**NOTTINGHAM GIRLS' ACADEMY**

# Allergy Safety Policy

2026–2027

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| **Academy** | Nottingham Girls' Academy |
| **Trust** | Greenwood Academies Trust |
| **Executive Principal** | David Tungate |
| **Named Allergy Safety Lead** | Margaret Heron |
| **AAI / emergency medication leads** | Alex Norman<br>Isabella Watson<br>Donna Hartshorn |
| **Approved by / date** | 7th November 2026 |
| **Review** | Annually (September 2027) and following a serious incident, near miss, or relevant change in guidance |

## Statutory basis

This policy is designed to meet Nottingham Girls' Academy's duties under section 100 of the Children and Families Act 2014, as amended by section 34 of the Children's Wellbeing and Schools Act 2026, and to have regard to the Department for Education's July 2026 statutory guidance, Allergy safety in schools. These reforms are commonly referred to as Benedict's Law.

## 1. Purpose and aims

Nottingham Girls' Academy (NGA) is committed to providing a safe, inclusive and welcoming environment in which pupils with allergies can attend, learn, eat, participate in enrichment, trips and school life as fully and safely as possible.

- reduce the risk of pupils, staff and visitors being exposed to known allergens;
- identify pupils who require allergy-related support and record individual arrangements appropriately;
- ensure staff can recognise and respond to allergic reactions, anaphylaxis and acute asthma;
- ensure prompt access to prescribed and spare emergency medication;
- manage food allergy and allergen information safely;
- promote the wellbeing and inclusion of pupils with allergies and prevent allergy-related bullying;
- record, review and learn from allergy-related incidents and near misses; and
- ensure allergy safety is understood as a whole-school responsibility.

## 2. Scope and definitions

This policy applies to all pupils, staff, volunteers, contractors with pupil-facing roles and visitors, and to all Academy activities on and off site.

Allergy is an immune-system reaction to a substance that is normally harmless. Relevant allergens can include foods, insect stings, medicines, latex, airborne allergens and contact allergens. Anaphylaxis is a potentially fatal allergic reaction affecting Airway, Breathing and/or Circulation (ABC).

Food intolerance and coeliac disease require appropriate management but do not cause anaphylaxis. They will normally be supported through the Academy's wider medical conditions and dietary arrangements.

## 3. Legal and guidance framework

- Children and Families Act 2014, section 100, as amended by section 34 of the Children's Wellbeing and Schools Act 2026;
- DfE statutory guidance: Allergy safety in schools (July 2026);
- DfE statutory guidance: Supporting pupils at school with medical conditions;
- Department of Health and Social Care guidance on the use of emergency adrenaline auto-injectors in schools;
- Human Medicines Regulations 2012, as amended;
- Food Information Regulations 2014 and the Food Information (Amendment) (England) Regulations 2019;
- Equality Act 2010;
- Health and Safety at Work etc. Act 1974;
- Education Act 2002 and relevant safeguarding duties; and

- UK GDPR and Data Protection Act 2018 in relation to health information.

## 4. Governance and responsibilities

### 4.1 Greenwood Academies Trust / accountable body

- ensures the Academy has, publishes and keeps under review a dedicated allergy safety policy;
- ensures allergy-related risks are included in appropriate risk-management arrangements;
- ensures the policy contains arrangements to reduce exposure to known allergens and emergency plans for anaphylaxis; and
- receives assurance that serious incidents and near misses are reviewed and lessons acted upon.

### 4.2 Executive Principal

- ensures this policy is implemented and appropriately resourced;
- appoints a named senior Allergy Safety Lead;
- ensures appropriate staffing, training and emergency arrangements are in place;
- ensures the needs of pupils with allergies are considered in school operations, catering, curriculum activities and visits; and
- works with parents/carers and healthcare professionals to determine whether an Individual Healthcare Plan is required.

### 4.3 Named Allergy Safety Lead

- coordinates implementation and annual review of this policy;
- maintains oversight of pupils with known allergies and the arrangements recorded for them;
- ensures relevant allergy information is accurate, current and accessible to staff who need it;
- ensures appropriate pupils have an HCP and, where relevant, an up-to-date Allergy Action Plan and/or Asthma Action Plan from a healthcare professional;
- coordinates whole-school allergy awareness and emergency-response training;
- ensures allergen risks are considered in activities, events and educational visits;
- oversees arrangements for prescribed and spare adrenaline devices and emergency inhalers;
- ensures serious incidents and near misses are recorded, reviewed and escalated appropriately; and
- promotes allergy awareness, inclusion and pupil wellbeing.

### 4.4 Emergency medication leads

At least two named members of staff will be responsible for checking the Academy's spare adrenaline auto-injectors (AAIs) and emergency asthma equipment at least monthly, recording those checks and arranging timely replacement after use or before expiry.

### 4.5 All staff

- complete required allergy awareness and emergency-response training;
- know how to access this policy, pupil allergy information and emergency medication;

- be able to recognise an allergic reaction and anaphylaxis and know the emergency response;
- take reasonable steps to reduce exposure to known allergens in lessons, activities and events;
- never send a pupil experiencing a suspected allergic emergency to obtain help or medication; help and medication must be brought to the pupil;
- support the inclusion and wellbeing of pupils with allergies; and
- report allergic reactions, anaphylaxis, medication use and near misses promptly.

### 4.6 Parents and carers

- provide accurate and current information about their child's allergies, triggers, symptoms and treatment;
- provide healthcare-professional plans and other relevant clinical information when available;
- provide two in-date prescribed adrenaline devices where required, plus other prescribed medication, and replace these promptly when used or approaching expiry;
- inform the Academy immediately of changes to diagnosis, treatment or risk; and
- follow Academy expectations regarding food brought onto site.

### 4.7 Pupils

Pupils will be supported to take increasing responsibility for their allergy according to their age, maturity and healthcare plan. Where appropriate, pupils prescribed an adrenaline device or reliever inhaler should carry it with them and know how and when to use it. No pupil will be expected to manage an emergency alone.

## 5. Identification, records and Individual Healthcare Plans

- Allergy and asthma information will be requested on admission, at transition and through routine updates, and parents/carers will be reminded to report changes.
- The Academy will maintain an up-to-date central record of pupils with allergies and relevant emergency arrangements on its secure school systems.
- Staff will be encouraged to inform the Academy of allergies, asthma or risk of anaphylaxis that may require support or emergency arrangements while at work. Where appropriate, relevant emergency information will be recorded and shared with those who need it. Visitors whose activities or time on site make this necessary will be asked to disclose relevant allergy information so that appropriate arrangements can be made.
- Relevant staff will receive the information they need to keep a pupil safe, while health information will be shared proportionately and respectfully.
- Not every pupil with an allergy will require an Individual Healthcare Plan. An HCP will be put in place where a pupil's allergy has a functional impact on them in school, places them at risk of harm, or requires support, adjustments or arrangements additional to or different from those normally available. This includes pupils for whom arrangements are required to respond to a severe allergic reaction or anaphylaxis. The decision will be made by the

Executive Principal, in discussion with parents/carers and, where relevant, healthcare professionals.
- HCPs will be developed with the pupil and parent/carer, taking account of healthcare-professional advice, and will attach relevant Allergy Action Plans and Asthma Action Plans.
- HCPs will identify allergens/triggers, symptoms, medication, emergency actions, risk-reduction measures, responsibilities, arrangements for trips and activities, and any reasonable adjustments.
- HCPs will be reviewed at least annually and sooner following a change in need, medication, a serious incident or near miss.

## 6. Allergy awareness and staff training

All staff who are present when pupils are scheduled to be on site will receive allergy awareness and emergency-response training at least annually. This includes teaching and support staff, temporary and supply staff, relevant agency and peripatetic staff, regular volunteers, catering staff and staff supervising breakfast or after-school provision.

Training will form part of induction for new staff. The Academy will have arrangements to ensure supply and cover staff understand the emergency procedures before taking responsibility for pupils.

- what allergy is and how reactions can occur;
- the relationship between food allergy, asthma, eczema and other allergic conditions;
- the distinction between food allergy, coeliac disease and food intolerance;
- how to identify mild/moderate reactions and anaphylaxis;
- the ABC signs of anaphylaxis;
- how to summon emergency help and call 999;
- where emergency medication is kept and how to bring it to the pupil rapidly;
- how to administer the emergency devices stocked by the Academy;
- how to use Allergy and Asthma Action Plans;
- how staff reduce exposure to known allergens; and
- how to report incidents and near misses.

General first-aid training alone will not be treated as sufficient allergy-awareness training.

## 7. Minimising exposure to allergens

NGA will operate an allergy-aware approach. The Academy will not describe itself as ‘allergy-free’ or ‘nut-free’, because this cannot be guaranteed and may create a false sense of security.

- Staff planning lessons, enrichment, assemblies, celebrations, rewards, cultural events and other activities will consider allergen risks in advance.
- Food, packaging, craft materials, science materials, glues, animal-related activities and ingredients used in food lessons will be considered where a pupil has a relevant known allergy.

- Reasonable alternatives will be used so pupils are not unnecessarily excluded from activities.
- Food and utensils will not be shared where this creates an allergy risk.
- Good handwashing and cleaning routines will be used where food allergens may be present. Appropriate preparation areas and utensils will be cleaned using suitable methods.
- Where a pupil has a known airborne or contact allergy, appropriate control measures will be identified through the pupil's Health Care Plan, where one is required, and the relevant existing activity or educational visits risk assessment. Additional measures will be recorded where necessary to manage the pupil's individual allergy risks.
- Allergy safety will be considered when external providers, visiting speakers, caterers or community groups provide food or activities on site.

## 8. Food and catering

The Academy and its catering provider will comply with food-information law and maintain clear, accurate and accessible allergen information for food supplied by the Academy.

- Information on the 14 regulated allergens will be available for food served, and prepacked-for-direct-sale food will be labelled as required by law.
- Parents/carers and pupils will be able to access relevant allergen and, where appropriate, ingredient information.
- Catering arrangements for a pupil with food allergy will reflect their HCP and agreed reasonable adjustments.
- Catering staff will use appropriate controls to reduce cross-contamination, including safe preparation, cleaning, storage and serving arrangements.
- Menu substitutions or last-minute changes must continue to meet allergen-information and pupil-safety requirements and must be communicated clearly.
- Packed lunches, food brought from home, birthday/celebration food, tuck-shop items and food used in curriculum activities will be considered within the Academy's allergy-risk controls.
- Pupils will be discouraged from swapping or sharing food, drinks, utensils or containers.

## 9. Prescribed emergency medication

Pupils at risk of anaphylaxis must have rapid access to their prescribed adrenaline devices. Pupils who are competent to carry their own medication should be enabled to do so in accordance with their HCP. Where medication is held by the Academy, it must be immediately accessible and never stored in a way that causes delay in an emergency.

Parents/carers of pupils prescribed adrenaline devices will normally be asked to provide two in-date devices. Medication will be clearly labelled and stored in accordance with manufacturer instructions and the pupil's healthcare arrangements.

**10. Spare adrenaline auto-injectors and emergency asthma inhalers**

NGA will maintain spare AAIs for emergency use. For a secondary Academy, the number and location will be determined so that a pair of appropriate-dose devices can be brought to any person experiencing anaphylaxis within five minutes. Spare AAIs will be stored in pairs, clearly labelled and readily accessible; they will not be locked away.

The Academy's final operational arrangement must be recorded below before approval:

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| **Spare AAI location 1 (x2)** | A floor: staff work room (A43) |
| **Spare AAI location 2 (x2)** | B Floor: staff work room (B11) |
| **Spare AAI location 3 (x2)** | C Floor: C12 |
| **Spare AAI location 4 (x2)** | Hall Block: Reprographics |
| **Spare AAI location 5 (x2)** | Sixth form centre: R8 |
| **Spare AAI location 6 (x4)** | Reception (Trip use): A2 |
| **Dose(s) stocked** | 14 x 0.3mg (300 micrograms) |
| **Monthly check completed by (first Monday of the month)** | Alex Norman<br>Isabella Watson<br>Donna Hartshorn |
| **Emergency asthma inhaler location and consent arrangements** | A floor: staff work room (A43)<br><br>B Floor: staff work room (B11)<br><br>C Floor: C12<br><br>Hall Block: Reprographics<br><br>Sixth form centre: R8<br><br>Reception (Trip use): A2<br><br>Consent is obtained through an MS form completed by parents and recorded on the asthma action plan |

Spare AAIs and emergency asthma equipment will be checked at least monthly for presence, integrity and expiry. Used or expired devices will be replaced promptly and disposed of safely. The Academy will maintain a record of checks.

In an emergency, a pupil's own prescribed adrenaline device should be used first if immediately available. A spare device may be used where the prescribed device is unavailable, cannot be used, misfires, or where emergency use is otherwise permitted. Emergency treatment must never be delayed while checking consent.

## 11. Emergency response to anaphylaxis

Anaphylaxis is a medical emergency. Staff should suspect anaphylaxis where there is a sudden problem affecting Airway, Breathing or Circulation (ABC), including throat/tongue swelling or difficulty swallowing; sudden wheeze, breathing difficulty, persistent cough or noisy breathing; dizziness, faintness, confusion, pale clammy skin or loss of consciousness.

**EMERGENCY ACTION – ACT IMMEDIATELY**

- Stay with the pupil/person and call for help. Do not send them to the medical room or office.
- Lay the person flat with legs raised. If breathing is difficult, they may sit up with legs outstretched. Do not allow them to stand or walk.
- Give adrenaline immediately. If in doubt whether the reaction is anaphylaxis, treat with adrenaline.
- Use the person's prescribed device first if immediately available; otherwise bring and use a suitable spare device.
- Call 999 immediately and state 'anaphylaxis'. Do not delay adrenaline while waiting to speak to emergency services.
- Follow the person's Allergy Action Plan where available.
- If there is no improvement after 5 minutes, give a further dose of adrenaline using a second device.
- If the person also has asthma, do not substitute an asthma reliever inhaler for adrenaline when treating anaphylaxis. Follow the Allergy Action Plan and emergency-service advice.
- Arrange for a member of staff to meet the ambulance and direct paramedics to the casualty.
- Contact the parent/carer or emergency contact as soon as practicable.
- The pupil/person must be transferred to hospital for assessment following anaphylaxis, even if they appear to recover.

For a mild to moderate allergic reaction that does not affect ABC, staff will follow the pupil's plan, administer medication as authorised, contact parents/carers, keep the pupil supervised and observe them in a safe place for at least 60 minutes because symptoms can progress.

## 12. School trips, visits, residentials and extracurricular activities

- Pupils with allergies will not be excluded from trips or activities simply because of their allergy.
- Allergy risks will be assessed as part of the academy's existing EVOLVE All Visits Risk Assessment for school trips, educational visits, residentials and off-site activities.
- Visit leaders will review the medical information and individual needs of pupils attending each visit, particularly those at risk of anaphylaxis. The assessment will consider travel,

food and catering, accommodation, activities, allergen exposure, prescribed and emergency medication, and access to emergency medical care.

- Any additional pupil-specific control measures will be recorded within the visit's risk assessment and communicated to relevant staff before departure. A separate allergy-specific risk assessment will not routinely be required.
- Trip leaders will confirm that required prescribed medication is present and accessible before departure and that relevant staff understand the pupil's plan and emergency response.
- At least one member of staff able to respond to anaphylaxis and administer the relevant device will accompany the pupil.
- Where the EVOLVE All Visits Risk Assessment identifies a need, appropriate spare adrenaline auto-injectors (AAIs) will be made available for the visit, subject to the academy's arrangements for their safe use and ensuring adequate emergency provision remains available on site.
- The visit leader will confirm the availability, accessibility and arrangements for carrying emergency medication before departure.
- Hosts, venues and catering providers will be given necessary allergy information in advance, with appropriate consent and data-protection safeguards.
- Reasonable adjustments and safe alternatives will be planned to support full participation.

## 13. Wellbeing, inclusion and allergy-related bullying

The Academy recognises that living with allergy can affect anxiety, confidence, eating, attendance and participation. Pupils will be listened to and involved in decisions about their support in an age-appropriate way.

- Allergy awareness will be reinforced through appropriate assemblies, tutor time, PSHE/personal development and staff communication.
- Celebrations, rewards, Nations Day, enrichment and other communal events will be planned with allergy inclusion in mind.
- Staff will challenge stigma, unsafe jokes, deliberate exposure to allergens, food-related intimidation and other allergy-related bullying.
- Allergy-related bullying will be managed under the Academy's behaviour, anti-bullying and safeguarding procedures, with risk controls reviewed where necessary.
- Pupils will not be penalised for allergy-related medical absence or excluded from attendance rewards solely because absence results from their medical condition.

## 14. Serious incidents and near misses

All allergy-related serious incidents and near misses will be recorded promptly on the Academy's agreed incident-recording system. Reports may be made by staff, pupils, parents/carers or healthcare professionals, including where the impact of exposure becomes apparent after the pupil has left school.

- The Allergy Safety Lead will coordinate a timely review in a no-blame, learning-focused manner.
- Parents/carers and the pupil will be informed and invited to contribute relevant information.
- The Academy will consider whether the Allergy Safety Policy, relevant Health Care Plan, existing risk assessments (including EVOLVE educational visits risk assessments where applicable), catering controls, staff training or emergency arrangements require amendment.
- Relevant findings and actions will be shared with the accountable body and staff who need to know.
- Where food supplied as part of the Academy's food-business activity may be unsafe, appropriate food-safety reporting and advice will be sought.
- Any safeguarding concerns identified through an incident will be referred in accordance with safeguarding procedures.

**15. Information sharing and confidentiality**

Health information is special-category personal data. NGA will hold and share allergy information only where there is a lawful basis and where it is necessary to keep the pupil safe, included and appropriately supported.

- Relevant staff will be able to identify pupils with allergies and access essential emergency information quickly.
- Information shared with catering staff, trip leaders, supply staff and external providers will be proportionate to the task and risk.
- The pupil's dignity and preferences will be considered when deciding how information is communicated to peers.
- Emergency safety will take priority where information is needed to protect life.

**16. Unacceptable practice**

- blocking or delaying a pupil's access to prescribed adrenaline or asthma medication;
- sending a pupil experiencing a suspected allergic emergency to find help or medication;
- assuming all pupils with the same allergy need identical support;
- ignoring pupil/parent views or relevant healthcare-professional advice;
- assuming an undiagnosed pupil cannot have an allergy while investigation is underway;
- requiring parents/carers to attend school routinely to administer medication because the Academy has failed to make suitable arrangements;
- unnecessarily preventing a pupil from participating in lessons, lunch, enrichment, trips or residentials because of allergy; and
- penalising allergy-related absence in a way that discriminates against a pupil.

## 17. Communication, publication and review

This policy will be published on the Nottingham Girls' Academy website and brought to the attention of pupils, parents/carers, staff and regular volunteers at least annually. Staff understanding will be reinforced through annual allergy-awareness training and induction.

The policy will be reviewed at least annually and sooner following a serious incident or near miss, significant change in Academy arrangements, updated clinical advice, legislative change or revised DfE/DHSC guidance.

## 18. Links with other Academy/Trust policies

- Supporting pupils with medical conditions / administration of medicines
- Health and Safety
- Safeguarding and child protection
- Behaviour
- Anti-bullying
- Attendance
- Educational visits
- Food/catering and school food standards
- Data protection and information sharing
- Equality and accessibility

## Appendix A – Key references

Department for Education: Allergy safety in schools – statutory guidance, July 2026.

Department for Education: Supporting pupils at school with medical conditions.

Department of Health and Social Care: Guidance on the use of emergency adrenaline auto-injectors in schools.

Anaphylaxis UK / AllergyWise resources and Allergy Action Plans.

Food Standards Agency / statutory food allergen information requirements.