

Riverstone Academy

Allergy Safety Policy

Date of Review: September 2026

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Signed: K Bowe

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1. Statement of intent

Riverstone Academy is committed to ensuring that pupils with allergies can participate safely, confidently and inclusively in school life. Allergies can range from mild to life-threatening. The school will take reasonable and proportionate steps to reduce avoidable exposure to known allergens, recognise symptoms promptly and respond effectively to an allergic reaction or anaphylaxis.

The school will maintain a whole-school approach to allergy safety, combining individual planning with staff training, clear emergency procedures, effective communication and learning from incidents and near misses.

This policy is intended to reflect the principles of the Department for Education allergy safety guidance published in July 2026, often referred to as Benedict's Law. As at September 2026, that guidance is not yet a statutory requirement for independent schools, including independent special schools; however, the DfE has stated that equivalent allergy safety requirements are intended to be introduced through the relevant regulatory standards. Riverstone Academy has chosen to adopt these arrangements as good practice in advance of any such change.

2. Legal and guidance framework

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

- Children's Wellbeing and Schools Act 2026, including allergy safety provisions and powers to extend equivalent requirements to independent schools
- Education and Skills Act 2008
- The Education (Independent School Standards) Regulations 2014, including standards relating to safeguarding, welfare, health and safety, first aid and leadership and management
- Equality Act 2010
- Human Medicines Regulations 2012, as amended, including provisions permitting schools to obtain spare adrenaline auto-injectors for emergency use
- Food Information Regulations 2014 and the Food Information (Amendment) (England) Regulations 2019 (Natasha's Law)
- DfE (2026) Allergy safety in schools - statutory guidance (used by Fulcrum as best-practice guidance pending equivalent requirements for independent schools)
- DfE guidance on supporting pupils with medical conditions at school
- DfE / Department of Health guidance on the use of adrenaline auto-injectors in schools
- Current UKHSA health protection guidance for education settings

This policy should be read alongside the school's Health and Safety Policy, First Aid Policy, Administering Medication Policy, Educational Visits Policy, Safeguarding Policy, SEND Policy and relevant individual pupil risk assessments.

3. Scope and principles

- All pupils with a known allergy will be supported according to their individual needs and the severity of their allergy.
- Allergy management will be inclusive and will not unnecessarily restrict a pupil's access to education, trips, enrichment or social activities.
- The school will not make blanket assurances that the site is completely "allergen-free" or "nut-free" unless such a claim can genuinely be guaranteed. Instead, the school will use proportionate risk-reduction measures based on the needs of identified pupils.
- Reasonable adjustments will be made where a pupil's allergy meets the definition of disability under the Equality Act 2010.
- Pupil age, communication, cognition, sensory profile and SEND will be taken into account when teaching self-management and emergency responses.
- All staff share responsibility for allergy awareness and must follow the arrangements in this policy and any pupil-specific plan.

4. Roles and responsibilities

Role	Key responsibilities
Directors / Proprietor	Provide strategic oversight; ensure sufficient resources; receive at least annual assurance on allergy safety, training, serious incidents and near misses; ensure policy review and implementation.
Head Teacher	Ensure this policy is implemented; appoint a named Allergy Lead; ensure staffing, training and emergency arrangements are effective; escalate serious incidents where appropriate.
SBM & Admin Staff	Coordinate pupil allergy information and IHPs; maintain the allergy register; oversee emergency medication arrangements; support staff training; review incidents and near misses; liaise with families and relevant healthcare professionals.
All staff	Complete required allergy awareness training; know how to access pupil allergy information; follow individual plans; reduce avoidable exposure; recognise symptoms; summon help and administer emergency medication if trained/authorised and required.
Catering staff / provider	Maintain robust allergen controls, ingredient information and communication; prevent avoidable cross-contact; comply with food information law and pupil-specific requirements.
Parents / carers	Provide accurate, current information, prescribed medication and healthcare documentation; inform the school promptly of changes; replace expired or used medication as agreed.
Pupils	Where developmentally appropriate, learn to recognise and communicate symptoms, avoid known allergens, and seek adult help. Expectations will be adapted to individual SEND and communication needs.

5. Identifying pupils with allergies

- Parents/carers will be asked to provide allergy information at admission and to update the school whenever circumstances change.
- The SBM will maintain a current allergy register and ensure relevant staff can access the information they need to keep pupils safe.
- Information will include, where known: allergen(s); typical symptoms; history of reactions; prescribed medication; emergency action; dietary requirements; and any factors that increase risk.
- Where a pupil develops a suspected or confirmed allergy during their time at the school, the same process will be followed without delay.
- Information will be shared on a need-to-know basis with staff, catering providers, transport staff and trip leaders where necessary for safety.

6. Individual Healthcare Plans and emergency action plans

Pupils with allergies that may require active management or emergency treatment will have an Individual Healthcare Plan (IHP) and/or recognised allergy/anaphylaxis action plan proportionate to

their needs. Plans will be developed with parents/carers and, where appropriate, healthcare professionals and the pupil.

- known allergens and likely routes of exposure
- usual signs and symptoms, including any pupil-specific presentation
- what constitutes an emergency and who should be contacted
- prescribed medication, dose, location and administration instructions
- where adrenaline auto-injectors are stored and how access is ensured
- reasonable adjustments, dietary controls and supervision requirements
- arrangements for PE, trips, transport, clubs and other off-site activities
- how the pupil communicates distress or symptoms, especially where speech or interoception is limited
- review arrangements following any reaction, near miss or significant change

Plans will be reviewed at least annually and sooner if the pupil's needs, medication, diagnosis or school arrangements change.

7. Reducing exposure to allergens

- Risk-reduction measures will be based on the needs of identified pupils and the practical context of the school.
- Food sharing will be discouraged where it presents a foreseeable allergy risk.
- Handwashing and cleaning arrangements will be used where appropriate to reduce residue and cross-contact.
- Classroom materials, cooking activities, rewards, sensory play, craft materials and celebrations will be checked where they could contain or introduce a known allergen.
- Where a pupil has a severe airborne/contact allergy or a history indicating exceptional risk, an individual risk assessment will identify additional controls.
- Staff will avoid describing the school as completely allergen-free unless that can be guaranteed.

8. Food, catering and school activities

- Allergen information for food supplied by or on behalf of the school will be available and managed in accordance with applicable food information law.
- Pre-packed food will comply with Natasha's Law labelling requirements.
- Staff will have access to relevant pupil allergy information and follow procedures to reduce cross-contact.
- Changes in ingredients, suppliers or menus will be checked so that assumptions are not made from previous ingredient lists.
- Cooking lessons, food technology, parties, rewards and fundraising activities involving food will be planned with known allergies in mind.
- Parents will be consulted where a proposed activity creates a material allergy risk for their child.

9. Adrenaline auto-injectors and emergency medication

- Pupil-prescribed adrenaline auto-injectors (AAIs) will be readily accessible in an emergency, stored securely but not locked away in a way that causes avoidable delay, and checked routinely for expiry and condition.
- Where a pupil is prescribed more than one AAI for school, the school will follow the pupil's action plan and current clinical advice regarding availability and location.
- The school will maintain spare AAIs for emergency use where appropriate and in accordance with applicable legislation, guidance and parental consent arrangements.
- Spare AAIs will be of suitable strength(s), stored accessibly, checked regularly and replaced before expiry.

- Emergency medication will accompany pupils on trips and off-site activities in accordance with the individual plan.
- Use of a spare AAI will be documented and parents/carers informed as soon as reasonably practicable.

10. Recognising and responding to an allergic reaction

Any suspected anaphylaxis will be treated as a medical emergency. Staff must not delay emergency action while trying to contact a parent/carer.

- Recognise possible symptoms, which may include breathing difficulty, wheeze, persistent cough, swelling of the tongue/throat, hoarse voice, difficulty swallowing, collapse, sudden marked drowsiness, or rapidly progressing symptoms affecting more than one body system.
- Follow the pupil's individual emergency plan where available.
- Administer an AAI without delay where anaphylaxis is suspected and the pupil's plan/current training indicates this is required.
- Call 999 and state "anaphylaxis".
- Position the pupil appropriately and do not allow them to stand or walk unnecessarily; follow current emergency training guidance.
- Give a further AAI after the recommended interval if symptoms persist and a second device is available, in line with current guidance/training.
- Contact parents/carers after emergency action has begun.
- Ensure the pupil is transferred to emergency medical care even if symptoms appear to improve.

11. Staff training and competence

- All staff will receive allergy awareness training appropriate to their role, refreshed at least annually and when guidance or pupil needs materially change.
- Training will include common allergens, recognising allergic reactions and anaphylaxis, emergency procedures, AAI awareness, risk reduction and the importance of following individual plans.
- Staff who may be expected to administer medication or provide direct support will receive practical instruction and competency support appropriate to the task.
- New staff, temporary staff, supply staff and relevant contractors will receive essential allergy information before taking responsibility for pupils.
- Training completion will be recorded and monitored by Admin / Head Teacher.

12. Trips, transport and off-site activities

- Allergy needs will be considered as part of trip and transport planning, including food, travel time, access to emergency services and staff competence.
- Relevant emergency medication and a copy/access to the pupil's plan will accompany the pupil.
- The trip leader will confirm who is responsible for carrying and accessing medication.
- External venues and food providers will be informed of relevant allergy needs where necessary and reasonable checks made in advance.
- Pupil participation will not be restricted solely because of an allergy where reasonable adjustments and proportionate controls can enable safe participation.
- Transport staff will receive information necessary to recognise and respond to an emergency where relevant.

13. Inclusion, SEND and pupil participation

As a specialist education provider, Fulcrum recognises that some pupils may be unable to reliably identify, avoid or communicate exposure to allergens. Some may have sensory, communication, cognitive or behavioural needs that affect allergy management.

- Plans will reflect how the individual pupil communicates pain, discomfort, breathing difficulty, itching, swelling, nausea or distress.
- Visual supports, social stories, symbols, communication aids or rehearsed routines will be used where helpful.
- Supervision levels will be based on actual risk rather than diagnosis alone.
- Food refusal, restricted diets, sensory-seeking behaviour, pica or impulsive food-taking will be considered where relevant.
- Allergy management will be integrated with behaviour, safeguarding, medical and SEND planning rather than treated in isolation.

14. Communication with parents and healthcare professionals

- Parents/carers will be informed promptly of any allergic reaction, use of emergency medication or significant near miss involving their child.
- The school will seek updated medical advice or documentation where a pupil's needs are unclear or have materially changed.
- Parents will be reminded to provide in-date medication and updates to action plans.
- Where external healthcare professionals provide advice, the school will incorporate this into the pupil's plan where appropriate.
- Communication will be accessible and adapted to the needs of families where reasonably required.

15. Recording incidents and near misses

The school will record allergic reactions and relevant near misses so that lessons can be learned and controls improved. A near miss includes an event that did not cause harm but had realistic potential to do so, such as a pupil being given food containing a known allergen but not consuming it.

- date, time, location and people involved
- known or suspected allergen/exposure route
- symptoms observed and how quickly they developed
- action taken, including medication administered and emergency services involvement
- communication with parents/carers and healthcare professionals
- what went well, what could be improved, and whether policies/risk assessments/IHPs require amendment

Serious incidents will be escalated to the Head Teacher and proprietor/directors and reported externally where a separate legal or safeguarding reporting duty applies.

16. Storage, information and confidentiality

- Allergy information will be handled in accordance with data protection requirements while ensuring that staff have timely access to information necessary to protect a pupil.
- Pupil photographs may be used with appropriate safeguards where this supports rapid identification in an emergency.
- Medication records, expiry checks and administration records will be maintained in accordance with the Administering Medication Policy.
- Out-of-date or unwanted medication will be returned/disposed of safely in accordance with pharmacy or manufacturer guidance.

17. Monitoring, proprietor oversight and review

- The Head Teacher will monitor and receive updates on significant incidents, near misses, training compliance and any material gaps in emergency medication arrangements.
- The proprietor/directors will receive at least annual assurance that the policy is being implemented effectively and that identified actions have been addressed.

- This policy will be reviewed at least annually and sooner following a serious incident, a significant near miss, changes in law/guidance or material changes to the school's pupil cohort or operations.
- The policy will be published on the school website as part of Fulcrum's commitment to transparent allergy safety arrangements.

Appendix A. Emergency response quick guide

If anaphylaxis is suspected	Action
1	Stay with the pupil and call for immediate help.
2	Administer the pupil's AAI promptly in accordance with the action plan/training.
3	Call 999 and say "anaphylaxis".
4	Position the pupil appropriately; do not allow unnecessary standing or walking.
5	If symptoms persist, give the second AAI after the recommended interval if available and in line with training/current guidance.
6	Contact parents/carers after emergency action is underway.
7	Ensure transfer to emergency medical care even if the pupil appears to recover.
8	Record the incident and complete a post-incident review.

Appendix B. Allergy safety assurance checklist

Check	Met	Action required	Owner / deadline
Named Allergy Lead identified	☐		
Current allergy register in place	☐		
IHP/action plan in place for each pupil requiring one	☐		
Prescribed medication in date and accessible	☐		
Spare AAIs available and checked where the school has chosen/ is required to stock them	☐		
Annual staff allergy awareness training completed	☐		
New/supply staff induction arrangements in place	☐		

Catering provider has current pupil allergy information	☐		
Trips/transport procedures include allergy planning	☐		
Incidents and near misses are recorded and reviewed	☐		
Policy published and reviewed within the last 12 months	☐		
Proprietor/directors have received allergy safety assurance	☐		