Allergies Policy

TPAT Policy Management

Document history					
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Material changes since last publication	
Section	**Changes**
	This is a new policy. Allergy policies and safety measures in schools become statutory starting from **1 September 2026** for the start of the 2026-2027 academic year. Driven by Benedict's Law and updated Department for Education (DfE) mandates, these rules replace older non-statutory advice with mandatory requirements across schools in England.

This policy is reviewed annually. The next review is due by September 2027.

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1. Introduction

The Trust intends and expects that all decisions, policies and procedures will be underpinned at all times by its vision and values.

Our aim:

TPAT - Inspiring futures, empowering people.

We aim to benefit our communities by nurturing well-educated, aspirational and creative young people. We exist to inspire futures and empower all our people. We achieve this by enriching and fulfilling our employees with the investment to become masters of their craft, all working together to realise exceptional outcomes for young people.

To achieve this our schools will:

- Create an aspirational, driven, and highly engaging educational environment where every pupil can succeed.
- Commit to knowing each pupil individually and empowering them to excel.
- Deliver the highest quality learning opportunities facilitated by excellent teachers.

- Inspire our pupils to become confident, motivated and respectful individuals ready to make a positive contribution to society.

The Trust will support our schools by:

- Providing the resources and stability schools need to work efficiently and effectively, overcoming challenges and prioritising education every day.
- Providing a platform for collaboration, sharing excellence and experience, and fostering unity and shared purpose.
- Nurturing our Trust's 'culture of improvement' where staff thrive in a safe, supportive network, embracing feedback and professional dialogue to drive sustainable improvement.

2. Aims and Scope

The policy

- Sets out our Trust's approach to **allergy management for both pupils and staff**, including reducing the risk of exposure and the procedures in place in case of allergic reaction
- Makes clear how our schools support pupils with allergies to ensure their wellbeing and inclusion
- Promotes and maintains allergy awareness among the school communities

3. Legislation and guidance

This policy is based on the Department for Education (DfE)'s guidance on allergies in schools and supporting pupils with medical conditions at school, the Department of Health and Social Care's guidance on using emergency adrenaline auto-injectors in schools, and the following legislation:

- The Food Information Regulations 2014
- The Food Information (Amendment) (England) Regulations 2019

Allergy and the Equality Act

The Equality Act 2010 places statutory duties on schools, local authorities and other education providers, intended to prohibit discrimination and promote equality for all including those who are disabled. Under the Act, a person is 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 day-to-day activities. Case-law (Wheeldon v Marston's plc ET/1313364/2012) has established that severe allergy can fall within this definition. Seasonal rhinitis (such as hay fever) is explicitly excluded from the definition of disability, unless it aggravates the effect of another health condition.

Definitions

Allergy is a medical condition in which the body's immune system has an abnormal reaction to normally harmless substances such as food, insect stings, contact allergens and airborne allergens.

Anaphylaxis is a potentially fatal reaction affecting the Airway/Breathing/Circulation ("ABC"). Many individuals with allergies to food or insect stings are at risk of anaphylaxis.

Asthma is a lung disease caused by inflammation and tightening of the airways, it is frequently associated with allergy and anaphylaxis, because exposure to allergens can provoke an asthma attack, a potentially life-threatening condition.

Intolerance to foods or an ingredient that the body is unable to digest is different to allergy and does not cause a serious allergic reaction. It can cause long term health problems if not avoided. Common food intolerances include lactose intolerance.

Coeliac disease is not an intolerance or an allergy; it is a serious autoimmune condition triggered by gluten (found in wheat, barley and rye) that can cause damage to the small intestine and other health complications if gluten is not avoided.

4. Other Linked Policies

This policy should be read in conjunction with:

- Safeguarding and Child Protection Policy
- Educational visits Policy
- Medical Policy/ Supporting pupils with medical conditions in school
- First Aid Policy
- Health and Safety Policy
- SEND Policy
- Staff Code of Conduct

5. Roles and responsibilities

We take a whole-school approach to allergy awareness.

The following responsibilities are not meant to be exhaustive:

5.1 Allergy lead

The nominated allergy lead is Sally Telling.

They're responsible for:

Promoting and maintaining allergy awareness across our school community

Recording and collating allergy and special dietary information for all relevant pupils (although the allergy lead has ultimate responsibility, the information collection itself may be delegated to the school nurse or administrative staff)

Ensuring:

- All allergy information is up to date and readily available to relevant members of staff. This includes supply staff, peripatetic staff, agency workers, regular volunteers or after school club staff. Assurance should be sought from agency staff that training has been given. In the event of staff not being trained, they should be made aware of who to contact in the school in the case of an emergency
- All pupils with allergies have an allergy action plan completed by a medical professional
- All staff receive an appropriate level of allergy training
- All staff are aware of the school's policy and procedures regarding allergies
- Relevant staff are aware of what activities need an allergy risk assessment
- Keeping stock of the school's adrenaline auto-injectors (AAIs)
- Regularly reviewing and updating the allergy policy

5.2 School Medical Officer

The nominated School Medical Officer is Rebecca Wright.

The school nurse/medical officer is responsible for:

- Co-ordinating the paperwork and information from families
- Co-ordinating medication with families
- Checking spare AAIs are in date
- Any other appropriate tasks delegated by the allergy lead

5.3 Teaching and support staff

All teaching and support staff are responsible for:

- Promoting and maintaining allergy awareness among pupils
- Maintaining awareness of our allergy policy and procedures
- Being able to recognise the signs of severe allergic reactions and anaphylaxis
- Attending appropriate allergy training as required
- Being aware of specific pupils with allergies in their care
- Carefully considering the use of food or other potential allergens in lesson and activity planning
- Ensuring the wellbeing and inclusion of pupils with allergies

Any staff members must inform the school of their own allergies including severe reactions, history of anaphylaxis and prescribed medications.

5.4 Parents/carers

Parents/carers are responsible for:

- Being aware of our school's allergy policy
- Providing the school with up-to-date details of their child's medical needs, dietary requirements, and any history of allergies, reactions and anaphylaxis

- If required, providing their child with 2 in-date adrenaline auto-injectors and any other medication, including inhalers, antihistamine etc., and making sure these are replaced in a timely manner
- Carefully considering the food they provide to their child as packed lunches and snacks, and trying to limit the number of allergens included
- Following the school's guidance on food brought in to be shared
- Updating the school on any changes to their child's condition including making the school aware of any medical emergencies that have occurred outside of school.

5.5 Pupils with allergies

These pupils are responsible for:

- Being aware of their allergens and the risks they pose
- Understanding how and when to use their adrenaline auto-injector
- If age-appropriate, carrying their adrenaline auto-injector on their person and only using it for its intended purpose

5.6 Pupils without allergies

These pupils are responsible for:

- Being aware of allergens and the risk they pose to their peers
- Older pupils might also be expected to support their peers and staff in the case of an emergency.

5.7 Information Sharing

A balanced approach is to ensure that **relevant staff have access to the information they need to protect the pupil**, such as the allergy, potential triggers, symptoms, emergency procedures, and the location of medication. This information should be shared on a **need-to-know basis** with teachers, support staff, lunchtime supervisors, first aiders, and others responsible for the pupil's care.

At the same time, schools should avoid unnecessary disclosure of personal medical information. Allergy details should be stored securely, discussed discreetly, and only shared with other pupils or parents where there is a clear safeguarding reason and, where appropriate, with the consent of the pupil and their parents or carers.

Schools can also promote allergy awareness through whole-school education without identifying individual pupils. This helps create an inclusive environment where everyone understands how to reduce risks while maintaining the dignity and privacy of those with allergies.

In practice, the key principle is: **share information that is necessary to keep a pupil safe, but limit access to those who genuinely need it to fulfil their safeguarding responsibilities**.

6. Assessing Risk

The school will conduct a risk assessment for any pupil at risk of anaphylaxis taking part in:

- Lessons such as food technology
- Science experiments involving foods
- Crafts using food packaging
- Off-site events and school trips (this will be the responsibility of the visit leader)
- Any other activities involving animals or food, such as animal handling experiences or baking
- A risk assessment for any pupil at risk of an allergic reaction will also be carried out where a visitor requires a guide dog.

7. Managing Risk

Any child or young person whose allergy will require the school, college or early years setting to put supportive arrangements in place should have them captured through an Individual Healthcare Plan. Individual Healthcare Plans set out what needs to be done to support a specific child or young person with an allergy, how, when and by whom, including in an emergency. Individual Healthcare Plans should be developed in collaboration with the child or young person and their parents, taking account of any advice received from healthcare professionals.

A child or young person's health information is considered special category data under UK GDPR, which means it is highly sensitive and has additional legal protections. Schools have a lawful basis to hold, use and share a child's special category health data when this is necessary, but it should always be done in a controlled and respectful way, because unnecessary sharing can reduce children's confidence in practitioners and can be embarrassing for children and young people who may not want to be singled out.

Where serious incidents or "near misses" occur involving a child or young person with an allergy, the incident should be recorded. It should be reported to the child or young person's parents and the governing body alongside any statutory reporting. Following investigation, lessons should be learned from any serious incident or "near miss", prompting a review of the relevant policies and arrangements.

7.1 Hygiene procedures

Pupils are reminded to wash their hands before and after eating
Sharing of food is not allowed
Pupils have their own named water bottles

7.2 Catering

The school is committed to providing safe food options to meet the dietary needs of pupils with allergies.

Catering staff receive appropriate training and are able to identify pupils with allergies. School menus are available for parents/carers to view with ingredients clearly labelled. Where changes are made to school menus, we will make sure these continue to meet any special dietary needs of pupils.

(Food allergen information relating to the 'top 14' allergens is displayed on the packaging of all food products, allowing pupils and staff to make safer choices. Allergen information labelling will follow all legal requirements that apply to naming the food and listing ingredients, as outlined by the Food Standards Agency (FSA) Catering staff follow hygiene and allergy procedures when preparing food to avoid cross-contamination).

7.3 Food restrictions

We acknowledge that it is impractical to enforce an allergen-free school. However, we would like to encourage pupils and staff to avoid certain high-risk foods to reduce the chances of someone experiencing a reaction.

These foods include:
Packaged nuts
Cereal, granola or chocolate bars containing nuts
Peanut butter or chocolate spreads containing nuts
Peanut based sauces, such as satay
Sesame seeds and foods containing sesame seeds

If a pupil brings these foods into school, they may be asked to eat them away from others to minimise the risk, or the food may be confiscated.

Bottles and lunch boxes provided by parents / carers for those with food allergies must be clearly labelled with the name of whom they are intended for.

Where food is provided by the school, staff will be educated about how to read labels for food allergens and instructed about measures to prevent cross contamination during the handling, preparation and serving of food. Examples include: preparing food for those with food allergies first; careful cleaning (using warm soapy water) of food preparation areas and utensils. For further information, parents/carers are encouraged to liaise with the Catering Manager

Food will not be given to primary school age, food-allergic children without parents/carers and permission (e.g., birthday parties, food treats), and

Use of food in crafts, cooking classes, science experiments and special events (e.g., fetes, assemblies, cultural events) needs to be considered and may need to be restricted/risk assessed depending on the allergies of particular children/users and their age.

7.4 Insect bites/stings

When outdoors:

Shoes should always be worn
Food and drink should be covered

7.5 Animals

We currently don't have any animals on site, such as therapy dog. If this changes in the future we will mitigate risk by:

All pupils will always wash hands after interacting with animals to avoid putting pupils with allergies at risk through later contact

Pupils with animal allergies will not interact with animals

7.6 Airborne or contact allergies

Allergic reactions can be triggered by **airborne allergens**, such as pollen, dust, animal dander, or food particles in the air, and by **contact allergens**, which are touched directly, such as certain foods, plants, latex, or chemicals.

Classrooms and shared areas should be kept clean and well ventilated, and pupils should be encouraged to wash their hands regularly to reduce the risk of allergen transfer. Where necessary, allergen-free zones can be established, and activities involving known allergens should be carefully risk assessed.

7.7 Support for mental health

Pupils with allergies can experience bullying and may also suffer from anxiety and depression relating to their allergy. It may be necessary to consider procedures that can be put in place to support their mental health and wellbeing.

Pupils with allergies may have additional support through:

Pastoral care
Regular check-ins with their class teacher.

7.8 Events and school trips

For events, including ones that take place outside of the school, and school trips, no pupils with allergies will be excluded from taking part.

The school will plan accordingly for all events and school trips, and arrange for the staff members involved to be aware of pupils' allergies and to have received adequate training. Appropriate measures will be taken in line with the schools AAI protocols for off-site events and school trips (see section 7.5).

Relevant emergency supplies will be taken. Trip leaders will check that all with medical conditions, including allergies, carry their medication or are supported to do so. Those unable to produce their required medication will not be able to attend.

All the activities on the trip will be risk assessed to see if they pose a threat to those with an allergy with alternative activities planned, if necessary, to ensure inclusion.

Overnight trips should be possible with careful planning and a meeting held with the lead member of staff planning the trip. Staff at the venue for an overnight trip must be briefed on the needs, including food, whoever provides it, of those with an allergy.

7.9 Sporting Excursions

Those with an allergy should have every opportunity to attend sports trips. We will ensure that the P.E. teacher/s are fully aware of the situation. We will notify the hosts that a member of the team has an allergy when arranging the fixture. A member of staff trained in administering adrenaline will accompany the team. If another location feels that they are not equipped to cater for any food-allergic child, we will arrange for alternative/their own food.

Most parents/carers are keen that their children should be included in as much as possible so we will need their co-operation with any special arrangements required.

8. Procedures for handling allergic reaction

8.1 Register of pupils with AAIs (EpiPens)

This links to the TPAT 'Supporting pupils with medical conditions' policy.

The school maintains a register of pupils who have been prescribed AAIs or where a doctor has provided a written plan recommending AAIs to be used in the event of anaphylaxis.

The register includes:

Known allergens and risk factors for anaphylaxis
Whether a pupil has been prescribed AAI(s) (and if so, what type and dose)
Where a pupil has been prescribed an AAI, whether parental consent has been given for use of the spare AAI, which may be different to the personal AAI prescribed for the pupil

A photograph of each pupil to allow a visual check to be made.

The register is kept in an easily accessible location / in every classroom and can be checked quickly by any member of staff as part of initiating an emergency response
Allowing all pupils to keep their AAIs with them will reduce delays and allows for confirmation of consent without the need to check the register.

8.2 Allergic reaction procedures

As part of the whole-school awareness approach to allergies, all staff are trained in the school's allergic reaction procedure, and to recognise the signs of anaphylaxis and respond appropriately.

Staff are trained in the administration of AAIs to minimise delays in pupil's receiving adrenaline in an emergency.

If a pupil has an allergic reaction, the staff member will initiate the school's emergency response plan, following the pupil's allergy action plan

If an AAI needs to be administered, a member of staff will use the pupil's own AAI, or if it is not available, a school one.

If the pupil has no allergy action plan, staff will follow the school's procedures on responding to allergy and, if needed, the school's normal emergency procedures.

Emergency Treatment and Management of Anaphylaxis

What we will look for:

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, and
- stomach pain or vomiting.

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, and
- CIRCULATION - dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness.

The term for this more severe 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.

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

Anaphylaxis can develop very rapidly, so treatment is needed that works rapidly. **Adrenaline** is the mainstay of treatment, and it starts to work within seconds.

What does adrenaline do?

- It opens up the airways
- It stops swelling, and
- It raises blood pressure.

As soon as anaphylaxis is suspected, we will administer adrenaline without delay. **This must be administered within 5 minutes of an emergency.**

Action: We will

- Keep the person where they are, call for help, ask for the nearest defibrillator to be brought to the scene, and not leave them unattended

- **LIE THE PERSON FLAT WITH LEGS RAISED** – they can be propped up if struggling to breathe but this will only be for as short a time as possible

- **USE AN ADRENALINE AUTO-INJECTOR WITHOUT DELAY** and note the time given. AAIs will be given into the muscle in the outer thigh. Specific instructions vary by brand and we will always follow the instructions on the device

- CALL **999** and state someone is having an **ANAPHYLAXIS (ana-fil-axis) reaction, giving our postcode and what3words location** Kingfisher CE Academy SN1 7DA – Events/Star/Winner

- If there is no improvement after 5 minutes, we will administer second AAI

- If there are no signs of life we will commence CPR, deploy the defibrillator, and

- Call parents/carers/next of kin as soon as possible, subject to liaison with the emergency services.

Whilst awaiting emergency services arrival we will continue to keep the person where they are. We will not stand them up, or sit them in a chair, even if they are feeling better. We know this could lower their blood pressure drastically, causing their heart to stop.

All persons must go to hospital for observation after anaphylaxis, even if they appear to have recovered, as a reaction can reoccur after treatment.

A school AAI device may be used instead of the pupil's own AAI device if:

- Medical authorisation and written parental consent have been provided, or
- The pupil's own prescribed AAI(s) are not immediately available (for example, because they are broken, out-of-date, have misfired or been wrongly administered)

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent/carer arrives, or accompany the pupil to hospital by ambulance.

If the allergic reaction is mild (e.g. skin rash, itching or sneezing), the pupil will be monitored and the parents/carers informed.

In a letter from MHRA in response to queries on this issue, it clarified that the legal exemption under Regulation 238 of the Human Medicines Regulations 2012 permits a school's spare adrenaline auto-injector(s) to be used for any pupil or other person not known by the school to be at risk of anaphylaxis in an emergency. Written permission is not required. However, the MHRA highlighted that this was for exceptional circumstances only where the reaction could not have been foreseen.

9. Adrenaline auto-injectors (AAIs)

9.1 Purchasing of spare AAIs

The allergy lead is responsible for buying AAIs and ensuring they are stored according to the guidance.

Procedures for buying spare AAIs:
AAIs will be sourced from a local pharmacy.
The quantity of AAIs required is 2
The brand of AAI is Jext.
Dosage required: 150 micrograms of adrenaline (0-6 years)
300 micrograms of adrenaline (6 + years

9.2 Storage (of both spare and prescribed AAIs)

The allergy lead will make sure all AAIs are:

- Stored at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature.
- Kept in a safe and suitably central location to which all staff have access at all times, but is out of the reach and sight of children.
- **Not** locked away, but accessible and available for use at all times. These are stored in the Admin Office with First Aid materials, clearly labelled Emergency Anaphylaxis Pen' and the location known to all staff.
- **Not** located more than 5 minutes away from where they may be needed (larger schools will require more than one AAI kit, ideally located near the dining area and playground)
- Spare AAIs will be kept separate from any pupil's own prescribed AAI, and clearly labelled to avoid confusion. They will be used for emergency situations on and off site. They may be used where those with their own devices are not available or not working (e.g. because they are out of date or for those experiencing anaphylaxis for the first time).

It is good practice for the school to enable expiry alerts so that replacements can be made in good time.

9.3 Maintenance (of spare AAIs)

Rebecca Wright and Michelle Bishop are responsible for checking monthly that:
The AAIs are present and in date.
Replacement AAIs are obtained when the expiry date is near.

9.4 Disposal

AAIs can only be used once. Once an AAI has been used, it will be disposed of in line with the manufacturer's instructions (for example, in a sharps bin for collection by the local council). If an AAI has been used, please hand to paramedics for safe disposal.

9.5 Use of AAIs off school premises

Pupils at risk of anaphylaxis who are able to administer their own AAIs should carry their own AAI with them on school trips and off-site events

9.6 Emergency anaphylaxis kit

The school holds an emergency anaphylaxis kit. This includes:

- Spare AAIs. These are kept Admin Office.
- Instructions for the use of AAIs
- Instructions on storage
- Manufacturer's information
- A checklist of injectors, identified by batch number and expiry date with monthly checks recorded
- A note of arrangements for replacing injectors
- A list of pupils to whom the AAI can be administered
- A record of when AAIs have been administered
- Two AAIs i.e. EpiPen or Jext
- An up-to-date allergy plan
- Antihistamine as tablets or syrup (if included on allergy action plan plan)
- Spoon if required
- Asthma inhaler

10. Training

The school is committed to training all staff in allergy response.

This includes:

- How to reduce and prevent the risk of allergic reactions
- How to spot the signs of allergic reactions (including anaphylaxis)
- The importance of acting quickly in the case of anaphylaxis
- Where AAIs are kept on the school site, and how to access them
- How to administer AAIs
- The wellbeing and inclusion implications of allergies

Training will be carried out annually by the Swindon School Nursing Service.
It is recommended that all staff are trained at least once a year.

The named staff members (at least 2) responsible for coordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy, records of training and refreshing, individual risk assessments, etc. are:

1. Sharon Bishop (Headteacher)

2. Sally Telling (Deputy Headteacher)

All our staff will complete AllergyWise® allergy and anaphylaxis training annually, and on arrival of new staff during the year.

Training includes:

- Knowing the common allergens and triggers of allergies
- Spotting the signs and symptoms of an allergic reaction and anaphylaxis. Early recognition of symptoms is key, including knowing when to call for emergency services
- Administering emergency treatment (including AAIs) in the event of anaphylaxis – knowing how and when to administer the medication/device
- Measures to reduce the risk of anyone having an allergic reaction e.g. allergen avoidance, knowing who is responsible for what,
- Managing allergy action plans and ensuring these are up to date.

We undertake practical sessions, using trainer devices, noting these can be obtained from the manufacturers' websites: www.epipen.co.uk and www.jext.co.uk

The DfE statutory guidance requires training for supply staff, peripatetic staff, agency workers, regular volunteers or out of hours club staff. These staff must also be aware of existing conditions and medical plans.

11. Useful Links

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