LDST
Liverpool Diocesan Schools Trust

Allergy and Anaphylaxis Safety Policy

(Benedict's Law and Natasha's Law)

Contents Page

1. Introduction 1
2. Legal Compliance 1
3. Purpose 2
4. Scope 3
5. Definitions 3
6. Roles and Responsibilities 3
7. Allergy Action Plans 5
8. Educational visits and other off-site activities 5
9. Emergency Treatment and Management of Anaphylaxis 6
10. Medication Storage and Spare AAIs 6
11. Catering and Food Safety 7
12. Non-food Allergens 7
13. Allergy Awareness 7
14. Risk Assessments 8
15. Monitoring, Review and Compliance 8
16. Emergency Medical Care and Information Sharing 8

Appendix A - Review and Revision Schedule 10

1. Introduction

1.1. Liverpool Diocesan Schools Trust is committed to ensuring that all pupils with allergies, including those at risk of anaphylaxis, are kept safe, fully included, and supported across every school in the Trust. We recognise that allergies can vary in severity and that a consistent Trust-wide system is essential in preventing reactions and responding effectively when they occur.

1.2. This policy sets out the Trust's expectations for prevention, response, training, record-keeping, parental partnership, and safe operational practice.

1.3. This policy will be published publicly on the Trust's website and linked to from individual school websites.

2. Legal Compliance

2.1. This Allergy & Anaphylaxis Policy is fully compliant with all statutory and regulatory requirements governing the management of medical needs, health and safety, and food allergen control in schools. The policy aligns with the following legislation and guidance:

2.1.1. Children's Wellbeing and Schools Act 2026: Section 34.

2.1.2. Children and Families Act 2014 – Section 100: Duty for schools and academies to make arrangements to support children/students with medical conditions, including allergies and anaphylaxis.

2.1.3. DfE Statutory Guidance: Supporting Children/students at School with Medical Conditions (2015): Issued under Section 100, setting mandatory expectations for Individual Healthcare Plans, staff training, medicine management, and emergency procedures.

2.1.4. Equality Act 2010 – Sections 20, 21 & 85: Duty to make reasonable adjustments and prevent discrimination for children/students whose allergies constitute a disability.

2.1.5. Health and Safety at Work etc. Act 1974 – Sections 2 & 3: Duties to protect employees and children/students through risk assessment, safe systems of work and trained staff.

2.1.6. Human Medicines (Amendment) Regulations 2017: Legal basis permitting schools to hold and administer spare adrenaline auto injectors.

2.1.7. Department of Health (2017) Guidance on the Use of AAIs in Schools: National expectations for AAI access, storage, training, and emergency response.

2.1.8. Food Information Regulations 2014: Legal requirement to declare the 14 major allergens in all food served in schools.

2.1.9. Food Information (Amendment) (England) Regulations 2019 – Natasha's Law: Requires all Pre-Packed for Direct Sale (PPDS) food to include a full ingredients list with clearly emphasised allergens, applying to school prepared sandwiches, baked goods, boxed salads and pre-packed trip lunches.

2.2. This policy ensures full compliance with all duties arising from these laws, including medical needs support, safe allergen management, risk assessment requirements, and mandatory PPDS labelling under Natasha's Law.

3. Purpose

3.1. The purpose of this policy is to provide a clear and consistent framework for managing allergies and anaphylaxis across the Trust. It ensures that pupils with allergies can participate safely in all educational and wider school activities. This policy aims to

3.1.1. ensure consistent management of allergies across all Trust schools;

3.1.2. reduce the risk of exposure to allergens wherever reasonably practical;

3.1.3. equip staff to recognise allergic reactions and respond promptly; and

3.1.4. meet legal and statutory duties, including the Children's Wellbeing and Schools Act 2026, the Children and Families Act 2014, and DfE medical conditions guidance.

3.2. Specifically, schools will:

3.2.1. Ensure pupils can easily accessing their medication (for example prescribed adrenaline devices);

3.2.2. take into account the views of the pupil and their parents or carer;

3.2.3. take into account medical evidence and the opinion and advice of healthcare professionals;

3.2.4. consider that every pupil with allergy requires unique support;

3.2.5. enable pupils to participate in all aspect of school life, including external visits and trips.

3.3. Schools will not:

3.3.1. assume that older pupils do not require support, even if they are able to take increasing responsibility for managing their allergy;

3.3.2. assume that a pupil does not have an allergy because they do not yet have a diagnosis, for example while medical investigation is under way;

3.3.3. discriminate against pupils with allergies by sending them home frequently for reasons associated with their allergy or prevent them from staying for normal school activities or extracurricular activities, including lunch;

3.3.4. send a pupil who becomes unwell to a school office or medical room without suitable supervision;

3.3.5. penalise pupils for their attendance record if their absences are related to their allergy; or

3.3.6. require parents or carers to attend the school setting to administer medication or provide medical support to their child for allergies.

4. Scope

4.1. This policy applies to all Trust schools, pupils, staff, volunteers, governors, contractors, and visitors. It also applies to all School or Trust-led activities, including after-school clubs, wrap-around care, trips, sporting events, and residentials.

4.2. Whilst this policy focuses on pupils in particular, the emergency procedures and other aspects of this policy can and should be applied to the other groups identified above.

5. Definitions

5.1. For the purposes of this policy the following definitions apply:

5.1.1. Allergy – An immune response to a normally harmless substance.

5.1.2. Allergen – A substance capable of triggering an allergic reaction.

5.1.3. Anaphylaxis -A severe, life-threatening allergic reaction affecting airway, breathing or circulation.

5.1.4. AAI (Adrenaline Auto-Injector) – A device for emergency treatment of anaphylaxis.

5.1.5. BSACI Allergy Action Plan – A medically authorised action plan used nationally.

6. Roles and Responsibilities

6.1. **The Trust** has overall responsibility for ensuring adherence to this policy and for maintaining high standards of health, safety, and safeguarding across its schools. The Trust will:

6.1.1. approve and review this policy at least annually or more frequently as required;

6.1.2. monitor compliance with policy requirements;

6.1.3. provide Trust-wide templates (for example Allergy registers, individual risk assessments, consent forms etc.); and

6.1.4. ensure appropriate training solutions such as online training are made available and completed by all staff.

6.2. **Schools** are required to operate local procedures that translate this policy into practice, including systems for safe food provision, allergen management, and the inclusion of children/students with allergies in all off-site activities.

6.3. Each school must be able to demonstrate compliance with this Trust policy during audits and monitoring activities.

6.4. Schools must:

6.4.1. Identify active strategies to recognise and address bullying related to allergies, such as peers denigrating the need to avoid allergens.

6.4.2. Identify, record in the accident book and learn from 'near-misses' (i.e. events that had the potential for harm but where no harm resulted).

6.4.3. Where a 'near-miss' is considered serious, a formal 'near-miss' report must be undertaken and shared with parents and the school LGB. If the 'near-miss' relates to an adult the report should be shared with them.

6.4.4. Report any serious incidents in line with normal health and safety reporting requirements. For instance, if staff serve an allergen in error this is RIDDOR reportable to the HSE, and allergen-related food safety incidents are reportable to the LA Environmental Health Team.

6.4.5. If a serious incident or serious 'near-miss' relates to the delivery of a clinical care or action plan, the school should notify the relevant healthcare professional or team.

6.4.6. Ensure their complaints process permits investigations following an allergy-related serious incident or serious 'near-miss'.

6.4.7. Ensure that no area of the school estates is more than 5 minutes from an AAI, such that an AAI can be brought to a person needing one within that timeframe.

6.4.8. Identify staff, governors, or other visitors who have allergies in advance of any visit.

6.5. **The Headteacher** is responsible for local implementation. They will ensure the safety and inclusion of children/students with allergies by adopting all expectations in this policy. Headteachers must:

6.5.1. appoint a named allergy lead from among the Senior Leadership Team;

6.5.2. maintain accurate allergy registers and secure medical records;

6.5.3. ensure medication is stored safely and checked monthly;

6.5.4. train all staff annually in allergy and anaphylaxis management; and

6.5.5. complete appropriate risk assessments for food-related activities and trips.

6.6. **Parents** play a crucial role in keeping their children with allergies safe. They must work in partnership with the school and trust. Parents must:

6.6.1. provide accurate allergy information on admission;

6.6.2. supply an up-to-date BSACI Allergy Action Plan;

6.6.3. provide two in-date AAIs and any other prescribed medication; and

6.6.4. update the school immediately if circumstances change.

6.7. **All staff** are responsible for ensuring the safety and inclusion of children/students with allergies and must be able to act swiftly in an emergency. Staff must:

6.7.1. complete annual trust-approved allergy and anaphylaxis training;

6.7.2. be aware of children/students with allergies and review their action plans;

6.7.3. know the location of AAIs and how to use them;

6.7.4. follow all individual care plans and trust procedures; and

6.7.5. ensure pupils' medication is taken on all trips and activities.

6.8. **Pupils** with allergies should (where age-appropriate):

6.8.1. Tell an adult immediately if they feel unwell.

6.8.2. Avoid sharing food and drinks.

6.8.3. Carry their AAIs if agreed with parents and clinicians.

7. Allergy Action Plans

7.1. All pupils with diagnosed allergies must have an Allergy Action Plan which are generally provided by a health care professional. These will form part of the pupil's wider Individual Healthcare Plan (IHP).

7.2. This document must be shared with relevant staff, kept with medication, and updated annually.

7.3. Schools must ensure that:

7.3.1. action plans are easily accessible in emergencies

7.3.2. copies are stored in the medical file and electronically

7.3.3. they are reviewed after any allergic reaction.

8. Educational visits and other off-site activities

8.1. The Trust expects all schools to ensure that pupils with allergies, including those at risk of anaphylaxis, are safely included in all off-site activities, in alignment with DfE 'Health and Safety on Educational Visits (2018)' and national guidance. This includes but is not limited to day visits, sporting fixtures, outdoor learning, residentials, and alternative provision placements.

8.2. All schools must ensure that allergy-related needs are fully considered as part of visit planning, risk management, and safeguarding arrangements, including safe access to medication, informed venue selection, and appropriate emergency readiness.

8.3. Headteachers must ensure that planning for off-site activities incorporates the allergy needs of individual pupils, aligns with statutory duties under the Children and Families Act 2014 and the Equality Act 2010, and complies with relevant national guidance, including the DfE's Health and Safety on Educational Visits (2018) and applicable OEAP National Guidance.

8.4. Schools must be able to demonstrate that allergen considerations have been appropriately assessed and that suitable control measures are in place.

8.5. Schools must ensure that the medical and allergy information held for pupils remains central to decision-making for all off-site learning.

8.6. This includes ensuring that relevant staff are aware of children/students' allergies, that information is shared appropriately with activity providers and venues, and that safe arrangements are in place throughout travel, activities and accommodation where applicable.

8.7. Pupils must not be disadvantaged or excluded from visits where risks can be reasonably and safely managed.

8.8. This policy requires all schools within the Trust to maintain robust oversight of allergy-related considerations for off-site activities as part of their educational visits procedures.

8.9. Pupils with allergies must not be excluded from trips when risks can be safely managed. Schools must:

8.9.1. complete allergy-specific trip risk assessments

8.9.2. take all required medication and action plans

8.9.3. inform residential venues in advance

8.9.4. evidence compliance through their local EVC systems, such as EVOLVE

8.10. The Trust will review compliance through its monitoring processes.

9. Emergency Treatment and Management of Anaphylaxis

9.1. Anaphylaxis can develop rapidly and requires immediate intervention. Staff must act without delay.

9.2. Signs of mild to moderate reaction include: hives or a rash; tingling or itching; mild swelling of lips or the face; and mild abdominal discomfort.

9.3. Signs of anaphylaxis include: airway issues, for instance swelling, hoarse voice or difficulty swallowing; breathing issues, for instance wheezing or shortness of breath; and circulation issues, for instance dizziness, pale skin or collapsing.

9.4. In an emergency:

9.4.1. Administer an Adrenaline Auto-Injector (AAI) immediately

9.4.2. Call 999 stating 'Anaphylaxis'

9.4.3. Lay the pupil flat with legs raised

9.4.4. Administer a second AAI after 5 minutes if symptoms persist.

9.4.5. Monitor the pupil until the ambulance arrives and do not move them.

10. Medication Storage and Spare AAIs

10.1. Schools must store AAIs in consistent, clearly labelled, accessible locations.

10.2. Medication must never be locked away or placed somewhere inaccessible.

10.3. School must:

10.3.1. ensure two AAIs are available per child/student for those who require it;

10.3.2. purchase and maintain two spare AAIs as permitted;

10.3.3. conduct and record monthly checks; and

10.3.4. ensure medication accompanies child/student during trips and visits.

10.4. Schools should stock spare asthma reliever inhalers with AAIs for pupils who have a prescribed inhaler.

11. Catering and Food Safety

11.1. The Trust sets the expectation that all schools must operate fully compliant food and allergen management systems in line with the Food Information Regulations (2014) and Natasha's Law (PPDS, 2019).

11.2. Schools must ensure that all food provision including on-site catering, curriculum activities involving food, events, and any food provided by external partners meets statutory allergen labelling requirements and robust cross-contamination controls.

11.3. Catering teams must comply with allergen labelling laws including the Food Information Regulations (2014) and Natasha's Law.

11.4. Schools must:

11.4.1. ensure allergen information is clearly communicated and displayed;

11.4.2. ensure it is able to robustly identify pupils (and adults) with allergies within dining areas and at mealtimes, where possible using two methods;

11.4.3. prevent cross-contamination in food preparation; and

11.4.4. risk assess curriculum and event-related food activities.

12. Non-food Allergens

12.1. The Trust recognises that pupils may have serious allergies to substances other than food, including latex, adhesives, medications, insect stings, and materials used within the school environment.

12.2. Schools must:

12.2.1. identify any pupil with a non-food allergy on the allergy register;

12.2.2. ensure these allergens are controlled through risk assessment (e.g. use of non-latex gloves, avoidance of latex balloons, alternative classroom materials);

12.2.3. ensure staff are briefed on the pupil's individual triggers;

12.2.4. include non-food allergens in curriculum, trip, classroom and equipment risk assessments; and

12.2.5. ensure emergency medication for non-food allergens (e.g., AAIs, inhalers, antihistamines) is always accessible.

13. Allergy Awareness

13.1. The Trust promotes allergy awareness as part of its safeguarding culture. In line with national guidance, blanket nut bans are not recommended. Instead, schools adopt a proportionate, educational approach and are 'Nut Aware'.

13.2. All temporary staff including supply and cover staff will be briefed on allergy awareness and provided access to video training on allergy and anaphylaxis awareness.

13.3. New permanent or fixed-term staff will receive training as part of their induction process.

13.4. Schools will support pupils' with their awareness of allergies and related issues in an age-appropriate way, and in line with educational activities.

13.5. Schools may choose to appoint 'Allergy Champions' or equivalent roles to staff, governors or pupils to promote awareness within school.

13.6. Schools may choose to undertaken simulated drills of allergy incidents to test readiness to respond to actual incidents.

14. Risk Assessments

14.1. Schools are required to complete:

14.1.1. an annual whole-school allergy risk assessment;

14.1.2. individual risk assessments for each allergic child/student; and

14.1.3. activity-specific assessments as required.

14.2. The Trust requires that all schools embed allergy-related considerations into their statutory risk-assessment frameworks, ensuring alignment with national guidance for educational visits, food provision, curriculum activities, and emergency response.

14.3. Schools must ensure that their own local procedures reflect current sector guidance, including the Outdoor Education Advisers' Panel (OEAP) national guidance, when planning or approving off-site learning.

15. Monitoring, Review and Compliance

15.1. The Trust will undertake monitoring of allergy management, training completion, and medication storage systems.

15.2. Findings will inform Trust-wide training, support, and continuous improvement.

15.3. This policy will be reviewed every year, or earlier if national statutory guidance from the DfE or Food Standards Agency changes.

16. Emergency Medical Care and Information Sharing

16.1 Legal Basis for Processing Medical Data

To safeguard pupils and fulfil its statutory duties relating to health, safety, and education, the Trust processes personal data concerning health, including allergy information, medical conditions, prescribed medication, Individual Healthcare Plans (IHPs), and pupil photographs used for medical identification purposes.

The Trust processes this information under:

- Article 6(1)(e) UK GDPR - Public Task, where processing is necessary for the performance of a task carried out in the public interest or in the exercise of official authority; or
- Article 6(1)(d) UKGDPR - Vital Interests where processing is necessary in order to protect the vital interests of the data subject or of another natural person.

- Article 9(2)(g) UK GDPR and Schedule 1, Part 2 of the Data Protection Act 2018, where processing is necessary for reasons of substantial public interest; and
- Article 9(2)(c) UK GDPR, where processing is necessary to protect the vital interests of the data subject in an emergency situation.

16.2 Identification and Information Sharing

To ensure rapid identification and appropriate response in a medical emergency, relevant medical information, pupil photo, allergy details, medication requirements, and Individual Healthcare Plans, may be shared with staff and with healthcare professionals, emergency services, and other individuals who need the information to protect the pupil's health, safety, and welfare.

Where appropriate, key medical information (including photographs for ID purposes) may be made readily available in agreed operational areas only, such as staffrooms, kitchens, first aid locations, and other areas where staff need immediate access to ensure pupil safety. Information will be limited to that which is necessary and proportionate for safeguarding purposes.

16.3 Administration of Emergency Medication

16.3.1 Trained and authorised staff may administer prescribed allergy medication and, where permitted by legislation and Trust procedures, emergency spare Adrenaline Auto-Injectors (AAIs) or emergency asthma inhalers in accordance with the pupil's IHP or where an emergency situation arises.

16.3.2 Parents/carers are responsible for providing accurate and up-to-date medical information and any prescribed medication required by the pupil.

16.3.3 Parents/carers must notify the school promptly, in writing, of any changes to a pupil's medical condition, treatment plan, or medication.

16.3.4 Upon receipt of updated information, the school will review and update relevant records, risk assessments, and healthcare plans as soon as reasonably practicable.

Appendix A - Review and Revision Schedule

Review Schedule

Policy Author	Trust H&S Advisors
Policy Approver	COO
Current Policy Version	1.0
Policy Effective From	July 2026
Policy Review Date	By August 2029

Revision Schedule

Version	Revisions	By whom
1.0	Original document produced	COO