



THE MERCIAN TRUST

Increasing Opportunities | Improving Outcomes

Allergy Safety Policy

Policy Owner	The Mercian Trust - Standards & Effectiveness Committee
Responsibility	Mark Goodwin, Director of Behaviour, Attendance and Wellbeing
Effective From	September 2026
Review Date	September 2027 (or earlier following legislative change, a serious incident or material near miss)
Legislation and statutory guidance	• Children and Families Act 2014, section 100, as amended by section 34 of the Children's Wellbeing and Schools Act 2026 • DfE Allergy safety in schools: statutory guidance (July 2026) • DfE Supporting pupils with medical conditions at school: statutory guidance • Human Medicines Regulations 2012, as amended in 2017 (emergency adrenaline auto-injectors) • Equality Act 2010; Health and Safety at Work etc. Act 1974; Data Protection Act 2018 and UK GDPR • Food Information Regulations 2014, including PPDS labelling requirements; Requirements for School Food Regulations 2014; RIDDOR 2013 • Statutory Framework for the Early Years Foundation Stage, where applicable
Changes since the last update	• New Trust-wide policy introduced for the 2026/27 academic year. • Includes a mandatory school-level Local Implementation Statement.

This policy replaces any previous school-level allergy policy, except for any school-specific arrangements recorded in their Local Implementation Statement.

Contents

Section	Topic	Page
1	Purpose, status and application	3
2	Policy principles	3
3	Definitions	3
4	Governance and responsibilities	4
5	Local implementation arrangements	5
6	Identification and allergy records	5
7	Individual Healthcare Plans and Action Plans	5
8	Training, induction and awareness	6
9	Reducing exposure to allergens	6
10	Food provision and catering	6
11	Adrenaline devices and other emergency medication	7
12	Responding to an allergic reaction or anaphylaxis	7
13	Visits, trips, clubs and off-site activities	8
14	Inclusion, wellbeing and bullying	8
15	Information sharing and confidentiality	8
16	Incidents, near misses, reporting and learning	8
17	Complaints	9
18	Monitoring, assurance and review	9
Available via School websites	Allergy Safety Policy - Local Implementation Statement	
	Allergy Safety Policy – Anaphylaxis Emergency Response Sheet	
	Allergy Safety Policy - Implementation and Assurance Checklist	

1. Purpose, status and application

- 1.1 The Mercian Trust is committed to ensuring that pupils with allergies are safe, included and able to participate fully in school life. This policy establishes a consistent Trust-wide approach to reducing allergen exposure, responding to allergic reactions, providing access to emergency medication and learning from incidents and near misses.
- 1.2 This policy supports the Trust's compliance with requirements commonly referred to as "Benedict's Law".
- 1.3 The policy applies to every Trust school and to all pupils and, where relevant, staff, volunteers and visitors. Our schools with early years provision will also comply with the Early Years Foundation Stage requirements. The policy should be read alongside the Trust's relevant medical conditions, medicines, health and safety, safeguarding, educational visits, catering, behaviour, data protection and complaints policies.

Benedict's Law

"Benedict's Law" is the commonly used name for the allergy-safety protections introduced following the death of five-year-old Benedict Blythe. The legal duty sits within Section 100 of the Children and Families Act 2014, as amended by Section 34 of the Children's Wellbeing and Schools Act 2026, and is supported by the DfE's July 2026 statutory guidance.

2. Policy Principles

- Allergy safety is a whole-school responsibility and is not solely a catering or first-aid matter.
- The Trust will be allergy-aware. It will not describe any school as completely "allergen-free" or "nut-free", because this can create false reassurance and cannot be guaranteed.
- The individual needs, voice, dignity and growing independence of each pupil will be respected.
- Pupils will not be excluded from meals, learning, trips, clubs or wider school life solely because of allergy; reasonable adjustments and proportionate risk controls will be used.
- Emergency medication must be rapidly accessible. Help and medication must be brought to a person experiencing anaphylaxis; the person must not be made to walk to obtain help.
- Serious incidents and near misses will be recorded, reported and reviewed in a learning-focused, no-blame manner, without preventing appropriate capability, disciplinary or safeguarding action where evidence warrants it.

3. Definitions

Term	Meaning
Allergy	An abnormal immune-system reaction to a normally harmless substance, including food, insect stings, medicines, contact allergens and airborne allergens.
Allergen	A substance capable of triggering an allergic reaction.
Anaphylaxis	A potentially fatal allergic reaction affecting Airway, Breathing and/or Circulation (ABC). It always requires immediate emergency action.
Adrenaline device (AD)	A prescribed device delivering adrenaline, including an adrenaline auto-injector (AAI) or licensed non-injectable nasal adrenaline device.
Spare AAI	An adrenaline auto-injector purchased by a school without an individual prescription for emergency use in accordance with current law and guidance.
Individual Healthcare Plan (IHP)	A school-owned plan setting out the additional or different arrangements required to keep a pupil safe, included and supported.
Allergy/Asthma Action Plan	A clinical document issued or endorsed by an appropriate healthcare professional, setting out symptoms and emergency treatment. It is attached or clearly linked to the IHP.

Term	Meaning
Food intolerance	A non-immune reaction to food or an ingredient. It is different from allergy and does not cause anaphylaxis.
Celiac disease	An autoimmune condition requiring strict avoidance of gluten. It is not an allergy but requires safe and consistent dietary management.
Serious incident	An event connected with allergy in which a person is harmed or placed at immediate and significant risk of harm, including where emergency medication, urgent clinical intervention or emergency services are required.
Near miss	An event causing no harm but with clear potential to do so because of an error, omission or system failure.

4. Governance and Responsibilities

- 4.1 The Trust Board is ultimately accountable for compliance, pupil safety and the effectiveness of Trust-wide arrangements. In accordance with the Scheme of Delegation, the Board delegates focused policy approval and assurance to the Standards & Effectiveness Committee (SEC), while retaining the right to intervene or receive assurance on significant matters.

Role	Key responsibilities
Trust Board	- Retains overall accountability for statutory compliance and pupil safety. - Approves the governance framework and receives escalation of significant legal, safeguarding or reputational concerns.
Standards & Effectiveness Committee (SEC)	- Approves and reviews this policy under delegated authority. - Receives proportionate assurance on implementation, training, IHPs, serious incidents, near misses and improvement actions. - Escalates significant concerns to the Board and control/risk matters to AROC where appropriate.
Audit, Risk & Opportunity Committee (AROC)	- Receives escalation of material, systemic or cross-Trust allergy risks and weaknesses in control. - Oversees risk-management response where a concern exceeds an individual school's capacity or indicates systemic failure.
CEO	- Ensures the Trust has effective executive arrangements for statutory compliance. - Escalates strategic risks or serious incidents to the appropriate committee and Board.
Executive Director - Standards, System and Sector	- Acts as executive policy owner and provides assurance to the CEO and SEC. - Ensures consistent Trust expectations, support, monitoring and improvement across schools. - Coordinates escalation with the CFO/health and safety leads, safeguarding leads and AROC where required.
Headteacher	- Is accountable for implementation within the school. - Appoints a named senior School Allergy Safety Lead and ensures adequate authority, time and resources. - Ensures local risks are assessed, staff are trained, medication is available, incidents are reported and the Local Implementation Statement is current and published.
School Allergy Safety Lead	- Leads day-to-day implementation and annual review. - Maintains oversight of allergy records, IHPs, training, medicine checks, drills, communication and incident learning. - Must be a named member of the school's senior leadership team; the role must not be left solely with the catering manager.
Catering lead/provider	- Complies with food information law and contract requirements. - Maintains accurate allergen information, cross-contact controls, safe substitutions and robust meal-identification processes. - Reports errors and near misses immediately and supports reviews and parent/pupil engagement.

Role	Key responsibilities
All staff and regular volunteers	- Complete required training and refreshers. - Know how to access local arrangements, Allergy/Asthma Action Plans and emergency medication. - Reduce avoidable exposure, act immediately in an emergency and report all reactions, incidents and near misses.
Local Governing Body (LGB)	- Provides local insight on inclusion, wellbeing, pupil/parent experience and allergy-aware culture. - Does not replace executive or trustee compliance monitoring. - Uses the Trust's Advise, Assure and Alert routes; escalates material risk through the Trust risk system and safeguarding concerns through safeguarding procedures.
Parents/carers and pupils	- Provide accurate and updated information, plans and prescribed medication. - Participate in IHPs, risk assessments and reviews. - Follow reasonable school arrangements for food, medication and communication, and report incidents or changes promptly.

5. Local Implementation Arrangements

- 5.1 Each school must complete and publish their Local Implementation Statement with a link to this Trust-wide policy. It must identify the school's named leads and its arrangements for identifying pupils, catering, storing and checking medication, locating spare adrenaline auto-injectors and responding to emergencies.
- 5.2 Schools may add local procedures to reflect their circumstances but must not remove or dilute the requirements of this policy. Any proposed departure must be agreed with the Policy owner, approved by the Trust Committee and supported by a clear, recorded justification.

6. Identification and Allergy Records

- 6.1 Schools will identify pupils with known or suspected allergies at admission and transition, using information from parents/carers, the previous setting and relevant healthcare professionals. Information must be updated whenever circumstances change.
- 6.2 Safe arrangements should be established before the pupil starts. For a mid-year admission or newly identified allergy, interim controls must be introduced immediately, with full arrangements established as soon as reasonably practicable and normally within two weeks.
- 6.3 Each school must maintain a current allergy register recording the pupil's allergens, medication, emergency plan and key contacts. Information, including photographs where needed for identification, must be accessible to relevant staff but stored and displayed in a way that protects confidentiality. Staff, volunteers and visitors should also be invited to disclose allergies where this is necessary for their safety.

7. Individual Healthcare Plans and Action Plans

- 7.1 An Individual Healthcare Plan (IHP) must be considered where an allergy creates a risk of harm or requires arrangements additional to or different from those generally available. A formal diagnosis is not required before proportionate support is provided. The Headteacher will decide whether an IHP is needed in consultation with the pupil, parents/carers and relevant professionals.
- 7.2 The school will lead the preparation of the IHP. It must be personalised, accessible to relevant staff and include:
- the pupil's details, photograph, allergens, symptoms and emergency contacts
 - the impact on health, learning, attendance, wellbeing and any related SEND needs
 - preventive measures, reasonable adjustments and arrangements for meals, lessons, activities, transport and educational visits
 - the pupil's level of self-management
 - prescribed and spare medication, including its location, storage, checking and use

- the emergency response and any Allergy Action Plan or Asthma Action Plan provided by a healthcare professional
- responsibility for implementing, sharing and reviewing the plan

7.3 IHPs must be reviewed at least annually and sooner following any change in the pupil's condition or treatment, a revised Action Plan, an incident or near miss, transition to a new setting, or evidence that existing arrangements are ineffective. Updated plans must be shared promptly with parents/carers, the pupil and relevant staff.

8. Training, induction and awareness

8.1 All staff working when pupils are on site must receive allergy-awareness and emergency-response training at least annually. This includes permanent, temporary, supply, peripatetic, agency, catering and wraparound-care staff, together with regular volunteers. General first-aid training alone is not sufficient.

8.2 Training must enable staff to:

- understand allergies and related conditions and recognise mild reactions and anaphylaxis
- locate and follow pupils' healthcare and Action Plans
- reduce exposure risks in meals, lessons, activities and visits
- locate and administer the types of adrenaline auto-injector used by the school, including when a second dose may be required
- contact emergency services, support the pupil and communicate with parents/carers
- recognise allergy-related bullying and report reactions, incidents and near misses

8.3 New staff must receive relevant information during induction. Supply and temporary staff must be briefed on local emergency arrangements and medication locations before taking responsibility for pupils. Schools must maintain training records and test their arrangements through a recorded drill or practical exercise at least annually.

9. Reducing Exposure to Allergens

9.1 Each school must assess and manage foreseeable allergy risks across its premises, curriculum and activities. Controls must reflect individual needs, be recorded in relevant risk assessments and be escalated where the risk cannot be adequately managed locally.

9.2 Appropriate controls may include:

- clearly labelling food, drinks, lunch boxes and pupil-specific items
- effective handwashing and cleaning of food preparation and eating areas
- preventing the sharing of food, drinks, utensils and containers
- checking ingredients and avoiding food whose allergen content cannot be verified
- considering allergens in lessons, celebrations, events, clubs, animals and outdoor learning
- using safe alternative materials where this prevents exclusion
- managing contact and airborne allergens, including relevant air-quality risks, through reasonable adjustments

9.3 Schools may discourage particular foods where justified by risk assessment but must describe themselves as "allergy-aware", not "allergen-free" or "nut-free", as the complete absence of an allergen cannot be guaranteed.

10. Food provision and catering

10.1 Schools and contracted caterers must comply with food information law, including providing accurate and accessible information about the 14 regulated allergens and full ingredient and allergen labelling for food prepacked for direct sale (PPDS).

10.2 Headteachers must assure themselves that catering arrangements adequately address safe procurement, ingredients, recipes and substitutions, cross-contact, cleaning, staff competence, record keeping and incident escalation. Parents/carers and pupils must be able to obtain clear allergen information, and any menu change or substitution must be checked and communicated.

- 10.3 Schools must use at least two reliable methods to identify pupils with food allergies at mealtimes. Arrangements must reflect pupils' age and needs, protect their dignity and avoid unnecessary segregation.
- 10.4 Schools must set clear expectations for food brought from home or provided at celebrations, rewards, fundraising and community events. Unlabelled homemade food must not be given to a pupil with an allergy unless its ingredients and cross-contact risks have been reliably established and the pupil's agreed plan permits it. Reasonable adjustments must also enable pupils entitled to free school meals to access their entitlement safely.

11. Adrenaline devices and other emergency medication

- 11.1 **Prescribed devices:** Pupils prescribed adrenaline must have rapid access to both of their devices throughout the school day and during clubs, sport, travel and educational visits. Pupils should carry them where appropriate; otherwise, they must be kept unlocked and capable of being brought to the pupil within five minutes. A current Allergy Action Plan must be kept with, or readily accessible alongside, the medication.

- 11.2 **Spare adrenaline auto-injectors:** Every school must maintain spare adrenaline auto-injectors (AAIs), in pairs and in appropriate dosages. These supplement rather than replace pupils' prescribed devices. As a minimum, schools should ordinarily hold:

- Primary schools: one pair of 150-microgram and one pair of 300-microgram devices.
- Secondary schools: one or two pairs of 300-microgram devices, according to site size.
- Special or all-age schools: one pair of each dosage, with additional stock where required.

Stock must be increased or distributed where necessary to provide access within five minutes. Locations, quantities and dosages must be recorded in the Local Implementation Statement.

- 11.3 **Storage, checks and disposal:** All devices must be:

- stored at room temperature, away from direct sunlight and extremes of temperature;
- unlocked, clearly labelled and readily accessible;
- checked regularly by a named person for dosage, condition and expiry date; and
- replaced promptly and disposed of safely through paramedics, a pharmacy or an approved sharps route.

A spare emergency salbutamol inhaler may be used only in accordance with the separate consent and eligibility requirements in current Department of Health and Social Care guidance.

12. Responding to an Allergic Reaction or Anaphylaxis

- 12.1 **Mild to moderate reaction:** Possible signs include swollen lips, face or eyes; an itchy or tingling mouth; hives or an itchy rash; abdominal pain, nausea or vomiting; or a sudden change in behaviour. Staff must follow the pupil's Action Plan, administer antihistamine only where authorised, remain with the pupil and notify their parent/carer. The pupil must be observed in a safe place for at least 60 minutes because symptoms may progress. Any Airway, Breathing or Circulation symptoms must be treated as anaphylaxis.

- 12.2 **Anaphylaxis: immediate action:** IF IN DOUBT, TREAT FOR ANAPHYLAXIS. Signs may include throat or tongue swelling, difficulty swallowing, a hoarse voice, persistent cough, wheezing, noisy or difficult breathing, dizziness, confusion, pale or clammy skin, collapse or loss of consciousness.

1. Keep the person where they are. Lay them flat with their legs raised. If breathing is difficult, allow them to sit up slightly. Never allow them to stand or walk.
2. Bring their prescribed devices and the school's spare AAIs to them.
3. Administer adrenaline immediately, using the prescribed device where available or an appropriate spare AAI. Do not delay while seeking permission, locating a first aider or contacting parents.
4. Call 999 and state "anaphylaxis", giving the school's address, exact location and access instructions.

5. If there is no improvement after five minutes, administer a second dose using a second device.
6. Remain with the person, monitor Airway, Breathing and Circulation, follow the call handler's instructions and begin CPR if required. Send someone to meet the ambulance.
7. Contact the parent/carer or emergency contact without delaying treatment. Give the used devices, medication information and Action Plan to the paramedics and record the incident once the emergency is under control.

Antihistamines and reliever inhalers must not be used instead of adrenaline for suspected anaphylaxis. A reliever inhaler may be given after adrenaline where directed by the individual's Action Plan.

13. Visits, Trips, Clubs and Off-Site Activities

- 13.1 A pupil must not be excluded from a visit, residential, sporting event, work experience, club or other activity solely because of an allergy. Planning must begin early enough to make reasonable adjustments and obtain reliable information from venues, transport providers and caterers.
- 13.2 A pupil-specific risk assessment must consider travel, food, accommodation, activities, allergen exposure, emergency communication and access to medical assistance. The pupil's Action Plan and both prescribed adrenaline devices must accompany them, remain accessible within five minutes and be supported by appropriately trained staff. Schools should also consider taking suitable spare AAIs without leaving the school inadequately stocked. Parents/carers must not be required to attend because the school has failed to make appropriate arrangements.

14. Inclusion, Wellbeing and Bullying

- 14.1 Schools must recognise the anxiety and sense of difference that allergies may cause. Pupils will be listened to, supported to develop age-appropriate independence and included in meals, lessons, clubs, visits and wider school life through reasonable adjustments.
- 14.2 Deliberately exposing or threatening to expose someone to an allergen, or mocking them because of an allergy, is unacceptable and may constitute bullying, harassment or a safeguarding concern. It must be addressed under the school's behaviour, anti-bullying and safeguarding arrangements. Pupils must not be routinely segregated, denied food or activities, or disadvantaged through attendance measures because of allergy-related absence.

15. Information Sharing And Confidentiality

- 15.1 Allergy and health information is special-category personal data. Schools may collect, use and share it where necessary to meet legal duties, provide appropriate support or protect life. Processing must be proportionate and comply with the Trust's Data Protection Policy and privacy notices.
- 15.2 Relevant staff must receive sufficient information to recognise risks and respond safely, but information must not be shared or displayed more widely than necessary. In an emergency, essential information may be shared without delay. IHPs, Action Plans, photographs, allergy registers, medication records, training records and incident reports must be accurate, securely stored and retained in accordance with the Trust's retention schedule.

16. Incidents, near misses, reporting and learning

- 16.1 All allergic reactions, use of emergency medication, serious incidents and near misses must be recorded as soon as practicable. The record must include who was affected; what happened, when and where; the known or likely cause; action taken; whether emergency services attended; and the outcome.
- 16.2 Parents/carers of pupils under 16 must be informed as soon as possible. For pupils aged 16 or over, consent to routine parental notification should normally be sought unless sharing is necessary to protect them or another person. The pupil and family should be invited to contribute to the review and informed of resulting actions.

- 16.3 The School Allergy Safety Lead and Headteacher must review every serious incident and significant near miss, considering whether the risk was foreseeable, agreed arrangements were adequate and followed, and what improvements are required. The Headteacher must promptly notify the Executive Director – Standards, System and Sector of:
- any use of adrenaline
 - ambulance attendance or hospital treatment
 - a significant near miss or repeated failure
 - a potential breach of duty
 - a matter carrying significant safeguarding, legal, regulatory, media or reputational risk
 - an incident that may require external reporting

The CEO will determine any escalation to the Standards and Effectiveness Committee, Audit, Risk and Opportunity Committee or Trust Board in accordance with the Scheme of Delegation and risk framework.

- 16.4 External reports or referrals must be made where legally required or appropriate, including to:
- environmental health or the relevant food-safety authority where unsafe food may pose a wider risk;
 - the Health and Safety Executive under RIDDOR where the statutory reporting criteria are met;
 - the relevant healthcare professional or clinical team where a care or Action Plan may need review; and
 - safeguarding partners where the circumstances indicate possible abuse, neglect or another safeguarding concern.

Reviews should promote learning and improvement. This does not prevent appropriate action where there is evidence of serious misconduct, repeated non-compliance, reckless practice or safeguarding failure.

17. Complaints

- 17.1 Concerns should be raised promptly with the school so that any immediate safety issue can be addressed. Complaints may be made under the Trust's Complaints, Compliments and Comments Policy, including following a serious incident, near miss, prolonged delay in establishing support or failure to implement an agreed IHP. This does not replace urgent medical, safeguarding, food-safety, health and safety or whistleblowing procedures where those routes apply.

18. Monitoring, Assurance and Review

- 18.1 Headteachers will provide proportionate assurance through the Trust's executive single line of sight. The Executive Director – Standards, System and Sector will report to the Standards and Effectiveness Committee at least annually and by exception on implementation, Local Implementation Statements, training, IHPs, medication readiness, drills, incidents, near misses and improvement actions.
- 18.2 The Standards and Effectiveness Committee will provide assurance to the Trust Board. Material systemic or control risks will be referred to the Audit, Risk and Opportunity Committee. Local Governing Bodies may provide local insight on pupil experience, inclusion, wellbeing and allergy-aware culture through the Trust's Advise, Assure and Alert arrangements.
- 18.3 This policy and each Local Implementation Statement must be reviewed at least annually and sooner following a change in legislation or guidance, a serious incident or material near miss, a significant operational change, or evidence that controls are ineffective. Schools must publish their current and completed Local Implementation Statement on their websites with links to the Trust-wide policy, make hard copies available on request and promote awareness among pupils, parents/carers and staff.