Allergy Safety Policy

Policy Code:	
Policy Start Date:	September 2026
Policy Review Date:	September 2027

Executive Summary: Allergy Safety in Schools – Statutory Guidance 2026

Effective from 1 September 2026, the Department for Education has introduced statutory guidance *Allergy Safety in Schools*, establishing national requirements for how schools support children and young people with allergies. The guidance applies to maintained schools, academies, free schools, special schools and alternative provision settings in England.

Mandatory Allergy Safety Policy
Every school must have and publish an **Allergy Safety Policy** outlining how the school prevents, manages and responds to allergic reactions and anaphylaxis. MATs should ensure policies are consistent across all academies while reflecting local operational arrangements.

Whole-Staff Allergy Training
All staff must receive appropriate **allergy awareness training**, including:

- Recognising signs and symptoms of allergic reactions and anaphylaxis.
- Emergency response procedures.
- Safe administration of adrenaline auto-injectors (AAIs).
- Awareness of pupils' individual needs.

Individual Healthcare Plans (IHPs)
Schools must identify pupils requiring an **Individual Healthcare Plan** and work with parents, healthcare professionals and the child (where appropriate) to ensure risks, triggers, medication and emergency procedures are clearly documented.

Spare Adrenaline Auto-Injectors
Schools are expected to maintain access to **spare AAIs** for emergency use and ensure robust systems for storage, accessibility, training and record-keeping.

Incident Reporting and Learning
Schools should record, review and learn from:

- Allergic reactions.
- Anaphylaxis incidents.
- Near misses.
- Medication administration events.

This aims to strengthen organisational learning and reduce future risks.

Trust leaders have ensured:
A Trust-wide allergy management framework is in place.
Allergy training is incorporated into induction and annual safeguarding/health and safety programmes.
A plan to audit processes monitor compliance across all settings including checking effective communication systems exist between schools, families and healthcare professionals.

The Trust expects that all schools take a proactive, whole-school approach to allergy safety, ensuring staff are trained, risks are managed effectively, and children with allergies can attend school safely and confidently.

Overview

Allergy is a medical condition in which the body reacts to normally harmless substances such as food, insect stings, contact allergens and airborne allergens. Many individuals with allergies to food or insect stings are at risk of anaphylaxis, a serious and potentially fatal allergic reaction affecting the whole body – and in particular the Airway/Breathing/Circulation ("ABC").

CIT is committed to safeguarding and promoting the welfare of all pupils, including those with allergies. We recognise that allergies can be life-threatening and that all CIT schools require a whole-school, proactive approach to prevention, identification, and response.

From September 2026, statutory guidance Supporting children and young people with medical conditions and allergy) requires all schools to have a dedicated allergy policy, trained staff, and emergency medication on site, with clear procedures for managing risk and responding to anaphylaxis.

All CIT schools across the Trust are expected to have clear, consistent and compliant arrangements to support children and young people with allergic conditions including:
• Children and young people with food allergy
• Children and young people at risk of anaphylaxis (usually allergic to food or bee/wasp sting)
• Children and young people with allergic rhinitis or allergic eye disease or eczema, who may need to be given treatments for their condition in school (e.g. eczema creams, nasal sprays, eye drops), particularly if they have more severe allergic disease or need adaptations e.g. with sport.
• Children and young people with eczema or asthma, who may need additional precautions
• Children and young people with more severe allergies to animal fur, who may need to take avoidance measures

This central CIT Allergy Safety Policy has two parts.

- **Part 1** – this is the statutory guidance for all schools to show the statutory and Trust expectations. This policy will be published on the CIT and school websites.
- **Part 2** – this is where schools will contextualise the policy for each individual unique setting. It will outline how school leaders and staff will deliver statutory guidance.

1. Aims of Policy

1.1 Purpose
This policy aims to set out CIT Trust expectations for all schools with their duty to:

- Protect pupils with allergies from avoidable exposure to allergens.

- Ensure rapid, effective response to allergic reactions and anaphylaxis.
- Support full inclusion of pupils with allergies in all activities.
- Ensure compliance with statutory duties and best practice.

1.2 Scope of policy

This policy is to be followed by all CIT staff, governors, and volunteers across the Trust.

1.3 Legislation and Guidance

This policy is based on:
- Children and Families Act 2014 (Section 100 duty)
- Food Information Regulations 2014 (allergen labelling)
- DfE: Supporting pupils with medical conditions (updated guidance pending 2026)
- DfE allergy guidance (consulted 2026, implementation from Sept 2026)
- "Benedict's Law" expectations (2026 reforms)
- Keeping Children Safe in Education 2026

This policy needs to be read in conjunction with the following Trust and school Policies:
- Health and Safety Policy
- Supporting Pupils with Medical Conditions
- CIT First Aid statement and policy
- CIT Risk Management Policy
- CIT Trust wide Safeguarding Statement
- Each individual school's Safeguarding and Child Protection Policy

2. Roles and Responsibilities

2.1 **Trust Board** (Governance)

Allergy management is now treated as a core safeguarding issue, so the Trust Board must ensure systems across all our schools are effective and compliant. This also includes the central systems for checking and monitoring compliance across the Trust.

Trustees are legally responsible for ensuring the school meets its duty to support pupils with medical conditions (including allergies).

The Trust Board therefore must:
- Ensure that the Allergy safety Policy is in place, and each school adapts Part 2 to reflect their unique identity. The Trust must also ensure the policy is appropriately published and reviewed annually.
- Through reports from the central teams of education and Safeguarding and from information from Local School Boards (via the SOAP), the Trust must monitor the effectiveness of compliance and incident reporting.
- Ensure all schools have a named LSB governor who is responsible for reporting on allergy compliance in all required areas.

2.1.1 **LSB**
Each LSB will have a named governor with responsibility for allergy/medical needs.

They will be responsible for ensuring challenge, test, and ensure policies reflect real practice.

Key areas the Trust expects the LSB to monitor and report on:

- Staff **allergy awareness and emergency training** is compliant
- Availability of **spare adrenaline auto-injectors (AAIs)** and their location
- Use and quality of **Individual Healthcare Plans (IHPs)** for pupils with allergies
- **Incident reporting and learning from near misses**
- Inclusion and safeguarding (e.g. trips, meals, clubs) – pupils in school are fully included in all aspects of school life

Headteacher reports to the LSB must include:

- Reports/data on incidents including near misses
- Training compliance figures

Serious incidents must trigger governor-level review and scrutiny to understand what happened and what can be learned for the future practice. This will focus on the following questions - “How do we know children are safe?” “What has changed after the last incident?”.

2.2 In each of our schools, the **Headteacher** has the overall responsibility for ensuring compliance and must translate policy into effective practice across their school through:

a) **Risk prevention** - Allergen management (food, environment, activities)
Safe catering and communication with suppliers
b) **Emergency response** - Clear procedures for recognising and responding to anaphylaxis
Accessible spare adrenaline auto-injectors (AAIs) on site
c) **Everyday management** - Safe lunchtimes, trips, clubs, transport, etc.

The Trust expects that Headteachers will ensure:

- Adequate and compliant training for ALL staff in the school so that staff feel confident, not just competent (following the CIT 3Year Pathway)
- Availability of age-appropriate emergency medication
- There is a compliant and up to date Allergy Register that meets the requirements of the Statutory Guidance

- That all pupils with allergies have the correct IHP in place and that they are compliant, up to date and followed.
- That the required paperwork and records are compliant. They ensure that incidents are recorded, investigated and reported appropriately.
- Take immediate action after serious incidents and that they update policies and practice accordingly.
- That the school has a named person responsible as Allergy Lead who is competent and trained appropriately to undertake the role. The Headteacher will oversee the effectiveness of their work.
- That the school has the correct processes for gathering allergy information for those starting school in the correct timescale.
- That the correct information is reported to the LSB via the Headteachers Report
- Engagement with monitoring of compliance.
- Clear communication with parents/carers of pupils with allergies and conditions as set out in the overview of this policy. Part 2 of this policy will set out how the school intends to follow the statutory guidance.
- That all statutory guidance around food provision is complied with on their school site, including when food is outsourced through caterers. How this will happen in each school will be set out in Part 2 of this policy.
- That all pupils feel included and risks are proactively managed rather than pupils being excluded from events or parts of school life due to their allergy. How this will be achieved will be set out in part 2 of this policy.

2.3 The Trust expects all schools to have a named **Allergy Lead** (Named Person). Part 2 of this policy will set out the school's individual requirements and expectations for this role.

The Designated Allergy Lead is operationally responsible for ensuring a safe, compliant, and inclusive whole-school approach to allergy management, including policy oversight, staff training, individual healthcare planning, risk reduction, emergency preparedness, and continuous monitoring and improvement.

The Trust expects that they will:

- Maintain a compliant allergy register and records.
- Ensure compliant Individual Healthcare Plans (IHPs) are in place and understand that those with IHPs need active management.
- Monitor training compliance and chase those who have not completed training in a timely fashion.
- Oversee the creation and implementation of risk assessments.
- Check the implementation of both Part 1 and Part 2 of this policy, making sure practice reflects policy. If any areas do not, they will inform school leaders who will be expected then to take rapid and robust action.

2.4 Staff

All staff employed by CIT schools need to go beyond “just being aware” — staff are expected to actively prevent, recognise, and respond to allergy risks. All staff share responsibility for keeping pupils with allergies safe as part of safeguarding and duty of care.

The Trust expects that all staff must:

- Know which pupils have allergies across the school – and have this information updated regularly.
- Undertake allergy awareness and anaphylaxis training in the required timescale so they understand common allergens (e.g., food, animals, stings) and know signs of allergic reactions and anaphylaxis.
- Recognise symptoms and act immediately.
- Understand pupils’ specific needs – by reading IHPs and following the requirements.
- Follow risk reduction measures with fidelity.
- Ensure pupils with allergies are fully included in school life by understanding their conditions and the actions needing to be taken to manage risk.
- Record incidents and follow up as required in Part 2 of this guidance.

2.5 **Parents/Carers**

The Trust believes that parents and schools must act in partnership to secure safe practice for pupils.

All CIT schools will require parents to pprovide accurate and up-to-date medical information.

Parents must:

- Inform the school of their child’s allergy as early as possible
- Provide clear details of triggers, symptoms, and severity
- Share any updates (e.g. new diagnosis, change in risk level)
- Supply medical evidence and action plans
- Provide a clinically completed Allergy Action Plan (from a GP/allergy specialist)
- Contribute to and agree the Individual Healthcare Plan (IHP) with the school
- Provide medication

Parents are responsible for:

Supplying prescribed medication (e.g. adrenaline auto-injectors)

Ensuring medication is:

- in date
- correctly labelled
- replaced before expiry

(Even though schools must now hold spare AAIs, these are a backup—not a replacement).

Giving consent and permissions

Parents must provide written consent for:

- administration of medication (including spare AAIs where appropriate)
- inclusion of their child in emergency procedures
- Agreement to the contents of the IHP and care approach

Working in partnership with the school
The guidance emphasises ongoing collaboration, not one-off information sharing:
Parents should:

- Attend meetings where required (e.g. IHP reviews)
- Engage in discussions about:
  - school trips
  - meals and catering
  - reasonable adjustments
  -

How schools intend to build and maintain relationships with parents of pupils with allergies and how the information will be processed (including processes for IHPs) will be detailed in Part 2 of this policy.

3. Identification and Care Planning

3.1 Identification
In all CIT schools, where pupils are starting as new admissions (at all ages and stages of the year) leaders will ensure that appropriate allergy arrangements are in place in time for the start of the relevant school term.

When pupils transfer to a CIT school mid-term, the Trust expects that school leaders will make every effort to ensure that allergy arrangements are put in place within two weeks.

For members of staff, arrangements should be in place for when they commence work.

For visitors, information on allergy should be sought in advance of their visit wherever possible.

3.2 Allergy Register

The Trust requires all schools to complete and maintain an up-to-date register of: Pupils with diagnosed allergies. The records will include details of:

- Known triggers.
- Medication requirements
- Whether pupil has an Individual Healthcare Plans and/or an Allergy Action Plan.

3.3 Individual Healthcare Plans (IHPs)

The Trust expects that across all CIT schools, all pupils with significant allergies will have an IHP, with any clinical notes attached - All pupils with an allergy require a compliant Allergy action Plan.

Some children and young people have medically recognised sensitivities or triggers which may not meet the clinical definition of allergy but may nonetheless

result in serious or potentially life-threatening reactions (for example mast cell disorders or other systemic hypersensitivity conditions). Any known trigger with the potential to cause significant harm should be identified and managed as part of their IHP.

Food intolerance and coeliac disease are conditions that are also managed through dietary avoidance. Children and young people with these conditions should also have an Individual Healthcare Plan specifying the arrangements the school will put in place. This will include setting out the dietary restrictions established for the individual.

The structure of the IHP will be set out in Part 2 of this policy unique to each school. However, the Trust expects that the IHP will include the following information:

- Emergency contact details for the individual's parents, carers or family;
- An up-to-date photograph of the individual;
- What the individual's known allergens are and whether the allergen is ingested, inhaled or absorbed;
- Whether the individual has an Allergy Action Plan; if so, it should be attached to the Individual Healthcare Plan;
- Whether the individual has been prescribed adrenaline devices and, if so, what make and dosage it is;
- Whether there is prior medical and parental consent for a "spare" adrenaline device or emergency asthma reliever inhaler to be used (notwithstanding that in an emergency that could not be foreseen, a spare adrenaline device can be used without prior parental consent).
- Whether the individual also has asthma; if so, there should be an Asthma Plan attached to the Individual Healthcare Plan; this should include whether there is parental consent to use an emergency asthma reliever inhaler (if available) in an emergency

4. Risk Reduction and Prevention

4.1 Whole-School Approach
The Trust expects all CIT schools to adopt a risk reduction strategy, not an "allergen-free" guarantee.

CIT advocate an 'allergy-aware' approach, with active risk controls, clear labelling, no food-sharing rules, and trained staff to observe and monitor risk

The measures that individual schools will take to deliver the "Allergy aware" approach will be set out in Part 2 of this policy. The school contextual allergy safety policy should set out how our individual CIT schools will minimise the risk of individuals (whether children, young people, staff or visitors) encountering their known allergens.
These measures will include the following:

- Staff awareness of allergens in classrooms and activities
- Clear food labelling and safe catering practices
- Cleaning routines to reduce cross-contamination.
- Supervision in dining areas

The Trust will recommend as good practice for CIT schools to conduct allergy safety drills, in the same way as fire drills or in an active training exercise. The results of the drill should be recorded in a similar way to an incident or "near miss" and used to inform the ongoing review of the allergy safety policy

4.2 **Catering and Food Safety**

The Trust expects all schools will comply with the catering and food safety requirements and responsibilities as set out in the statutory guidance on supporting pupils at school with medical conditions. Schools will ensure that all allergens are clearly identified in line with regulations and ccatering staff follow Food Information Regulations requirements.

School leaders will ensure that in-school kitchens as well as outside caterers ensure any school menus accommodate pupils with allergies

The Trust expects that school leaders ensure that there are at least two robust methods of identifying children and young people with known allergies at mealtimes to ensure they receive a safe meal.

Part 2 of this policy sets out how individual schools will comply with the guidance around school food provision.

4.3 Safer eating and the EYFS

The Trust expects that whilst children are eating there should always be a member of staff in the room with a valid paediatric first aid certificate.

Before a child is admitted to the setting, school leaders must obtain information about any special dietary requirements, preferences, food allergies and intolerances that the child has, and any special health requirements.

This information must be shared by the provider with all staff involved in the preparing and handling of food. At each mealtime and snack time providers must be clear about who is responsible for checking that the food being provided meets all the requirements for each child.

4.4 Classroom **and Activities**

The Trust expects that all CIT school leaders will make compliant provision for risk assessment in relation to classroom activities such as cooking, science, trips, and events.

School leaders are expected to support staff to avoid unnecessary use of high-risk allergens.

The Trust expects that where risk is identified, school leaders will ensure that alternative resources provided where needed.

4.4 **Trips and Off-site Activities**

- Specific risk assessments completed.
- Medication taken and staff trained.
- Emergency procedures are clear and accessible.

5. Medication and Equipment

5.1 Adrenaline Auto-Injectors (AAIs)
Pupils with a known allergy should always have two AAIs with them during the school day, including trips and outdoor activities. This protects against device malfunction or the need for a second dose.
AAIs must be stored in a location that is clearly marked, easily accessible within five minutes, and never locked away.
All staff should know where the devices are kept ensuring there's no delay in treatment during an emergency.

Children and young people at risk of anaphylaxis should have their prescribed AAIs with them at school for use in an emergency and should always have access to both of their two prescribed AAIS.

Younger pupils should have a dedicated emergency kit held by staff—not locked away.
Older students are encouraged to carry their own AAIs, with school oversight.
Part 2 of this policy will set the school expectation for the storage and portage of pupils' individual AAIs.

The Trust expects that all schools will comply with statutory guidance and must hold spare AAIs for emergency use. These must have the correct dosage for the age and stage of pupils in their designation.

Any devices held by a school in this way should be considered a "spare" device and not a replacement for a pupil's own AAI.

The school's spare device can be used in children and young people:

• who have been prescribed ADs, but whose own devices are not available (for example because they are broken, out of date, cannot be accessed or have misfired). These individuals should have an Allergy Action Plan which includes both medical authorisation and written parental consent for the use of a spare ADs in an emergency

• with food allergies who have been assessed as being at lower risk of anaphylaxis and therefore not prescribed their own device. Medical authorisation and parental consent must have been obtained. The easiest way for this to happen is by their healthcare professional providing an appropriate Allergy Action Plan.

School type	**AAI for children under age 6 years** (150 micrograms) e.g. EpiPen Junior, Jext 150	**AAI for individuals over 6 years of age** (300 micrograms) e.g. EpiPen, Jext 300
State-funded nursery school	Two "spare" devices	n/a
Primary school	Two "spare" devices	Two "spare" devices
Secondary school	n/a	Two to four "spare" devices*
Special school	Two "spare" devices**	Two "spare" devices**

Part 2 of this policy will outline what AAIs are needed by the school and the arrangements for placement and storage.

The Trust expects that spare devices will be stored in a
- centrally located, accessible location
- Clearly labelled
- secure
- Regular checks for expiry dates

The logistics of AAI storage and access will be set out in Part 2 of this policy.

6. Training

CIT expects that all staff across the whole school workforce must undertake compliant annual allergy training. This includes support staff, supply and cover teachers, and those delivering breakfast clubs, after-school clubs, and wraparound provision (including third-party providers).

Where a member of staff is likely to support a specific pupil, they must be trained to do so competently before providing that support.

Allergy training will be set out on the CIT 3-Year Safeguarding training Pathway. If a member of staff joins CIT after the training has happened, it will be expected to be part of the induction package.

School leaders MUST make sure all their staff complete the training by the given deadline and refresh annually. The training will be recorded on the Safeguarding training matrix and will be checked by the central team on their monitoring activities.

Central team staff who work in schools must also undertake the training.

6.2 Emergency Response (Anaphylaxis) Recognising Symptoms
Staff are trained to recognise:

- Difficulty breathing
- Swelling (face/lips/throat)
- Rash, collapse, or unconsciousness
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6.3 Immediate Action
Administer adrenaline auto-injector (AAI) immediately.
Call emergency services (999)
Contact parents/carers.
Monitor and record.
Prompt treatment is essential - anaphylaxis is life-threatening and requires immediate intervention.

7. Communication

The school promotes clear, ongoing communication:
With parents/carers
Between staff
With catering providers
With external professionals

8. **Inclusion and Wellbeing**

The Trust are committed to making sur that pupils with allergies are fully included in school life in all our CIT schools.

Pupils should not be prevented from taking part in activities alongside their peers simply because of a risk of encountering one of their allergens.
For example, pupils with allergies should eat alongside their peers, not be segregated. In part 2 of this guidance, individual schools will set out how they will achieve this inclusion for pupils with allergies and how reasonable adjustments are made where required

Part 2 of this policy will include how any incident of bullying related to allergies are addressed.

9. Monitoring, Recording, and Review

CIT expects that all incidents that happen in schools related to allergies are recorded including 'near misses'. These are to be reviewed for learning for improvement. Schools will set out their intent for recording in Part 2 of this policy.

A near miss, for example, a child almost receiving the wrong medication, or an AAI not being accessible in time, is treated as equally important as an incident resulting in harm.

Schools should record what happened, when, and where, why it happened, how staff responded, whether emergency services were called, and the outcome. Reports should be shared with parents and the LSB. Data will come to the Trust Board via the SOAP reporting procedure.

13. Policy Review

Both Part 1 and Part 2 of this policy will be reviewed annually or after serious incidents in any school in the Trust.

Part 1 – is the responsibility of the Director of Safeguarding

Policy reviewed annually

Recognise the signs of anaphylaxis

A AIRWAYS
- Tightening of the throat
- Hoarse voice
- Difficulty swallowing
- Swollen tongue

B BREATHING
- Sudden wheezing
- Difficult or noisy breathing
- Persistent cough

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

If any one (or more) of these signs are present: Don't delay

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

2. **Give adrenaline device without delay**
(use the school's spare device if needed)

Scan this dose for instructions on how to use adrenaline devices

3. **Immediately dial 999** for ambulance
and say ANAPHYLAXIS (ana-fill-axis)

After giving adrenaline:

- Stay with person until ambulance arrives, do NOT stand them up.
  - Keep them lying down, even if things seem to be getting better.
- Phone parent/emergency contact.

5:00 minutes

If no improvement after 5 minutes, give another dose of adrenaline using a second device, if available.

Commence CPR at any time if there are no signs of life

ALWAYS GIVE ADRENALINE DEVICE FIRST if someone has **SEVERE AND SUDDEN BREATHING DIFFICULTY** (including wheeze, persistent cough or hoarse voice).
THEN SEEK MEDICAL HELP. Anaphylaxis can occur without skin symptoms