Helix Learning Trust

Allergy Safety Policy

Date approved	September 2026
Period for review	August 2027
Date of next review	August 2027

Policy Owner	Alison Reed
Responsible Body	LGB
Publication	Public

Equality Statement: We have carefully considered and analysed the impact of this policy on equality and the possible implications for our stakeholders with protected characteristics, as part of our commitment to meet the Public Sector Equality Duty (PSED) requirement to have due regard to the need to eliminate discrimination, advance equality of opportunity and foster good relations in our community.

This policy should be read alongside each school's Supporting Pupils with Medical Conditions Policy, First Aid Policy, Educational Visits Policy, Safeguarding and Child Protection Policy, Anti-Bullying Policy, Data Protection Policy and relevant food and catering procedures.

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1. Principles

The Department for Education published new statutory guidance in July 2026 following the Children's Wellbeing and Schools Act 2026. It applies to maintained schools, academies and pupil referral units in England. Governing bodies and academy trusts must "have regard" to the guidance, meaning any departure should have a clear and justifiable reason. DfE allergy safety statutory guidance.

As the employer, Helix Learning Trust ("the Trust") has overall responsibility for safeguarding the health, safety and welfare of pupils and staff in its schools. The Trust recognises that allergy can affect a person's health, education, attendance, participation and emotional wellbeing, and that anaphylaxis is a time-critical medical emergency.

The Trust will support its schools in putting in place clear and proportionate arrangements which identify known allergy, minimise avoidable exposure to allergens, secure rapid access to emergency medication and enable pupils with allergy to participate fully in school life. The Trust will promote an allergy-aware culture. No school can guarantee an allergen-free environment, and blanket "allergen-free" claims may create a false sense of security.

Although overall accountability rests with the Trust Board, day-to-day responsibility is delegated to each Headteacher/Head of School. Each school must appoint a named senior leader as its Allergy Safety Lead **(Appendix 1).** The Lead will drive implementation, coordinate local arrangements and contribute to review. Allergy safety must not be left solely to the catering manager.

2. Statement of Intent

The Trust is committed to providing a high standard of allergy safety and to ensuring that reasonable, practical controls are embedded across teaching, catering, wraparound care, premises, enrichment and educational visits. Decisions will be informed by the pupil or staff member, parents or carers where appropriate, current healthcare advice, the individual risk and the needs of the school community.

The Trust expects all employees and relevant adults to cooperate with this policy, attend required training, follow Individual Healthcare Plans (IHPs) **(Appendix 3)** and clinical Action Plans, report concerns promptly and act without delay in an emergency. Where specialist clinical advice is required, the school will seek it and will not make clinical judgements outside its competence.

3. Aims

- ensure pupils with allergy are safe, supported and included in education, meals, social activities, trips and extracurricular provision;
- identify known or suspected allergy and put individual arrangements in place where required;
- reduce the likelihood of exposure to known food, contact and airborne allergens through reasonable controls;
- ensure staff can recognise and respond to allergic reactions, anaphylaxis and acute asthma;
- provide rapid access to prescribed and spare emergency medication;
- support the wellbeing and growing independence of pupils with allergy;
- record and learn from incidents, serious incidents, near misses and allergy safety drills; and
- maintain clear governance, monitoring, communication and annual review arrangements across the Trust.

4. Scope and definitions

This policy applies to all Trust schools, pupils, employees, agency and temporary staff, supply teachers, peripatetic staff, regular volunteers, catering and wraparound-care staff, and others who supervise pupils. It also informs arrangements for visitors and contractors where their activities could affect allergy safety.

Term	Meaning
Allergy	An immune-system reaction to a substance which is normally harmless. Allergies may include food allergy, asthma, eczema, allergic rhinitis/hay fever and allergy to medicines, insect stings, animals, latex or other contact or airborne substances.
Allergic reaction	Symptoms may be mild or moderate, or may progress rapidly. Skin symptoms are not always present.
Anaphylaxis	A severe, potentially life-threatening systemic allergic reaction involving airway, breathing and/or circulation. It always requires immediate adrenaline and a 999 ambulance call.

Adrenaline device (AD)	A prescribed emergency medicine, currently including adrenaline auto-injectors (AAIs) and prescribed nasal adrenaline devices. Spare devices held by schools are currently AAIs.
Allergy/Asthma Action Plan	A clinical emergency plan issued by a healthcare professional. It must be followed and, where relevant, attached to the pupil's IHP.
Near miss	An event which did not cause harm but had the potential to expose a person to an allergen, delay treatment or otherwise compromise allergy safety.

5. Organisation and responsibilities

5.1 Trust Board

The Trust Board will ensure that the Trust has a dedicated allergy safety policy, that responsibilities are reflected in the scheme of delegation and that allergy-related risks are included within appropriate risk-register and assurance arrangements. It will receive sufficient information to monitor implementation, support and challenge across schools, and will approve and review this policy at least annually.

5.2 Local governing bodies

Local Governing Bodies will provide local scrutiny and assurance by considering the Head of School's reports on training, individual arrangements, emergency medication, incidents, near misses, drills and corrective actions. They will escalate significant concerns through the Trust's governance arrangements.

5.3 Head of School

The Head of School is responsible for implementing this policy within the school and will:

- appoint a named senior Allergy Safety Lead and ensure adequate time and resources are available;
- ensure local arrangements, emergency procedures and lines of accountability are documented and communicated;
- ensure required training and induction are completed and recorded;
- ensure prescribed and spare emergency medication is available, stored correctly, checked and replaced;

- ensure appropriate IHPs, Action Plans, risk assessments and consent records are in place;
- report significant matters to the local governing body and Trust; and
- ensure lessons from incidents, near misses and drills are acted upon promptly.

5.4 School Allergy Safety Lead

The named senior leader **(Appendix 1)** will coordinate the school's allergy register, IHP process, staff awareness, catering liaison, emergency medication arrangements, drills, incident review and annual school-level assurance. The Lead will involve pupils, parents and staff with allergy in developing and reviewing arrangements and will liaise with the Trust policy owner.

5.5 All staff and regular volunteers

All staff and regular volunteers must complete the training required for their role, know how to access allergy information and emergency medication, follow agreed controls and Action Plans, challenge unsafe practice, and report all reactions, serious incidents, near misses and medication issues. Staff must bring help and medication to a person who is unwell and must not send them unaccompanied to an office or medical room.

5.6 Catering and wraparound-care providers

Providers must comply with food information law, School Food Standards where applicable, contractual requirements and the school's controls. They must maintain accurate allergen information, prevent cross-contamination, manage substitutions safely, train relevant staff and work with the school, pupils and parents to provide inclusive meals. Contract management will include assurance of these controls.

5.7 Parents, carers and pupils

Parents and carers should provide accurate and current information, medication and clinical plans; notify the school promptly of changes; check prescribed medication remains in date; and work with the school on reasonable controls. Pupils will be encouraged, according to age, understanding and competence, to recognise symptoms, avoid known triggers, carry or know the location of medication, seek help immediately and avoid sharing food or utensils.

6. Allergy awareness training

All staff present when pupils are scheduled to be on site will receive allergy awareness and emergency response training at least annually **(please refer to your**

school CPD requirements and consult HR if unsure). This includes permanent, temporary, supply, agency and peripatetic staff, regular volunteers, catering staff and staff supervising breakfast or after-school provision. First aid training alone is not sufficient. Contractors with no pupil-facing role are not normally included, but will receive relevant site information where their work may create an allergy risk.

New staff will receive allergy safety information as part of induction before they assume unsupervised pupil-facing duties. The school will check the training status of supply and cover staff and provide an appropriate briefing and access to emergency procedures before deployment.

Training will enable staff to:

- understand allergy, co-existing conditions and the difference between food allergy, coeliac disease and food intolerance;
- identify common triggers and the full range of symptoms, including anaphylaxis and acute asthma;
- locate and use the school's allergy register, IHPs and Allergy or Asthma Action Plans;
- reduce the risk of exposure and understand the effect of allergy on wellbeing;
- call 999, inform parents or carers, locate and administer emergency medication and use the relevant device;
- understand that adrenaline, not a reliever inhaler, is the treatment for anaphylaxis; and
- record and report reactions, serious incidents and near misses.

Training records will show the date, content, provider and attendees. Separate competency, clinical governance or delegation arrangements will be put in place where an individual requires healthcare support beyond whole-school allergy safety arrangements.

7. Wellbeing and inclusion

Schools will actively support pupils who may experience anxiety, isolation or stigma because of allergy. Staff will provide reassurance about the controls and emergency response in place, listen to the pupil and family, and make reasonable adjustments without unnecessarily singling the pupil out. Pupils with allergy will be involved in decisions affecting them in a manner appropriate to their age and understanding.

Allergy-related bullying, including teasing, exclusion, threats, deliberate exposure or misuse of a known allergen, will be treated seriously under the school's behaviour and anti-bullying arrangements and may also raise safeguarding concerns. Schools will promote age-appropriate allergy awareness while respecting confidentiality. Pupils with allergy will not be segregated at mealtimes unless a specific, evidenced and agreed individual arrangement makes this necessary.

Schools will support pupils to develop safe self-management. Decisions about carrying and administering medication will be made individually with the pupil, parent or carer and, where appropriate, healthcare professionals, taking account of competence, risk and safeguarding.

8. Minimising the risk of exposure

Each school will apply reasonable, proportionate controls based on its pupils, activities and premises. Risk cannot be eliminated completely; effective arrangements combine exposure reduction with a robust emergency response.

- food, drink and lunch boxes intended for a particular pupil will be clearly identified where necessary;
- food and utensils will not be traded or shared where this could create a risk;
- handwashing and cleaning with warm soapy water will be used where appropriate; hand sanitiser alone does not reliably remove food allergens;
- staff planning lessons or events will check materials and ingredients used in cooking, science, craft, music, sensory play and animal-related activities;
- alternatives will be selected for the whole group where practical, avoiding exclusion of an affected pupil;
- contact and airborne allergens, environmental air quality and relevant premises or infection-control measures will be considered;
- food brought in for birthdays, celebrations, fundraising or staff events will be controlled through advance communication and, where needed, parental agreement; and
- specific risk assessments will be completed for external visits and unusual activities.

Schools will describe themselves as “allergy aware” rather than guaranteeing that they are “allergen free” or “nut free”. A school may discourage identified foods from being brought on site where this is a reasonable local control, but will not rely on that measure alone.

9. Food allergy and food provision

Schools and catering providers will provide clear, accurate and accessible allergen information and will comply with the Food Information Regulations 2014, retained Regulation (EU) No 1169/2011 as amended, the Food Information (Amendment) (England) Regulations 2019 (Natasha’s Law) and other applicable food safety requirements. Prepacked food for direct sale must carry the name of the food and a full ingredients list with allergens emphasised. Information on the 14 regulated allergens must be available for non-prepacked food.

The Head of School will engage with caterers to understand and monitor controls. Catering teams will meet parents or carers where needed, manage menu changes and substitutions safely, prevent cross-contamination and ensure relevant staff can read labels and access current recipes and ingredient information. Schools will make reasonable efforts to provide inclusive meals and comply with the School Food Standards.

Each school will use at least two robust and age-appropriate methods to identify pupils with food allergy at service points, balancing safety, dignity and inclusion. Methods may include an authorised allergy list or photograph at the kitchen/serving point and a staff check. Any visual identifier will be agreed and used respectfully **(please consult the Trust/School GDPR guidance).** Unlabelled or home-prepared food will not be assumed to be safer than packaged food.

Early years provision will obtain information about special dietary requirements, preferences and food allergies before admission; record and act on the information; and ensure food and drink are prepared in ways that prevent choking and respect dietary needs in accordance with the EYFS statutory framework.

10. Identification and records

Schools will seek allergy information at admission, transition, annual data checks and whenever a change is reported. Information will be obtained from the pupil, parents or carers, the previous setting and relevant healthcare professionals as appropriate. A suspected allergy will not be dismissed because diagnosis is incomplete; interim arrangements will be based on the best available assessment and professional advice will be sought where needed.

Each school will maintain a current, secure allergy register covering pupils and relevant information notified by staff. It will record known allergens, likely symptoms, medication, storage arrangements, Action Plans, whether an IHP is required and emergency contacts. Visitor arrangements will enable individuals to disclose relevant allergy and medication needs without unnecessary collection or sharing of health information.

Records will be reviewed when information changes and at least annually. Key information will be available promptly to staff who need it, including catering, wraparound-care and visit staff, subject to data protection requirements.

11. Individual Healthcare Plans

A pupil will have an IHP **(Appendix 3)** where allergies have a functional impact in school, creates a risk of harm, and requires arrangements additional to or different from those generally available.

A formal diagnosis is not essential where allergy is suspected and support is required. The Head of School will confirm/decide whether an IHP is required in discussion with the pupil, parents or carers and relevant healthcare professionals.

The IHP is an education-setting document, not a clinical plan. It will describe how the school will respond to the information and advice received and will attach, rather than inaccurately duplicate, the latest Allergy or Asthma Action Plan or other clinical care plan. One IHP should encompass the pupil's relevant conditions and support.

The IHP will normally include:

- identity, photograph, emergency contacts and who needs access;
- known or suspected allergens, symptoms, risks and the pupil's ability to recognise a reaction;
- clinical plans and advice, issuing professional/provider and review date;
- prescribed medication, consent, storage, access and self-management arrangements;
- reasonable adjustments, exposure controls, meal arrangements and support for learning and wellbeing;
- arrangements for visits, transport and extracurricular activities;
- emergency actions, responsibilities and location of prescribed and spare medication; and
- issue date, review date and the views of the pupil and parents or carers.
- IHPs will be developed collaboratively and reviewed at least annually, before or following a significant transition, when needs or medication change, when an updated Action Plan is received, and following a relevant incident or near miss. Staff who need to act will have safe and timely access to the current version.

12. Prescribed medication and emergency access

Pupils prescribed adrenaline should have access to two in-date devices at all times, including travel to and from school, lessons, lunch, playgrounds, sports areas, wraparound care and visits. Pupils will be encouraged to carry their own devices where appropriate. If they cannot do so, the devices will be kept in an unlocked, readily accessible location and must be capable of reaching the pupil within five minutes.

Adrenaline devices will be stored at room temperature in accordance with manufacturer instructions, protected from extremes of heat and direct sunlight, and never refrigerated. They will not be locked away or held in a restricted office. Where necessary they will be out of reach, but not out of timely access. A current Action Plan should be kept with the medication.

The school will record pupils supplied with prescribed devices, the device type and dose, expiry dates, storage location, checks and Action Plan. Local arrangements will specify how devices travel between home and school and who checks them. Parents remain responsible for supplying prescribed medication, but the school will monitor and give timely reminders. Used or expired AAIs will be handed to ambulance staff, returned to a pharmacy or placed in an approved sharps route; they will not be put in general waste.

13. Spare adrenaline devices and emergency inhalers

Each school will stock spare AAIs of the appropriate dosage for its age range and pupils, in accordance with current Department of Health and Social Care guidance. Spare AAIs supplement and do not replace a pupil's own two prescribed devices. They will be stocked and stored in pairs, clearly labelled and placed so that a pair can reach any person experiencing anaphylaxis within five minutes. Multi-site schools will hold appropriate devices on each site; larger sites will hold additional pairs where required by the five-minute standard.

Spare AAIs will be kept at room temperature, readily accessible and unlocked, with instructions and suitable records. A nominated person will check the kits at least monthly and after every use, recording quantity, integrity and expiry dates. Replacement will be arranged sufficiently in advance and immediately after use or misfire. Safe disposal arrangements in section 12 apply.

A spare AAI may be used to save a life where the person's own device is unavailable, misfires, is the wrong device for immediate access, or where anaphylaxis occurs without a previous diagnosis. Advance consent is good practice but is not legally required before reasonable emergency action is taken to save life. A pupil prescribed nasal adrenaline may receive a school's spare AAI if their own device is unavailable.

Schools may also hold emergency salbutamol inhalers and spacers under the Human Medicines Regulations 2012. These may be used only for a pupil prescribed a reliever inhaler whose own inhaler is unavailable and for whom written consent has been obtained, in accordance with current DHSC guidance. A reliever inhaler must never be given instead of adrenaline to treat anaphylaxis.

14. Emergency response

Any reaction affecting Airway, Breathing or Circulation must be treated as anaphylaxis. Skin signs may be absent. If a person with known food allergy suddenly has breathing difficulty, staff must consider anaphylaxis. If in doubt, give adrenaline.

Staff must follow the individual's current Action Plan where available, but must not delay lifesaving treatment.

- Call for help and bring the person's prescribed adrenaline devices and the nearest spare pair to them. Do not make them stand or walk.
- Position the person flat with legs raised. If breathing is difficult, allow them to sit with legs extended. If unconscious, place them in the recovery position. A pregnant person should lie on their left side.
- Administer adrenaline immediately and within five minutes. Use the person's prescribed device first if immediately available; otherwise use a spare AAI.
- Dial 999 immediately, request an ambulance and state "anaphylaxis". Do not delay adrenaline while making the call.
- Note the time. If there is no improvement after five minutes, give a second dose using a second device.
- Stay with and continuously observe the person. Begin CPR if they become unresponsive and are not breathing normally. Send someone to meet the ambulance.
- Contact the parent, carer or emergency contact after emergency action is under way. Transfer the used device and relevant plan to ambulance staff and record the incident.

For a mild to moderate reaction without Airway, Breathing or Circulation symptoms, follow the Action Plan, administer prescribed antihistamine where authorised, contact the parent or emergency contact, do not leave the person unattended and observe them in a safe place for at least 60 minutes. Escalate immediately if symptoms progress. Anyone who has had an allergic reaction will remain supervised for at least one hour.

15. Educational visits and off-site activities

Pupils with allergy will be enabled to participate in visits, residentials, sport and extracurricular activities. Planning will begin early and include the pupil and parents or carers. A specific risk assessment will be completed for any pupil at risk of anaphylaxis and will address travel, food, accommodation, activity allergens, communication, access to emergency medical care and emergency medication.

The pupil's two prescribed adrenaline devices must accompany them and remain immediately accessible. At least one accompanying member of staff must be trained and prepared to administer adrenaline. The visit leader will hold the current IHP and Action Plan information required for safety. A spare pair may be taken where appropriate, provided sufficient spare provision remains at school. Requiring a parent to accompany a pupil will not be used as a substitute for reasonable school arrangements.

16. Serious incidents and near misses

All allergic reactions, administrations of emergency medication, failures or delays in controls, serious incidents and near misses will be recorded promptly through the school's incident-reporting arrangements and notified to the Head of School and Allergy Safety Lead. Reports may be made by staff, pupils, parents or carers, visitors and healthcare professionals, including where a delayed reaction becomes apparent after the pupil has left school.

The Head of School will ensure that appropriate notifications are made to parents or carers, the Trust, insurers, regulators or enforcing authorities in accordance with other Trust procedures and legal reporting requirements. Following an incident or near miss, the school will review the facts, immediate response, medication access, training, risk assessment, IHP and communication, identify learning and track corrective actions to completion. Serious matters will prompt an immediate policy review rather than waiting for the annual cycle.

Schools should conduct periodic allergy emergency drills. The result will be recorded and reviewed like a near miss. A pupil will only be involved in planning or delivery where this is appropriate, agreed and managed so that their wellbeing is protected.

17. Information sharing and confidentiality

Information about allergies is special category of health data under **UK GDPR**. The Trust and its schools will hold, use and share the minimum information necessary to keep individuals safe and included, using an appropriate lawful basis and condition for processing **(please see the Trust GDPR Policy for further guidance**). Access will be role-based, secure and proportionate. Information will not be displayed or discussed more widely than necessary.

Relevant information may be shared with teaching, pastoral, first-aid, catering, wraparound-care, transport and visit staff who need it to perform their role. Emergency services will receive necessary information in an emergency. The pupil's dignity, views and level of understanding will be considered when choosing identification and communication methods. Records will be retained and disposed of in accordance with the Trust's data protection and retention arrangements.

18. Awareness and publication

This policy will be published on the Trust and each school's website, provided in hard copy on request and brought to the attention of staff, pupils and parents or carers. Staff awareness will form part of annual training and induction. Schools will use age-appropriate education and communication to promote allergy awareness, safe peer support and reporting, particularly to prevent bullying.

Where it may help a pupil at risk of anaphylaxis, peers may be taught how to summon adult help. This will be discussed with the pupil and parents or carers and will never replace the school's staff emergency arrangements.

19. Monitoring, review and ratification

Each school will complete the implementation schedule in Appendix 1 and retain local evidence. The named Allergy Safety Lead will report at least annually to the Head of School and local governing body. Trust oversight will consider, as a minimum, completion of training, accuracy of registers and IHPs, emergency medication checks, five-minute access, catering assurance, incidents, near misses, drills and outstanding actions.

The Trust Board will review this policy at least annually. An earlier review will take place after a serious incident or significant near miss, a material change in statutory guidance or legislation, or evidence that local arrangements may not be effective. Review will take account of the experience and views of pupils, parents or carers and staff with allergy. The policy will be ratified in accordance with the Trust's governance arrangements.

RATIFICATION

Each school is requested to review and adopt the Trust policy on Allergy Safety and evidence

by signing below.

Approved and ratified on behalf of [Name of School]

Name: .....

Position: .....

Signature: .....

Approved and ratified on behalf of Helix Learning Trust

Name: .....

Position: .....

Signature: .....

Appendix 1: School-level implementation schedule

Requirement	School arrangement
Named senior Allergy Safety Lead	Executive Headteacher - Mrs Berlemont
Deputy or alternative lead	Head of School - Mrs Reed
Location of pupil allergy register	Arbor
Location(s) of prescribed emergency medication	Red Box in Class Room Medical Room
Location(s) and dosage of spare AAI pairs	Medical Room [Location(s), 150mcg / 300mcg as applicable]
Location of emergency salbutamol inhaler(s)	Red Box in Class Room Medical Room
Person responsible for monthly medication checks	Medical Officer - Mrs Perry
Catering provider and allergy contact	Accent Catering
Incident reporting route	CPOMs
Last annual staff training date	September 2026
Last allergy emergency drill	September 2026
Date reported to local governing body	October 2026

Appendix 2: Emergency response summary

ANAPHYLAXIS: AIRWAY, BREATHING OR CIRCULATION PROBLEMS

- Give adrenaline immediately - if in doubt, give it.
- Bring help and medication to the person. Never make them stand or walk.
- Lay flat with legs raised; if breathing is difficult, allow sitting with legs extended.
- Call 999 and say “anaphylaxis”.
- Give a second dose after five minutes if there is no improvement.
- Stay with the person, monitor continuously and be ready to give CPR.
- Never substitute a reliever inhaler for adrenaline in anaphylaxis.
- This summary does not replace the person’s current Allergy Action Plan, the device instructions or staff training.

Appendix 3: Individual Healthcare Plan Template

<table>
<tr><th colspan="2">NAME – Individual Healthcare Plan for allergy</th></tr>
<tr><td>Date of birth:</td><td rowspan="4">Current photo</td></tr>
<tr><td>Year / class:</td></tr>
<tr><td>Emergency contacts:</td></tr>
<tr><td>Staff who need to be aware:</td></tr>
<tr><td colspan="2">Allergy:
Note what allergy the child or young person has.
Note any known allergens.
Note whether the child or young person is likely to be aware that they are having an allergic reaction and whether they can alert others.</td></tr>
<tr><td colspan="2">How the allergy is managed:
Note any care or action plans or prescribed medication issued by healthcare professionals.
If the allergy can be partly or wholly managed by practical adjustments (for example avoidance of known allergens), note them here.
Note the extent to which the child or young person is able to take responsibility for managing their allergy.</td></tr>
<tr><td colspan="2">Impact on education:
Indicate the potential harm which might come to the child or young person if their allergy is not managed properly.
Indicate how the allergy may impact on the child or young person’s learning.
Indicate how the allergy may impact on the child or young person’s emotional wellbeing.
If relevant, note any interaction between allergy and SEN.</td></tr>
<tr><td colspan="2">Arrangements for support:
Give details of the specific support or adaptations which the school, college or early years setting will put in place, within its educational remit.
Outline measures to reduce the risk of contact with known allergens.
Give details of the specific support or adaptations to manage food allergy at meal and snack times.
Note arrangements for maintaining educational progress where absence or missed learning occurs due to allergy.</td></tr>
</table>

Visits and trips: Give details of any arrangements or procedures which may be required for school trips or other activities outside of the normal timetable that will ensure the child can participate. Note any requirement for a risk assessment and prompts for specific issues which should be considered.
Emergency response: Where an Action Plan issued by a healthcare professional covers emergency response, refer to it and ensure it is attached. Otherwise summarise the signs or symptoms which would indicate an emergency. Set out what to do in an emergency, including whom to contact. If relevant, note where "spare" adrenaline devices are located.

Last discussed with parents:	**Date**
Issued by:	**Date**:
Next planned review:	**Date**:

Appendix 4: Unacceptable Practice

- with allergy need identical support, or that older pupils need no support;
- dismissing a suspected allergy because diagnosis is incomplete;
- sending a pupil home repeatedly, excluding them from meals, normal activities, rewards, visits or extracurricular provision because of allergy;
- sending an unwell pupil to an office or medical room without suitable supervision; in anaphylaxis, help must come to the pupil;
- penalising allergy-related absence, including through attendance rewards;
- requiring or pressuring parents or carers to attend to administer medication or provide routine support that the school should arrange;
- requiring a parent to accompany a visit as a routine condition of participation;
- segregating pupils unnecessarily or disclosing health information more widely than required; and
- relying solely on an “allergen-free” claim or a food ban instead of active risk management and emergency preparedness.

Appendix 5: Legislative and guidance framework

This policy has been prepared with regard to the following legislation and guidance, as amended or updated from time to time:

- Children's Wellbeing and Schools Act 2026, section 34;
- Department for Education, Allergy safety in schools: statutory guidance for governing bodies of maintained schools and proprietors of academies in England (July 2026);
- Department for Education, Allergy safety policy - template (2026);
- Children Act 1989, section 3; Education Act 2002, sections 20 and 175; and Keeping Children Safe in Education;
- Children and Families Act 2014, section 100, and Supporting pupils at school with medical conditions statutory guidance;
- Health and Safety at Work etc. Act 1974;
- Equality Act 2010 and SEND Code of Practice: 0 to 25 years;
- Human Medicines Regulations 2012 and Human Medicines (Amendment) Regulations 2017;
- Food Information Regulations 2014, retained Regulation (EU) No 1169/2011 as amended, and Food Information (Amendment) (England) Regulations 2019;
- Requirements for School Food Regulations 2014;
- UK General Data Protection Regulation and Data Protection Act 2018;
- Early Years Foundation Stage statutory framework, where applicable; and
- current DHSC guidance on emergency adrenaline auto-injectors and emergency asthma inhalers in schools.