Nut and Peanut/Food Allergy Awareness Policy

Ratified/Reviewed by…	Date	Date to be reviewed
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Policy Owner: CEO

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1. Introduction and Legal Framework

Benedict's Law is new legislation that requires schools to put safety measures in place to protect pupils with allergies. The requirements were introduced as part of the Children's Wellbeing and Schools Act 2026. Benedict's Law. Schools must comply with Benedict's Law from September 2026.

An allergy is a reaction of the body's immune system to substances that are usually harmless. The reaction can cause minor symptoms such as itching, sneezing or rashes, but sometimes causes a much more severe reaction called anaphylaxis.

Anaphylaxis is a serious, life-threatening allergic reaction. The whole body is affected, often within minutes of exposure to the allergen, but sometimes it can be hours later. Common causes include foods (such as peanuts, tree nuts, milk, eggs, fish, sesame), insect stings, latex, and medications.

Key Statistics

- Between 1-2% of adults and 5-8% of children in the UK have a food allergy
- Approximately 10 people per year die from food-induced anaphylaxis in the UK
- 1 in 40 children (7.1%) have a peanut allergy
- There is no cure for food allergies - strict avoidance is the only management strategy

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2. Scope

This policy applies to:

- All students at trust schools
- All staff (permanent, temporary, agency, and volunteers)
- Contractors working on school premises
- Visitors to the school
- All school activities, both on and off-site
- Any other members of the public

This policy covers all allergies that require supportive arrangements to be put in place, including but not limited to:

- Food allergies (peanuts, tree nuts, milk, eggs, fish, shellfish, sesame, soya, wheat)
- Insect venom allergies
- Pollen and animal dander
- Latex allergies
- Medication allergies

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3. Policy Statement

The Character Education Trust is committed to ensuring that pupils with allergies, including those at risk of anaphylaxis, are fully included in all aspects of school life and are not disadvantaged because of their medical condition.

We recognise that:

- Effective allergy management is essential to safeguarding, equality of opportunity, wellbeing and educational participation
- Creating a completely allergen-free environment is not possible
- A risk-based approach, combined with awareness and education, is the most effective way to keep pupils safe
- Early recognition of symptoms and prompt treatment can save lives

Our Commitments

We will:

- Foster a culture of understanding, inclusion and respect for pupils with allergies
- Ensure pupils with allergies can participate in all school activities wherever it is safe and appropriate to do so
- Work in partnership with parents/carers, healthcare professionals and pupils to identify and manage risks
- Prevent discrimination, harassment, bullying or social exclusion related to a pupil's allergy
- Share allergy information appropriately with relevant staff while maintaining confidentiality and dignity
- Provide comprehensive staff training so all staff understand their role in supporting pupils with allergies and responding to emergencies
- Take reasonable steps to ensure school meals, educational visits, events and extracurricular activities can be accessed safely by pupils with allergies
- Maintain effective risk management arrangements and support pupils to develop increasing confidence and independence in managing their allergies as appropriate to their age and understanding

Peanut and Nut Awareness

While we cannot guarantee a completely nut-free environment, we recognise that peanut and nut allergies are the most common cause of fatal anaphylaxis and can be triggered by very small amounts or even contact exposure.

Therefore, Character Education Trust operates their schools as a **Peanut and Nut Aware Schools**:

- We actively discourage bringing peanuts, tree nuts, or products containing these into school
- School catering will never use peanuts or nuts in meal provisions or snacks
- We promote awareness of nut allergies through communication, posters, and staff briefings
- We recognise that other allergies (dairy, egg, sesame, etc.) can be equally severe and require individual management plans

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4. Roles and Responsibilities

A named senior leader should be responsible for the policy, which should be reviewed at least annually and published. Benedict's Law (allergy safety requirements)

4.1 Local School Allergy Lead

The Local School Allergy Lead responsible for:

- Maintaining a register of pupils who have been prescribed adrenaline auto-injectors

(AAIs)
- Ensuring up-to-date Allergy Action Plans/IHPs are kept with pupils' medication
- Checking medication kept at school on a termly basis and sending reminders to parents if medication is approaching expiry
- Keeping a record of use of any AAI(s) and emergency treatment given
- Recording and reporting any reactions or near misses via the school's reporting systems
- Informing catering staff of pupils with food allergies
- Maintaining systems to ensure catering staff can identify children with allergies (e.g., lists with photographs)
- Checking spare AAIs monthly to ensure they are in date
- Coordinating risk assessments for pupils with allergies
- Being the first point of contact for parents regarding allergy management

4.2 Headteacher Responsibilities

The Headteacher will:

- Ensure this policy is implemented effectively across the school
- Ensure adequate resources are available for allergy management
- Ensure all staff receive appropriate training
- Support the Local School Allergy Lead in their roles
- Ensure serious incidents and near misses are reported to the governing board

4.3 All Staff Responsibilities

All staff must:

- Complete annual allergy awareness and anaphylaxis training
- Be aware of pupils in their care who have known allergies
- Understand how to recognise the signs and symptoms of an allergic reaction
- Know how to access and administer emergency medication, including AAIs
- Supervise food-related activities with due caution
- Never give food to pupils without checking for allergies
- Report any concerns about pupils with allergies to the Local School Allergy Lead
- Ensure they know the location of spare AAIs and individual pupils' medication
- Understand how to report an allergic reaction or case of anaphylaxis (whether an incident or a “near miss”).

4.4 Parent/Carer Responsibilities

Parents/carers must:

- Inform the school (ideally the Local Allergy Lead or reception) of any allergies on entry to the school and update the school of any changes
- Provide information about all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication
- Supply a copy of their child's Allergy Action Plan (BSACI plans preferred) or work with healthcare professionals to develop one
- Ensure all required medication is supplied, in date, and replaced as necessary
- Provide two in-date adrenaline auto-injectors for their child
- Support the school's peanut and nut aware approach by not sending peanuts, nuts or products containing these in packed lunches or snacks

4.5 Pupil Responsibilities

Pupils are encouraged to:

- Develop good awareness of their own allergy symptoms and to tell an adult immediately if they suspect they are having an allergic reaction
- Not share food with other pupils
- Take responsibility for carrying their own AAIs (where age-appropriate and competent)
- Support the school's peanut and nut aware approach
- Know where to find emergency medication
- Treat peers with allergies with respect and understanding

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5. Allergy Action Plan

Allergy action plans are designed to function as individual healthcare plans for children with food allergies, providing medical and parental consent for schools to administer medicines in the event of an allergic reaction, including consent to administer a spare adrenaline auto-injector.

British Society of Allergy and Clinical Immunology (BSACI) Allergy Action Plans are produced by a medical professional and should not be created by the school. These are a national plan that has been agreed by the BSACI, Anaphylaxis UK and Allergy UK. The allergy action plans are designed to function as an individual healthcare plan.

Any pupil who has an allergy that requires the school to put supportive arrangements in place should have these recorded in an individual healthcare plan. IHPs should be written in collaboration with the pupil and their parents/carers, taking account of advice from healthcare professionals.

5.1 Individual Healthcare Plans (IHP)

Children and young people should have an Individual Healthcare Plan (IHP) if:

- they have an allergy which has a functional impact on them in their school, college or setting;
- they are at risk of harm as a result of their allergy and,
- they require arrangements which are additional to or different from those made generally.

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6. Emergency Treatment and Management of Anaphylaxis

6.1 Recognising Anaphylaxis

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

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

More serious symptoms (ABC symptoms) 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
- **CIRCULATION** - dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness

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.

If the pupil has been exposed to something they are known to be allergic to, it is more likely to be an anaphylactic reaction.

6.2 Emergency Response Procedure

As soon as anaphylaxis is suspected, adrenaline must be administered without delay.
IMMEDIATE ACTIONS:

1. **Keep the child where they are** - call for help and do not leave them unattended
2. **LIE THE CHILD FLAT WITH LEGS RAISED** - they can be propped up if struggling to breathe, but this should be for as short a time as possible
3. **USE ADRENALINE AUTO-INJECTOR WITHOUT DELAY** and note the time given
    - AAIs should be given into the muscle in the outer thigh
    - Follow the instructions on the specific device (EpiPen or Jext)
    - Use the pupil's own AAI if available
    - Use a spare AAI if the pupil's own is not available or not working
4. **CALL 999** and state **"ANAPHYLAXIS"** (ana-fil-axis)
    - Provide the school address and location within the school
    - State that a child is having an anaphylactic reaction
    - Confirm that adrenaline has been administered
5. **If no improvement after 5 minutes, administer a second AAI**
6. **If no signs of life, commence CPR**
7. **Call parent/carer as soon as possible**
8. **Keep the child lying flat** - do not stand them up or sit them in a chair, even if they are feeling better, as this could lower their blood pressure drastically
9. **All pupils must go to hospital for observation** after anaphylaxis, even if they appear to have recovered, as a reaction can recur after treatment
10. **Retain the used AAI** to give to paramedics or for proper disposal in a sharps bin

6.3 What Adrenaline Does

Adrenaline is the mainstay of treatment and starts to work within seconds. It:

- Opens up the airways
- Stops swelling
- Raises blood pressure

6.4 Staff Confidence in Emergency Situations

The guidance recommends that staff training should cover how to administer emergency medication. This is because any delay in giving adrenaline can be fatal. It also explains that in an emergency, anyone – including staff, volunteers or bystanders – can take reasonable

action to save a pupil's life. The law recognises that rescuers act under extreme pressure. It also reassures staff that mistakes, hesitation, or imperfect technique do not amount to serious and wilful misconduct.

All staff should feel confident that:

- They are legally protected when acting in good faith to save a life
- Mistakes or imperfect technique in an emergency do not constitute misconduct
- Administering adrenaline promptly is the priority - any delay can be fatal

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7. Supply, Storage and Care of Medication

7.1 Pupil's Own Medication

Parents/carers are responsible for:

- Supplying **two** in-date adrenaline auto-injectors (AAIs)
- Ensuring medication is clearly labelled with the pupil's name
- Replacing medication before it expires

Storage arrangements:

- Depending on age, understanding and competence, pupils will be encouraged to take responsibility for carrying their own two AAIs at all times in a suitable bag/container
- For younger children or those not ready to take responsibility for their own medication, an anaphylaxis kit will be kept within 5 minutes of them, not locked away and **accessible to all staff**

7.2 Contents of Anaphylaxis Kit

Each pupil's medication storage container should contain:

- **Two AAIs** (EpiPen® or Jext®)
- An **up-to-date Allergy Action Plan/IHP**
- **Antihistamine** as tablets or syrup (if included on Allergy Action Plan)
- Spoon if required
- **Asthma inhaler** (if included on Allergy Action Plan)

7.3 Medication Checks

The Local School Allergy Lead will:

- Check medication kept at school on a **termly basis**
- Send reminders to parents if medication is approaching expiry
- Maintain a register of all pupils with AAIs and expiry dates

7.4 Older Children and Medication

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 school staff need to be prepared to administer medication if the young person cannot.

7.5 Storage Conditions

AAIs should be:

- Stored at room temperature
- Protected from direct sunlight
- Protected from temperature extremes
- Never locked away
- Easily accessible to all staff

7.6 Disposal of Used AAIs

AAIs are single-use only and must be disposed of as sharps:

- Used AAIs should be given to ambulance paramedics on arrival, or
- Disposed of in a sharps bin kept in the first aid/medical room
- Sharps bins are obtained from and disposed of by a clinical waste contractor

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8. 'Spare' Adrenaline Auto-Injectors

8.1 Purpose of Spare AAIs

The school a part of the Character Education Trust hold spare AAIs for emergency use in situations where:

- A pupil's own AAIs are not available
- A pupil's own AAIs are not working (e.g., out of date)
- A pupil is experiencing anaphylaxis for the first time and has not been previously diagnosed

8.2 Storage of Spare AAIs

Spare AAIs are:

- Stored in clearly identifiable locations around the school
- Clearly labelled **'Emergency Anaphylaxis Adrenaline Pen'**
- Kept safely but **not locked away**
- **Accessible to all staff**
- Known to all staff through signage, briefings, and induction

Spare AAI locations at Aylesford School:

- Entrance way by Reception of the Twickenham Building. A key for the Kitt is held by reception but in the event of reception being closed a key is stored in the lock box next to the Kitt.

Spare AAI locations at Wrotham School:

- Corridor between Reception and Reprographics of the Shearman Building. A key for the Kitt is held by reception but in the event of reception being closed a key is stored in the lock box next to the Kitt.

8.3 Maintenance of Spare AAIs

The Local School Allergy Lead will:

- Check spare AAIs **monthly in term time** to ensure they are in date
- Replace spare AAIs before they expire
- Maintain a log of spare AAI checks
- Ensure spare AAIs are stored correctly

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9. Recording and Reporting Serious Incidents and Near Misses

9.1 Definitions

Serious Incident: Any event relating directly to a medical condition (including allergy) in which a child, young person, member of staff or visitor with a medical condition or allergy is harmed or is placed at an immediate and significant risk of harm, including situations requiring emergency medication, urgent clinical intervention or attendance by emergency services.

Near Miss: An event relating directly to a medical condition (including allergy) that did not result in harm but had the clear potential to do so – for example, where an error, omission, or system failure could reasonably have led to a serious incident had circumstances been only slightly different.

9.2 Examples of Serious Incidents

- Administration of adrenaline via AAI
- Attendance by emergency services for an allergic reaction
- A pupil experiencing anaphylaxis
- A pupil being taken to hospital following an allergic reaction
- Accidental exposure to a known allergen resulting in symptoms

9.3 Examples of Near Misses

- A pupil with a known allergy nearly consuming food containing their allergen
- Medication being out of date or not available when needed
- A pupil's allergen information not being communicated to relevant staff
- Catering errors that could have led to allergen exposure
- AAIs not being taken on a school trip

9.4 Recording Process

When a serious incident or near miss occurs:

1. Immediate actions are taken to ensure the pupil's safety
2. The incident is recorded using the school's reporting system.
3. The record includes:
    - Date, time and location of incident
    - Pupil's name and details
    - Description of what happened
    - Allergen involved
    - Symptoms observed
    - Actions taken (including medication administered)
    - Outcome
    - Staff involved
    - Any contributing factors

9.5 Reporting Process

The Local School Allergy Lead and Headteacher will ensure:

1. Parents/carers are informed as soon as possible
2. The Trust Board is informed via the Named Senior Leader
3. Statutory reporting requirements are met, including:
    - RIDDOR reporting if applicable
    - Local Authority Designated Officer (LADO) if safeguarding concerns
    - Health and Safety Executive if required
4. The incident is reviewed at the next governing board meeting

9.6 Learning from Incidents

Following any serious incident or near miss, the school will:

- Conduct a review meeting with relevant staff
- Identify any gaps in systems, procedures or training
- Review the pupil's IHP and risk assessment
- Consider whether policy or procedure changes are needed
- Implement improvements and communicate changes to all staff
- Consider whether an immediate policy review is needed (rather than waiting for annual review)
- Share learning across the school community where appropriate

9.7 Confidentiality

Incident records will be stored securely and confidentially in line with data protection requirements. Information will only be shared on a need-to-know basis.

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10. Staff Training

Schools should provide regular allergy awareness training to all staff.

10.1 Training Requirements

All staff (including teaching staff, support staff, administrative staff, catering staff, site staff, and volunteers) must complete:

- **Annual allergy awareness and anaphylaxis training**
- **Induction training** for new staff before they start working with pupils

10.2 Training Content

Training will cover:

- Common allergens and triggers of allergy
- Spotting the signs and symptoms of an allergic reaction and anaphylaxis
- Early recognition of symptoms and when to call emergency services
- **How to administer emergency medication**, including AAIs
- Practical use of different AAI brands (EpiPen and Jext)

- Measures to reduce the risk of a child having an allergic reaction (allergen avoidance)
- Managing Allergy Action Plans/IHPs
- Location of spare AAIs and individual pupils' medication
- Understand how to report an allergic reaction or case of anaphylaxis (whether an incident or a “near miss”).

10.3 Training Pens

The schools have obtained training pens that staff have access to.

These are used in practical training sessions so staff can familiarise themselves with both brands of AAI without risk.

10.3 Training Records

The school will maintain records of:

- Which staff have completed training and when
- When refresher training is due

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11. Inclusion and Safeguarding

The Character Education Trust is committed to ensuring that all pupils with medical conditions, including allergies, are properly supported so that they can:

- Play a full and active role in school life
- Remain healthy
- Achieve their academic potential
- Access all aspects of the curriculum
- Participate in school trips, sporting activities, and extracurricular clubs
- Develop confidence and independence in managing their condition

11.1 Safeguarding Considerations

Allergy management is a safeguarding issue. The school recognises that:

- Failure to properly support a pupil with allergies could result in serious harm or death
- Pupils with allergies may be vulnerable to bullying or exclusion
- Some pupils may deliberately expose others to allergens - this will be treated as a serious safeguarding matter
- Anxiety about allergies can affect mental health and wellbeing

The Designated Safeguarding Lead will work with the Local School Allergy Lead to ensure allergy safety is integrated into wider safeguarding arrangements.

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12. Catering and Food Safety

12.1 Legal Requirements

All food businesses (including school caterers) must follow the **Food Information Regulations 2014**, which states that allergen information relating to the 'Top 14' allergens must be available for all food products.

The 14 major allergens are:

1. Celery
2. Cereals containing gluten (wheat, rye, barley, oats)
3. Crustaceans (prawns, crabs, lobster, crayfish)
4. Eggs
5. Fish
6. Lupin
7. Milk
8. Molluscs (mussels, oysters, squid, snails)
9. Mustard
10. Nuts (almonds, hazelnuts, walnuts, cashews, pecans, Brazil nuts, pistachios, macadamia nuts)
11. Peanuts
12. Sesame seeds
13. Soya
14. Sulphur dioxide/sulphites

12.2 School Catering Arrangements

Peanut and Nut Policy:

- School catering will **NEVER** use peanuts or tree nuts in school meal provisions or snacks provided in the canteen
- Products containing peanuts or nuts will not be served, used, or sold at any time

Allergen Information:

- The school menu is available for parents to view in advance on the school website
- All ingredients are listed with allergens clearly highlighted
- All food items containing allergens are labelled in line with "Natasha's Law"
- Catering staff can provide detailed allergen information on request

12.3 Communication with Catering Staff

The Local School Allergy Lead will:

- Inform catering staff of all pupils with food allergies
- Provide a system to help catering staff identify children with allergies (e.g., a list with photographs)
- Keep this information up to date
- Facilitate meetings between parents/carers and catering staff where needed

12.4 Preventing Cross-Contamination

The catering team will:

- Prepare food for children with food allergies first, before other food preparation
- Use separate, clean equipment and utensils
- Clean food preparation areas and utensils thoroughly with warm soapy water
- Store allergenic ingredients separately
- Clearly label food prepared for pupils with allergies
- Train all staff in cross-contamination prevention

12.5 Packed Lunches

Parents/carers are asked to:

- **Not send peanuts, tree nuts, or products containing these** in packed lunches or snacks
- Products that **"may contain nuts"** are acceptable due to the low risk
- Clearly label bottles, drinks and lunch boxes with their child's name
- Not send food that their child is allergic to
- Be mindful that other pupils may have allergies

12.6 Confiscation and Disposal

When peanut/nut-based items are seen or found on site:

- They will be confiscated and safely disposed of (wrapped in sealed plastic packaging)
- The school will not take responsibility for compensation for items that have been removed and disposed of
- Parents/carers will be informed
- The school's expectations will be reiterated

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13. School Trips and Off-Site Activities

13.1 Planning and Risk Assessment

For all school trips and off-site activities, the trip leader will:

- Identify all pupils with allergies who will be attending
- Review each pupil's IHP/Allergy Action Plan
- Conduct a specific risk assessment for pupils with allergies
- Plan alternative activities if necessary

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14. Policy Review

14.1 The Senior Leader Responsible for Allergy Safety

The CEO, Michael Cater is the senior leader responsible for:

- Senior Lead Responsible for Allergy Safety

- Overall oversight and implementation of this policy
- Ensuring the policy is reviewed at least annually
- Ensuring the policy is published on the school website

This policy will be reviewed annually or reviewed as required.

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15. Useful Links

Anaphylaxis UK - https://www.anaphylaxis.org.uk/

- Safer Schools Programme - https://www.anaphylaxis.org.uk/education/safer- schools-programme/
- AllergyWise for Schools online training - https://www.allergywise.org.uk/p/allergywise-for-schools1

Allergy UK - https://www.allergyuk.org

- Whole school allergy and awareness management - https://www.allergyuk.org/schools/whole-school-allergy-awareness-andmanagement

BSACI Allergy Action Plans - https://www.bsaci.org/professional-resources/resources/paediatric-allergy-action-plans/

Spare Pens in Schools - http://www.sparepensinschools.uk

Department for Education Supporting pupils at school with medical conditions - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf

Department of Health Guidance on the use of adrenaline auto-injectors in schools - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf

Food allergy quality standards (The National Institute for Health and Care Excellence, March 2016) https://www.nice.org.uk/guidance/qs118

Anaphylaxis: assessment and referral after emergency treatment (The National Institute for Health and Care Excellence, 2020) https://www.nice.org.uk/guidance/cg134?unlid=22904150420167115834