Academies Trust

Pupil Allergy Safety and Management Policy

- Approved by Trust Board - 7 July 2026
- Applicable from - 1 September 2026
- Review date - July 2027
- Policy owner - Trust Safeguarding Lead

Mandatory publication notice: This is a dedicated, standalone policy. In accordance with safeguarding best practices and statutory expectations, this document should be read alongside the trust 'Supporting Pupils with Medical Needs' policy.

1. Aims and Statutory Framework

The primary purpose of this policy is to establish a rigorous, whole-academy safeguarding approach to allergy management. Academies in the Co-op Academies Trust have transitioned from a restrictive 'nut-free' approach to a proactive 'allergy-aware' strategy. This shift recognizes that 'nut-free' labels can provide a false sense of security; safety is instead guaranteed through active risk controls, clear labeling, and a highly trained workforce.

This policy serves as a benchmark for each school's ongoing gap analysis of medical support processes and is based on the following:

- Benedict's Law: Department for Education (DfE) Stronger Protections for Children with Allergies in Schools
- DfE Statutory Guidance: *Supporting pupils with medical conditions at school*.
- Department of Health and Social Care guidance: *Using emergency adrenaline auto-injectors in schools*.
- The Food Information Regulations 2014 and The Food Information (Amendment) (England) Regulations 2019 ("Natasha's Law").

- 2026 Draft Statutory Guidance requirements. (Note: While the 2014/2019 regulations remain the current legal baseline, this policy represents "future-proofing" to meet the heightened standards of the 2026 Draft Guidance).

2. Roles and Responsibilities

2.1 Trust Board & Senior Leadership

- The Trust Board is accountable for approving this policy in line with Trust review schedules.
- Scrutiny of current clinical and operational practice resides with the Headteacher, with oversight and challenge provided by the Regional Director.
- Governance Loop: The Regional Director must formally scrutinize incident and near-miss data to identify trends, ensure accountability, and provide robust challenge to leadership regarding safeguarding efficacy.

2.2 Allergy Lead (Headteacher)

- Maintain absolute oversight of the academy's allergy register and special dietary information.
- Ensure every pupil with an allergy has an appropriate Individual Healthcare Plan (IHP).
- Training Matrix: Maintain a comprehensive Training Matrix recording staff names, condition-specific training received, and mandatory refresher dates to ensure no staffing gaps (e.g., during trips or sickness) compromise pupil safety.
- Coordinate risk assessments for all food-related curriculum activities and external visits.

2.3 Medical Officer / Academy Nurse / administrator

- Coordinate clinical paperwork and information flow from families.
- Maintain medication stocks and conduct monthly expiry checks on all Adrenaline Auto-Injectors (AAIs).
- Ensure Individual Healthcare Plans (IHPs) are technically accurate and reflective of clinical advice.

2.4 Whole Workforce (including supply staff and third-party providers)

- Maintain a baseline competency in recognizing the signs of anaphylaxis and the emergency response protocol.

- Understand that staffing gaps or the absence of "named" staff must never prevent a pupil from safely participating in academy life.
- Implement "allergy-aware" classroom management, including the "no food-sharing" rule.

2.5 Parents/Carers & Pupils

- Parents: Must provide up-to-date medical history and dietary requirements. Parents are responsible for supplying the academy with two in-date AAIs and ensuring they are replaced prior to expiry.
- Pupils: Should be aware of their allergens and, where age-appropriate, carry their own AAI and understand the necessity of immediate administration.

3. Individual Healthcare Plans (IHPs)

An IHP is the cornerstone of safe inclusion.

1. Criteria for an IHP: A formal diagnosis is not a prerequisite for support. An IHP is mandatory for any pupil requiring medication administration, any pupil requiring active allergy management, or any pupil whose condition constitutes a disability requiring reasonable adjustments.
2. Implementation Speed: Do not wait for a laminated plan from a hospital or specialist team before acting. In accordance with the "Practical Scenario" guidance, supportive arrangements must be documented and implemented as soon as the academy is notified of a risk.
3. Required Content: Plans must include the clinical action plan, the impact on learning/wellbeing, inclusion arrangements for trips, and named trained staff/cover arrangements.
4. Review Triggers: IHPs must be reviewed annually as a minimum. An interim review is mandatory immediately following any serious incident or "near miss."

4. Allergy-Aware Risk Management

4.1 Catering and Food Safety

- Identification: The academy has a clear pupil identification method at the point of service
- Transparency: All ‘top 14’ allergens must be clearly displayed on food packaging in accordance with Natasha’s Law.
- Environment: We do not allow the segregation of pupils during mealtimes (e.g., 'nut-free tables'). Inclusion is maintained through trained supervision and clear environmental labeling.

4.2 Curriculum and Environment

- Risk Triggers: Specific risk assessments are required for food technology, science, and animal handling.
- Guide Dogs: A specific risk assessment must be triggered if a visitor or staff member brings a guide dog onto the site to protect pupils with animal-related allergies.
- Hygiene: Strict 'no food-sharing' rules are enforced. Handwashing is mandatory before and after eating.

4.3 Mental Health & Wellbeing

- The academy recognizes that pupils with severe allergies may experience heightened anxiety or be targets for bullying.
- Staff will conduct regular wellbeing check-ins with allergic pupils.
- Any incident of "allergy-bullying" (e.g., threatening a pupil with an allergen) will be treated as a serious safeguarding breach under the Academy Behavior Policy.

5. Adrenaline Auto-Injectors (AAIs) Protocol

5.1 Spare AAI Stocking The academy maintains a stock of spare AAIs without a prescription to be used as a back-up for pupils with IHPs or for pupils experiencing an unexpected first-time reaction.

5.2 Storage Requirements

- AAIs must be stored at room temperature, away from direct sunlight.
- AAIs must be unlocked, available to all staff, and never stored in a cabinet requiring a key-holder.
- AAIs must be accessible within five minutes from any point on the academy site, including playgrounds and dining halls.

5.3 Emergency Usage

- Clinical Need Over Administration: Staff are trained to act on clinical need. In an unforeseeable emergency, spare AAIs can be used for pupils not previously known to be at risk. Staff must not hesitate to administer adrenaline because a consent form has not been completed if the pupil is in respiratory distress or showing signs of anaphylaxis.

5.4 Maintenance

- Two named staff members must conduct and sign off monthly checks to ensure AAIs are present and in-date. Used or expired AAIs must be disposed of in a yellow sharps bin.

6. Whole-Workforce Training

The academy mandates annual whole-workforce allergy awareness training. This is a baseline competency for all staff, including support staff, supply teachers, and wraparound care providers.

Mandatory Training Components:

- Recognition of the signs and symptoms of anaphylaxis.
- The correct administration of various AAI brands.
- Reporting procedures for incidents and near misses.
- Training must be a compulsory element of the induction process for all new starters and third-party providers. All evidence of training must be retained and collated by the academy.

7. Incident and Near-Miss Reporting

The academy fosters a "near-miss culture." A near miss (e.g., a pupil almost being served an allergen or a delay in locating an AAI) is considered a critical learning opportunity and is treated with the same gravity as an actual incident.

Formal Reporting Process:

1. Documentation: Staff must record the "what, when, where, and why" of every incident or near miss.
2. Notification: The Regional Director and parents must be notified of every entry.
3. Governance Action: The Regional Director must use this data to provide challenge to the academy's SLT, ensuring the "Governance Loop" is closed by driving immediate policy or IHP improvements.

8. Links to Other Policies

- Health and Safety Policy
- Supporting Pupils with Medical Conditions Policy
- Academy Behavior and Anti-Bullying Policy
- Academy Risk Register