# TTLT Pupil Allergy Policy

Appendix for adaptation and adoption by individual TTLT schools

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## 1. Aims

This policy aims to:

- Set out a clear and consistent approach across TTLT schools for identifying, assessing and managing allergy risks
- Reduce the risk of exposure to known allergens and set out effective procedures for responding to allergic reactions, including anaphylaxis
- Support pupils with allergies so they can attend school safely, participate fully and not be unfairly excluded from school life
- Promote allergy awareness across the whole school community and ensure staff understand their responsibilities
- Ensure each TTLT school has local operational arrangements that reflect this model policy and its own site, staffing and pupil needs

## 2. Legislation and guidance

This policy should be read alongside relevant TTLT policies and is based on Department for Education guidance on allergies in schools and supporting pupils with medical conditions at school, Department of Health and Social Care guidance on using emergency adrenaline auto-injectors in schools, and current food allergen requirements. It reflects the strengthened national expectations commonly referred to as Benedict's Law. In line with the current national position, schools in England are expected to have a dedicated allergy policy, hold spare in-date adrenaline auto-injectors on site, provide allergy awareness and emergency response training for all staff, maintain appropriate individual healthcare and allergy action plans, and record and review incidents and near misses so that lessons learned inform future practice.

- Children and Families Act 2014
- Food Information Regulations 2014
- Food Information (Amendment) (England) Regulations 2019
- Equality Act 2010
- Health and Safety at Work etc. Act 1974 and associated duties to manage risk
- Relevant statutory and non-statutory guidance issued by the Department for Education, Department of Health and Social Care and the Food Standards Agency

# 3. Roles and responsibilities

We take a whole-school approach to allergy awareness.

Each TTLT school must identify named staff and local arrangements to implement this policy. The responsibilities below set out the minimum expectations and may be supplemented to reflect the context of the individual school.

The Trust Board, as employer, has overall responsibility for health, safety and wellbeing. The headteacher is responsible for implementing this policy and the school's local allergy arrangements, and the Local Governing Body provides monitoring and assurance in line with the Trust's Scheme of Delegation.

## 3.1 Allergy lead

Each school will nominate a designated allergy lead. This should normally be a senior leader, or another suitably senior member of staff, with oversight of pupil welfare, medical needs and operational implementation.

They're responsible for:

## 3.2 Administrative, first aid and pastoral support staff

Administrative staff, first aiders, welfare staff and any school nurse or medical officer engaged by the school will support implementation by:

- Collecting, checking and updating medical and dietary information received from parents and professionals
- Supporting the safe receipt, storage, checking and recording of medication, including prescribed and spare AAIs
- Making sure relevant records, consent forms and emergency contact details are readily available
- Supporting communication with parents, catering teams, trip leaders and other relevant staff

## 3.3 Teaching and support staff

All teaching and support staff are responsible for:

- Understanding and following the school's allergy procedures and the needs of pupils in their care
- Taking reasonable steps to reduce allergy risks in lessons, activities, clubs, visits and day-to-day routines
- Recognising the signs of allergic reaction and anaphylaxis and responding without delay

- Attending required training and following individual healthcare plans, risk assessments and emergency procedures
- Promoting inclusion, dignity and allergy awareness and responding appropriately to any unsafe behaviour or bullying linked to allergies

### 3.4 Parents/carers

Parents/carers are responsible for:

- Providing accurate and up-to-date information about their child's allergies, reactions, treatment and dietary needs
- Working with the school to complete and review healthcare plans and any required consent documentation
- Providing prescribed medication, including in-date AAIs where required, and replacing this promptly when needed
- Following the school's guidance on packed lunches, snacks, food sharing and food brought in for events or celebrations
- Informing the school promptly of any changes to diagnosis, treatment, allergies or emergency contacts

### 3.5 Pupils with allergies

These pupils are responsible for:

- Where age and understanding allow, knowing their allergens and how to reduce their own risk
- Following agreed arrangements for carrying or accessing prescribed medication
- Telling an adult immediately if they feel unwell or think they have been exposed to an allergen

### 3.6 Pupils without allergies

These pupils are responsible for:

- Following school rules about food, hygiene and not sharing food or drink
- Treating pupils with allergies respectfully and helping to keep others safe

Older pupils may also be encouraged, where appropriate, to seek adult help promptly and support a culture of safe behaviour in an emergency.

## 4. 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
- 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.

All allergy-related risk assessments will form part of the school's wider health and safety risk assessment arrangements and will be recorded, shared with relevant staff and reviewed following incidents, near misses or changes in need. Significant incidents, patterns or emerging concerns should also inform wider review of the school's allergy arrangements.

# 5. Managing risk

Each TTLT school will adopt proportionate risk reduction measures based on pupil needs, site layout, catering arrangements, curriculum activities and local operational context. Schools should avoid blanket controls that are not practical or enforceable but must put in place clear and reasonable measures that reduce risk and support inclusion.

## 5.1 Hygiene procedures

Schools will implement hygiene procedures designed to reduce the risk of allergen transfer and cross-contamination. These will include handwashing, cleaning of eating and activity surfaces, avoiding unnecessary food sharing, and clear routines for classrooms, dining areas and shared spaces.

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

## 5.2 Catering

Where food is provided by or on behalf of the school, the school will work with catering providers to make sure allergen information is accurate, available and updated when products or menus change. Catering arrangements must support pupils with medical dietary needs safely and in a way that preserves dignity and inclusion.

- Catering staff will receive appropriate allergy and food safety training
- Allergen information for the relevant regulated allergens will be available in line with current food information requirements
- Menu changes, substitutions and special dietary arrangements will be checked carefully before food is served
- Procedures will be in place to reduce the risk of cross-contamination during storage, preparation and service

## 5.3 Food restrictions

Each school will set out clear local arrangements for food brought onto site. These should reflect the age range of pupils, catering model, known allergens in the school population and the need for practical, enforceable controls. As a general principle, schools should not describe themselves as allergen free but should communicate clearly about higher-risk items and safe behaviour.

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

Where a school identifies particular foods as higher risk within its own context, this should be communicated clearly to parents, carers, staff and pupils. Local arrangements should focus on sensible risk reduction, supervision and hygiene rather than punitive approaches.

- Any tuck shop, breakfast provision, vending or food sales arrangements operated by the school should follow the same allergy controls and information requirements as other school food provision.

### 5.4 Insect bites/stings

Where a pupil has a known allergy to insect bites or stings, the school will consider this in healthcare planning, supervision, outdoor activities and visits. Local arrangements may include avoidance strategies, site checks and emergency medication access.

When outdoors:

- Shoes should always be worn
- Food and drink should be covered

### 5.5 Animals

Where animal contact is part of school life or a planned activity, schools will consider allergy risks in advance and put suitable controls in place, including hygiene routines, supervision and alternative arrangements where needed.

- 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

### 5.6 Support for mental health

TTLT schools recognise that allergies can affect a pupil's wellbeing, confidence and sense of belonging. Schools should respond to any bullying, teasing or unsafe behaviour linked to allergies and make sure pupils with allergies are supported through pastoral systems, safeguarding procedures and behaviour expectations.

Pupils with allergies will have additional support through:

- Pastoral care
- Regular check-ins with an appropriate member of staff, as determined by the school's pastoral arrangements

### 5.7 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).

## 6. Procedures for handling an allergic reaction

### 6.1 Register of pupils with AAIs

The register of pupils with prescribed AAIs forms part of the school's wider arrangements for supporting pupils with medical conditions and should be maintained alongside the school's medical records and emergency planning procedures.

Each school will maintain a register of pupils who have been prescribed AAIs or where a clinician has provided a written plan recommending AAIs in the event of anaphylaxis. The local arrangements for this register, including access, consent information and any emergency identification arrangements, are set out in Appendix A.

### 6.2 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 immediately available, staff will still act without delay, call emergency services where anaphylaxis is suspected, administer an AAI if clinically indicated and available, inform parents/carers as soon as possible, and follow the school's emergency, first aid and incident reporting procedures
- A school AAI device will 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

## 7. Adrenaline auto-injectors (AAIs)

Each TTLT school must have clear local arrangements for prescribed and spare AAIs that are aligned with national guidance and capable of being implemented consistently by staff. These arrangements should cover purchasing, storage, access, checking, use, record-keeping, disposal and school trips. The school-specific arrangements are set out in Appendix A.

### 7.1 Purchasing of spare AAIs

Schools that hold spare AAIs will purchase them in line with current guidance, normally from a local pharmacy or other lawful supplier, and will standardise brand and dosage where possible to reduce confusion. The number and type of devices held should reflect the size of the school, the age of pupils, the site layout and known need.

- Schools will keep a record of purchases, expiry dates and replacement arrangements
- Where possible, schools should minimise the number of different AAI devices held on site
- Local arrangements should identify who is authorised to order and receive spare AAIs

Schools should follow the current national guidance when purchasing spare AAIs and review their local arrangements regularly.

## 7.2 Storage (of both spare and prescribed AAIs)

- 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
- Stored in locations that allow timely access in an emergency; larger schools may need more than one kit depending on site layout and local risk assessment

Schools should follow the current national guidance on the storage of prescribed and spare AAIs and reflect exact locations in their local procedures.

## 7.3 Maintenance (of spare AAIs)

The headteacher will ensure that named staff are responsible for carrying out and recording regular checks that spare AAIs are present, stored correctly and within date, and that replacements are obtained promptly.

- The AAIs are present and in date
- Replacement AAIs are obtained when the expiry date is near

## 7.4 Disposal

AAIs are single-use devices. Used, damaged or expired devices will be disposed of safely in line with manufacturer instructions and the school's clinical waste or sharps arrangements, with records updated as required.

Schools should follow the current national guidance on safe disposal and replacement of used, damaged or expired AAIs.

## 7.5 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
- Trip leaders will complete appropriate planning and risk assessment, make sure medication and emergency information accompany the pupil, and confirm that at least one trained adult is available throughout the visit. Schools should also decide, through the visit risk assessment, whether a spare AAI will accompany the trip.

## 7.6 Emergency anaphylaxis kit

Each TTLT school should hold an emergency anaphylaxis kit as part of its wider medical needs arrangements. The kit should be clearly located, appropriately checked and supported by clear staff guidance and local procedures.

Where the school holds an emergency anaphylaxis kit, this may include:

- Spare AAIs
- 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

## 8. Training

The school will make sure all staff receive allergy awareness and emergency response training appropriate to their role. In line with the strengthened national expectations, this training should cover allergy prevention, symptom recognition, emergency response and the use of the adrenaline devices held by the school, while named staff may receive more detailed role-specific instruction where required. Local training records and communication arrangements are set out in Appendix A.

- How to reduce and prevent the risk of allergic reactions in different parts of school life
- How to recognise symptoms of allergic reaction and anaphylaxis
- The importance of acting quickly and summoning emergency medical help when required
- Where medication and emergency kits are kept and how to access them without delay
- How and when to administer the relevant AAI devices used by the school population
- The use of healthcare plans, communication systems, incident reporting and lessons learned
- The importance of inclusion, dignity and safeguarding for pupils with allergies
- Training will be refreshed at least annually and sooner where there is a change in pupil need, staffing, site arrangements, equipment, after a significant incident or near miss, or where updated guidance requires it.

- Schools should keep a record of training completed and identify any staff who require additional role-specific instruction.

## 9. Links to other policies

This policy should be read alongside the following TTLT and school-level policies, procedures and guidance:

- Health and safety policy
- Supporting pupils with medical conditions policy
- First aid policy and procedures
- Educational visits policy and risk assessment procedures
- Safeguarding and child protection policy
- Behaviour policy and anti-bullying procedures
- School food or catering procedures, where applicable
- Data protection and records management arrangements for medical information

# Appendix A: Local school allergy arrangements

This appendix should be completed by each school and read alongside the main policy. It records the school's named contacts, operational arrangements and local decisions for managing allergies safely.

## 1. School details and approval arrangements

| | |
|---|---|
| School name | Rushton CE First School |
| Allergy lead | Kristina Scott |
| Headteacher | Sarah Cockersole |
| Link governor / LGB oversight | Nick Hughes |
| **Website publication / policy location** | Policies |

## 2. Named staff and key responsibilities

| | |
|---|---|
| Allergy lead | Kristina Scott |
| First aid / medical lead | Kristina Scott, Early Years Teacher |
| Administrative contact for healthcare plans and medication | Kristina Scott<br>kscott@ttlt.org.uk |
| Catering contact | MiQuill<br>Emma Shaw<br>emma.shaw@miquillcatering.co.uk |
| Educational visits lead / EVC | Sarah Cockersole |
| Pastoral / safeguarding contact | Sarah Cockersole |
| Named staff trained to administer AAIs | Kristina Scott, Elle Mae Ball, Sarah Cockersole, Alix Turner, Andie Hughes, Marta Toomer, Jane Dambach, Step Cartlidge, Sarah Thomas. |

## 3. Healthcare plans, registers and records

| | |
|---|---|
| Location of Individual Healthcare Plans / allergy action plans | Hard copies in filing cabinet within the resource room<br>Online in shared drive/allergy documents |
| Location of allergy register | Hard copies filing cabinet within the resource room<br>Online in shared drive/allergy documents |
| Medication administration records kept at | In the office |
| Emergency contact details held at | Arbor |
| Consent for use of spare AAIs recorded at | Arbor |
| Incident / near miss records kept at | My Healthy and Safety |

## 4. Adrenaline auto-injectors (AAIs) and emergency arrangements

| | |
|---|---|
| Do pupils carry their own prescribed AAIs? | Yes - kept in a central easy to access location during the day. |
| Location of prescribed AAIs | Classroom of the children prescribed |
| Location of spare AAIs | Resource room |
| **Number and type of spare AAIs held on site** | 2x AAI for children under 6<br>2x AAI for children over 6 |

| | |
|---|---|
| Staff responsible for checking expiry dates and stock | Kristina Scott |
| Frequency of checks | Monthly |
| Ambulance call and parent contact arrangements | 999 and use emergency contact as listed on Arbor. |

## 5. Food, catering and site-specific risk reduction measures

| | |
|---|---|
| Local food brought into school arrangements | All food brought into school must have ingredient labels on so that they can be checked by staff. |
| Higher-risk foods identified by the school (if any) | Nuts |
| Catering / lunch arrangements for pupils with allergies | Children with allergies are supplied with an allergen menu by our caters Miquill. |
| Breakfast club / wraparound / tuck shop arrangements | Wrap around care is run by support staff who are aware of all allergies and had allergen training. All food provided is checked for allergens. |
| Classroom food activities arrangements | All staff are aware of allergies and allergen trained. All food is checked for allergens before being brought into the classrooms. |
| Cleaning and hygiene arrangements relevant to allergy management | Standard cleaning routines unless an allergen has been present (or possibly present) when extra cleaning will be required |

## 6. Trips, visits and extended provision

| | |
|---|---|
| How allergy information is shared for trips and visits | Allergy lead provides all staff and volunteers attending with the allergen information.<br>Allergy and trip lead will liase to inform staff at the trip location. |
| How medication is carried and accessed off site | Medication is carried by staff on the trip.<br>Spare epi-pens will be taken on trips, ensuring that some are left behind at school if other classes are still on the premises. |
| Requirement for trained staff on visits | All staff on visits will be allergy trained. |

## 7. Training and communication

| | |
|---|---|
| Location of staff training record / matrix | Allergy documents on shared drive<br>Allergy folder in filing cabinet |
| Date of last allergy awareness training | September 2026 |
| Date of last AAI / emergency response training | September 2026 |
| How allergy information is shared with staff | Allergy lead shared with all staff during INSET yearly (after yearly reviews)<br>Changes made in year will be shared via email and in person by the allergy lead. |
| How information is shared with supply staff, volunteers and visitors | Where applicable, the appropriate information will be shared depending on role.<br>All information can be found in the allergy folder. |

| | |
|---|---|
| How information is shared with parents/carers | Emails and a minimum of yearly meetings with parents of children with allergies |

## 8. Pastoral support, incident review and monitoring

| | |
|---|---|
| Pastoral support arrangements for pupils with allergies | Allergy lead to support children<br>All staff aware and allergen trained. |
| How allergy incidents and near misses are reviewed | Reviewed with senior staff and recorded on My Health and Safety. |
| How lessons learned are shared | Email and kept within the allergy folder |
| How the Local Governing Body receives assurance | Link governor kept up to date and reports back to LGB.<br>Allergy lead is also a staff governor. |

## Appendix B: Key information for staff

This appendix is intended as a quick one-page reference for all staff. It does not replace the full policy or any individual healthcare plan, but highlights the key points staff must know and follow in day-to-day practice.

| What staff need to know | Key points |
|---|---|
| **Everyday prevention** | Follow the school's allergy arrangements, do not allow food sharing, supervise handwashing before and after eating, and keep tables / shared surfaces clean to reduce allergen transfer. |
| **Know your pupils** | Be aware of pupils with allergies in your care, read any relevant healthcare plans, and know any local arrangements for classroom activities, lunch, visits and clubs. |
| **Common symptoms** | Watch for swelling, hives or rash, itching, sneezing, vomiting, wheezing, breathing difficulty, persistent cough, hoarse voice, dizziness, collapse or sudden deterioration. |
| **If you suspect an allergic reaction** | **Act immediately.** Follow the pupil's allergy action plan where available, call for help, and follow the school's emergency response procedure without delay. |
| **If anaphylaxis is suspected** | Administer the pupil's own AAI, or a school spare AAI where this is permitted and appropriate, then call 999 immediately. Do not wait to see if symptoms improve before seeking emergency help. |
| **Medication access** | Know where prescribed AAIs, spare AAIs and emergency kits are kept. These must be accessible at all times and not locked away. |
| **Trips, visits and activities** | Check allergy information in advance, include it in planning and risk assessments, ensure medication goes with the pupil, and confirm that a trained adult is present. |
| **Training** | Complete required allergy and emergency response training, refresh this at least annually or sooner if local arrangements change, and ask if you are unsure about any procedure, device or pupil need. |
| **Reporting and follow-up** | Report all reactions, suspected reactions, near misses and concerns in line with school procedures so records can be updated promptly and lessons learned can inform future practice. |
| **Inclusion and culture** | Help create a safe, calm and inclusive environment. Never dismiss symptoms, and respond promptly to unsafe behaviour, teasing or bullying linked to allergies. |