

Aspire Academy Trust



Aspire Allergy Safety Policy

Date: 4th August 2026

Date of Approval:

Approved by: Trust Board

Policy Owner: Health & Safety Manager

Policy Type: Statutory Trust-Wide Policy under Section 34, Children's Wellbeing and Schools Act 2026 (Benedict's Law); Section 100, Children and Families Act 2014

Review period: Annual

Review date: August 2027

Revision Log (last 5 changes)

Date	Version No	Brief detail of change
August 2026	1	Initial adoption of standalone statutory policy in compliance with Section 34 of the Children's Wellbeing and Schools Act 2026 (Benedict's Law) and updated DfE statutory guidance.

Aspire Vision

Nurturing curiosity, resilience, respect and excellence; our children will thrive and live life well.

Aspire mission statement

By working together and inspiring excellence; we enable our children to excel both academically and in character.

Aspire Strapline

'working together, inspiring excellence'

Aspire Values

Aspiration	We imagine possibilities and make them real
Self-belief	We believe in ourselves - in heart, mind and soul
Passion	We dare to be different and follow our dreams
Integrity	We nurture trust and respect and do what is right
Resilience	We find a way or make a way
Excellence	We strive to achieve our absolute best

Policy Intent

All Aspire Academy Trust policies are written in line with statutory guidance or recommended best practice. These comply with each school's funding agreement, plus ESFA and DfE frameworks or complement Aspire's working practices. We have a centralised approach to policies, so they become Trust wide and include all ages from 0-11.

This policy seeks to embody our core values of **Integrity** (doing what is right to protect every child), **Resilience** (ensuring emergency preparedness), and **Excellence** (instilling the highest standard of allergy safety across all settings) so that all pupils, regardless of medical conditions, can safely thrive and live life well.

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Named Senior Leader for Allergy Safety (School Level): Head of School (see website for named individual)

1. Policy Statement & Statutory Framework

Aspire Academy Trust is committed to providing an inclusive, safe, and welcoming environment where children and young people with allergies can thrive. We recognise that allergies are serious medical conditions and that anaphylaxis is a life-threatening emergency.

In accordance with Section 34 of the Children's Wellbeing and Schools Act 2026 (Benedict's Law), this policy is maintained as a standalone, statutory policy separate from our general Health & Safety Policy. It applies to all staff, pupils, parents, contractors, and visitors across every academy within the Trust.

2. Leadership, Governance & Culture

A named member of the Senior Leadership Team (SLT) at each academy holds operational responsibility for allergy safety. They are responsible for driving policy implementation, maintaining records, and leading incident reviews. Aspire Academy Trust will ensure the policy is published on each academy website and available in hard copy upon request.

The Trust recognises that living with a severe allergy and the constant risk of anaphylaxis can be a significant source of anxiety for pupils and families. Staff will actively promote a supportive, inclusive environment where medical conditions are managed with empathy. Bullying, teasing, exclusion, or food-shaming targeted at

pupils with allergies will not be tolerated and will be handled under the Trust's Anti-Bullying Policy.

3. Staff Training & Awareness

All staff present during scheduled pupil hours will receive accredited Allergy Awareness and Emergency Response Training at least annually. This applies to permanent, temporary, supply, peripatetic, and agency staff, as well as regular volunteers, lunchtime supervisors, wrap-around care staff, and third-party catering personnel. Ad-hoc external contractors and maintenance personnel without direct pupil contact are exempt from mandatory training.

All new employees must complete allergy safety training as part of their formal induction. Supply teachers and temporary cover staff will be briefed on pupils with known allergies and pointed to the location of Emergency Anaphylaxis Kits upon arrival on site.

All trained staff will:

- Understand that allergies encompass multiple conditions (food allergies, asthma, eczema, hay fever) which frequently co-exist.
- Differentiate between food allergy, coeliac disease, and food intolerance.
- Identify mild, moderate, and severe (anaphylactic) reaction symptoms.
- Execute emergency procedures: calling 999, notifying parents, and administering prescribed or "spare" Adrenaline Auto-Injectors (AAIs) and asthma reliever inhalers.
- Understand their duty to minimise exposure risks and correctly interpret Individual Healthcare Plans (IHCPs) and BSACI Allergy Action Plans.
- Understand how to report incidents and near-misses.

4. Identification & Record Keeping

All academies will gather comprehensive allergy information during pupil intake, transition from previous settings, or upon diagnosis. Information is collected directly from parents, healthcare professionals, and previous educational settings. Similar identification procedures apply to members of staff and regular visitors with severe allergies.

A central, confidential register of all pupils and staff with known allergies is maintained by the school. Photo identification charts with known triggers are discreetly displayed in staff-only areas where food is prepared, handled, or served (e.g., kitchens, staffrooms, prep rooms). Health data is special category data under UK GDPR. Information will be shared in a controlled, respectful manner to ensure safety while preventing pupil embarrassment or undue singling out.

5. Individual Healthcare Plans (IHCPs) & Action Plans

A pupil will have an IHCP if their allergy impacts their day-to-day school life, creates a risk of harm, or requires adjustments/medication additional to standard school arrangements.

Every pupil prescribed an AAI or at risk of anaphylaxis must have an official BSACI Allergy Action Plan (or Asthma Action Plan) signed by a healthcare professional. This plan must be attached directly to their IHCP.

IHCPs are reviewed annually, or immediately whenever an updated medical Action Plan is issued by a clinician.

6. Minimising Exposure Risks

Pupils with food allergies will never be segregated or made to sit at designated "allergy tables". Our catering provider follows a three-tier system: Red (Severe/Anaphylactic), Amber (Intolerances), and Blue (Lifestyle choices, e.g. Vegan, Halal). Red Category meals are prepared using dedicated, sanitised utensils, double-wrapped, sealed, and individually labelled. Red category pupils are identified using an agreed visual identifier (e.g. purple lanyards or wristbands) and served first. Catering and lunchtime staff must inspect physical meal seals against daily dietary verification records; damaged or broken seals must not be served.

Neither the school nor caterers will facilitate gradual food re-introductions (such as "milk ladders") on site; formal written parent/medical confirmation is required before removing restrictions. Our caterers provide full, written allergen information for all meals provided.

All personal lunchboxes, drink bottles, and snacks supplied from home for pupils with allergies must be clearly labelled with the child's name.

Parents and pupils are regularly reminded of the whole-school allergen restrictions (e.g., nut-aware status where applicable). Birthday treats or foods brought from home for celebrations must be strictly vetted by staff before distribution to ensure pupils with allergies are not exposed to triggers.

The use of aerosols, heavy perfumes, diffuse essential oils, and chemical sprays is minimised in learning areas frequented by pupils with sensitivities. Staff planning science experiments, art/craft projects, music classes, cooking, or animal-assisted activities must conduct pre-activity risk assessments to remove allergen risks.

7. Emergency Response & "Spare" Adrenaline (AAIs)

Help must always come to the pupil. A pupil experiencing a reaction will never be left unattended or made to walk to the medical room or school office. Emergency services must be contacted immediately, stating "anaphylaxis". Parents must be notified straight away after calling 999.

Pupils prescribed AAIs must have immediate access to two in-date injectors at all times (including during PE, breaktimes, and on school trips). Devices must be taken home at the end of the school day for travel safety and returned each morning.

In accordance with Benedict's Law, each academy stocks spare, non-prescription AAIs in clearly marked, bright red Emergency Anaphylaxis Kits bag. Adrenaline must be administered within five minutes of an anaphylactic event. Emergency kits are never locked away and are positioned strategically across the site (e.g., dining halls,

sports halls, main office) so that a kit can be brought to any point on school grounds within five minutes. Spare AAls are always stocked and stored in pairs, alongside emergency salbutamol inhalers, spacers, and step-by-step instructions. Dedicated leads should audit kit contents, expiry dates, and needle disposal containers monthly, replacing items prior to expiration.

8. Trips, Off-Site Visits & Wrap-Around Care

Off-site trips and residential visits require documented risk assessments accounting for allergen triggers and emergency response times. Pupils at risk of anaphylaxis must have both of their prescribed AAls and be accompanied by at least one member of staff trained in their specific IHCP.

For educational visits, catering providers must supply individually wrapped, labelled packed lunches alongside clear allergen breakdown documentation. Once handed over by catering personnel, full operational responsibility for verifying and distributing meals to the correct pupils rests with the lead school representative.

Breakfast and after-school clubs must have a designated trained lead on duty during all operational hours.

9. Incident Reporting, "Near-Misses" & Continuous Learning

Every allergic reaction or "near-miss" (where accidental exposure occurred without severe harm, or where safety procedures failed) must be formally recorded. If a child experiences an allergen exposure that only becomes evident after returning home, parents or healthcare staff should report the incident directly to the school SLT lead.

Following any incident or near-miss, the SLT lead will conduct a review to identify root causes, update IHCPs, and amend site risk controls. Where an incident involves food supplied by the school or caterers, the academy will notify the Local Authority Food Safety / Environmental Health Department. All incidents and near-misses will be reported to the Health & Safety Team as soon as possible following the incident.