Impact Education Multi Academy Trust

Allergy and Anaphylaxis Policy

Final merged Trust version for implementation from 1 September 2026

This policy has been issued in accordance with all recent Allergen Law requirements. It has been approved by the Core Executive (01/09/2026) and is scheduled for final ratification at the Trust Board meeting on 28/09/2026.

Merger adoption statement

From 1 September 2026, this policy applies to all academies and central services within Impact Education Multi Academy Trust, including academies joining from Pennine Academies Yorkshire. It replaces previous local allergen, allergy, anaphylaxis, food allergen labelling and emergency allergy response policy provisions where they are inconsistent with this policy, unless a specific transitional arrangement has been approved by the Trust Executive Team.

Document control	Detail
Reviewed by:	Phill Horsfall / Rhia Lansbury-Palmer
Approved by:	Trust Board
Date of approval:	
Version approved:	3.0 merged Trust version
Next review date:	July 2027, or earlier following a significant legislative update, DfE guidance update, serious allergy incident, anaphylaxis event, near miss, catering change, merger integration change or audit recommendation
Policy owner:	Operations Director
Website publication:	Yes
Staff acknowledgement:	Staff, governors, trustees, temporary staff, volunteers, relevant contractors and catering providers should read and acknowledge the policy as required by the Trust.

Date	Version	Status	Summary of changes
July 2025	1.0	New Impact policy	New Impact policy following advice from Dukefield Food Service.
March 2024	PAYMAT V2	Approved PAYMAT version	PAYMAT policy converted to Trust policy format and legislative links checked. Content used to strengthen the merged version, including detailed food labelling, animal allergy and pupil allergy declaration provisions.
July 2026	2.0	Amended Impact version	Impact lead document updated to align with Benedict's Law and DfE July 2026 statutory allergy safety guidance.
September 2026	3.0	Merged Trust version	Impact policy adopted as the lead document. PAYMAT provisions inserted and strengthened on statement of intent, PPDS labelling, declared allergens, ingredient changes, animal allergies, anaphylaxis response, AAI register, pupil allergy declaration and annual review. Updated for Benedict's Law, DfE Allergy Safety in Schools statutory guidance and relevant anaphylaxis guidance.

Field	Detail
Adopted by Trust Board on	
Chair of Trust Board	Jo Kaye
Next review date	July 2027

Contents

1. Policy statement and intent

Impact Education Multi Academy Trust is committed to safeguarding the health, safety, wellbeing and inclusion of pupils, staff and visitors with allergies. This policy sets out the Trust-wide arrangements for identifying allergy risks, reducing the likelihood of exposure to allergens, supporting pupils to participate fully in school life, and responding quickly and effectively to allergic reactions and anaphylaxis.

The Trust does not guarantee a completely allergen-free environment. Instead, each academy will operate an allergy-aware environment, with clear controls, communication, training, risk assessment, Individual Healthcare Plans and emergency response arrangements proportionate to the needs of pupils and the setting.

Allergy management is a whole-school safeguarding responsibility involving leaders, staff, pupils, parents and carers, caterers, contractors, volunteers and visitors. Reasonable adjustments will be made so that pupils with allergies can safely participate in normal school activities, clubs, enrichment, visits and events.

2. Scope

This policy applies to all Impact Education Multi Academy Trust academies, central services and school-controlled activities, including lessons, lunch and breaktimes, breakfast and after-school provision, educational visits, sporting events, transport, clubs, lettings where relevant, and activities delivered by or on behalf of the Trust.

It applies to food allergies and other allergic risks, including but not limited to animal allergies, insect venom allergies, contact allergies, airborne allergens and seasonal allergies. It should be read alongside individual pupil plans, allergy or asthma action plans and relevant school risk assessments.

3. Legislation and guidance

This policy has due regard to all relevant legislation and guidance, including:

- Children and Families Act 2014, including section 100 duties relating to pupils with medical conditions.
- Children's Wellbeing and Schools Act 2026, including provisions commonly referred to as Benedict's Law which strengthen school allergy safety duties from September 2026.
- DfE Allergy Safety in Schools statutory guidance, published 6 July 2026.
- DfE Supporting pupils at school with medical conditions statutory guidance.
- The Human Medicines Regulations 2012 and The Human Medicines (Amendment) Regulations 2017, relating to emergency use and purchase of spare adrenaline auto-injectors in schools.
- The Food Information Regulations 2014 and The Food Information (Amendment) (England) Regulations 2019, known as Natasha's Law, for pre-packed for direct sale food.
- Food Standards Agency guidance on food allergen information and allergen matrices.
- Department of Health guidance on the use of adrenaline auto-injectors in schools.
- Relevant anaphylaxis guidance, including BSACI, Resuscitation Council UK, MHRA and Anaphylaxis UK resources.
- The Equality Act 2010, where reasonable adjustments may be required for pupils with disabilities arising from allergy or related medical conditions.
- The Trust Health and Safety Policy, Supporting Pupils with Medical Conditions Policy, Administering Medication Policy, Educational Visits Policy, Food Policy, Animals in School Policy and incident reporting procedures.

4. Definitions

Term	Definition
Allergy	A condition in which the body has an exaggerated immune response to a substance. This is also known as hypersensitivity.
Allergen	A normally harmless substance that triggers an allergic reaction for a susceptible person.
Allergic reaction	The body's reaction to an allergen. Symptoms may include hives, flushing, itching, tingling around the mouth, swelling, wheeze, abdominal pain, anxiety, nausea, vomiting, altered heart rate or weakness.
Anaphylaxis	A sudden, severe and potentially life-threatening allergic reaction. Symptoms may include persistent cough, throat tightness, voice change, wheeze, difficulty swallowing or speaking, swollen tongue, difficult or noisy breathing, chest tightness, dizziness, faintness, collapse, unconsciousness or, for younger pupils, becoming pale or floppy.
AAI	Adrenaline auto-injector, a prescribed or spare emergency device used to administer adrenaline during anaphylaxis.
IHP	Individual Healthcare Plan, a school-held plan setting out non-clinical arrangements for supporting a pupil with an allergy, informed by medical information and the child's Allergy Action Plan or Asthma Action Plan where applicable.
PPDS food	Pre-packed for direct sale food: food packaged on the same premises from which it is offered to the final consumer and requiring a name and full ingredients list with allergens emphasised.
Allergy Safety Lead	A named senior leader at each academy responsible for coordinating allergy safety arrangements locally. This should not default solely to the catering manager.

5. Roles and responsibilities

Role / group	Responsibilities
Board of Trustees	Ensures the Trust has compliant allergy safety arrangements, approves this policy, receives assurance on serious incidents and ensures annual review.
CEO and Trust Executive Team	Ensure Trust-wide implementation, appropriate resources, training expectations and escalation routes.
Operations Director	Owns the Trust policy, coordinates assurance, supports academies with implementation, reviews serious incidents and ensures policy updates reflect statutory guidance and good practice.
Headteachers	Ensure local adoption and publication of this policy, appoint or act as the Allergy Safety Lead, keep arrangements compliant, ensure local risk assessments and IHPs are in place, record and review incidents and near misses, and ensure staff receive annual allergy and anaphylaxis training.
Allergy Safety Lead	Coordinates day to day allergy safety, maintains oversight of IHPs and local registers, checks communication with staff and caterers, and ensures lessons from incidents are implemented.

Business Manager / Senior Administrator / equivalent	Ensures medical information is requested, updated and securely shared with relevant staff, including supply and temporary staff, and ensures the AAI register and emergency kit checks are maintained.
SENCO / pastoral or medical lead	Works with parents, pupils, healthcare professionals and staff to develop and review IHPs, ensuring classroom and inclusion arrangements are communicated.
First aiders and designated responders	Recognise allergic reactions, respond immediately, access emergency medication, administer AAIs where required and complete records after the event.
All staff, governors, volunteers, supply staff and temporary staff	Understand the signs of allergic reactions and anaphylaxis, follow IHPs, avoid unsafe food sharing practices, act immediately in emergencies, report all incidents and near misses, and complete required training.
Catering provider, cook, catering manager and kitchen staff	Maintain allergen logs, ingredient and labelling checks, safe food preparation controls, cross-contamination controls, PPDS labelling compliance, incident logs and communication with school staff.
Site staff	Support control of environmental allergens, including wasp, bee and ant nests, and ensure any concerns are reported and addressed promptly.
Parents and carers	Notify the academy of allergies, provide up-to-date medical information and action plans, provide required medication, give written consent where required for spare AAIs, and raise concerns promptly.
Pupils	Where age and capacity allow, avoid known allergens, do not share food or drink, carry medication where agreed, and seek help immediately if they believe they are having a reaction or have been exposed to an allergen.
Contractors, visitors and providers	Comply with academy allergy controls relevant to their activity, including food provision, animals brought onto site, events, lettings and communication of allergen risks.

6. Whole school allergy safety approach

Each academy will maintain allergy aware arrangements which are proportionate, inclusive and embedded across the school day. Local arrangements must include:

- A published allergy safety policy aligned to this Trust policy.
- A named Allergy Safety Lead at senior leadership level.
- A process for identifying pupils with allergies on admission and at least annually.
- IHPs for pupils requiring allergy management arrangements, informed by medical information and relevant Allergy Action Plans or Asthma Action Plans.
- Risk assessment for classrooms, catering, clubs, events, lessons involving food, animals, outdoor areas, educational visits and transport.
- Clear communication with staff, caterers, supply staff, visitors and parents where allergy risks are relevant.
- Access to in-date emergency medication, including spare AAIs, stored so they can be obtained rapidly and without unnecessary barriers.
- Incident and near-miss recording, no-blame learning and corrective action.

Academies should avoid relying on generic claims such as “nut free” where this creates a false sense of security. Controls should be based on known individual risks, ingredient awareness, safe practices, supervision, communication and emergency readiness.

7. Identifying pupils with allergies and Individual Healthcare Plans

On admission, at annual data check points, and whenever a parent or carer reports a change, academies will request information about allergies, symptoms, medication, emergency arrangements and relevant healthcare advice. Parents and carers should provide written medical documentation where available, including Allergy Action Plans, Asthma Action Plans and instructions for medication.

Where a pupil has a significant allergy or may be at risk of anaphylaxis, the academy will produce or update an IHP. The IHP will identify known allergens, risk factors, emergency medication, dosage and storage arrangements, consent for spare AAIs where relevant, responsible staff, classroom and catering controls, off-site arrangements and review dates.

IHPs will be reviewed at least annually and sooner if medical advice changes, a pupil experiences an allergic reaction, there is a significant near miss, medication changes, or the pupil's school activities or circumstances change.

8. Food allergies and catering controls

Parents and carers will provide the academy with a written list of foods or ingredients that may cause an adverse reaction, the likely symptoms and the action required in the event of a reaction. Information about pupils' food allergies will be collated and shared securely with relevant staff and the catering provider.

When menus, suppliers, ingredients or products change, the academy and catering provider must ensure that pupils' dietary needs remain safely managed. This will include supplier checks, label checks before use, allergen matrices, ingredient traceability and confirmation that substitute products do not introduce unmanaged risks.

Catering controls will include clear allergy information, safe storage, preparation and serving arrangements, appropriate utensils and chopping boards, cleaning controls, prevention of cross-contamination, checking of special diet meals and clear processes for reporting non-conformity.

Learning activities involving food, such as food technology, cooking, tasting, science activities, celebrations and fundraising events, must be planned in accordance with relevant IHPs and risk assessments.

9. Food allergen labelling and PPDS food

The academy will comply with food allergen labelling requirements, including requirements for PPDS food under Natasha's Law. PPDS food must clearly display the name of the food and a full ingredients list, with any of the 14 declarable allergens emphasised in the list.

Food must not be labelled or described as “free from” a specific ingredient unless staff are certain, based on reliable supplier and preparation information, that the product does not contain the ingredient and cross-contamination risks have been appropriately controlled.

The following allergens must be declared on PPDS food where present: cereals containing gluten such as wheat, rye, barley and spelt; crustaceans; eggs; fish; peanuts; soybeans; milk; nuts including almonds, hazelnuts, walnuts, cashews, pecans, Brazil nuts and pistachios; celery; mustard; sesame; sulphur dioxide and sulphites above the relevant threshold; lupin; and molluscs.

Food goods with incorrect, incomplete or unclear labelling will be removed from sale or service, disposed of safely where necessary, and recorded in the allergen incident log. Any abnormalities will be reported to the catering manager and supplier where relevant.

10. Animal, seasonal, contact and airborne allergies

Allergy safety extends beyond food. Where pupils have animal, insect venom, contact, airborne or seasonal allergies, academies will identify relevant controls through the IHP, risk assessment and communication with staff.

The Animals in School Policy will be followed. Pupils with known animal allergies will have restricted or controlled access to animals that may trigger a response, and staff will ensure handwashing and cleaning controls are in place after contact with animals.

For seasonal allergies such as hay fever, insect bites and pollen-related risks, reasonable precautions may include avoiding grass cutting while pupils are outside, monitoring pollen levels where relevant, providing supervised indoor options for pupils with severe seasonal allergies, encouraging handwashing after outdoor play and managing wasp, bee and ant nests promptly.

11. Adrenaline auto injectors and emergency medication

Pupils at risk of anaphylaxis may be prescribed AAIs for emergency use. Where a pupil has prescribed AAIs, parents and carers are expected to ensure the academy has access to in-date devices and that medication is clearly labelled with the pupil's name, class, expiry date and administration instructions.

The academy may purchase spare AAIs without a prescription for emergency use. A request to the pharmaceutical supplier must be signed by the headteacher and state the academy name, purpose and quantity required. The headteacher, with appropriate advice, will determine the brand and dosage range required, taking account of the age profile of pupils at risk and the brands commonly prescribed.

Emergency anaphylaxis kits will include one or more AAIs, instructions for use, storage instructions, manufacturer information, a checklist of devices by batch number and expiry date, replacement arrangements, a list or register of pupils for whom spare AAI use is authorised, and an administration record.

AAIs must be clearly labelled, stored at room temperature, protected from direct sunlight and extreme temperature, and kept in a readily accessible location. AAIs must not be locked away where this would prevent rapid access. Staff must know where the emergency kit is located as part of induction and annual training.

12. Access to spare AAIs

A spare AAI may be administered as a substitute for a pupil's own prescribed AAI if the prescribed device is unavailable, expired, damaged or cannot be administered correctly without delay. Spare AAIs may be used only in accordance with the law, relevant guidance and the pupil's IHP or emergency circumstances.

The academy will maintain a Register of AAIs, including the pupil's name, class, known allergens, risk factors for anaphylaxis, whether medical authorisation has been received, whether written parental consent has been received, dosage requirements, location of the pupil's own medication and review date.

Parents and carers will be asked to provide or renew consent annually and whenever medical information changes. They may withdraw consent at any time in writing to the headteacher. The Business Manager, Senior Administrator or delegated medical lead will check the register at least annually and update it following any change in consent, risk or medication.

13. Educational visits, off-site activities and transport

Educational visit risk assessments must consider allergy management arrangements for all pupils with known allergies. This includes emergency medication, food provision, travel, remote locations, access to emergency medical services, staff training, AAI storage and accessibility, and communication with venues and parents.

Where a pupil has been prescribed an AAI, at least one adult trained in administering the device must attend the visit. The pupil's medication must be taken and remain readily accessible. Two AAIs should be taken for pupils at risk, and consideration should be given to spare AAIs in addition to the pupil's prescribed medication where appropriate.

Pupils should not be excluded from visits or activities because of allergy unless, after risk assessment and reasonable adjustments, the activity cannot be made safe. Parents should not routinely be required to attend visits as a condition of participation unless this is necessary and agreed as part of the pupil's individual arrangements.

14. Medical attention and required support

Once an allergy has been identified, the academy will work with the pupil, parents or carers, relevant teaching staff, first aiders, SENCO or medical lead, and any other relevant staff to agree appropriate support. This will be documented in the IHP where required.

All medication administration and medical support will be managed in accordance with the Supporting Pupils with Medical Conditions Policy and Administering Medication Policy. Staff supporting pupils with allergies must know the location of emergency medication and the action to take if symptoms occur.

15. Staff training

All staff will receive annual allergy awareness and emergency response training appropriate to their role. Training will include:

- Recognition of mild, moderate and severe allergic reactions and anaphylaxis.
- How quickly anaphylaxis can progress and why adrenaline should be administered without delay when anaphylaxis is suspected.
- How to call emergency services and communicate key information.
- Where AAIs are located and how to access them rapidly.
- How to check whether a pupil is on the Register of AAIs.
- How to administer AAIs according to manufacturer instructions.
- Roles and responsibilities under this policy.
- Food allergen labelling, PPDS requirements and cross-contamination controls for relevant catering or food-handling staff.
- Incident and near-miss reporting and learning processes.

Additional role-specific training will be provided for first aiders, designated responders, catering staff, educational visit leaders, staff supporting IHPs, site staff and staff supervising high-risk activities.

16. Mild to moderate allergic reactions

Mild to moderate symptoms may include swollen lips, face or eyes; an itchy or tingling mouth; hives or itchy skin rash; abdominal pain or vomiting; or sudden change in behaviour. If any of these symptoms occur, the nearest adult will stay with the pupil, follow the IHP and seek help from a trained member of staff.

The pupil will be monitored closely because reactions can progress to anaphylaxis. Parents and carers will be contacted if a pupil suffers a mild to moderate allergic reaction and if any medication is administered. If the reaction progresses or there is concern about airway, breathing or circulation, the academy will follow the anaphylaxis response procedure and call emergency services.

17. Managing anaphylaxis

Anaphylaxis is a medical emergency. If anaphylaxis is suspected, staff must act immediately. The nearest adult should call for help, ensure emergency services are contacted, access the pupil's AAI or a spare AAI where appropriate, and administer adrenaline without delay.

- Lay the pupil flat and keep them still. If they are weak, dizzy, pale or sweating, raise their legs. If breathing is difficult, they may be supported in a position that assists breathing, but sudden standing or walking should be avoided.
- Call 999 and state “anaphylaxis”. Give the location, pupil details, known allergen if known and time of AAI administration.
- Administer the AAI according to manufacturer instructions. If there is delay in contacting designated staff, the nearest trained or available staff member should act.
- Stay with the pupil until emergency services arrive. Monitor airway, breathing and circulation.
- If there is no improvement after five minutes, or symptoms return, administer a second dose using another AAI if available.
- If the pupil stops breathing, start CPR if trained to do so and follow emergency services instructions.
- Contact the headteacher and parents or carers as soon as this can be done without delaying emergency treatment.
- Give used AAIs to paramedics and provide details of allergens, suspected trigger, timing and dose of adrenaline, and any other medication administered.
- A member of staff should accompany the pupil to hospital if parents or carers are not present. Where a pupil is taken by ambulance, the academy should consider sending two members of staff where practicable.

Emergency principle
In a life-threatening emergency, the priority is immediate treatment and calling emergency services. Staff acting in good faith to protect life should be supported and the incident reviewed through a no-blame learning process.

18. Incident reporting, learning and corrective action

The academy will record allergy related incidents, anaphylaxis events, emergency medication administrations and near misses. Parents and carers will be informed of significant incidents involving their child, and the Trust will be notified through the agreed incident reporting process.

Following any allergic reaction, serious incident or near miss, the Headteacher, Allergy Safety Lead and relevant senior staff will review the response and consider corrective actions. This may include revising the IHP, updating risk assessments, reviewing food management procedures, providing additional training, changing supervision or communication arrangements, escalating supplier issues, or amending local procedures.

Learning arising from incidents and near misses will be used to improve allergy safety arrangements across the academy and, where relevant, across the Trust.

19. Monitoring and review

Headteachers and the Operations Director are responsible for ensuring this policy is reviewed annually and more frequently following significant allergy incidents, anaphylaxis events, allergy-related near misses, changes to statutory guidance, significant changes to catering or operational arrangements, audit findings or merger integration changes.

The effectiveness of this policy will be monitored through training records, IHP reviews, AAI kit checks, incident reports, catering checks, risk assessment review and governance assurance. Concerns should be reported to the Headteacher immediately and escalated to the Trust where appropriate.

Appendix A - Pupil Allergy Declaration and Spare AAI Consent Form

This form should be completed by parents or carers for pupils with known or suspected allergies and reviewed annually or whenever circumstances change.

Field	Response
Name of pupil	
Date of birth	
Year group / class	
Name of GP	
Address of GP	
Nature of allergy	
Severity of allergy	
Known allergens / triggers	
Symptoms of adverse reaction	
Details of required medical attention	
Instructions for administering medication	
Control measures to avoid an adverse reaction	
Medication provided to school, including expiry dates	
Does the pupil have an Allergy Action Plan?	Yes / No
Does the pupil have an Asthma Action Plan?	Yes / No / Not applicable

Spare AAI consent: I understand that the academy may purchase spare AAIs to be used in the event of an emergency allergic reaction. I understand that, where my child's prescribed AAI is unavailable, damaged, expired or cannot be administered correctly, it may be necessary for the academy to administer a spare AAI where this is permitted by law, guidance and the pupil's plan.

Consent option	Parent/carer response
I provide consent for the academy to administer a spare AAI to my child where required in an emergency.	Yes / No
Name of parent/carer	
Relationship to child	
Contact details	
Signature	
Date	

Appendix B - AAI Register and Monthly Kit Check

Minimum register information	Detail to record
Pupil details	Name, class, date of birth and photograph where used locally.
Known allergens	Food, animal, venom, contact, airborne or seasonal allergens.
Risk factors	History of anaphylaxis, asthma, previous severe reaction or other relevant information.
Medical authorisation	Whether medical authorisation or diagnosis/action plan has been provided.
Parental consent	Whether written consent for spare AAI use has been provided and review date.
Dosage and device	Prescribed device brand, dosage and location of own devices.
Emergency kit checks	Monthly check of device presence, expiry date, batch number, storage condition, access and replacement arrangements.
Administration record	Date, time, location, trigger if known, dose, device used, staff member, ambulance reference and follow-up actions.

Appendix C - Allergy Incident and Near Miss Record

Field	Detail
Pupil / person involved	
Date and time	
Location	
Known allergy / suspected trigger	
Description of incident or near miss	
Symptoms observed	
Immediate actions taken	
Medication administered, dose and time	
Emergency services contacted	Yes / No / Time / Reference
Parent/carer informed	Yes / No / Time
Staff involved	
Outcome	
Corrective actions agreed	
IHP/risk assessment reviewed	Yes / No / Date
Reported to Trust	Yes / No / Date

Appendix D - Implementation Checklist

Requirement	Owner	Evidence / status
Policy adopted, published and communicated.	Headteacher / Allergy Safety Lead	
Named Allergy Safety Lead appointed.	Headteacher	
Annual allergy data collection completed.	Business Manager / Senior Administrator	
IHPs completed for pupils requiring allergy management.	SENCO / medical lead	
AAI register reviewed and current.	Business Manager / delegated medical lead	
Spare AAIs in place, accessible and checked monthly.	Headteacher / delegated lead	
All staff allergy awareness training completed.	Headteacher / CPD lead	
Role-specific catering and PPDS labelling training completed.	Catering Manager	
Educational visit allergy controls embedded in visit planning.	EVC / visit leaders	
Incident and near-miss reporting route communicated.	Allergy Safety Lead	
Catering supplier and ingredient change process confirmed.	Catering Manager / Business Manager	
Annual review completed and reported through governance.	Headteacher / Operations Director	