



ALLERGY & ANAPHYLAXIS SAFETY POLICY

Policy owner	Headteacher / Governing Body
Named allergy lead	Mrs Ikram
Approved by	Governing Body
Approval date	September 2026
Review frequency	At least annually, and after any serious incident or near miss
Next review	September 2027
Website publication	Yes - statutory requirement

This policy should be read alongside the school's Supporting Pupils with Medical Conditions, Safeguarding, Health and Safety, Educational Visits, SEND, Equality and Behaviour/Anti-Bullying policies.



1. Statement of intent

Iqra Primary School is committed to keeping pupils with allergies safe, included and able to participate fully in school life. Allergy is a medical condition and, for some pupils, exposure to an allergen can cause anaphylaxis - a rapidly developing and potentially fatal emergency.

The school will take a whole-school, allergy-aware approach. We will identify known allergies, reduce avoidable exposure, ensure rapid access to emergency medication, train staff, work closely with parents and healthcare professionals, and learn from incidents and near misses.

2. Purpose and scope

This policy applies to all pupils, staff, volunteers, visitors, contractors with pupil-facing roles, catering staff and providers working on behalf of the school. It applies throughout the school day and to:

- morning and after-school clubs
- lunchtimes, snacks and food brought from home;
- curriculum activities involving food, craft materials, animals or other potential allergens;
- PE, swimming, sports days and outdoor learning;
- educational visits, residential and off-site activities;
- school events, celebrations, fairs and parent-led activities.

3. Legal and statutory framework

This policy has regard to current England requirements and guidance, 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 statutory guidance: Allergy safety in schools (July 2026);
- Supporting pupils at school with medical conditions statutory guidance;
- Equality Act 2010;
- Health and Safety at Work etc. Act 1974 and the common-law duty of care;
- Human Medicines Regulations 2012, as amended, including the provisions permitting schools to obtain spare adrenaline auto-injectors;
- Food Information Regulations 2014 and Food Information (Amendment) (England) Regulations 2019 ('Natasha's Law');
- Early Years Foundation Stage statutory framework, where applicable;
- Keeping Children Safe in Education and relevant safeguarding duties.

4. Benedict's Law - what it means for our school

"Benedict's Law" is the commonly used name for the strengthened school allergy-safety protections introduced following the death of five-year-old Benedict Blythe. The legal duty is contained in section 34 of the Children's Wellbeing and Schools Act 2026, which amended section 100 of the Children and Families Act 2014.

From September 2026, the school must have a dedicated allergy safety policy and must:

- review the policy at least once every year and make changes where required;
- make the policy known within school and to parents;
- bring the policy to the attention of pupils, parents and everyone who works at the school at least annually;

- publish the policy on the school website;
- have regard to the DfE statutory guidance on allergy safety.

The July 2026 statutory guidance also expects schools to provide regular, at least annual, allergy awareness and emergency-response training for all pupil-facing staff and to stock spare adrenaline auto-injectors of appropriate doses for emergency use. The guidance states that further regulations are intended to place specific statutory duties on schools in relation to training and spare adrenaline devices. Iqra Primary School will follow these expectations now as part of its allergy-safety arrangements rather than wait for further regulations.

5. Definitions

Allergy	An immune-system reaction to a substance that is normally harmless.
Allergen	A substance capable of triggering an allergic reaction.
Anaphylaxis	A potentially fatal allergic reaction affecting Airway, Breathing and/or Circulation (ABC).
Adrenaline device (AD)	Emergency adrenaline prescribed for a person at risk of anaphylaxis. This may include an adrenaline auto-injector (AAI) or another licensed prescribed device.
Spare AAI	An adrenaline auto-injector obtained by the school for emergency use in accordance with current law and guidance.
Individual Healthcare Plan (IHP)	A school plan describing the individual arrangements required to support a pupil's allergy safely.
Allergy Action Plan	A healthcare-professional-issued emergency plan, such as a BSACI Allergy Action Plan, which should be attached to the pupil's IHP where applicable.

6. Roles and responsibilities

6.1 Governing body

- ensure the school meets its statutory allergy-safety duties;
- approve, monitor and review this policy at least annually;
- receive information about serious allergy incidents and near misses and ensure lessons are acted upon;
- ensure appropriate resources, training and emergency arrangements are in place.

6.2 Headteacher and named allergy lead

- lead implementation of this policy and maintain a whole-school allergy-safety system;
- maintain an up-to-date allergy register and ensure relevant staff can access the information they need;
- ensure IHPs which include Allergy/Asthma Action Plans are in place where required;
- ensure prescribed medication and school spare AAIs are accessible, in date and checked routinely;
- ensure all relevant staff receive induction and at least annual allergy awareness and emergency-response training;
- ensure catering, trips, clubs, classroom activities and events are appropriately risk assessed;
- coordinate post-incident review and reporting.

6.3 All staff

- know how to identify pupils with known allergies and where their emergency plans and medication are kept;
- understand the signs of an allergic reaction and anaphylaxis and act immediately in an emergency;
- follow IHPs which include Allergy/Asthma Action Plans;
- take reasonable steps to reduce exposure to known allergens;
- never delay emergency treatment while waiting for a first aider, senior leader or parent;
- report all allergic reactions, medication errors, exposures and near misses.

6.4 Parents and carers

- tell the school about a child's allergy before admission, or immediately after diagnosis;
- provide accurate and current medical information, including the pupil's Allergy Action Plan where one has been issued;
- provide prescribed medication in the original packaging and ensure it is in date;
- where adrenaline is prescribed, provide the pupil's prescribed devices in line with clinical advice;
- tell the school promptly about changes to diagnosis, triggers, medication or emergency treatment;
- work with the school and caterer on safe food arrangements.

6.5 Pupils

Pupils will be supported in an age-appropriate way to:

- tell an adult immediately if they feel unwell or think they have eaten/touched something unsafe;
- not swap or share food, drinks, bottles, cutlery or lunchbox items;
- understand their own allergy and medication as their maturity allows;
- be kind and inclusive towards pupils with allergies and never tease, threaten or expose another pupil to a known allergen.

7. Identifying pupils with allergies

Allergy information will be gathered at admission and updated whenever information changes. The school will maintain a secure allergy register including the pupil's name, photograph where appropriate, known allergens, emergency medication, IHP/Action Plan status and relevant dietary arrangements.

Information will be shared on a need-to-know basis with staff responsible for the pupil's safety. Staff-only identification systems may be used in kitchens, dining areas, classrooms or trip packs, balancing safety, dignity and data protection.

For pupils joining the school, arrangements should be ready for the start of term wherever possible. For mid-year admissions or a new diagnosis, the school will put arrangements in place as quickly as possible.

8. Individual Healthcare Plans and Allergy Action Plans

An IHP will be put in place where a pupil's allergy has a functional impact, places them at risk of harm, and requires arrangements additional to or different from those normally available.

The IHP should include, as relevant:

- allergens and known triggers;
- usual symptoms and signs of anaphylaxis;
- preventive measures and reasonable adjustments;
- food and mealtime arrangements;

- medication, dosage, storage and access arrangements;
- what to do in an emergency and who will do it;
- arrangements for PE, swimming, clubs, trips and special events;
- the pupil's level of independence;
- communication arrangements with parents and healthcare professionals;
- an attached Allergy Action Plan and Asthma Action Plan where issued by external agencies.

IHPs will be reviewed at least annually, after a reaction or near miss, when treatment changes, and before significant transitions where appropriate.

9. Allergy awareness and staff training

All staff who are present when pupils are on site - including teachers, teaching assistants, office staff, lunchtime staff, catering staff, breakfast/after-school club staff, supply staff, relevant peripatetic staff and regular volunteers - will receive allergy awareness and emergency-response training at induction and at least annually.

Training will cover:

- what allergy is and how reactions can occur;
- the difference between allergy, intolerance and coeliac disease;
- recognising mild/moderate reactions and anaphylaxis (ABC);
- the relationship between food allergy and asthma;
- how to summon emergency help and contact parents;
- where emergency medication is kept and how to use an AAI;
- the school's spare AAI arrangements;
- how to follow IHPs and Allergy/Asthma Action Plans;
- preventing exposure and cross-contact;
- recording and reporting incidents and near misses;
- the emotional impact of allergy and allergy-related bullying.

First-aid training alone is not treated as sufficient allergy-awareness training.

10. Reducing exposure to allergens

The school will take reasonable, proportionate steps to minimise exposure to known allergens. Because any food can cause an allergic reaction, the school will not describe itself as 'allergy-free' or guarantee a 'nut-free' environment.

Iqra Primary School operates an allergy-aware / nut-aware approach. Families and staff may be asked not to bring nuts or specified high-risk products onto site where this is a reasonable risk-control measure, but this does not replace individual risk assessment, safe food systems or emergency preparedness.

- Food, drink bottles and lunchboxes should not be shared.
- Packed lunches and food ingredients should be clearly identifiable; parents must follow school requests about restricted items.
- Staff planning cooking, science, art, craft, sensory play, gardening, animal visits or celebrations must check for allergens in advance.
- Alternative materials will be used where a known allergen creates a risk; pupils should not be excluded where a safe adjustment can be made.

- Potential hidden allergens in items such as play dough, glue, bird feed, recycled food packaging and some craft materials must be considered.
- Hands and surfaces will be cleaned appropriately after food activities; food-preparation controls will minimise cross-contact.

11. Catering, school meals and Natasha's Law

The school and its catering provider will comply with food-allergen law and maintain robust procedures for safe meal provision.

- Information about the 14 regulated allergens will be available for food served by the school/caterer.
- Catering staff will have current allergy information and a reliable method of identifying pupils who require an allergen-safe meal.
- Cross-contact controls will be followed during storage, preparation, cooking and serving.
- At least two robust checks should be used where practicable to identify pupils with food allergies at mealtimes.
- Pupils with allergies will not routinely be segregated from peers at lunch; risks will be managed in an inclusive way.
- Parents will be able to discuss safe meal provision with the school/caterer.
- Any last-minute menu substitution must continue to meet the pupil's dietary and allergy requirements.

12. Food brought into school, celebrations and events

Unlabelled or home-made food can present a higher risk because ingredients and cross-contact may be uncertain. The school may restrict food brought in for birthdays, celebrations, fairs or class events and may require only clearly labelled, pre-packaged items.

Before food is used as part of a curriculum activity or event, staff must check the allergy register and any relevant IHPs. Parents of pupils with allergies will be consulted where necessary so that safe and inclusive alternatives are available.

13. Medication and adrenaline devices

Pupils prescribed adrenaline should have rapid access to their prescribed devices at all times. Clinical advice recommends that people at risk of anaphylaxis have access to two doses because a second dose may be needed.

- Medication will be clearly labelled, stored at room temperature in accordance with manufacturer instructions and kept away from extremes of heat and direct sunlight.
- Emergency adrenaline must not be locked away or kept where access is restricted.
- For younger pupils who do not carry their own devices, medication will be stored in a safe, clearly identified and rapidly accessible location.
- The school will stock spare AAls in age/weight-appropriate doses for emergency use, in accordance with current law and guidance.
- Spare AAls will be kept in a safe, central and accessible location and checked routinely for expiry, damage and stock level.
- A copy of the relevant emergency plan should be kept with or immediately accessible alongside medication.
- Used or expired AAls will be disposed of safely in accordance with current medicines/sharps guidance.

14. Recognising an allergic reaction

Mild to moderate symptoms may include:

- swollen lips, face or eyes;
- itchy or tingling mouth;
- hives or itchy rash;
- abdominal pain or vomiting;
- mild throat tightness;
- a sudden change in behaviour.

A pupil with a mild/moderate reaction must not be left alone. Follow their Allergy Action Plan, give prescribed treatment as directed, inform parents and observe closely because symptoms can progress.

Signs of anaphylaxis - think ABC:

- **AIRWAY:** swelling of the throat/tongue/upper airway, throat tightness, hoarse voice or difficulty swallowing;
- **BREATHING:** sudden wheeze, persistent cough, noisy or difficult breathing, shortness of breath;
- **CIRCULATION:** dizziness, faintness, sudden sleepiness/confusion, pale clammy skin, collapse or loss of consciousness.

Anaphylaxis can occur without a rash. If in doubt, treat as anaphylaxis.

15. Emergency response to anaphylaxis

1. Give adrenaline immediately using the pupil's prescribed device if available. If it is unavailable, cannot be used without delay, or misfires, use the school's appropriate spare AAI in line with current emergency arrangements.
2. Call 999 immediately and state 'ANAPHYLAXIS'. Give the school's address and exact location of the pupil.
3. Send someone to bring the second adrenaline device/spare kit and meet the ambulance. Do not leave the pupil alone.
4. Position the pupil safely: usually lie them flat with legs raised. If breathing is difficult they may sit up with legs outstretched. If unconscious, place them in the recovery position. Do not allow them to stand or walk.
5. If symptoms persist, give a second dose of adrenaline after 5 minutes, using a second device.
6. If the pupil also has asthma/wheeze, follow the Allergy/Asthma Action Plan; adrenaline is the priority treatment for anaphylaxis.
7. Contact parents/carers after emergency treatment has started; do not delay adrenaline or the 999 call while trying to contact them.
8. Record the incident, medication used, time(s) administered, staff involved and actions taken. Used devices should accompany the pupil/ambulance where requested.

16. Educational visits, swimming and off-site activities

Pupils with allergies will be included in trips and activities wherever risks can be safely managed. Planning must consider the pupil's allergy from the outset.

- complete an allergy-specific risk assessment where required;
- ensure trained staff are present and know the pupil's plan;
- take prescribed medication, two adrenaline doses where prescribed, and relevant spare emergency medication where appropriate;
- ensure medication remains immediately accessible rather than stored in luggage or a locked vehicle;

- share necessary allergy information with venues/caterers in advance;
- check travel, meal, accommodation and activity arrangements;
- plan access to emergency services, particularly on residential or remote visits.

17. EYFS and younger children

For pupils within the EYFS, the school will also follow the EYFS statutory framework. Before admission, information about allergies, intolerances, dietary and health requirements will be obtained and shared with staff responsible for preparing or serving food. At mealtimes and snack times there will be clear responsibility for checking that each child's food is suitable.

18. Non-food allergens

The school recognises that serious reactions may be triggered by non-food allergens, including insect stings, latex, medicines, animals, pollen and other contact or airborne allergens.

- known non-food allergens will be recorded and included in relevant risk assessments;
- staff will be briefed about individual triggers and required adjustments;
- alternative equipment/materials will be used where reasonably practicable;
- emergency medication will remain accessible during all relevant activities.

19. Wellbeing, inclusion and allergy-related bullying

Living with allergy can cause anxiety and may make a pupil feel different from peers. The school will provide reassurance, listen to pupil and parent concerns, make reasonable adjustments and promote independence in an age-appropriate way.

Deliberately exposing, threatening to expose, teasing or excluding a pupil because of an allergy is unacceptable and will be treated seriously under the school's Behaviour and Anti-Bullying policies. Where behaviour creates a safeguarding or medical risk, it will be escalated appropriately.

20. Incidents, near misses and learning lessons

All significant allergic reactions, anaphylaxis, medication errors, accidental exposures and relevant near misses will be recorded and reviewed.

- parents/carers will be informed;
- the headteacher/named allergy lead will review what happened and whether procedures were followed;
- the governing body will be informed of serious incidents and near misses as appropriate;
- IHPs, risk assessments, catering controls, training or this policy will be updated where learning identifies a need;
- statutory reporting to external bodies will be completed where required.

21. Information sharing and confidentiality

Allergy information is health information and will be handled in line with data-protection requirements.

Information necessary to keep a pupil safe will be shared with staff who need it. Photographs and allergy details displayed in staff-only areas or emergency packs will be limited to what is necessary for safe care.

22. Complaints

Concerns about allergy safety should be raised promptly with the class teacher, named allergy lead or headteacher. Formal complaints will be managed under the school's Complaints Policy. Immediate safety concerns will be acted upon without waiting for the complaints process to conclude.

23. Monitoring and review

The headteacher and named allergy lead will monitor implementation through checks of the allergy register, IHPs, staff training, medication expiry dates, spare AAI stock, catering arrangements, trip planning and incident records.

The governing body will review this policy at least annually. It will also be reviewed earlier following a serious incident or near miss, a significant change in school circumstances, or new legislation/statutory guidance.

24. Related school policies

- Supporting Pupils with Medical Conditions Policy
- Administering Medicines Policy
- Safeguarding / Child Protection Policy
- Health and Safety Policy
- Educational Visits Policy
- SEND Policy
- Equality and Accessibility Policy
- Behaviour and Anti-Bullying Policy
- Data Protection / Privacy Policy

Appendix A - Quick emergency checklist: ANAPHYLAXIS

ABC symptoms = ADRENALINE + 999

- Give adrenaline immediately.
- Call 999 - say 'ANAPHYLAXIS'.
- Do not leave the pupil alone.
- Lie flat with legs raised; if breathing is difficult, allow sitting with legs outstretched. Do not allow standing or walking.
- Give a second adrenaline dose after 5 minutes if symptoms persist.
- Contact parents after emergency action has started.
- Record and review the incident.

Appendix B - School implementation checklist

Requirement	In place	Action / date
Named senior allergy lead identified	☐	
Policy approved, published on website and communicated annually	☐	
Allergy register current	☐	
IHPs and Allergy/Asthma Action Plans current	☐	
Annual staff allergy training completed and recorded	☐	
Supply/temporary/club/catering staff arrangements in place	☐	
Prescribed adrenaline rapidly accessible	☐	
Spare AAls stocked in appropriate doses and checked	☐	
Medication expiry checks recorded	☐	
Catering allergen systems checked	☐	
Packed lunch / celebration food expectations communicated	☐	
Classroom/cooking/craft allergen risks considered	☐	



Trip procedures include allergy risk assessment and medication	☐	
Incident and near-miss reporting process understood	☐	
Allergy-related bullying addressed through behaviour systems	☐	

Reference sources used for this rewrite

- Department for Education, Allergy safety in schools: statutory guidance (published 6 July 2026).
- Children's Wellbeing and Schools Act 2026, section 34 (allergy safety).
- Department for Education, Allergy guidance for schools (updated July 2026).
- The attached Rowan Learning Trust Allergens and Anaphylaxis Policy (Spring Term 2026), adapted from trust-wide wording to a primary-school policy.