



Sidcot  
Live Adventurously

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**Policy Name: Allergy Safety Policy**

**Policy Number: 8.5**

**Date: 1 September 2026**

## 1 Introduction

1.1 This policy outlines the procedures and responsibilities for ensuring the safety and well-being of all students with allergies within the school environment. It reflects UK best practice, including requirements under Natasha's Law and guidance promoted by the Benedict Blythe Foundation ("Benedict's Law").

1.2 The School is committed to reducing risk, increasing awareness, and ensuring rapid, effective response to allergic reactions caused by food.

1.3 The school ensures that students with allergies:

- Are fully included in all activities
- Are not excluded due to medical needs
- Are supported in developing independence appropriate to age

## 2. Scope

This policy applies to all students aged 3–19, staff, volunteers, visitors, contractors, and all school-related activities (including trips, clubs, and catering provision).

## 3. Definition of Allergies

3.1 An allergy is an immune system response to a substance (allergen). Severe reactions (anaphylaxis) may arise from coming into contact with, or ingesting an allergen and may be life-threatening. Allergens may include food, insect stings, medications, latex, animals, and environmental triggers. The UK recognises 14 major food allergens, including:

- Peanuts
- Tree nuts
- Milk
- Eggs
- Wheat (gluten)
- Soy
- Fish
- Shellfish (molluscs)
- Lupin
- Sesame
- Mustard
- Celery
- Sulphur dioxide/sulphites

## 4. School Allergen Position (Benedict's Law Alignment)

4.1 In line with best practice advocated by the Benedict Blythe Foundation, the School adopts a proactive allergen risk reduction approach: This approach observes:

- The school operates a **strict no peanuts, tree nuts, or lupin policy**
- These allergens must **not be brought onto site by students, staff, or visitors**
- The school recognises that it cannot guarantee an allergen-free environment but takes all reasonable and proportionate precautions to minimise risk

4.2 Regular reminders will be sent to staff, students and parents reminding them of the School's allergen position and reminding individuals not to bring allergens onto the School site. (See Appendix 1 and 2)

4.3 Visitors and contractors will be asked to confirm that they have not brought listed allergens onto the school site when signing-in at Reception of the Facilities Office.

## 5. Legal and Regulatory Framework

5.1 Natasha's Law (Food Labelling). In line with the provision of Natasha's Law:

- All **Prepacked for Direct Sale (PPDS)** foods prepared on-site will include:
  - Full ingredient list
  - Clear allergen labelling (with allergens emphasised in bold)

This applies to:

- School kitchens
- The Refectory, theatre kitchens, Pasta Paradise, Salad Bar and Grab n Graze
- Breakfast/after-school clubs
- The Hub

5.2 Duty of Care. The school complies with:

- Children and Families Act 2014
- Supporting Pupils with Medical Conditions (DfE guidance)
- Health and Safety at Work Act 1974

5.3 Benedict's Law and Emerging Statutory Guidance (2026): The school ensures alignment with emerging statutory guidance associated with "Benedict's Law", including:

- A published whole-school allergy policy
- Comprehensive staff training in allergy awareness and emergency response
- Availability of emergency adrenaline auto-injectors (AAIs)
- Individual Healthcare Plans (IHPs) for pupils requiring allergy management
- Robust incident reporting and review procedures

## 6. Responsibilities

6.1 School Leadership including the Catering and Hospitality Manager will:

- Ensure compliance with UK allergy legislation and guidance
- Maintain an up-to-date allergy register
- Ensure food provision meets Natasha's Law requirements
- Promote a whole-school allergy awareness culture
- Ensure a named member of the Senior Leadership Team (SLT) and a designated Governor are responsible for oversight, implementation, and annual review of this policy.
- For the academic year 2026-2027, the named member of SLT is Keith Perry, Director of Operations, and the designated Governor is Simon Linnitt.

6.2 Staff will:

- Be aware of students with allergies and their Individual Healthcare Plans (IHP)
- Enforce the School's allergen restrictions

- Check ingredients before using food in activities
- Recognise and respond to allergic reactions
- Participate in mandatory annual allergy awareness training, including recognising anaphylaxis and administering adrenaline auto-injectors

6.3 Catering Staff will:

- Comply fully with Natasha's Law labelling requirements
- Prevent cross-contamination in food preparation areas
- Maintain allergen information records for all meals

6.4 Parents/Guardians are requested to:

- Provide up-to-date medical information and action plans
- Supply in-date medication (e.g. auto-injectors)
- Ensure snacks do not contain peanuts, tree nuts, or lupin
- Inform the School of any changes in allergy status

6.5 Students will:

- Not share food
- Follow allergen safety rules
- Report symptoms immediately

6.6 Staff Training: The school will ensure that:

- All staff (teaching and non-teaching) will receive allergy awareness training
- Training includes prevention, recognition of symptoms, emergency response and use of AAls
- Training is refreshed annually and recorded

## 7. Individual Healthcare Plans (IHPs)

7.1 All students with allergies must have an IHP, detailing:

- Confirmed allergens
- Symptoms and severity
- Prescribed medication
- Emergency procedures

7.2 The Health Centre will initiate requests from parents to inform them of any medical/dietary conditions and once established, IHPs will be reviewed annually or after any incident.

## 8. Allergen Management

To support the School's commitment to reducing risk, increasing awareness, and ensuring rapid, effective response to allergic reactions caused by food, the School will:

8.1 Food and Catering

- No peanuts, tree nuts, or lupin permitted on site
- All PPDS food labelled in line with Natasha's Law (Grab n graze)
- Allergen information available for all meals
- Cross-contamination controls in kitchens

## 8.2 Classroom and Activities

- No use of peanuts, tree nuts, or lupin in lessons or crafts
- Risk assessments required for food-related activities
- Safe alternatives used where necessary

## 8.3 Hygiene Controls

- Mandatory handwashing before and after eating
- Routine cleaning of surfaces
- Supervision during mealtimes

## 8.4 Communication and Information Sharing

- The School maintains an up-to-date allergy register accessible to relevant staff
- Key allergy information is shared with staff through secure systems
- Trip leaders and visiting staff are informed of allergy risks in advance
- Parents/guardians are regularly reminded of allergen restrictions

## 9. Medication Management

9.1 IHPs must be completed for students who have a known or suspected allergy. The IHP will be shared by the Health Centre with staff needing to know including the student's tutor and catering staff. Students must have immediate access to prescribed medication (e.g. adrenaline auto-injectors). Students should:

- Carry their own medication (Senior School students) or have medication held for them (Junior School)
- Spare auto-injectors will be held by the School in the Health Centre and in the Staff Room
- Emergency auto-injectors will be held in the Refectory servery area
- Staff will receive annual training in administering auto-injectors, allergy awareness and emergency care/response to an allergic reaction.

The School will also maintain centrally stored, in-date spare adrenaline auto-injectors (AAIs) for emergency use on any individual experiencing anaphylaxis. These will be:

- Stored in accessible locations: the senior school staff room (adjacent to the Refectory), and the Health Centre
- Regularly checked for expiry dates

## 10. Recognising and Responding to Allergic Reactions

10.1 An allergic reaction may vary from person to person and the severity will depend on individual circumstances. As a guide:

### **Mild to Moderate Symptoms:**

- Rash, itching, swelling, abdominal pain

Follow IHP and monitor closely

### **Severe Symptoms (Anaphylaxis):**

- Breathing difficulty

- Swelling of airway
- Collapse

Seek immediate medical attention

### **Emergency Action:**

- Administer adrenaline auto-injector immediately
- Call 999 and state “anaphylaxis”
- Send for additional assistance
- Contact Health Centre staff
- Contact parents/guardians
- Stay with the student until ambulance help arrives
- A second auto-injector should be administered after 5 minutes if symptoms persist, in line with medical guidance.

#### **10.2 Following any allergic reaction or near-miss:**

- The incident will be recorded, including the details of the allergic reaction, what the cause was, where it occurred and what was the response to any first aid administered. Details should be included on the School’s Accident Book maintained through ‘Evolve’.
- All incidents and near-misses will be formally reviewed to identify causes and improve future practice
- Findings will inform updates to risk assessments, IHPs, staff training, and this policy where necessary.

## **11. School Trips and Off-Site Activities**

11.1 All trips and visits off site, require a trip risk assessment to be completed prior to the trip leaving the School (see Education Trips and Visits Policy (Policy number 2.9). Trip organisers will need to be mindful of any student or member of staff on the trip/visit with a food allergy and ensure appropriate steps are taken including:

- An allergy risk assessment is required in addition to the trip risk assessment
- Emergency medication and IHPs must be carried and accessible at all times
- The school’s no nut/lupin rule must be communicated in advance
- Attendance at external catering venues must ensure that they comply with the provisions of Natasha’s Law

## **12. Review**

This policy will be reviewed every year by the Director of Operations or sooner if changes in law or policy deem it necessary.

| <b>Review Date</b> | <b>Changes</b>                             |
|--------------------|--------------------------------------------|
| April 2026         | Policy drafted                             |
| 1 September 2026   | Policy reviewed, finalised and introduced. |

**Copy of Individual Allergy Care plan that doesnt require an auto injector.**

bsaci  
British Society for  
Allergy and Clinical Immunology

ALLERGY ACTION PLAN

RCPCH  
Royal College of Paediatrics and Child Health  
Allergy UK  
Allergy Society  
Allergy Society  
Allergy Society

This child has the following allergies:

Name: .....

DOB: .....

Photo

## ● Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms. ALWAYS consider anaphylaxis in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY**

### A AIRWAY

- Persistent cough
- Hoarse voice
- Difficulty swallowing
- Swollen tongue

### B BREATHING

- Difficult or noisy breathing
- Wheeze or persistent cough

### C CONSCIOUSNESS

- Persistent dizziness
- Pale or floppy
- Suddenly sleepy
- Collapse/unconscious

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

- 1 Lie child flat with legs raised (if breathing is difficult, allow child to sit)

- 2 Immediately dial 999 for ambulance and say ANAPHYLAXIS (ANA-FE-IL-AX-EE)

- 3 In a school with 'spare' back-up adrenaline autoinjectors, ADMINISTER the SPARE AUTOINJECTOR if available

- 4 Commence CPR if there are no signs of life

- 5 Stay with child until ambulance arrives, do NOT stand child up

- 6 Phone parent/emergency contact

\*\*\* IF IN DOUBT, GIVE ADRENALINE \*\*\*

This school will have one or more spare back-up adrenaline autoinjectors kept in a secure locked container in the school. If a child has anaphylaxis, the school will administer the spare back-up adrenaline autoinjector. For more information about managing anaphylaxis in schools and 'spare' back-up adrenaline autoinjectors visit [www.epinephrineuk.co.uk](http://www.epinephrineuk.co.uk)

### Mild/moderate reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

### Action to take:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine:

(If provided,  
also repeat dose)

- Phone parent/emergency contact

### Emergency contact details:

1) Home .....

2) School .....

**Parental consent:** I hereby authorize school staff to administer the medication listed on this plan, including 'spare' back-up adrenaline autoinjector (AAJ) if available, in accordance with Department of Health Guidance on the use of AAJ in schools.

Signed .....

Print name .....

Date .....

For more information about managing anaphylaxis in schools and 'spare' back-up adrenaline autoinjectors, visit [www.epinephrineuk.co.uk](http://www.epinephrineuk.co.uk)

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### Additional instructions:

If wheezy, DIAL 999 and GIVE ADRENALINE using a 'back-up' adrenaline autoinjector if available, then use asthma reliever (blue puffer) via spacer

This BSACI Action Plan for Allergic Reactions is for children and young people with mild food allergies, who need to avoid certain allergens. For children at risk of anaphylaxis and who have been prescribed an adrenaline autoinjector device, there are BSACI Action Plans which include instructions for adrenaline autoinjectors. These can be downloaded at [bsaci.org](http://bsaci.org)

For further information, consult NICE Clinical Guidance CG18 Food allergy in children and young people at [guidance.nice.org.uk/CG18](http://guidance.nice.org.uk/CG18)

This is a medical document that may only be completed by a child or a healthcare professional. It must not be altered without their permission. This document provides essential information for schools to administer a 'spare' adrenaline autoinjector in the event of an above-normal child's medical emergency (as permitted by the Human Medicines (Administration) Regulations 2017). The healthcare professional named below confirms that they are not medical, nursing or pharmacy students and that the above cannot itself being administered an adrenaline autoinjector by school staff in an emergency. This plan has been prepared by:

Sign & print name: .....

Hospital/GP/Other: .....

Date: .....

Copy of Individual Allergy Care plan that does require an auto injector.

bsaci

ALLERGY ACTION PLAN

RCPCH
Anaphylaxis
AllergyUK

This child has the following allergies:

Name:

DOB:

Photo

Mild/moderate reaction:

Swollen lips, face or eyes  
Itchy/tingling mouth  
Hives or itchy skin rash  
Abdominal pain or vomiting  
Sudden change in behaviour

Action to take:

Stay with the child, call for help if necessary  
Locate adrenaline autoinjector(s)  
Give antihistamine: (if available, see repeat dose)  
Phone parent/emergency contact

Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms. ALWAYS consider anaphylaxis in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY**

AIRWAY

BREATHING

CONSCIOUSNESS

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

1 Lie child flat with legs raised (if breathing is difficult, allow child to sit)

2 Use Adrenaline autoinjector **without delay** (eg. EpiPen®) (Dose: ., mg)

3 Dial 999 for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-25")

\*\*\* IF IN DOUBT, GIVE ADRENALINE \*\*\*

AFTER GIVING ADRENALINE:

1 Stay with child until ambulance arrives, do **NOT** stand child up  
2 Commence CPR if there are no signs of life  
3 Phone parent/emergency contact  
4 If no improvement **after 5 minutes**, give a further adrenaline dose using a second autoinjectable device, if available

You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis.

Emergency contact details:

1) Name:

2) Name:

Parental consent: I hereby authorise school staff to administer the medicines listed on this plan, including a "spare" back-up adrenaline autoinjector (AAI) available in accordance with Department of Health Guidance on the use of AAI in schools.

Signed:

Print name:

Date:

For more information about managing anaphylaxis in schools and "spare" back-up adrenaline autoinjectors, visit: [sparepensinschools.uk](http://sparepensinschools.uk)

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How to give EpiPen®

1 PULL OFF BLUE SAFETY CAP and grasp EpiPen. Remember: 'blue to sky, orange to the thigh'

2 Hold leg still and PLACE ORANGE END against mid-outer thigh 'with or without clothing'

3 PUSH DOWN HARD until a click is heard or felt and hold in place for **3 seconds**. Remove EpiPen.

Additional instructions:

If wheezy, GIVE ADRENALINE FIRST, then asthma reliever (blue puffer) via spacer

This is a medical document that can only be completed by the child's healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a "spare" back-up adrenaline autoinjector (AAI) as permitted by the Human Medicines (Manufacture, Supply and Distribution) Regulations 2017. Adrenaline auto-injector devices must be stored in their original packaging and NOT in the luggage hold. This action plan and authorisation to travel with emergency medications has been prepared by:

Sign & print name:

Hospital/clinic:

Date:

## **Parent/Carer Allergy Safety Summary**

### **Our Commitment**

We are committed to keeping all children safe from allergic reactions and promoting an inclusive environment for pupils aged 3–19.

### **Key Rules for Parents/Carers**

- **No peanuts, tree nuts, or lupin** are allowed in school at any time
- Please check all snacks carefully
- Do not send food in for sharing (e.g. birthdays) without prior agreement
- 

### **Medical Information**

- Inform the school of any allergies before your child starts or as soon as diagnosed
- Provide an up-to-date Individual Healthcare Plan (IHP)
- Supply prescribed medication (e.g., adrenaline auto-injectors), clearly labelled and in date

### **Food Safety (Natasha's Law)**

- All food prepared by the school will be clearly labelled with allergens
- Catering staff are trained to reduce cross-contamination

### **What We Ask of Students**

- No sharing food
- Wash hands before and after eating
- Tell an adult immediately if they feel unwell

### **In an Emergency**

- Staff are trained to recognise allergic reactions
- Emergency medication will be given immediately
- 999 will be called if needed

## **ALLERGY SAFETY – STAFF QUICK GUIDE**

### **SCHOOL GUIDANCE**

#### **Golden Rule**

No peanuts, tree nuts, or lupin permitted on the School site

#### **KNOW YOUR STUDENTS**

Check allergy poster in kitchen

Read Individual Healthcare Plans (IHPs)

Be aware of high-risk pupils

#### **AVOID RISKS**

No food sharing

Check ingredients before service

Avoid cross-contamination

Supervise eating areas

#### **HYGIENE**

Handwashing before/after eating

Clean tables and surfaces

#### **MEDICATION**

Know where auto-injectors are stored

Ensure quick access at all times

Never delay treatment

#### **SPOTTING ANAPHYLAXIS**

Difficulty breathing

Swelling of lips/tongue/throat

Collapse or dizziness

#### **WHAT TO DO**

Give adrenaline auto-injector immediately

Call 999 – say “anaphylaxis”

Stay with student

Call parents/carers