Allergy Safety Policy

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Unless there are legislative or regulatory changes in the interim, this policy will be reviewed annually. Should no substantive changes be required at that point, the policy will move to the next review cycle	

Version Control		
Version	Date	Changes
1.0	01/09/2026	New policy

Policy Purpose and Summary: The purpose of this policy is to minimise the risk of any individual suffering an allergic reaction whilst at the academy or attending any academy related activity and to ensure staff are properly prepared to recognise and manage allergic reactions should they arise.
Summary of changes at last review: N/A – new policy

Contents

Academy Allergy Lead is	BEN ELEY

1. Introduction and core principles

1.1 In line with Benedict's Law, we are committed to providing a safe, inclusive, and welcoming environment for all children, young people, staff, and visitors with allergies. Recognising the serious and potentially life-threatening risk posed by anaphylaxis, this dedicated policy establishes robust risk-mitigation measures and emergency response protocols.

1.2 Allergy is a spectrum of different allergic diseases. Reactions occur when a susceptible person is exposed to something (an "allergen") they are allergic to. Asthma, food allergy, eczema and seasonal rhinitis (hay fever) are all forms of allergy.

1.3 Anaphylactic reactions usually begin within minutes of being in contact with the allergen i.e. eating a trigger food, though can occur several hours later (i.e. allergy to Mammalian meat). Anaphylaxis involves difficulty in breathing and affects the heart rhythm. In extreme cases there could be a dramatic fall in blood pressure leading to collapse.

1.4 Once started, anaphylaxis reactions progress quickly. Investigations into fatal anaphylaxis show that there is only a 20–30-minute window of opportunity during which steps can be taken to prevent death – therefore giving emergency adrenaline **immediately** and calling Emergency Services (999) is crucial. **Anaphylaxis always requires an emergency response**.

1.5 Anaphylaxis can occur without any other signs (such as a skin rash) being present. **Always consider anaphylaxis in someone with a known food allergy who has sudden difficulty in breathing**. Giving adrenaline in this context is very safe and may be lifesaving.

1.6 The most common causes of "whole body" allergic reactions – including anaphylaxis – are:

- Foods (e.g. peanuts, tree nuts, cow's milk/dairy foods, egg, wheat, fish/shellfish and sesame)
- Insect stings (e.g. bee, wasp)
- Medication (e.g. antibiotics, pain medicines such as ibuprofen)
- Latex (e.g. rubber gloves, balloons, swimming caps)

1.7 Even for food allergy, the vast majority of anaphylaxis reactions require the person to have eaten the food, although less serious allergic reactions can happen through skin or other contact. Anaphylaxis reactions due to skin contact are very rare. Pupils who have a skin reaction need monitoring for at least an hour.

1.8 The academy has a whole school awareness approach, because it ensures all staff and pupils are aware of what allergies are, the importance of avoiding the individuals' allergens, the signs & symptoms, how to deal with allergic reactions and to ensure procedures are in place to minimise risk of exposure.

1.9 Coeliac disease and food intolerance can present symptoms which are similar to those of food allergy; it is important that Coeliac disease and food intolerance is be managed through dietary avoidance, but these conditions do not pose a risk of anaphylaxis and so they are not within this allergy safety policy.

1.10 Eczema, asthma and allergies sometimes occur together – known as the atopic triad. It is important that these are managed well in order to keep the individual healthy. Asthma training is needed by all staff and an individual's asthma care plan needs to be included with their individual healthcare plan. These conditions are not included in this allergy safety policy.

1.11 The academy understands that severe allergies are included in the Equality Act, 2010. The act considers a person disabled if they have a physical or mental impairment that has a substantial and long-term negative effect on their ability to carry out normal daily activities. Seasonal rhinitis

(such as hay fever) is explicitly excluded from the definition of disability, unless it aggravates the effect of another health condition.

2. Emergency treatment and management of anaphylaxis

2.1 Symptoms usually come on quickly, within minutes of exposure to the allergen.

2.2 Mild to moderate allergic reaction symptoms may include:

- A red raised rash (known as hives or urticaria) anywhere on the body
- A tingling or itchy feeling in the mouth
- Swelling of lips, face or eyes
- Stomach pain or vomiting
- Mild throat tightness
- Sudden change in behaviour

These symptoms are treated with antihistamines.

2.3 More serious symptoms are often referred to as the ABC symptoms and can include:

- AIRWAY: Swelling in the throat, tongue or upper airways (tightening of the throat, hoarse voice, difficulty swallowing).
- BREATHING: Sudden onset wheezing, breathing difficulty, noisy breathing, persistent cough.
- CIRCULATION: Dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness.

2.4 The term for this more serious reaction is anaphylaxis. In extreme cases there could be a dramatic fall in blood pressure. The person may become weak and floppy and may have a sense of something terrible happening. This may lead to collapse and unconsciousness and, on rare occasions, can be fatal.

2.5 As soon as anaphylaxis is suspected, adrenaline must be administered without delay. Action:

- Keep the individual where they are, call for help and do not leave them unattended.
- LIE individual FLAT WITH LEGS RAISED – they can be propped up if struggling to breathe but this should be for as short a time as possible.
- USE ADRENALINE DEVICE WITHOUT DELAY and note the time given. AAIs should be given into the muscle in the outer thigh or nasal into the nostril. Specific instructions vary by brand – always follow the instructions on the device.
- CALL 999 and state ANAPHYLAXIS (ana-fil-axis).
- If no improvement after 5 minutes, administer second adrenaline device
- If no signs of life commence CPR.
- Call parent/carer as soon as possible.

2.6 Whilst you are waiting for the ambulance, keep the individual where they are. Do not stand them up, or sit them in a chair, even if they are feeling better. This could lower their blood pressure drastically, causing their heart to stop.

2.7 All individuals must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can recur after treatment.

3. Minimising risk and exposure to allergens

3.1 Minimising risk and exposure to allergens is central to ensuring that individuals with allergies are safe from harm. Even a small amount of allergen can cause a reaction. Any food can cause a reaction with serious consequences for the individual and the academy will only eliminate a food following a risk assessment supported by medical advice when necessary. Where a food is restricted, this will be to the smallest area for the time necessary; for example, the cooking room

for the duration of the lesson when the pupil with allergy is cooking. Blanket bans, especially to nuts, create a false sense of security. Whilst there are 14 key food allergens that cause over 90% of reactions, any food can cause a reaction.

3.2 The academy is allergy aware, ensuring that the staff and pupils are actively aware of the risk posed by allergens, take steps to minimise the risk of exposure and have robust emergency response plans in place.

3.3 The academy completes a school wide allergy risk assessment that seeks to minimise the risks of exposure to known allergens.

3.4 The academy will ensure that allergy is included in all school risk assessments to identify risks and plan control measures to minimise the risk of exposure.

3.5 The academy will ensure that the risk of exposure is minimised by:

- All academy staff completing allergy training every year.
- Communicating with all visitors, temporary staff and cover staff that they will be teaching a pupil with an allergy and ensuring that the member of staff has been trained in allergy and anaphylaxis emergency response.
- Working closely with parents/carers and health professionals to understand the pupil's allergy.
- Monitoring this policy to ensure that the agreed practices are implemented.
- Establishing and maintaining high hygiene standards amongst staff, pupils and visitors.

4. Food provision and catering

4.1 The academy will manage the risk of food allergy and provide clear information on allergens in food provided by:

- Ensuring the contract with the academy catering company is compliant with the Food Standards Authority allergen management regulations.
- Ensuring academy caterers provide information on food allergens to parents/carers and have this available for the pupils to check independently.
- Providing pupil's allergen information to the caterers in a timely manner to ensure that pupils can eat safely.
- Identifying pupils with allergies at point of service.
- Ensuring that food is always labelled as unlabelled food poses a potentially greater risk of allergen exposure than packaged food with precautionary ("may contain") labelling suggesting a risk of contamination with allergen. This applies to foods used within the classroom curriculum (e.g. cooking) as well that from the academy kitchen or canteen.
- Teaching pupils not to food share, trade food or share utensils or food containers with the reasons why.

4.2 When staff provide food for the pupils, they receive additional training to ensure they understand how to read labels for food allergens and how to prevent cross-contamination during the handling, preparation and serving of food.

4.3 Where food is not directly provided by the academy (for example brought in as treats or to celebrate birthdays) parent/carer permission will be sought in advance to ensure inclusion and safety for pupils with allergies.

4.4 These procedures apply to academy led breakfast and after school provision. Where this is provided by a third party, the academy ensures that this policy is shared and the third-party provider meets the same procedures.

4.5 Pupils eligible for benefits based Free School Meals are entitled to their free school meal entitlement. The academy will work with parents/carers to determine the best way of ensuring that pupils receive their meal.

5. Medication and adrenaline devices (ADs)

5.1 People at risk of anaphylaxis are prescribed two adrenaline devices which they should carry with them at all times. This includes the journey to and from:

- The academy
- The classroom
- Lunch area
- Playground
- Sports field
- When on visits or trips

5.2 Serious anaphylaxis is a time critical situation; delays in administering adrenaline have been associated with fatal reactions. An adrenaline device needs to be administered within 5 minutes so if the adrenaline device cannot be with them in the classroom, the adrenaline device should be stored in an appropriate central location that is unlocked and accessible at all times (including during wrap around care).

5.3 Adrenaline devices must be stored at room temperature (in line with manufacturer's guidelines) and not be exposed to extremes of heat. They should not be refrigerated or left in direct sunlight.

Spare adrenaline devices

5.4 The Human Medicines (Amendment) Regulations 2017 permit 'spare' adrenaline devices to be used for the purpose of saving a life. This might be, for example, a child presenting for the first time with anaphylaxis due to an undiagnosed allergy.

5.5 The academy holds spare adrenaline devices for use in emergency situations. These are not a replacement for a pupil's own adrenaline device. Pupils prescribed adrenaline are expected to have their own adrenaline devices with them at the academy for use in an emergency.

5.6 The Olney campus holds 2x Epi-pen 0.3mg; the Newport Pagnell campus hold 3x Epi-pen 0.3mg . These are located in reception on both campuses. They are stored in green colour containers and labelled 'Emergency Anaphylaxis Kit'.

5.7 ALLERGY LEAD/HEALTH CO-ORDINATORS is responsible for checking that adrenaline devices are in date and remain clear (not cloudy) on a monthly basis. They will secure replacements one month before the current adrenaline device expires.

5.8 Adrenaline devices that are used will be disposed of in a sharps box, kept [RECEPTION] or given to the paramedic. Adrenaline devices that are out of date or where the adrenaline has degraded will be taken to a pharmacy to be disposed of. In order to receive a sharps box the academy should register with the Local Authority which will be collected by them.

In the event of an anaphylactic reaction

5.9 In the event of anaphylactic reaction:

- Adrenaline should be administered as soon as possible, within five minutes. Do not wait to contact the emergency services before administering adrenaline.
- The child, young person or individual should not be moved. Adrenaline devices should be brought to them (whether their own prescribed ADs or "spare" ADs).
- If the child, young person or individual has their own prescribed adrenaline devices, these should be used in the first instance.

- If the child, young person or individual does not have prescribed adrenaline devices, "spare" adrenaline devices can be used.
- If the child, young person or individual's prescribed adrenaline devices are not available or misfire, "spare" adrenaline devices can be used.
- If the individual has serious allergy and asthma and there is any doubt if they are presenting with anaphylaxis or having an asthma attack always administer the adrenaline first.

5.10 The Human Medicines (Amendment) Regulations 2017 do not require consent to have obtained 'spare' adrenaline devices to be used. It can be good practice for the academy to obtain advance consent from parents or the young person for 'spare' adrenaline devices to be used, so that in an emergency, consent can be assumed to be in place. However, in an emergency situation anyone may take reasonable action to save a life without checking whether prior consent has been given.

Pupil self-management

5.11 Depending on their level of understanding and competence, pupils will be encouraged to take responsibility for and to always carry their own two adrenaline devices on them in a suitable bag/container.

5.12 Older children and teenagers should, whenever possible, assume responsibility for their emergency kit under the guidance of their parents. However, symptoms of anaphylaxis can come on very suddenly, so academy staff need to be prepared to administer medication if the young person cannot.

6. Staff training and emergency response

6.1 All staff, including teaching staff, support staff, catering staff and others who may oversee pupils including at breakfast or after school clubs will be trained in allergy awareness and emergency response. The academy is responsible for ensuring that supply, cover, coaching, peripatetic staff have received allergy awareness training.

6.2 Training can be online or face to face. The content needs to include:

- Allergy awareness, the risks it poses, how allergic reactions occur and how to manage them.
- Allergy includes multiple co-existing conditions: asthma, eczema, hay-fever.
- Understand the difference between food allergy, intolerance and coeliac disease.
- That a pupil can be allergic to any food, not just the top 14 allergens.
- Know the symptoms of allergic reactions and how to treat.
- Know the symptoms of anaphylaxis and how to treat.
- How to locate and administer adrenaline or an asthma inhaler (All adrenaline devices should be used to train with as the pupil may have different ones to the spare adrenaline).
- How to report an allergic reaction including:
    - Mild to moderate
    - Anaphylaxis
    - Near miss/incident
- Understand their responsibilities in risk reduction to ensure that pupils prevented from coming into contact with their allergens.
- Understand the impact that allergy can have on a pupil's wellbeing.
- Understand the academy's allergy safety policy and:
    - How to check if a pupil is on the record of those with a known allergy
    - How to use an allergy or asthma action plan

Emergency preparedness

6.3 The academy will annually hold a practice response to anaphylaxis, review how the practice went and update policy and procedures.

6.4 Throughout the year staff will be reminded of key aspects of the policy such as:

- How to find out who has an allergy
- The storage of spare adrenaline
- Practice with adrenaline trainer devices

6.5 The academy will communicate key messages regarding risk reduction leading up to festivals, trips and end of term celebrations.

6.6 During fire drills and lockdown practices, the academy will ensure that a pupil's adrenaline device is with them. Should a real evacuation happen, the pupil may have to go home without adrenaline if this has not been taken out during a fire evacuation.

7. Roles and responsibilities

Board of Trustees

7.1 The Board of Trustees is responsible for:

- Approving the Allergy Safety Policy
- Ensuring appropriate arrangements are in place across E-ACT to support pupils with allergies
- Seeking assurance that academies are complying with this policy and relevant statutory requirements
- Receiving reports on any significant allergy-related incidents, emerging risks or trends through established governance reporting arrangements

National Education Team

7.2 The National Education Team is responsible for:

- Acting as the Trust lead for allergy safety
- Overseeing implementation of this policy across E-ACT academies
- Reviewing significant incidents and themes arising from allergy-related incidents and near misses
- Reporting issues, risks and trends to the Board of Trustees and/or Education Committee through existing safeguarding and pupil welfare reporting arrangements
- Leading the review of this policy

Academy Headteacher

7.3 The academy headteacher is responsible for:

- Ensuring this policy is implemented within their academy
- Appointing a suitable member of staff to act as Allergy Lead
- Ensuring sufficient resources, training and arrangements are in place to manage allergy risks effectively
- Ensuring allergy-related incidents and near misses are appropriately recorded, reviewed and acted upon

Academy Allergy Lead

7.4 The Academy Allergy Lead is responsible for:

- Maintaining accurate records of pupils and staff with known allergies
- Ensuring Individual Healthcare Plans (IHPs) are in place where required
- Ensuring allergy information is communicated appropriately to relevant staff and catering providers
- Supporting staff training and awareness
- Maintaining arrangements for emergency medication, including spare adrenaline devices where held

- Monitoring allergy-related incidents and near misses and identifying any improvements required
- Liaising with parents/carers, health professionals and catering providers as necessary

All Staff

7.5 All staff are responsible for:

- Understanding their role in implementing this policy, recognising signs of allergic reactions, and acting swiftly in an emergency
- Supporting the creation of the pupil's IHP
- Implementing the pupil's IHP
- Creating an inclusive curriculum
- Curriculum adaptation to minimise risks
- Completing risk assessments for, curriculum activities involving food, trips and visits including sporting events
- Building proactive relationships with parents/carers
- Reporting near misses and incidents

Parents

7.6 Parents are responsible for:

- Adhering to this policy
- Providing the academy with the information they need to create individual health care plans
- Updating the academy when reactions happen outside of the academy or any changes to the pupil's allergy and its management
- Ensuring that the pupil always has in date medication with them at the academy

8. Identification of individuals with allergies

Admissions Data Collection

8.1 Following allocation of a place and prior to the pupil's start date, the academy collects relevant medical information from parents/carers regarding known allergies, dietary requirements and treatment histories to ensure appropriate support arrangements can be put in place

Information Sharing

8.1 UK GDPR does not prevent the sharing of a pupil's health information (special category data). Relevant information is securely compiled and shared as necessary in a controlled way with teaching staff, support staff, supply cover, and catering teams while maintaining appropriate data privacy.

Transition

8.2 Allergy information and existing care plans are shared as part of a pupil's transition. The academy will request allergy information from the previous school or setting and will consider whether any of the arrangements are suitable to implement. The academy work with parents/carers and the pupil if appropriate to write a new IHP Staff will provide information about pupils for transition visits ahead of a formal move.

Staff

8.3 Pre-employment questionnaires will ask whether they have any allergies. If an allergy is declared, there will be a discussion and support put in place to ensure that the member of staff has a safe working environment.

Visitors and regular volunteers

8.4 If an allergy is declared, the allergy lead will be notified, and this information will be communicated as necessary to ensure that the visitor or regular volunteer has a safe working environment.

9. Allergy action plans and pupil individual healthcare plans (IHPs)

Allergy action plans

9.1 These are clinical documents that are created by a GP / allergy nurse or allergy clinic. They detail the pupil's allergy and medication.

9.2 These contain parent/carer contact details and must be signed by the parent/carer as this is the parental authority to administer mediation including the administration of spare adrenaline devices.

9.3 These will only be updated by the medical professional following a review of the pupil's allergy management, this could be annually or 5 yearly. Parents/carers or the academy need to update the photo of the pupil annually so that the pupil is recognisable.

9.4 Allergy action plans are issued for pupils who have an IgE food allergy and often a venom allergy that could lead to anaphylaxis. They are not issued for all allergies. Pupils with non-IgE allergies don't experience anaphylaxis and so an allergy action plan is not issued.

Individual Healthcare Plans (IHPs)

9.5 Individual healthcare plans are an essential communication tool that provide clarity about the arrangements which need to be in place to ensure that a pupil is fully included in the life of the academy. It will identify exact risk-mitigation measures that need to be followed.

9.6 Individual Healthcare Plans are academy owned documents that are co-created by the academy, parents/carers and pupils.

9.7 They should include any advice received from health professionals. If there is no advice from health professionals, information and support can be requested of the school nurses if this is needed.

9.8 Where a child has an allergy action plan and or an asthma plan, this must be included with the IHP.

9.9 It is good practice to review IHPs annually or when staff change however they must be reviewed if an incident or near miss occurs. They need to be brought to the attention of supply or cover staff and be passed on during transition to a new school.

9.10 The academy will ensure that:

- Pupils with an allergy action plan and/or an asthma plan have an individual healthcare plan
- Pupils without an allergy action plan or asthma plan but have an allergy that needs active management over and above what other pupils need will have an individual healthcare plan
- Individual healthcare plans are created whilst pupils are waiting for a diagnosis

10. Academy trips and external visits

10.1 The academy ensures that pupils with allergies are fully included in every trip, sporting event, or extracurricular activities. A risk assessment addressing allergen exposure in each activity, emergency medication, transport, and proximity to local emergency care will be undertaken with control measures identified. In order to ensure that the pupil is safe and included, alternative

activities will be planned. This will include the safe storage adrenaline for the duration of the academy trip.

10.2 Staff leading academy trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils have their medication including adrenaline devices with them before departure. Pupils unable to produce their required medication will not be able to attend the excursion.

10.3 In conjunction with the allergy lead, the trip leader will review the risk assessment to determine whether the academy's spare adrenaline devices should be taken on the trip. The academy will provide additional spare adrenaline devices should the risk assessment for the trip deem necessary to take them ensuring that pupils remaining in the academy still have access to spare adrenaline devices should the need arise.

10.4 The academy will notify the host school, when arranging a sporting fixture, that a member of the team has an allergy. When a sports tea is provided, the pupils' school will ensure the pupils' allergies are communicated and appropriate food is provided.

11. Serious incidents and 'near misses'

11.1 The academy approaches serious incidents and "near misses" in a "no blame" spirit, seeking to learn lessons and address any issues which the incident identified, so that pupils are better protected in the future.

11.2 The academy is aware, when an incident occurs that materials such as residues of food consumed or handled or samples of fluids may constitute evidence, which may need to be seized and retained.

11.3 The academy uses Medical Tracker to record allergic reactions (incidents) and near misses (e.g., accidental exposure without reaction, or labelling errors) immediately. The incident or near miss will be reviewed and a report written.

11.4 The academy will share the report with the pupil's parents/carers, the pupil and the individual involved. They should be given the opportunity to discuss what happened and to contribute their views to the consequent lessons learned review. The academy will confirm what it has learned from the incident and outline any actions it is taking as a result. The pupil's IHP will be updated if necessary.

11.5 If unsafe food was supplied by the school operating as a food business, the incident must be reported to the local authority environmental health team.

12. Wellbeing and support

12.1 At the academy allergy safety is a priority and actions to ensure that pupils are included and safe are embedded into the academy's culture. Pupils with allergy become anxious as a result of the risk of exposure to allergens and the potential for anaphylaxis, which may be compounded by living with difficult-to-control asthma or eczema.

12.2 The academy:

- Regularly communicates to pupils, parents and staff about allergies, ensuring ongoing awareness and appreciation of the severity of the potential risks.
- Plans academy celebrations, rewards, and communal events inclusively from the outset to eliminate social isolation.

- Understands that allergy bullying is extremely serious and actively monitors, prevents, and addresses any stigmatisation or bullying directed at individuals due to their allergies or dietary constraints.
- Has proactive engagement with new joiners with known allergies, setting out the academy's policies and the support available.

13. Safeguarding

13.1 The academy recognises that a safeguarding referral may be needed if an incident highlighted concern that the child or young person might be at an increased risk of being neglected, abused or exploited by persons inside or outside of their family unit because of their medical condition. This might occur where relevant information about a child or young person's medical condition is not provided to the academy, or where they are repeatedly sent without essential medication, thereby putting the individual at risk.

14. Unacceptable practice

14.1 Academy staff are clear about what constitutes unacceptable practice and are committed to ensuring that only good practice occurs. Should unacceptable practice occur the academy will follow its own procedures to identify and address this using staff conduct policies.

14.2 Examples of unacceptable practice include (but are not limited to):

- Preventing children and young people from easily accessing and administering their medication in line with what is agreed in their Individual Healthcare Plan (for example prescribed adrenaline devices and asthma reliever inhalers) when and where necessary.
- Assuming that every child with the same condition requires the same support.
- Assuming that older children and young people do not require support related to their allergy, even if they are able to take increasing responsibility for its management.
- Ignoring the views of the child or young person or their parents or carer.
- Ignoring medical evidence or the opinion and advice of healthcare professionals.
- Assuming that a child or young person does not have an allergy because they do not yet have a diagnosis, for example while medical investigation is under way.
- Sending a child or young person who becomes unwell to an academy office or medical room without suitable supervision. In the case of an emergency or suspected emergency (for example anaphylaxis) help should come to the child or young person.
- Penalising children or young people for their attendance record if their absences are related to their medical condition, e.g. hospital appointments and health management. This includes excluding children and young people from rewards for 100% attendance where their non-attendance is the result of a medical condition. This should be reflected in attendance policies.
- Requiring parents / carers (or otherwise making them feel obliged) to attend the academy to administer medication or provide medical support to their child.
- Preventing children and young people from participating or creating unnecessary barriers to them participating in any aspect of academy life, including external visits and trips, e.g. by requiring parents to accompany the child.

15. Policy review and publication

15.1 This policy is published openly on the academy website and is reviewed at least annually, or more frequently in response to local incident trends or updated statutory guidelines.

16. Links with other policies

- E-ACT Safeguarding and Child Protection Policy
- E-ACT Behaviour Policy
- E-ACT Health and Safety Policy
- E-ACT Pupil Mental Health and Wellbeing Policy
- E-ACT Supporting Pupils with Medical Needs Policy

17. Further reading

- Anaphylaxis UK: For teachers by teachers, the one stop shop for all school allergy needs: https://www.anaphylaxis.org.uk/education
- Allergy UK: https://www.allergyuk.org/about-allergy/types-of-allergies
- Allergy Safety in Schools July 2026: https://www.gov.uk/government/publications/allergy-safety-in-schools
- Guidance on the use of adrenaline auto-injectors in schools
- Spare Pens in School: https://www.sparepensinschools.uk
- Benedict's law:
    - https://benedictblythe.com/benedicts-law
    - https://www.anaphylaxis.org.uk/education/benedicts-law
- Food:
    - Allergy Guidance for Schools: https://www.gov.uk/government/publications/school-food-standards-resources-for-schools/allergy-guidance-for-schools
    - Allergy Guidance for food businesses: https://www.gov.uk/government/publications/allergen-guidance-for-food-businesses
- Statutory Duties:
    - The duties under Section 34 of the Children's Wellbeing and Schools Act 2026 place a requirement on LA-maintained schools, Academies and PRUs to have allergy safety policies, publish them and keep them under review.
    - The duty of care under section 3 of the Children Act 1989 for any person with the care of a child to do all that is reasonable for the purposes of safeguarding or promoting the welfare of the child
    - The duties to safeguard and promote the welfare of pupils and pupils under sections 20 and 175 of the Education Act 2002, the Education (Independent School Standards) Regulations 2014 (and associated statutory guidance Keeping Children Safe in Education) and the Non-Maintained Special Schools (England) Regulations 2015
    - The duty of the employer under section 2 of the Health and Safety at Work etc Act 1974 to take reasonable steps to ensure that employees are not exposed to risks to their health and safety
    - The duties under the Equality Act 2010 to provide equality of opportunity for all, including those who are disabled. It should be noted that not all allergies will automatically meet the definition of a disability, although some may do depending on their impact on day-to-day activities.
- The Special Educational Needs and Disability (SEND)
    - SEND code of practice: 0 to 25 years
    - The Early Years Foundation Stage (EYFS) statutory framework