ALLERGY SAFETY POLICY

TO BE ADOPTED BY ALL SCHOOLS ACROSS SHARE MAT

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1. Overview and status

SHARE Multi Academy Trust ("SHARE MAT", "the Trust") wants every child, young person, member of staff and visitor with an allergy to be safe in our schools, and to take a full part in school life. This policy sets out how each academy reduces the risk of someone coming into contact with an allergen they are known to react to, and how staff respond if a reaction happens.

Section 100 of the Children and Families Act 2014 requires the Trust to make arrangements to support pupils with medical conditions. Section 34 of the Children's Wellbeing and Schools Act 2026 inserts a new section 100A into that Act, requiring those arrangements to include an allergy safety policy. This is that policy. It is written against the Department for Education's statutory guidance "Allergy safety in schools", published in July 2026, and applies from September 2026.

Allergy has its own policy rather than sitting inside the medical conditions policy because anaphylaxis is a risk to life that can develop within minutes, and because DfE expects a dedicated, separately published document. The policy is in place at every academy even where no pupil currently has a known history of anaphylaxis, because a first reaction can happen to anyone at any time. DfE puts it at up to one in five cases of anaphylaxis in schools happening in a child with no pre-existing allergy diagnosis.

Where this policy sits

This policy is one of three that work together. Read it alongside:

Supporting Pupils with Medical Conditions Policy, which covers day to day medicines handling, coeliac disease, food intolerance and all other medical conditions.

First Aid Policy and Procedure, which covers first aid provision, first aiders, equipment and defibrillators.

Supporting Documents and Templates, which holds the forms, registers, logs and plans this policy refers to.

Where a subject appears in more than one document, this policy is the primary home for allergy and anaphylaxis and the other two cross-refer to it.

2. Scope

This policy applies to every school and academy within SHARE MAT, and to all pupils, staff, trustees, governors, volunteers, contractors, visitors and third party providers.

It applies at all times when a child or young person is in the care of the school, including breakfast and before-school provision, after-school and extended-day clubs, and educational visits, trips and residential activities, whether these are run by the school directly or by a third party on or near the site. Early years provision follows the safer eating requirements of the early years foundation stage

statutory framework for group and school-based providers in addition to this policy.

3. Legislation and guidance

This policy is written to meet the following.

- **Children and Families Act 2014, section 100 and section 100A**, the duty to make arrangements to support pupils with medical conditions, and the requirement for those arrangements to include an allergy safety policy. Section 100A was inserted by section 34 of the Children's Wellbeing and Schools Act 2026.
- **Allergy safety in schools**, DfE statutory guidance, July 2026. Governing bodies and academy proprietors must have regard to it.
- **Equality Act 2010**, including the anticipatory duty to make reasonable adjustments where an allergy amounts to a disability.
- **Human Medicines (Amendment) Regulations 2017**, which allow schools to hold spare adrenaline auto-injectors without a prescription and to use them to save a life.
- **Human Medicines (Amendment) (No. 2) Regulations 2014**, which allow schools to hold spare salbutamol inhalers for emergency use.
- **Food Information Regulations 2014**, and the Food Information (Amendment) (England) Regulations 2019, known as Natasha's Law, which came into force on 1 October 2021 and cover the labelling of food prepacked for direct sale.
- **Article 19 of Regulation (EC) 178/2002**, the duty on a food business to notify the authorities where unsafe food has left its control.
- **Requirements for School Food Regulations 2014** (the School Food Standards).
- **Health and Safety at Work etc. Act 1974** and the Management of Health and Safety at Work Regulations 1999.
- **Education Act 2002, section 157** and the Education (Independent School Standards) Regulations 2014, which are the safeguarding duties that apply to academies, together with section 3 of the Children Act 1989 and Keeping Children Safe in Education.
- **Early years foundation stage statutory framework for group and school-based providers**, including the safer eating requirements.

4. Roles and responsibilities

The Board of Trustees, as the governing body for all academies in the Trust, holds responsibility for this policy. Each academy identifies its own allergy safety lead, a named member of the senior leadership team who is responsible for putting the policy into practice at that school. Responsibility for allergy safety is not left with the catering manager, although the catering team has an essential part to play. Allergy risk is recorded on each academy's risk register and is actively overseen

by the governing body. Oversight arrangements are set out in the Trust's scheme of delegation.

Who	What they are responsible for
Board of Trustees	Adopting and reviewing this policy; assuring itself that each academy has a named allergy safety lead, trained staff, in-date spare adrenaline devices and current plans; overseeing allergy risk on the risk register; receiving reports of serious incidents and near misses.
Trust Premises and Compliance Manager	Trust-level coordination, monitoring and reporting; supporting academies with implementation, training records, risk assessment and audit.
Headteacher or Principal	Implementation at their academy; appointing the named allergy safety lead; ensuring staff are trained and plans are in place; deciding, with parents and any clinical advice, whether an Individual Healthcare Plan is needed.
Named allergy safety lead (senior leader)	Day to day leadership: keeping the allergy record current, making sure Individual Healthcare Plans and Action Plans are in place and reviewed, spare devices stocked, stored, signed and in date, training delivered, drills run, incidents recorded and lessons acted on.
All staff	Knowing which children they work with have an allergy and what their plan says; completing annual training; acting immediately in an emergency; reducing allergen exposure in the activities they plan; reporting reactions and near misses.
Catering team	Providing accurate allergen information, applying labelling law, preventing cross contamination, preparing safe meals, and meeting parents and carers on request.
Parents and carers	Telling the school about an allergy and any change to it; helping to draw up and review plans; providing in-date, labelled adrenaline devices and inhalers; giving consent where needed.
Pupils	Taking increasing responsibility for their own allergy as they are able, with support; carrying their devices where agreed; telling an adult straight away if they feel unwell.

5. Which allergies this policy covers

This policy covers people who are at risk of an allergic reaction, including:

- food allergy, and anyone at risk of anaphylaxis, most often from food or from bee and wasp stings;
- asthma, which is closely linked to allergy and is a factor in the severity of allergic reactions;

- allergic rhinitis, allergic eye disease and eczema;
- allergy to animals, latex or other contact and airborne allergens.

Coeliac disease and food intolerance are not allergies and cannot cause anaphylaxis, but they are managed through the same kind of dietary avoidance and cross-contamination control. In line with DfE guidance they are dealt with in the Supporting Pupils with Medical Conditions Policy (SMAT-MFA-01) through an Individual Healthcare Plan, and the catering arrangements in section 11 of this policy apply to them in the same way.

6. Identifying individuals with allergy: the allergy record

Each academy keeps a record of everyone known to have an allergy. Information is asked for at admission and at the start of each school year, when a member of staff joins, and whenever a diagnosis is made or a condition changes. It can be reported at any time, through the Trust's medical information form or by talking to relevant staff members. Key information is also recorded on the school's management information system.

What the record holds

- name, class or group, an up-to-date photograph and emergency contacts;
- the allergens the person reacts to, and how they are exposed, whether by eating, breathing in or touching;
- whether an Individual Healthcare Plan is in place, and whether an Allergy Action Plan or Asthma Action Plan has been issued *(please note, Allergy and Asthma Action Plans are created externally by clinicians and shared with school);*
- whether they are prescribed an adrenaline device, of what type and dose, and whether they also have asthma;
- consent for the use of a spare adrenaline device or spare inhaler.

Timescales

- for a child starting at the beginning of a term, arrangements are in place before they start;
- for a child joining mid-term, every effort is made to have arrangements in place within two weeks;
- for staff, arrangements are in place when they start work;
- for visitors, information is asked for in advance where it is known, particularly where they will be given food.

A short, current list showing photographs and allergens is kept in kitchens, dining halls and any other food handling area, and in food technology, science and art rooms. These lists are kept where only staff can see them, and are handled in line with section 20.

7. Individual Healthcare Plans and Action Plans

A child or young person has an Individual Healthcare Plan (IHP) where their allergy affects them at school, where it could cause them harm, or where they

need arrangements beyond what the school provides for everyone. The IHP is the school's document, not a clinical one. It records what the school will do with the information it has been given, and the school holds the pen on it. Plans are drawn up with the child and their parents or carers, taking account of any advice from healthcare professionals, and are reviewed at least annually, immediately after any reaction or near miss, and whenever medication or needs change. The Trust uses the Department for Education Individual Healthcare Plan template published in July 2026.

An Allergy Action Plan is a different thing. It is a clinical document issued by a healthcare professional, written so that someone with no medical training can follow it in an emergency, and it carries the medical authorisation and parental consent for staff to give emergency medicines. Children with a food or insect sting allergy should have one, and the Trust uses the BSACI templates. Asthma Action Plans work the same way. Where a plan has been issued, it is attached to the IHP, and the IHP records who issued it and when it is next due for review. A new or updated Action Plan always prompts a review of the IHP.

If no clinical plan is available

The absence of a diagnosis or a clinical plan is not a reason to do nothing. Where a child is reported to have an allergy but has no Action Plan, the academy still records the allergy, puts an IHP in place based on what the parents have told it, applies the emergency procedure in section 15, and encourages the family to seek clinical advice.

8. Allergy awareness training

Every member of staff who is present when pupils are on site receives allergy awareness and emergency response training at least once a year. This includes teaching staff, support staff, catering staff, lunchtime and site staff, temporary, supply, peripatetic and agency staff, regular volunteers, and anyone running breakfast or after-school clubs. New staff receive it at induction, before they work unsupervised with pupils. Contractors who are not working with pupils are not included.

Training makes sure staff can:

- understand what allergy is, the different conditions it covers, and how a reaction happens;
- tell the difference between allergy, food intolerance and coeliac disease;
- recognise the symptoms of an allergic reaction and of anaphylaxis, and of an asthma attack;
- respond in an emergency, including calling 999, contacting parents, and finding and using emergency medicines;
- use the specific devices prescribed to pupils at their school and the spare devices the school holds;
- check the allergy record and follow an Allergy or Asthma Action Plan;
- understand how allergy affects a child's wellbeing;

- understand this policy and their own part in reducing exposure;
- report a reaction or a near miss.

Training is recorded on the staff training matrix, which the Trust uses to evidence its position under the Risk Protection Arrangement or its insurance.

Individual academies provide further training linked to the needs of specific pupils, as appropriate.

Who?	Training
All members of Trust staff	Annual online training – The National College
Staff present when pupils on site	Annual face-to-face training (i.e. from Locala Additional school-based training, annually (and 'topped-up' when there are changes), to contextualise school's allergy caseload and the plans in place for individuals
Staff who work directly with pupils with allergies	Further training where appropriate – based on the specifics of individual plans
In addition: Key information is collated centrally for each academy as a reference point for any member of staff (i.e. how many pupils/staff with allergies and where spare devices are kept)	

9. Our allergy-aware approach

SHARE MAT schools are allergy-aware, and that includes being nut-aware. We do not describe our schools as nut-free or allergen-free.

This is the position DfE takes. Its statutory guidance says that policies such as nut-free environments are "not the most effective approach as it can create a false sense of security", that nuts are only one of fourteen regulated allergens and that any food can cause a reaction, and that many products carry precautionary labelling such as "may contain nuts" which makes a nut-free claim difficult to apply. DfE recommends an allergy aware, or nut aware, environment instead.

There is a practical reason as well as a regulatory one. A school that tells families it is nut-free is making a promise it cannot keep, because it does not control what comes through the gate in every lunchbox and every pocket. If families believe the promise, they relax. Being allergy-aware puts the effort where it changes the outcome: knowing who is at risk, training everyone, keeping plans current, and getting adrenaline into someone quickly.

What this means in practice

- our kitchens do not knowingly use nuts or nut products as ingredients in the food they prepare and serve;
- we ask families not to send in nuts or products containing nuts, and we discourage other high-risk items where a pupil at the school is affected;

- we manage the full range of allergens that affect the individuals in our care, not nuts alone;
- we are clear with families that these steps reduce risk but do not remove it, and that we cannot guarantee an allergen-free environment;
- we put our effort into identification, training, current plans, immediate access to adrenaline and a practised emergency response.

Wording for letters, websites and newsletters

Use: "We are an allergy-aware school. We do not use nuts as an ingredient in the food we prepare, and we ask families not to send nuts or nut products into school. We cannot guarantee that our site is free of any allergen, so we focus on knowing who is at risk, training all our staff, and being able to respond immediately if someone has a reaction."

Do not use: "nut-free", "allergen-free", "safe for children with allergies", or any wording that promises the absence of an allergen.

10. Minimising exposure to allergens

Each academy sets out how it reduces the risk of someone meeting an allergen they react to, covering food the school provides, food brought in by others, and airborne and contact allergens. Reasonable measures are put in place for anyone with a known airborne or contact allergy.

Staff planning any activity think about allergens in advance. That includes cookery and food technology, science, art and craft, music, gardening and any activity involving animals. Points to watch:

- old food boxes and packaging used in junk modelling may carry traces of allergens, so use non-food containers where possible, and where the activity needs them, check that the materials are free of any allergen that affects a pupil in the group;
- play dough and similar materials often contain wheat flour, and a wheat-free alternative should be substituted;
- some glues contain milk, wheat or soya;
- bird feed may contain nuts and sesame;
- shared food at celebrations, birthdays, rewards, fetes and cultural events needs to be agreed in advance with parents.

No child is kept out of an activity simply because of the risk of contact with an allergen. Where a material would put one pupil at risk, an alternative is found for the whole group so that nobody is singled out.

11. Food provision and catering

A school is a food business in law when it supplies food, and that applies to everything it provides, whether prepared on site or bought in: school meals, breakfast and after-school club food, grab-and-go items, snacks, and food taken on trips and to special events. Each academy makes sure that:

- allergen information is provided for all food served, and is easy for a pupil or parent to check independently;
- food prepacked for direct sale carries the name of the food and a full ingredients list with the fourteen regulated allergens emphasised, in line with Natasha's Law;
- allergen information for non-prepacked food is clear, accurate and easy to get hold of;
- catering staff will meet parents and carers to talk through how a safe meal will be provided;
- at least two ways of identifying a pupil with an allergy are used at mealtimes, for example a member of staff checking against a photo list in the serving area, and coloured lanyards or wristbands;
- staff handling food are trained to read allergen labels and to prevent cross contamination, including preparing allergy meals first and cleaning surfaces and utensils carefully with warm soapy water;
- pupils with allergies eat alongside their friends and are not seated separately;
- reasonable adjustments are made so that a pupil with an allergy can take up their free school meal entitlement, recorded through the Individual Healthcare Plan;
- if a menu has to change at short notice, the needs of pupils with allergies are still met and the change is highlighted;
- food brought from home is covered by clear expectations: lunchboxes, bottles and drinks are labelled with the child's name, and trading or sharing food, utensils and containers is not allowed.

Unlabelled food carries a greater risk than packaged food with a "may contain" warning on it, and this applies as much to ingredients used in lessons as to food from the kitchen. School leaders talk to their caterer so they understand the controls in place and can satisfy themselves that food service meets the law. Food supplied occasionally by others, for example at a parents' association cake sale, is unlikely to be a food business in law, but allergen information is still provided as a matter of good practice.

School’s provide key information with catering providers at the beginning of each school year and whenever a diagnosis is made or a condition changes.

12. Prescribed adrenaline devices

Anyone prescribed an adrenaline device must be able to get to it quickly wherever they are, including the dining hall, the playground and the sports field. In anaphylaxis, adrenaline needs to be given within five minutes. Two types of device are licensed in the UK, the adrenaline auto-injector and the nasal adrenaline device, and clinical advice is to carry two doses at all times whichever type is prescribed.

Pupils are encouraged to keep their devices with them, in their school bag, which also covers the journey to and from school. Where a pupil is too young or otherwise cannot keep devices with them, the devices are held in a central place

that is not locked, is clearly signposted, and is close enough that adrenaline can be given within five minutes.

The allergy safety lead keeps a record of which pupils have prescribed devices, checks that they remain in date, tells parents when a replacement is needed, and arranges safe disposal after use. Prescribed devices go home during school holidays. A device is never held so securely that it cannot be reached in an emergency, and a first aid box is not the right place for it.

13. Spare adrenaline devices

Each academy stocks spare adrenaline auto-injectors (AAIs). Under the Human Medicines (Amendment) Regulations 2017 a school may buy them from a pharmacy or pharmaceutical supplier without a prescription, on a signed order from the headteacher on school headed paper. A template order letter is in SMAT-MFA-04. A spare is not a substitute for a pupil's own prescribed device.

Only auto-injectors can be bought as spares. Nasal adrenaline devices can be prescribed to an individual but cannot be held as school stock, so if a pupil prescribed nasal adrenaline has a reaction and their own device is not available, the school's spare AAI may be used.

How many, and what dose

Spare AAIs are held in pairs, because a second dose may be needed.

Setting	Under 6 years (150 microgram)	6 years and over (300 microgram)
Nursery school	One pair	Not applicable
Primary school	One pair	One pair
Secondary school	Not applicable	One or two pairs
Special school	One pair	One pair

A secondary school on a large site holds two pairs, kept in different places, so that a device is never more than five minutes away. A school on more than one site holds spares on each site.

Storage

All adrenaline devices, prescribed and spare, are:

- kept at room temperature as the manufacturer directs, not refrigerated and not in direct sunlight or extreme heat;
- never locked away, and never kept in an office where access is restricted or in a first aid kit;
- held in a safe, central, clearly signed place that is accessible at all times, and never more than five minutes from where they might be needed (this may mean schools require devices to be stored in multiple locations).

- stored in pairs and clearly labelled as school spares so they are not confused with a named pupil's own device, in a marked emergency kit together with the instructions and, where held, the emergency asthma inhaler and spacer.

Checking and replacement

The allergy safety lead runs a schedule to check the expiry dates of the school's spare devices and of each pupil's own device, recorded on the expiry check log in SMAT-MFA-04. Devices that have expired or been used are replaced promptly, and used devices are disposed of as sharps.

Who a spare may be used on

- a pupil who is prescribed a device, where their own is not available, is out of date, is broken or has misfired;
- a pupil with a food allergy who is assessed as lower risk and is not prescribed their own device, where there is medical authorisation and parental consent recorded through the Allergy Action Plan;
- anyone having anaphylaxis for the first time, including an adult, where there was no way of knowing they were at risk.

The Trust asks for written parental consent for the use of a spare device in advance and records it on the allergy record. The 2017 Regulations allow a spare device to be used to save a life, and in an emergency anyone may take reasonable action to save a life without first checking whether consent has been given. Staff should never delay giving adrenaline in order to look for a consent form.

14. Spare asthma inhalers

Each academy holds spare salbutamol inhalers and spacers under the Human Medicines (Amendment) (No. 2) Regulations 2014. The rules for inhalers are tighter than for adrenaline. A spare inhaler may only be used by a pupil who has been diagnosed with asthma or prescribed a reliever inhaler, where their own inhaler is not available, and where written parental consent has been given in advance and recorded on their Individual Healthcare Plan.

Spare inhalers are stored, checked, recorded and replaced in the same way as spare adrenaline devices, and are kept alongside them in the emergency kit. A reliever inhaler is never given instead of adrenaline to treat anaphylaxis. Where someone is still wheezing after adrenaline has been given, a reliever may be given as well.

15. Recognising and responding to an allergic reaction

Most allergic reactions are mild or moderate and do not affect airway, breathing or circulation. Symptoms can include swollen lips, face or eyes, an itchy or tingling mouth, a rash or hives, stomach pain, or a child who suddenly seems distressed or behaves out of character. These are managed with an antihistamine if one is prescribed, and the person is watched closely for at least an hour, because a mild reaction can develop into a severe one. Parents are told about any reaction on the day it happens.

Signs of anaphylaxis

	What to look for
Airway	Swelling of the throat, tongue or upper airway; tightness in the throat; a hoarse voice; difficulty swallowing.
Breathing	Sudden onset of wheeze; difficulty breathing; a persistent cough; noisy breathing.
Circulation	Dizziness; feeling faint; sudden sleepiness; confusion; pale, clammy skin; loss of consciousness.

Anaphylaxis can happen without a rash or any other visible sign. If staff are in any doubt, they treat it as anaphylaxis.

What to do

1. Lay the person flat and raise their legs. If they are struggling to breathe they may sit up, but they must never be stood up or walked anywhere, and they must not be sent to the office or the medical room on their own.
2. Bring the adrenaline to the person. Do not take the person to the adrenaline.
3. Give adrenaline straight away, within five minutes. Use their own device first, or a school spare if theirs is not available or misfires. Do not wait for the ambulance before giving adrenaline.
4. Call 999 immediately, say the word "anaphylaxis" clearly, and give the location.
5. If there is no improvement after five minutes, give a second dose.
6. If the person is still wheezing after adrenaline, a reliever inhaler may be given as well. Never give a reliever instead of adrenaline.
7. If there are no signs of life, start CPR and use the defibrillator (see SMAT-MFA-02).
8. Stay with the person for at least an hour, or until the ambulance crew take over. Contact parents or carers, and send a member of staff with the child to hospital.
9. Record the incident under section 19 and replace any device that has been used.

Staff acting in an emergency

Any member of staff may be the person who has to act. Staff who try in good faith to save a life are protected, even if the person is injured in the course of emergency care. The greater risk is hesitating.

16. Trips, visits and extra-curricular activities

A risk assessment is carried out for any pupil at risk of anaphylaxis taking part in a trip, visit or residential, and for extra-curricular activities where allergen risk applies. The pupil takes their own adrenaline device, and staff trained to give

adrenaline are part of the group. The school considers taking spare devices as well, provided this does not leave the site short.

Catering and emergency arrangements are planned early for anything involving food or distance from help, such as restaurant meals, visits to food production sites, sports fixtures, outdoor centres and camps. Emergency medicines are never locked away or packed at the bottom of a bag, and are carried by a named member of staff. No pupil is prevented from taking part in a trip because of an allergy where reasonable arrangements can be made.

17. Wellbeing, safeguarding and bullying

Living with an allergy can be frightening, for the child and for their family. Each academy reassures pupils and parents by being clear about the steps it takes and about how it would respond in an emergency, and involves pupils with allergies in shaping the arrangements that affect them.

Allergy is a safeguarding matter. Bullying connected with allergy ranges from teasing to deliberately bringing an allergen near someone or threatening to make them eat it, and any of that is treated seriously under the Trust's safeguarding and anti-bullying policies. Age-appropriate allergy awareness is taught to pupils, covering what allergies are, why food is not shared, how to get help quickly and how to support a friend without singling them out. Some academies appoint allergy champions among staff and pupils, and offer new pupils with allergies an introduction to the kitchen and dining arrangements.

Pupils are supported to take more responsibility for managing their own allergy as they grow older, with the right level of supervision. Whether a pupil is ready to self-manage is decided with them, their parents and any clinical advice, taking account of how well they understand their allergy, the level of risk and any safeguarding considerations. Their safety and best interests come first.

18. Allergy safety drills

Each academy runs an allergy safety drill in the same way it runs a fire drill: a simulated case of anaphylaxis that tests whether staff recognise it, find the adrenaline in time, and call for help. Drills are recorded in the same way as an incident and the findings are used in the annual review. Where a pupil at the school is at high risk, other pupils may take part, planned carefully with the pupil concerned so that it reassures rather than frightens them.

19. Serious incidents and near misses

Every allergic reaction, case of anaphylaxis and near miss is recorded, reported and learned from, using the single incident report form and log in SMAT-MFA-04. A near miss is a case where something could have caused a reaction but did not, for example a meal served in error and spotted before it was eaten.

- The incident is recorded as soon as is reasonably possible.
- Parents or carers are told, and where the person is old enough, they are told directly.

- The incident is reported to the governing body through the Trust's reporting arrangements.
- The academy considers whether the incident could have been foreseen, whether this policy and the individual's plan were adequate, whether they were followed, and what needs to change.
- Lessons learned feed into a review of this policy and of the plans of the individuals affected.

Some effects are delayed and only become apparent after a child has gone home, so parents are asked to tell the school if a reaction develops later.

Reporting a food allergen incident

As a food business, the academy has a legal duty to notify its local authority where it has reason to believe that unsafe food, for example food containing an undeclared allergen, has left its control and could put people at risk. In practice this depends on whether anyone beyond a single contained incident could have been exposed. A meal served in error and immediately identified and contained is unlikely to require formal notification, although this depends on the circumstances. All allergen incidents and near misses are recorded and reviewed whether or not they are notifiable, and advice is sought from the local authority environmental health team or the Primary Authority where it would help.

Other reporting

Where an incident is reportable under RIDDOR, it is reported as set out in SMAT-MFA-02. Where an incident suggests that a person's clinical plan is not working, the family is encouraged to go back to their healthcare professional and the school shares what it saw with the parents so they can pass it on.

20. Information sharing

Information about a person's allergy is special category personal data under UK GDPR and is also personal to them. It is shared with the staff who need it in order to keep the person safe, and no wider. Photo lists in kitchens and serving areas are kept where only staff can see them. Where a pupil is old enough to have a view about who knows, that view is taken into account, and the school explains why some staff have to be told. Records are held and disposed of in line with the Trust's Data Protection Policy.

21. Unacceptable practice

The following are not acceptable in any SHARE MAT academy:

- making it hard for a pupil to get to their medication, including a prescribed adrenaline device;
- ignoring the views of a pupil, their parents or their carers;
- ignoring medical evidence or the advice of healthcare professionals;
- assuming every pupil with an allergy needs the same support;
- assuming an older pupil needs no support because they can take some responsibility for themselves;

- assuming a pupil does not have an allergy because they have not yet been diagnosed;
- sending a pupil home frequently for reasons connected with their allergy, or preventing them from staying for normal school activities;
- sending a pupil who has become unwell to the office or the medical room without proper supervision;
- penalising a pupil's attendance record where absence relates to their allergy;
- expecting a parent or carer to come into school to give medication, or making them feel they have to;
- preventing a pupil from taking part in any part of school life, including trips and visits, or putting unnecessary obstacles in the way.

22. Publication, awareness and review

This policy is published on each academy's website and is available in hard copy on request. It is brought to the attention of staff, pupils and parents each year, and forms part of the annual allergy awareness training and of staff induction.

The policy is reviewed at least annually by the Board of Trustees, and sooner where an incident or near miss suggests a change is needed, where the law or guidance changes, or where a drill or audit identifies a gap. Pupils and staff with allergies are involved in the review.

Questions about this policy should go to the academy's allergy safety lead in the first instance, or to the Trust's Premises and Compliance Manager. Complaints are dealt with under the Trust's Complaints Policy.

23. Schedule of Amendment

Version No.	Date of Issue	Amendment
1.0	September 2026	New policy required by section 100A of the Children and Families Act 2014, inserted by section 34 of the Children's Wellbeing and Schools Act 2026, and written against the DfE statutory guidance "Allergy safety in schools" (July 2026). Replaces the allergy content previously spread across the First Aid Policy and the Supporting Students with Medical Conditions and Needs Policy.

APPENDIX A: ACADEMY COMPLETION SHEET

Each academy completes and holds this page. It evidences the arrangements this policy requires and should be reviewed at the same time as the policy.

Item		Academy entry
Academy name and site(s)		
Named allergy safety lead (senior leader)		
Deputy or second point of contact		
Governor with oversight, where appointed		
Number of pupils on the allergy record	Total	
	Asthma	
	Allergy – food	
	Allergy – rhinitis, eye disease, eczema	
	Allergy – animals, latex, other contact/airborne	
	Note the allergens	
Number prescribed an adrenaline device		
Spare AAIs held:	Dose	
	Quantity	
	Location/s stored	
Spare salbutamol inhalers and spacers:	Quantity	
	Location/s stored	
Key docs:	Allergy record	
	Photo lists	
Catering:	Provider	
	Key contact for allergen information	
Date of last whole-staff allergy training:		
Date of last allergy safety drill:		
Date of last allergy risk assessment:		
Date policy published on the academy website		