



Policy and Procedure

Allergy Safety Policy

Type of document:

- ☒ Trust-wide document
- ☐ Trust operational plan template tailored by school
- ☐ School-specific document

Reviewed and Approved by:

Trust Board

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October 2027

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1.0



Benedict's Law: Allergy Safety in Schools

Our Allergy Safety Commitment

"Every pupil should be safe, included and supported, and every adult should know what to do in an allergy emergency."

Policy owner	Trust Board
Approval Body	Trust Board Retains legal accountability; approves and reviews the policy; ensures appropriate resources and assurance arrangements; and receives significant risks, serious incidents and themes. Finance, Resources and Audit Committee (FRAC) Provides oversight of Trust-wide implementation, assurance, significant risks, incidents and emerging themes on behalf of the Trust Board.
Trust Allergy Safety Policy Lead	Ian Wardle, Estates Manager
Named Academy Allergy Safety Leads	Recorded by each academy in Appendix A
Status	Approved
Version	1.0
Effective date	1 October 2026
Approval date	1 October 2026
Review date	October 2027, or earlier following significant change, a serious incident or near miss
Applies to	All 19 BCWCAT academies: 17 primary schools and 2 secondary schools

This policy sets the Trust-wide requirements.

Each academy must maintain a short site-specific procedure using Appendix A or an equivalent local document.

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How the documents fit together

This policy states the Trust requirements. The academy procedure records how they operate on the individual site. Each pupil's Individual Healthcare Plan (IHP), with the current Allergy or Asthma Action Plan attached, records the arrangements for that pupil.

Policy status and legal context

This is the overarching Allergy Safety Policy for all BCWCAT academies. It must be read alongside the Supporting Pupils with Medical Conditions Policy, First Aid Policy, Educational Visits Policy, Attendance Policy, Behaviour and Anti-Bullying Policy, Data Protection Policy, Health and Safety Policy and local catering procedures.

Section 100 of the Children and Families Act 2014, as amended by section 34 of the Children's Wellbeing and Schools Act 2026, requires academy trusts to have, publish and keep under review an allergy safety policy and to have regard to the DfE statutory guidance Allergy safety in schools (July 2026). "Benedict's Law" is the commonly used name for these reforms.

From 1 September 2026, BCWCAT requires annual allergy awareness and emergency response training and spare adrenaline devices at each academy site as Trust requirements, alongside any further regulations that come into force.

1. Governance, responsibilities and scope

The Trust Board is the proprietor and retains legal accountability for this policy. Local Academy Councils (LACs), acting as Local Governing Bodies (LGBs), provide local scrutiny under the Scheme of Delegation. Operational and pupil-specific decisions remain at academy level under the Headteacher.

Role	Responsibility
Trust Board	Retains legal accountability. FRAC approves and reviews the policy, oversees Trust-wide arrangements and receives significant risks, incidents and themes.
Finance, Resources and Audit Committee	Provides oversight of Trust-wide implementation, assurance, significant risks, incidents and emerging themes on behalf of the Trust Board.

Role	Responsibility
Trust Allergy Safety Policy Lead - Estates Manager	Coordinates Trust policy, advice, assurance, governance reporting and central AAI arrangements. The role does not prepare, approve or review individual pupil IHPs or make pupil-specific decisions.
Headteacher	Accountable for implementation within the academy and for pupil-specific allergy arrangements. Ensures a named Academy Allergy Safety Lead and deputy are appointed and local procedures are maintained.
Academy Allergy Safety Lead	A named member of the academy senior leadership team who coordinates the allergy register, local IHP process, staff information and training, catering liaison, emergency equipment, risk controls and incident review under the Headteacher's authority.
LAC / LGB	Scrutinises local implementation and receives assurance from the Headteacher. It does not replace Trust Board accountability.

Scope

This policy applies across all 19 academies during lessons, meals, clubs, wraparound care, sports, performances, events, educational visits, residentials, academy-arranged transport and activities delivered by external providers. It applies to pupils, staff, supply and agency staff, regular volunteers, catering teams, wraparound staff and pupil-facing providers. Contractors with no pupil-facing role must receive appropriate site emergency information.

Significant allergy-related risks must be recorded within the academy's risk management arrangements and, where appropriate, the academy risk register, with actions monitored by the Headteacher and reported through local governance arrangements. Severe allergy may meet the definition of disability under the Equality Act 2010 and may require reasonable adjustments.

2. Definitions and core principles

Term	Meaning for this policy
Adrenaline auto-injector (AAI)	A single-use injection device that delivers adrenaline, such as EpiPen or Jext. A person may instead be prescribed a nasal adrenaline device.
Allergen	A substance capable of triggering an allergic reaction, including food, medicine, insect stings, latex, airborne or contact allergens.
Allergy	An immune-system reaction to a normally harmless substance.
Allergy or Asthma Action Plan	A healthcare-professional-issued plan setting out symptoms, treatment and emergency medication. Recognised templates include BSACI plans.
Anaphylaxis	A potentially fatal reaction affecting the Airway, Breathing or Circulation (ABC). It may progress quickly and occur without a rash.
Asthma	A lung condition often associated with allergy. Sudden wheeze or breathing difficulty in a person with food allergy may be anaphylaxis.
Coeliac disease	An autoimmune reaction to gluten. It is not an allergy and cannot itself cause anaphylaxis, but requires strict dietary and cross-contact controls.
Food intolerance	A non-immune reaction to food. It cannot cause anaphylaxis but still requires suitable dietary support.



Term	Meaning for this policy
Individual Healthcare Plan (IHP)	The academy plan recording a pupil's support, adjustments, medication and emergency arrangements.
Near miss	An allergy-related error, omission or system failure that could have caused harm but did not.
Spare AAI	An AAI held by an academy for emergency use, obtained without a prescription and not prescribed to a named person.

- Allergy safety is a whole-school responsibility, not solely a catering or first-aid matter.
- Pupils with allergy must be safe, included and able to participate fully.
- Known allergens must be controlled, but academies must also be ready for first-time reactions.
- Emergency medication must be accessible without delay. Suspected anaphylaxis requires immediate adrenaline and a 999 call.
- Incidents and near misses must be reported, reviewed and used to improve arrangements.

3. Identifying and supporting pupils with allergy

Individual Healthcare Plans and Action Plans

A pupil must 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.

The IHP must be proportionate to the pupil's needs. Where a healthcare professional has issued an Allergy Action Plan, Asthma Action Plan or other clinical care plan, this must be attached to or directly referenced in the IHP.

Each academy must maintain a current allergy register. Information must be gathered at admission, transition, when an allergy is diagnosed or suspected and whenever needs change. Interim controls must be introduced immediately where there is a credible allergy concern; support must not wait for formal paperwork.

Where a parent or carer does not provide requested medical information, clinical documentation or does not engage with the academy, this must not result in the pupil being left unsupported. The Headteacher must record the attempts made to obtain the information, put proportionate interim controls in place based on the information reasonably available, and seek appropriate advice from the relevant healthcare professionals where necessary. Academy staff must not make clinical judgements. Where the lack of information means the academy cannot safely determine the support required, the matter must be escalated to the Headteacher and appropriate healthcare advice sought.

Where continued refusal to provide essential information or medication places the pupil at significant risk of harm, the Headteacher must consider whether further escalation is required under the academy's safeguarding arrangements.

All pupil-specific decisions sit at academy level. The Headteacher must ensure a suitably trained member of academy staff coordinates the IHP process. The Trust Allergy Safety Policy Lead provides policy advice and assurance only.

1. Open or review the IHP without delay when support is required. For an in-year admission, arrangements should be in place within 10 school days, with interim controls from the pupil's first day.
2. Involve the pupil and parent or carer and seek relevant clinical advice. The academy remains responsible for its school arrangements.

3. Attach the current Allergy Action Plan, Asthma Action Plan or other clinical plan. Do not rewrite clinical instructions in a way that could introduce error.
4. Record the key controls, medication, emergency response, self-management, trips, clubs, food arrangements, wellbeing and named staff or cover arrangements.
5. Review the IHP at least annually and sooner following changed advice or medication, transition, an allergic reaction, serious incident or near miss.

Self-management, attendance and wellbeing

Pupils should be supported to manage their allergy according to age, competence and clinical advice, but staff must not assume older pupils no longer need support. Allergy-related anxiety, bullying, teasing, deliberate exposure or threats must be addressed through the academy's safeguarding and behaviour arrangements.

A pupil must not be segregated, routinely sent home, excluded from meals, trips or clubs, penalised for medically related absence, or required to have a parent attend as a substitute for reasonable academy support.

4. Training, awareness and competence

All staff present while pupils are scheduled to be on site must receive allergy awareness and emergency response training at least annually. First-aid training alone is not sufficient. This includes permanent, temporary, supply, agency and peripatetic staff, regular volunteers, catering staff and wraparound staff.

New staff must receive training through induction. Supply, cover and other visiting pupil-facing staff must receive an appropriate site briefing before duty. External providers supervising pupils must be able to demonstrate appropriate allergy awareness and must be briefed on local allergy and emergency response arrangements.

Training must cover: recognising allergic reactions and anaphylaxis; the relationship between food allergy and asthma; locating and using emergency medication; safe positioning and calling 999; use of IHPs and Action Plans; reducing exposure to allergens; inclusion and wellbeing; and incident and near-miss reporting. Academies must retain training records.

5. Reducing allergen risk and managing food safely

- Academies must operate as allergy-aware environments and must not claim to be entirely nut-free or allergen-free.
- Food, medicines, latex, animals, insect stings, airborne and contact allergens must be considered when planning lessons, clubs, events and activities.
- Unlabelled food, uncertain ingredients and unapproved substitutions must not be given to a pupil with a food allergy. Food and utensils must not be shared where this creates a risk.
- Catering controls must include accurate allergen information, approved recipes, label checks, safe storage, cleaning, segregation and controls to prevent allergen cross-contact.
- At least two robust, age-appropriate methods must identify pupils with food allergy at mealtimes and help ensure the correct meal is served.
- Pupils must not be unnecessarily segregated at mealtimes or excluded from activities. Safer alternatives must be used where required.

Primary academies - Caterlink / ParentPay

The 17 primary academies must work with Caterlink to ensure that pupils with documented allergies or intolerances are identified and provided with an appropriate approved menu. Caterlink's online allergy process is the primary catering control and must be completed so that an approved menu is in place for each affected pupil.

Schools must complete a daily allergy reconciliation with the Caterlink catering manager. This must confirm that any allergy or intolerance recorded on ParentPay for meals being produced that day has also been captured through Caterlink's online allergy process and that an approved menu is in place.

Where an allergy or intolerance is recorded on ParentPay but no Caterlink online allergy form has been completed and no approved menu is available, only a suitable safe meal may be served where this has been confirmed as appropriate.

Caterlink must provide the Trust or academy with annual evidence that kitchen staff deployed to Trust sites have completed appropriate food-allergen and allergy awareness training. Menu, recipe or ingredient changes affecting allergen information must be notified and checked before service.

Secondary academies - in-house catering

The two secondary academies must use their point-of-sale system to flag known food allergies at the point of purchase and must maintain accurate recipe allergen matrices. Prepacked for Direct Sale (PPDS) food must meet Natasha's Law requirements: the food name, a full ingredients list and clear emphasis of the 14 regulated allergens. Supplier or ingredient changes must be logged and allergen information updated before affected food is prepared or served.

6. Emergency medication and spare AAls

Prescribed medication

Pupils at risk of anaphylaxis must have rapid access to their prescribed adrenaline devices at all times, including meals, playgrounds, sports, clubs and visits. Pupils should self-carry where this is safe and agreed; otherwise medication must be clearly labelled, unlocked and readily accessible. Spare academy stock is additional to and does not replace prescribed medication.

Spare AAls

Every BCWCAT academy site must hold spare AAls. Devices must be stored in pairs, clearly identified as academy spare stock, unlocked and positioned so that a pair can be brought to any location on site within five minutes. Larger or split sites must hold additional stock where needed to meet this standard.

Academy type	Trust minimum stock
17 primary academies	One pair of 150 microgram AAls and one pair of 300 microgram AAls at each academy site.
2 secondary academies	At least one pair of 300 microgram AAls at each academy site; additional pairs where needed to meet the five-minute access standard.

The Trust will coordinate the initial provision of spare AAls and issue separate operational guidance covering approved devices, ordering, storage, expiry monitoring and replacement arrangements.

Each academy must name staff to complete monthly checks covering quantity, expiry, condition and storage. Used, damaged or expired stock must be replaced without delay.

A spare AAI may be used to save the life of any pupil, member of staff or visitor with suspected anaphylaxis, including a first reaction in someone with no previous diagnosis. Emergency treatment must not be delayed to check consent, the allergy register or paperwork.



7. Emergency response

Mild or moderate allergic reaction

Possible signs include swollen lips, face or eyes; itchy or tingling mouth; hives or an itchy rash; abdominal pain or vomiting; or a sudden change in behaviour. Staff must stay with the person, follow the current Action Plan, locate the adrenaline devices, give antihistamine only where authorised and continue to monitor closely for any progression of symptoms.

If symptoms progress, any ABC symptom develops, or there is doubt about the severity of the reaction, treat as anaphylaxis immediately.

Suspected anaphylaxis - think ABC

A - Airway	B - Breathing	C - Circulation
Throat or tongue swelling, throat tightness, hoarse voice or difficulty swallowing.	Sudden wheeze, breathing difficulty, persistent cough or noisy breathing.	Dizziness, faintness, confusion, pale clammy skin, collapse or unconsciousness.

IF ANY ABC SIGN IS PRESENT, OR THERE IS DOUBT, TREAT AS ANAPHYLAXIS. BRING HELP AND MEDICATION TO THE PERSON.

1. Lie the person flat with legs raised. If breathing is difficult, allow them to sit on the floor with legs outstretched. Do not let them stand or walk.
2. Give adrenaline immediately. Use the prescribed device first if readily available; otherwise use a spare AAI. Do not delay treatment to check paperwork.
3. Call 999 and say "anaphylaxis". Give the exact location and postcode and send someone to direct the ambulance.
4. Stay with the person and contact the parent or emergency contact where applicable.
5. If there is no improvement after five minutes, give a second dose using a second device and confirm that an ambulance has been dispatched.
6. Start CPR if there are no signs of life. Anyone given adrenaline must be transferred to hospital even if they appear to recover.

A reliever inhaler may be given after adrenaline where the Action Plan directs, but it must never be used instead of adrenaline for suspected anaphylaxis.

8. Trips, incidents, information and assurance

Trips, clubs, wraparound care and external providers

A specific allergy risk assessment must be completed for any pupil at risk of anaphylaxis taking part in an off-site visit or activity. For other pupils with allergy, allergy risks must be considered as part of the visit risk assessment. The assessment must address the pupil's IHP and Action Plan, known allergens, food, transport, accommodation, emergency contacts, access to medication and access to medical help. Pupils prescribed adrenaline devices must have these with them throughout the visit and they must remain immediately accessible. **A pupil must not be excluded or required to have a parent attend solely because of allergy.**

Incident and near-miss reporting

All allergic reactions, medication errors, incorrect-food events, missing or expired medication, delayed access to emergency equipment and allergy-related near misses must be recorded promptly. A near miss includes an unsafe meal or exposure identified before harm occurs.

Parents or carers must be informed of any allergic reaction, serious allergy-related incident or significant near miss involving their child.

Timescale	Action
Immediate	Protect the person, provide emergency treatment, call 999 where required, inform the parent/emergency contact and notify the Headteacher and Academy Allergy Safety Lead.
Same day	Complete the academy incident record and preserve relevant labels, food or equipment where this may assist review.
Within 24 hours	Report every severe allergic reaction and significant near miss through the central Trust reporting route. The Trust will determine onward escalation to the CEO, FRAC, Trust Board or other bodies according to severity.
Following the event	The academy must review what happened, implement any urgent controls and share learning. The Trust will consider any required statutory or food-safety reporting.

Information sharing, assurance and review

- Health information must be shared with staff, caterers and providers who need it to keep the pupil safe, but only to the extent necessary.
- Relevant allergy information must form part of handovers to supply staff, trip leaders, wraparound provision, transport and external providers.
- Headteachers must provide termly assurance to their LAC/LGB and annual assurance to the Trust on local implementation.
- Each academy should test its emergency response at least annually through a drill, desktop exercise or active training scenario and record the learning.
- This policy and each academy procedure must be reviewed at least annually and sooner following significant legal change, a serious incident, significant near miss or evidence that controls are not effective.
- Once approved, this policy must be published and made readily accessible to parents and staff.

Unacceptable practice

It is unacceptable to delay emergency treatment; prevent rapid access to medication; make a person with suspected anaphylaxis walk to help; ignore the pupil, parent or clinical advice; rely on assumptions about food safety; unnecessarily segregate or exclude a pupil; require a parent to attend as a substitute for school support; or fail to report and learn from an incident or near miss.



Appendix A. Academy-specific allergy safety arrangements

Each academy must complete and keep this information current, or maintain an equivalent local procedure covering the same points.

Local arrangement	Academy entry
Academy / phase / Headteacher	
Academy Allergy Safety Lead / deputy	
Location of allergy register, IHPs and Action Plans	
Annual allergy training completed and evidence retained	
Primary: ParentPay / Caterlink daily allergy reconciliation process	
Secondary: POS allergy warning, PPDS and allergen matrix controls	
Spare AAI kit location(s), doses and five-minute coverage	
Named staff completing monthly AAI checks	
How emergency help is summoned	
Ambulance access point and postcode	
Supply, wraparound and external-provider briefing arrangements	
Trips and events allergy risk-assessment arrangements	
Central Trust incident reporting route	
Date completed / reviewed / next review date	

Completed by	Role	Headteacher approval / date	LAC/LGB assurance / date