026, where medical needs intersect with safeguarding;
- Health and Safety at Work etc. Act 1974 and the common-law duty of care;
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR);
- Equality Act 2010 and SEND Code of Practice: 0 to 25 years;
- Human Medicines Regulations 2012 and relevant amendments concerning emergency adrenaline auto-injectors and salbutamol inhalers;
- Food Information Regulations 2014 and current Food Standards Agency/DfE allergen guidance, including requirements for prepacked for direct sale food;
- Early Years Foundation Stage statutory framework, where applicable; and
- Data Protection Act 2018, UK GDPR and the Data (Use and Access) Act 2025.

The Board of Trustees will keep further allergy safety regulations under review and update this policy where additional statutory requirements are introduced.

3. Principles

- Pupils with allergies will be supported to attend and participate fully in school life, including lessons, clubs, sport, visits and residentials.
- Allergy safety is a whole-school responsibility and is not solely the responsibility of first aiders, caterers, parents or the pupil.
- Known allergens will be managed through proportionate risk assessment and reasonable controls rather than assumptions or blanket restrictions.
- Emergency medication must be rapidly accessible wherever pupils may be on the school site or taking part in school activities.
- Pupils will not be excluded, isolated, stigmatised or bullied because of an allergy.
- Parents/carers, pupils, healthcare professionals, catering providers and school staff will work in partnership.

4. Roles and responsibilities

4.1 Board of Trustees and Trust leadership

- ensure every i2e school has, publishes, publicises and reviews an allergy safety policy at least annually;
- receive assurance that schools have effective arrangements for training, identification, IHPs, emergency response, medication access, catering controls and incident learning;
- ensure Trust policies, contracts and procurement arrangements support allergy safety; and
- keep implementation of further allergy safety regulations under review.

The CEO, Kerry Rochester, provides executive oversight. Helen Major, Trust Safeguarding Lead, supports Trust-wide assurance and consistency where allergy safety interfaces with safeguarding and pupil welfare.

4.2 Headteacher and named senior leader

- implement this policy locally and ensure all school-specific arrangements are completed and current;
- maintain oversight of pupils requiring allergy support and ensure appropriate IHPs/action plans are in place;
- ensure all relevant staff receive annual allergy awareness and emergency-response training and new staff are trained at induction;
- ensure supply, temporary, agency, peripatetic, catering, wraparound and regular volunteer staff are appropriately trained or briefed before they supervise pupils;
- ensure prescribed medication and spare emergency devices are accessible, in date and correctly stored;
- ensure serious incidents and near misses are recorded, reported, reviewed and used to improve practice.

4.3 All staff

- know how to recognise an allergic reaction and anaphylaxis;
- know how to summon emergency help and locate emergency medication;
- follow the pupil's IHP and current Allergy/Asthma Action Plan;
- take reasonable steps to prevent exposure to known allergens;
- consider allergy risks when planning lessons, food activities, trips, sport, clubs and events; and
- report reactions, serious incidents, near misses and concerns promptly.

4.4 Parents and carers

- provide accurate and up-to-date information about allergies, triggers, medication and clinical advice;
- supply prescribed medication that is in date and appropriately labelled;
- provide updated Allergy Action Plans / Asthma Action Plans when available;
- inform the school promptly of changes; and
- work with the school in developing and reviewing the pupil's IHP.

5. Identifying pupils with allergies

Schools will collect allergy information at admission, transition and at least annually, and will update records whenever a parent/carer, pupil or healthcare professional notifies the school of a change.

- the allergen(s) and known triggers;
- type and severity of previous reactions;
- prescribed medication and where it is kept;
- whether the pupil has an Allergy Action Plan, Asthma Action Plan and/or IHP;
- reasonable adjustments required during lessons, meals, clubs, transport, trips and other activities;
- emergency contacts.

Schools will maintain an accessible, up-to-date allergy register. Relevant information will be available to staff who need it to keep the pupil safe, while respecting confidentiality and data protection requirements.

6. Individual Healthcare Plans (IHPs) and action plans

Any pupil whose allergy requires the school to put supportive arrangements in place will have those arrangements captured through an Individual Healthcare Plan. IHPs will be developed with the pupil and parents/carers and will take account of clinical advice.

- known allergens and triggers;
- symptoms and emergency response;
- medication, dosage, storage and access arrangements;
- current Allergy Action Plan and/or Asthma Action Plan;
- staff responsibilities and training needs;
- food, classroom, sport, wraparound, transport, trip and residential arrangements;

- reasonable adjustments, inclusion and wellbeing considerations;
- review arrangements and transition planning.

IHPs are operational school documents and do not replace clinical advice. Schools will not reinterpret clinical instructions and will ensure staff who may need to act can access the current plan quickly.

7. Allergy awareness and emergency-response training

All staff who are present when pupils are scheduled to be on site will receive allergy awareness and emergency-response training at least annually. This includes permanent staff, temporary and supply staff, agency and peripatetic staff, catering staff, relevant breakfast/after-school staff and regular volunteers. First aid training alone is not sufficient.

- what allergy is, how reactions occur and the range of allergic conditions;
- the difference between food allergy, coeliac disease and food intolerance;
- how to recognise allergic reactions and anaphylaxis;
- how to respond in an emergency, including calling 999 and informing parents/carers;
- where emergency medication is located and how to administer it;
- how to use prescribed and spare adrenaline devices and emergency inhalers as applicable;
- how to use Allergy and Asthma Action Plans;
- how to reduce exposure to known allergens;
- the impact allergy can have on wellbeing and inclusion;
- how to record and report reactions, serious incidents and near misses.

New staff will receive training at induction. Schools must have arrangements to ensure supply and cover staff are trained or appropriately briefed before taking responsibility for pupils. Where an individual pupil requires healthcare activity beyond whole-school allergy awareness and emergency response, any additional clinical training, competency or delegation arrangements will be secured appropriately.

8. Minimising exposure to allergens

Schools will take reasonable and proportionate steps to minimise exposure to known allergens, based on the needs of identified individuals and the activity or environment.

- food supplied by the school or caterer;
- food brought into school by pupils, families or staff;
- cooking, food technology, tasting and celebration activities;
- craft, science, musical and sensory activities;
- animals, plants, latex and other contact allergens;
- airborne allergens and environmental triggers where clinically relevant;
- breakfast, after-school and holiday provision;
- sport, swimming, outdoor learning, educational visits and residentials.

The Trust does not rely on a general “nut-free” label as a substitute for individual risk management. A school may restrict particular foods or allergens where a risk assessment identifies this as a reasonable control, but no environment can be guaranteed completely allergen-free.

9. Food and catering

Schools and catering providers will comply with current allergen-information and food-safety requirements. Systems must ensure that allergen information is accurate, available and communicated, including when menus, suppliers, recipes or substitutions change.

- catering staff have the current allergy information they need for their role;
- systems reduce the risk of cross-contact and mistaken meal service;
- pupils with allergies can obtain clear information about food served;
- packed lunches, snacks, treats, fundraising and food brought in for events are managed proportionately;
- last-minute substitutions do not bypass allergen controls;

- prepacked for direct sale food is labelled in accordance with legal requirements;
- EYFS safer-eating and dietary requirements are followed where applicable.

Pupils with allergies will not be denied access to school meals or other food provision solely because of their allergy where reasonable arrangements can make participation safe.

10. Prescribed adrenaline and emergency medication

Pupils at risk of anaphylaxis who are prescribed adrenaline devices should have access to both of their two prescribed devices at all times. Arrangements must reflect the pupil's age, independence and IHP and must apply throughout the school day, including lunch, breaks, sports fields, clubs and visits.

Prescribed adrenaline devices must be stored in accordance with manufacturer instructions, at room temperature, protected from extremes of heat and never locked away where this would delay emergency access. A copy of the current Allergy Action Plan should be kept with the medication where practicable.

Schools will have systems for checking expiry dates, replacing used or expired medication, recording medication held and ensuring prescribed devices accompany pupils when required. Used auto-injectors will be disposed of safely in accordance with medicines and sharps requirements.

11. Spare adrenaline devices and emergency inhalers

In line with current DfE statutory guidance, **i2e schools must stock spare adrenaline auto-injectors (AAIs) of the correct dosage for emergency use.** The Trust will keep this position under review as further regulations are commenced. Spare AAIs supplement, and do not replace, a pupil's own prescribed devices.

- spare AAIs will be readily accessible and not locked away;
- they will be clearly labelled and stored in pairs;
- locations will be planned so that adrenaline can be brought to a person experiencing anaphylaxis and administered as soon as possible and, in practice, within five minutes;
- larger and multi-site schools will hold sufficient appropriately dosed pairs so that the five-minute expectation can be met on each site;
- expiry dates will be checked routinely and used/expired devices replaced promptly;
- schools will follow current legal requirements and guidance on when spare AAIs may be administered.

Schools should maintain emergency salbutamol inhalers where appropriate and in accordance with current guidance. Emergency inhalers may only be used for pupils for whom a reliever inhaler has been prescribed and where the required written consent is in place. Where practicable, emergency inhalers and spacers should be stored alongside emergency anaphylaxis equipment.

12. Responding to an allergic reaction or anaphylaxis

Anaphylaxis is a medical emergency. Staff must follow the pupil's current action plan where available and their training. If anaphylaxis is suspected, staff must act immediately and must not delay adrenaline while waiting to contact emergency services.

- place the pupil in the position indicated by current training/action-plan guidance and do not allow them to stand or walk unnecessarily;
- use the pupil's own prescribed adrenaline device first where available; if it is unavailable, misfires, or the pupil has no prescribed device, a school spare AAI may be used in an emergency to save life;
- administer adrenaline as soon as possible and, in practice, within five minutes;
- call 999 immediately and state "anaphylaxis";
- keep the pupil under continuous supervision and follow ambulance-service instructions;
- give a further dose of adrenaline if required in accordance with the action plan, training and emergency-service advice;
- inform parents/carers as soon as practicable.

A pupil who has received adrenaline or is suspected of anaphylaxis must be medically assessed by emergency services. Any allergic reaction must be monitored carefully because symptoms can progress.

13. Educational visits, sport and extracurricular activities

Allergy must not be used as a reason to exclude a pupil from a trip or activity where reasonable adjustments can enable safe participation. Risk assessments will address allergen exposure, food, emergency medication, trained staff, travel, access to emergency healthcare and communication with venues/providers.

- the pupil's prescribed emergency medication accompanies them and remains rapidly accessible;
- a staff member able to respond to an allergic emergency is present;
- venues and providers receive necessary allergy information in advance;
- food arrangements and contingency plans are checked;
- the school considers whether spare AAIs should accompany the group;
- residential and overseas arrangements are considered early with parents/carers and providers.

14. Wellbeing, inclusion and bullying

The Trust recognises that living with allergy can affect anxiety, confidence, attendance and participation. Schools will provide reassurance through consistent risk controls and involve pupils, in an age-appropriate way, in decisions about their support.

Bullying, teasing, threats or deliberate exposure involving a known allergen will be treated seriously under the Behaviour and Safeguarding policies. Deliberately using an allergen to threaten or harm another pupil may constitute a safeguarding concern and will be responded to accordingly.

15. Serious incidents and near misses

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

Serious incidents and near misses will be recorded as soon as practicable in the school's accident/incident system and reviewed in a no-blame, learning-focused manner. Parents/carers will be informed promptly and the named senior leader will oversee the review. The Trust/LAC will receive appropriate assurance and periodic reporting.

- what happened, when, where and who was affected;
- the allergen or suspected trigger and why the incident occurred, so far as known;
- whether the IHP/action plan was followed;
- access to medication and timeliness of response;
- staffing, training, communication, supervision and catering/activity controls;
- whether the IHP, risk assessment, policy or local procedure requires amendment;
- what learning must be shared across the school or Trust.

Where required, the school will make external reports. This includes reporting relevant work-related incidents to the Health and Safety Executive under RIDDOR, notifying the local authority/environmental health or other competent authority of reportable allergen-related food-safety incidents, and notifying the relevant healthcare professional where an incident or near miss concerns delivery of a clinical care/action plan.

A medical or allergy incident does not automatically require a safeguarding referral. The DSL must be involved where the incident raises concern that a pupil may be at increased risk of neglect, abuse or exploitation, for example where essential medication is repeatedly not provided or relevant medical information is withheld.

A serious incident or near miss will trigger a proportionate review; the school will not wait for the annual policy review where immediate learning or corrective action is required.

16. Information sharing and data protection

Health information is special category personal data. Schools will hold, use and share allergy information lawfully, proportionately and securely. Relevant information will be available to staff who need it to protect the pupil and support inclusion, while unnecessary disclosure will be avoided.

Information may be shared with catering providers, trip providers, transport providers, healthcare professionals or emergency services where necessary and lawful. Schools will follow the Trust Data Protection and records-management arrangements.

17. Early Years provision

Where an i2e school provides EYFS provision, it will also comply with the current EYFS statutory framework, including requirements relating to medicines, staff knowledge of children's dietary needs, safer eating, supervision, paediatric first aid and appropriate information sharing with parents/carers. Allergy arrangements must cover all school-run nursery and early years provision as applicable.

18. Communication and publication

Each school will publish this policy on its website, make it generally known within the school and to parents/carers, and take steps at least annually to bring it to the attention of all pupils, parents/carers and all persons who work at the school, whether or not for payment.

Schools will ensure age-appropriate allergy awareness among pupils and will provide clear routes for pupils and parents/carers to raise concerns about allergy safety.

19. Monitoring and assurance

Headteachers will provide assurance through local governance that this policy is implemented. Local Academy Committees will monitor school-level arrangements under the Trust Scheme of Delegation. Trust leaders will use assurance information, incidents, near misses and emerging guidance to identify Trust-wide actions or training needs.

- annual staff-training completion;
- accuracy of allergy registers, IHPs and action plans;
- availability, correct dosage and expiry checks for prescribed and spare emergency medication;
- quality of risk assessments and trip arrangements;
- serious incidents and near misses and actions taken;
- pupil/parent feedback where appropriate;
- catering assurance and local food-safety compliance;
- completion, annual publicising and publication of school-specific policy information.

20. Linked policies and guidance

- Supporting Pupils with Medical Conditions / Administration of Medicines Policy;
- Safeguarding and Child Protection Policy;
- Behaviour Policy;
- Educational Visits Policy;
- Health and Safety Policy;
- First Aid Policy;
- Data Protection Policy;
- Food / Catering arrangements;
- SEND Policy;
- Early Years policies and procedures, where applicable.

Appendix 1: School-specific allergy safety arrangements

This appendix must be completed before publication and reviewed at least annually. It records local operational arrangements that cannot be standardised at Trust level.

Local arrangement	School response
School name	**Bramshall Meadows First School**
Named senior leader responsible for allergy safety	**Mr T Burrows**
Allergy / medical conditions coordinator	**Mrs H Forrester**
How allergy information is collected and updated	**Data collection forms on entry to school.** **Parents update school with any changes.** **Review data collection forms for parents to update annually.**
Where the pupil allergy register is held / accessed	**Staff Teams > Allergies > Allergy Register**
How IHPs and Action Plans are stored and accessed	**Staff Teams > Allergies > IHPs & Action Plans**
Location(s) of prescribed emergency medication	**Classroom medical box located above the sink in each classroom.**
Location(s) and dosage(s) of spare adrenaline devices	**Main School Office in labelled boxes on top of the tall cupboard. Box labelled "Emergency Anaphylaxis Kit"** **2 x Jext 150 micrograms** **2 x Jext 300 micrograms**
Location(s) of emergency salbutamol inhalers	**Main School Office in labelled boxes on top of the tall cupboard. Box labelled "Emergency Inhalers"**
Who checks medication and expiry dates and how often	**Office Manager – Monthly**
Catering provider / lead and local allergen-control arrangements	
Breakfast / after-school club arrangements	**Allergy register shared with wrap-around staff. Medical Conditions coordinator oversees food ordering for wrap-around club. Cross-contamination is avoided by ensuring foods containing known allergens are prepared separately.**
Arrangements for food brought into school and celebrations	**No nut school.** **Packaged items may be distributed for pupils to take home e.g. sweets. These are not to be consumed on school premises.**
Educational visit / residential arrangements	**School share appropriate allergy information and dietary requirements for pupils where trips involve food.**
How supply and temporary staff are trained / briefed	**Supply staff letters of assurances sought to ensure allergy training has taken place.** **One page profiles are shared for pupils with individual plans. Where staff are covering classes where pupils are prescribed epi-pens, the Medical Needs Coordinator is responsible for providing an in-person brief.**
Local serious incident / near-miss reporting route	**Any incidents relating to allergies must be reported to the Headteacher.**
How parents and pupils can raise allergy safety concerns	**Contact the Headteacher via the school office.**
EYFS-specific arrangements, if applicable	**Arrangements for EYFS are consistent with whole-school approach.**
Date local arrangements last checked	**01.09.26**

Appendix 2: Minimum annual allergy safety check

Each school must complete this assurance check at least annually, and sooner following a significant change, serious incident or near miss. The completed check should provide clear evidence of implementation and be available for Headteacher, Local Academy Committee and Trust assurance.

Annual assurance requirement	Status	Evidence / Action	Owner / Review Date
Governance and oversight			
Policy reviewed, approved/publicised and published on the school website.	☐ Met ☐ Partially met ☐ Action required	SCHOOL TO COMPLETE	SCHOOL TO COMPLETE
Named senior leader responsible for allergy safety confirmed.	☐ Met ☐ Partially met ☐ Action required	SCHOOL TO COMPLETE	SCHOOL TO COMPLETE
Local Academy Committee has received appropriate assurance on implementation and compliance.	☐ Met ☐ Partially met ☐ Action required	SCHOOL TO COMPLETE	SCHOOL TO COMPLETE
Identification and individual planning			
Allergy register checked and updated.	☐ Met ☐ Partially met ☐ Action required	SCHOOL TO COMPLETE	SCHOOL TO COMPLETE
Individual Healthcare Plans (IHPs), Allergy Action Plans and Asthma Action Plans are current and accessible to relevant staff.	☐ Met ☐ Partially met ☐ Action required	SCHOOL TO COMPLETE	SCHOOL TO COMPLETE
Training and staff readiness			
All relevant staff have completed annual allergy awareness and emergency-response training.	☐ Met ☐ Partially met ☐ Action required	SCHOOL TO COMPLETE	SCHOOL TO COMPLETE
Training or briefing arrangements for supply, cover, agency, peripatetic, catering and wraparound staff have been checked.	☐ Met ☐ Partially met ☐ Action required	SCHOOL TO COMPLETE	SCHOOL TO COMPLETE

Annual assurance requirement	Status	Evidence / Action	Owner / Review Date
Medication and emergency preparedness			
Prescribed medication is accessible, correctly stored and in date.	☐ Met ☐ Partially met ☐ Action required	SCHOOL TO COMPLETE	SCHOOL TO COMPLETE
Pupils at risk of anaphylaxis have access to both prescribed adrenaline devices where prescribed.	☐ Met ☐ Partially met ☐ Action required	SCHOOL TO COMPLETE	SCHOOL TO COMPLETE
Spare adrenaline auto-injectors (AAIs) are available in appropriate dosage(s), stored in pairs, accessible within five minutes and in date.	☐ Met ☐ Partially met ☐ Action required	SCHOOL TO COMPLETE	SCHOOL TO COMPLETE
Emergency inhalers and spacers have been checked where these are held by the school.	☐ Met ☐ Partially met ☐ Action required	SCHOOL TO COMPLETE	SCHOOL TO COMPLETE
Food, activities and risk management			
Catering allergen controls, food labelling and communication arrangements have been checked.	☐ Met ☐ Partially met ☐ Action required	SCHOOL TO COMPLETE	SCHOOL TO COMPLETE
Arrangements for trips, sport, clubs, wraparound provision and extracurricular activities have been reviewed and risk assessed as appropriate.	☐ Met ☐ Partially met ☐ Action required	SCHOOL TO COMPLETE	SCHOOL TO COMPLETE
Review, learning and wellbeing			
Serious incidents and near misses have been reviewed and any learning or required actions have been implemented.	☐ Met ☐ Partially met ☐ Action required	SCHOOL TO COMPLETE	SCHOOL TO COMPLETE
Pupil wellbeing, inclusion and any allergy-related bullying concerns have been reviewed.	☐ Met ☐ Partially met ☐ Action required	SCHOOL TO COMPLETE	SCHOOL TO COMPLETE

Appendix 3: Emergency response - anaphylaxis

This summary supports, but does not replace, annual staff training or an individual pupil's current Allergy Action Plan.

- Recognise possible anaphylaxis: problems affecting Airway, Breathing or Circulation, or a rapidly worsening allergic reaction.
- Position the pupil in accordance with current training/action-plan guidance and do not allow unnecessary standing or walking.
- Give adrenaline immediately in accordance with training and the action plan. Do not delay while waiting to contact emergency services.
- Use the pupil's own prescribed device first where available; use a school spare AAI if the prescribed device is unavailable, misfires, or where emergency use is otherwise permitted.
- Call 999 and say "anaphylaxis".
- Keep the pupil under continuous supervision and follow emergency-service instructions.
- Give further adrenaline if required in accordance with the action plan, training and emergency-service advice.
- Inform parents/carers as soon as practicable.
- Ensure the pupil is assessed by emergency medical services.
- Record the incident and complete the school's serious incident / near-miss review.