Reach Schools

CHOICE & OPPORTUNITY
FOR EVERY CHILD

Reach Schools

Allergy Awareness and Controls

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Academies to note: This is a Reach Schools policy and should not be modified.	

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CHOICE & OPPORTUNITY FOR EVERY CHILD

Contents

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Introduction

The Board of Trustees believe that ensuring the health and welfare of staff, students and visitors is essential to the success of the academy and is committed to ensuring that those with medical conditions, including allergies, especially those likely to have a severe reaction (anaphylaxis), are supported in all aspects of school life.

When food is provided by our schools, it is our responsibility to protect the individuals in our care. This policy sets out where an individual has a pre-existing food allergy or intolerance that we will have a process in place to ensure the person can obtain safe food options. This is particularly important if a child is unable or needs help making safe food choices.

We will:

- Ensure appropriate arrangements are in place across the Trust to support pupils with medical conditions, in line with statutory guidance, and hold leaders to account for effective implementation.
- Ensure this policy is regularly reviewed and updated to reflect current legislation and best practice.
- Adhere to legislation and statutory guidance on supporting pupils with medical conditions, including the administration of allergy medication and adrenaline auto-injectors (AAIs).
- Ensure all staff, including temporary and supply staff, are trained and confident in implementing this policy, including Individual Healthcare Plans and emergency procedures.
- Ensure Individual Healthcare Plans (HCPs) are in place and regularly reviewed for pupils with serious allergies.

- Identify and minimise risks to pupils with allergies through appropriate assessment and control measures.
- Promote awareness of allergies and an inclusive culture across the Trust, with any allergy-related bullying addressed in line with the anti-bullying policy.
- Ensure the Trust is appropriately insured and that staff understand their cover when supporting pupils with medical conditions.

Whilst we will endeavour to ensure our schools provide a safe environment for all, we cannot guarantee our schools will be allergen-free.

In the event of illness, a staff member will accompany the student to the academy office/medical room. In order to manage their medical condition effectively, the academy will not prevent students from eating, drinking or taking breaks whenever they need to.

The Trust also has First Aid and Administration of Medicines policies. All staff should be aware of these policies.

This policy is implemented in accordance with relevant legislation and guidance, including the Health and Safety at Work etc. Act 1974, the Equality Act 2010, the Children and Families Act 2014, the Department for Education's guidance Allergy Safety in Schools , and food allergen legislation, including Natasha's Law.

This policy applies to all relevant Trust activities and is written in compliance with all current UK health and safety legislation.

Food allergies and food intolerance

A food allergy is when the body's immune system (which is the body's defense against infection) mistakenly treats the protein in food as a threat. The body responds to this threat

by releasing a number of chemicals in the body. These chemicals cause the symptoms of an allergic reaction.

A food intolerance is more common than a food allergy. Food intolerances are thought to affect 1 in 10 people. Food intolerances do not involve the immune system. Instead, a food intolerance involves the digestive system and can cause difficulty digesting certain foods leading to symptoms such as abdominal pain, gas and diarrhoea. Those who are affected often rely on allergen labelling to avoid the foods that make them ill.

The 14 allergens

The UK Food Information Amendment, also known as Natasha's Law, came into effect on the 1st of October 2021 and requires food businesses to provide full ingredient lists and allergen labelling on foods pre-packaged for direct sale on the premises. The legislation was introduced to protect allergy sufferers and give them confidence in the food they buy.

Under the new rules, food that is pre-packaged for direct sale (PPDS) must display the following clear information on its packaging:

1) The food's name

2) A full list of ingredients, emphasising any allergenic ingredients.

For schools, the new labelling requirements will apply to all food they make on-site and package, such as sandwiches, wraps, salads, and cakes. It applies to food offered at mealtimes and as break-time snacks. And, as mentioned earlier, it will apply to food the pupils select themselves or that caterers keep behind the counter.

Food businesses need to tell customers if any food they provide contains any of the listed allergens as an ingredient.

Consumers may be allergic or have an intolerance to other ingredients, but only the 14 allergens are required to be declared as allergens by food law in the UK.

The main 14 allergens (as listed in Annex II of the EU Food Information for Consumers) are:

a) Cereals containing gluten, namely wheat (such as spelt and Khorasan wheat), rye, barley and oats

b) Crustaceans, Invertebrates (they have no backbone) with a segmented body and jointed legs. Crab, crayfish, langoustine, lobster, prawn, shrimp, scampi.

c) Egg, Egg does not have to be eaten to cause an allergic reaction; coming into contact with eggshells or touching (raw) egg can cause allergic symptoms usually affecting just the skin in highly sensitive individuals.

d) Fish, Vertebrates (they have a backbone). Most fish are covered in scales and have fins. Anchovy, basa, cod, cuttlefish, haddock, hake, halibut, mackerel, monkfish, pilchards, plaice, pollock, salmon, sardine, sea bass, swordfish, trout, tuna, turbot, whitebait.

e) Peanuts, Different varieties of peanuts are produced for different uses (for example, peanuts to be used in peanut butter and peanuts in the shell for roasting,). Peanuts are from a family of plants called legumes, the same family as garden peas, lentils, soya beans and chickpeas. Most people will be able to eat other types of legumes without any problems and it is rare for people with a peanut allergy to react to other legumes.

Peanut allergy affects around 2% (1 in 50) of children in the UK and has been increasing in recent decades.

f) Soybeans, Soy comes from soybeans and immature soybeans are called edamame beans. Soya can be ingested as whole beans, soya flour, soya sauce or soya oil. Soya can also be used in foods as a texturiser (texturised vegetable protein), emulsifier (soya lecithin) or protein filler. Soya flour is widely used in foods including; breads, cakes, processed foods (ready meals, burgers and sausages) and baby foods.

g) Milk, includes dairy items, butter, cheese, cream, yoghurt, ice-cream, ghee, whey, buttermilk, milk powders.

h) Nuts (namely almond, hazelnut, walnut, cashew, pecan nut, Brazil nut, pistachio nut and macadamia nut (Queensland nut). Can be found in curry powders and mixes, savoury sauces, salad dressing, marinades, soup, Indian dishes, English, French and American dishes

i) Celery, celery sticks, celery leaves, celery spice, celery seeds, which can be used to make celery salt.

j) Mustard, Mustard seeds are produced by the mustard plant which is a member of the Brassica family. Seeds can be white, yellow, brown or black. Whole seeds can be used in a variety of ways in cooking including roasting, marinating or as an addition to pickled products. Whole, ground, cracked or bruised mustard seeds are mixed with other ingredients to make table mustard.

k) Sesame seeds, Also known as: Benne (African name), gingelly (Sesame Oil), gomashio (Japanese Condiment), til (seed of sesame) Foods that sometimes have sesame as an ingredient include: veggie burgers, breadsticks, crackers, burger buns, cocktail biscuits, Middle Eastern foods, Chinese, Thai and Japanese foods, stir-fry vegetables, salad dishes and health food snacks.

l) Sulphur dioxide and/or sulphites, Also known as: Sulphur dioxide (E220) and other sulphites (from numbers E221 to E228) are used as preservatives in a wide range of foods, especially soft drinks, sausages, burgers, and dried fruits and vegetables.

E220 (Sulphur dioxide), E221 Sodium sulphite, E222 Sodium hydrogen sulphite, E223 Sodium metabisulphite, E224 Potassium metabisulphite, E226 Calcium sulphite, E227 Calcium hydrogen sulphite, E228 Potassium hydrogen sulphite, E150b Caustic sulphite caramel, E150d Sulphite ammonia caramel. It can be found in foods as a preservative, dried fruit and vegetables, soft drinks, fruit juices, fermented drinks (wine, beer and cider), sausages and burgers. Anyone who has asthma or allergic rhinitis may react to inhaling sulphur dioxide.

m) Lupin, Also known as lupin seeds, lupin beans and lupin flour. The lupin is well-known as a popular garden flower with its tall, colourful spikes. The seeds from certain lupin species are also cultivated as food. These are normally crushed to make lupin flour, which can be used in baked goods such as pastries, pies, pancakes and in pasta.

n) Molluscs, Also invertebrates. They are soft bodied inside and some have a shell. Abalone, squid, cuttlefish, octopus, snails and whelk. Those that have a shell that opens and closes are called 'bivalve molluscs', such as clams, cockles, oysters, mussels and scallops. This also applies to additives, processing aids and any other substances which are present in the final product.

Roles

The Board of Trustees

The Board of Trustees has ultimate responsibility for health and safety matters, including Allergy Awareness and management of associated risks, in the Trust.

Ensure the Allergy Awareness Policy is reviewed annually, or after any operational changes or significant allergy related incidents, to ensure that the provisions remain appropriate for the activities undertaken.

The Board of Trustees will ensure that adequate resources, systems and competent persons are in place to support the safe management of allergies and anaphylaxis across the Trust, in line with the Trust's Scheme of Delegation.

The Board of Trustees will receive reports on allergy-related incidents, training compliance, and identified risk trends to inform strategic oversight.

The CEO

The CEO is responsible for ensuring that this Allergy Awareness Policy and associated arrangements are implemented across all Academies within the Trust and that operational arrangements reflect the Trust's requirements.

Ensuring that communication and reporting systems are in place so that allergy-related incidents, near misses, and emerging risks are reported to the Board of trustees.

Where catering services are centrally procured by the Trust, the CEO will ensure that contracted services comply with the Trust's allergy management requirements and ensure contractors are appropriately vetted and monitored.

The CEO will ensure mechanisms are in place to monitor the effectiveness of this policy, including staff training, compliance and implementation across the Trust

Note that individual Headteachers remain responsible for the day to day implementation of this policy at their Academy.

The Trust recognises that allergies may arise from food, medication, insect stings, airborne allergens and contact allergens. Risk assessments and support arrangements will be developed proportionately according to the individual needs of the affected person.

Co-headteachers

The Co-headteacher is responsible for the day to day implementation of the Allergy Awareness Policy within their Academy, and for ensuring effective delivery of arrangements to support pupils with medical conditions, including working with the designated medical lead, ensuring allergy related incidents, near misses, and concerns are recorded and reported via the Trust's designated reporting systems and escalated as required to the Board of Trustees.

Ensuring suitable and sufficient risk assessments are carried out to identify and manage the allergy needs of students and staff and are reviewed regularly and following any significant changes or incidents.

Ensure a central allergy register is established, maintained, and made accessible to relevant staff, including for educational visits, staff cover and risk assessment purposes.

Ensure that Individual Health Care Plans (HCPs) and allergy action plans are implemented and kept under review for students diagnosed with serious allergies.

Ensuring that all staff, without exception (including supply staff, volunteers, contractors, lunchtime supervisors and transport staff), receive appropriate allergy and anaphylaxis training, including emergency response, which is regularly refreshed.

Ensuring that appointed staff have an appropriate qualification, keep training up to date and remain competent to perform their role.

Ensuring all staff are aware of the Trust's allergy awareness policy and procedures.

Ensuring that catering arrangements meet the medical and dietary needs of pupils with allergies, in line with their HCPs.

Ensure allergy bullying is treated seriously, like any other bullying and those with allergies are not excluded from any school activities.

Reporting specified incidents to the Health and Safety Executive (HSE), when necessary.

Ensure that all staff receive regular updates on allergy risks and changes to students' HCPs.

Medical lead/named person for allergy safety

Reach Academy Feltham: Andie Colomb

Reach Academy Hanworth Park: Kirsty Simkin

Acting as the single point of contact for allergy and anaphylaxis management for staff, pupils, parents/carers and external professionals.

Ensuring HCPs (including AAPs) are developed, implemented and reviewed and updated in line with this policy and clinical advice.

Maintaining oversight of the school/trust allergy register via Bromcom, ensuring it is accurate, up to date and accessible to relevant staff.

Coordinating and monitoring allergy and anaphylaxis training for all staff, including refresher training and maintaining appropriate records.

Ensuring the availability, safe storage, checking and replacement of spare emergency auto injectors in accordance with statutory guidance.

Ensure effective communication of allergy information to staff, supply staff, volunteers, catering teams and staff supporting educational visits.

Reviewing allergy related incidents and near misses, contributing to learning lessons and improvement actions.

Liaising with the Headteachers, first aid lead, catering providers and the trust where required.

Supporting the coordination of communication with parents/carers and external professionals where required.

Teaching staff

Ensuring they follow allergy awareness procedures and this policy at all times.

Ensuring they are familiar with any relevant pupils' HCPs (including AAPs) and are able to recognise the symptoms of an allergic reaction and take appropriate action.

Ensuring they know who the Medical coordinators in the Academy are and how to access emergency support, including the location of emergency medication such as AAIs.

Completing accident reports for all incidents where applicable.

Informing the Headteacher or their manager and the designated allergy lead of any specific health conditions or allergy needs.

Ensure surfaces are wiped down before and after eating outside of main dining areas to reduce the risk of allergen exposure.

Students are prohibited from sharing food during lessons or clubs and this is consistently enforced.

Ensuring prompt communication of any concerns, incidents or changes relating to pupils' allergies to the appropriate staff.

Support staff

Ensuring they follow allergy awareness procedure and this policy at all times.

Ensuring they are familiar with any relevant pupils' Individual Healthcare Plans (HCPs) and allergy action plans and are able to recognise the symptoms of an allergic reaction and take appropriate action.

Ensuring they know who the Medical coordinators in the Academy are and how to access emergency support, including the location of emergency medication such as AAIs where relevant to their role.

Completing accident reports for all incidents where applicable.

Informing the Headteachers or their manager and the designated allergy lead of any specific health conditions or allergy needs

Ensure surfaces are wiped down before and after eating outside of main dining areas to reduce the risk of allergen exposure.

Students are prohibited from sharing food during lessons or clubs and this is consistently enforced where staff are supervising.

Ensuring prompt communication of any concerns, incidents or changes relating to pupils' allergies to the appropriate staff.

Estates Lead

Ensuring they follow allergy awareness procedures and this policy as applicable to their role.

Ensuring they know who the Medical coordinators in Academy are and how to contact them in an emergency.

Completing accident reports for all incidents where applicable.

Informing the Headteachers or their manager of any specific health conditions or allergy needs.

Supporting the Headteacher in maintaining accurate records of staff training and compliance related to allergy management.

Supporting the maintenance of accurate records relating to pupils with allergies, including contributing to the allergy register where appropriate.

Ensuring they follow allergy awareness procedures and this policy as applicable to their role.

Ensuring they know who the Medical coordinators in the Academy are and how to contact them in an emergency.

Supporting the coordination of communication with parents/carers and external professionals where required.

Informing the Headteacher or their manager of any specific health conditions or allergy needs.

Ensuring that cleaning regimes and site management practices support the reduction of allergen risks, including appropriate cleaning of surfaces and shared areas.

Ensuring that contractors working on site are aware of relevant allergy controls and comply with the Trust's requirements where applicable.

Ensuring that reasonable measures are taken to maintain good indoor air quality through appropriate ventilation, cleaning and maintenance arrangements, taking account of individuals affected by asthma or airborne allergens.

Head Chef and catering staff

The Head chef is responsible for ensuring that food allergy requirements are reviewed and accurately reflect current menu offerings and pupil needs.

Ensuring all catering staff receive appropriate allergy awareness and food hygiene training, with records maintained and refresher training completed in line with the training schedule.

Ensuring that up-to-date information on staff and pupil allergies is received, maintained and used to inform safe food preparation and service.

Ensuring an accurate and up-to-date allergen matrix is available for all food provided, enabling informed choices to be made.

Ensuring that ingredient information is regularly reviewed and updated, particularly when suppliers or products change.

Ensuring all pre-packaged foods comply with legal allergen labelling requirements, and that any non-compliant products are not used until verified.

Ensuring robust food hygiene practices are in place to minimise the risk of allergen cross-contamination

Ensuring appropriate controls are in place to prevent allergen cross-contamination during the storage, preparation and serving of food.

Ensuring that where allergen risks cannot be safely managed, this is clearly communicated to the school and parents/carers, and alternative arrangements are agreed.

The Trust has an Allergy Awareness Policy; the catering company is responsible for ensuring that the Food Allergy requirements are reviewed and reflective of the current menu offerings.

All catering staff and catering support staff have received Allergy Awareness Training & records retained. Refresher training is provided in line with the training schedule.

The catering team has received all staff and student allergy requirements, the information is retained and reviews are undertaken. Any food allergies are reported to the catering team.

The Allergen Matrix is made available for dishes served - this will be dated and current to the menu offering for that day/week/fortnight and should cover all items on the menu

offering. Menus clearly identify ingredients that may pose a risk to allergy sufferers, enabling informed choices to be made.

All dishes will be reviewed for allergen contents & that the catering team continue to review the individual ingredients. The frequency will be determined by the change in products delivered, new suppliers appointed and on a regular basis (As suppliers may substitute ingredients or products that previously didn't have an allergen contained, therefore the packaging label should be crossed checked with the school's allergen matrix & updated when required, the catering manager will redate the allergen matrix to reflect the review).

All purchased pre-packaged items have been provided with the list of all ingredients and that the allergen details provided are in bold.

To report to the supplier if any products have been delivered without the required legal labelling, and the product will not be used, until clarification of any allergens has been received by the manufacturer or supplier.

Rigorous food hygiene is maintained to reduce the risk of cross-contamination.

Cross-contamination is the physical movement or transfer of allergens from one person, object or place to another food item. Preventing cross-contamination is a key factor in preventing potential allergic reactions.

Controlling allergen cross-contamination

1. Any foods/dishes with any of these 14 allergens in must be carefully stored and handled in the kitchen so to prevent the risks of cross-contamination.

2. Staff training on kitchen procedures to prevent cross-contamination during storage, preparation and serving of food.

3. Cleaning utensils before each usage, especially if they were used to prepare meals containing allergens

4. A storage system should be in place to prevent cross-contamination of ingredients with other ingredients containing allergens. Keeping ingredients that contain allergens separate from other ingredients

5. Have a spillage plan in place to clean up allergenic ingredients: You should use disposable clothes/towels / blue rolls to prevent cross-contamination.

6. Effective cleaning, washing up and hand washing using hot water, cleaning and sanitising products.

7. Physical separation – putting a lid or cover on food, using a clean knife, board, plate, pan, working area, and aprons.

8. Using separate fryers/cooking equipment.

Allergen cross-contamination can also happen through using the same cooking oil. To cook gluten-free chips, you can't use the same oil which has been previously used for

cooking battered fish.

If you can't avoid cross-contamination in food preparation, you should inform customers that you can't provide an allergen-free dish.

Contractors and visitors

The Trust's Allergy Policy and reporting procedure is followed.

Ensure their activities do not introduce or increase allergy risks within the Trust's premises.

Ensure a high standard of hygiene is maintained whilst in Trust premises to minimise the risk of allergen contamination.

Any areas which may be contaminated are to be reported to the Facilities Team or their host.

Provide the school with any relevant information as to their own allergies where necessary.

Pupils and parents

The parents or carers of all new starters to the Academy are required to inform the Academy of any details of any food intolerances or allergies in the General Information Form. For any in-year changes they should be described by completing the Allergy Declaration Form (Appendix 2).

If details are unclear or ambiguous, the Academy will follow this up with a phone call to parents for further information which will be recorded by the Academy.

It is parents' responsibility to ensure that if their child's medical needs change at any point that they make the Academy aware, and a revised medical needs form must be completed. Updating the Academy if their child's medical needs change at any point.

Parents are requested to keep the Academy up to date with any changes in allergy management with regards to clinic summaries, re-testing and new food challenges.

Ensuring that any required medication (EpiPen's or other adrenalin injectors, inhalers and any specific antihistamine) is supplied, in date and replaced as necessary. The parents of all children who have an epi-pen in the Academy must complete specific healthcare plan sheets stating the emergency actions to be taken.

Attending any meeting as required to share further information about their child's food allergy to assist in planning for the management of their child's allergy and completion of a care plan.

If an episode of anaphylaxis occurs outside of the Academy, the Academy must be informed.

Children of any age must be familiar with what their allergies are and the symptoms they may have that would indicate a reaction is happening.

Children are encouraged to take increased responsibility for managing choices that will reduce the risk of allergic reactions. Expectations are age appropriate.

Children are not allowed to share food with each other.

Members of staff or volunteers will be asked to disclose any food allergies as part of their induction.

Reasonable adjustments will be considered for staff and visitors with known allergies to ensure their health, safety and inclusion whilst on site.

Anaphylaxis

The Children's wellbeing and Schools Bill provides statutory guidance to introduce core, lifesaving protections, including:

a) A clear whole school dedicated allergy policy

b) Comprehensive allergy and anaphylaxis training for all school staff.

c) Access to emergency adrenaline auto-injectors (AAIs)

d) Individual care plans (HCPs) and allergy action plans for pupils with food allergies.

The Academy and Trust recognises that individuals at highest risk require the highest level of protection. Therefore arrangements are in place to ensure effective communication, emergency plans, training, individual healthcare plans and allergy action plans.

Anaphylaxis is a severe and potentially life threatening reaction to a trigger, such as foods, insect stings, medications or other allergens.

The symptoms include:

a) feeling lightheaded or faint

b) breathing difficulties – such as fast, shallow breathing

c) wheezing

d) a fast heartbeat

e) clammy skin

f) confusion and anxiety

g) collapsing or losing consciousness

There may also be other allergy symptoms, including an itchy, raised rash (hives), feeling or being sick, swelling (angioedema) or stomach pain.

What to do if someone has anaphylaxis. Anaphylaxis is a medical emergency. It can be very serious if not treated quickly. If someone has symptoms of anaphylaxis, you should:

a) Use an adrenaline auto-injector, if available, following the correct procedure.

b) Call 999 for an ambulance immediately, even if they start to feel better, mention that you think the person has anaphylaxis.

c) Remove any trigger if possible, for example, carefully remove any stinger stuck in the skin.

d) Lie the person down flat, unless they're unconscious, pregnant or having breathing difficulties.

e) Give another injection after 5 to 15 minutes if the symptoms do not improve and a second auto-injector is available.

f) If in doubt, treat for anaphylaxis and administer adrenaline.

All staff must be trained in recognising and responding to anaphylaxis and using auto-injectors relevant to the medical needs of students.

People with potentially serious allergies are often prescribed adrenaline auto-injectors to carry at all times. These can help stop an anaphylactic reaction from becoming life-threatening and should be used as soon as a serious reaction is suspected, either by the person experiencing anaphylaxis or someone helping them.

There are two main types of adrenaline auto-injectors, which are used in slightly different ways. It is therefore important that staff have sufficient training and awareness of how to use each specific type of auto-injectors. These are:

a) EpiPen

b) Jext

NOTE: Emerade has been discontinued in the UK with a full recall since 2023 due to failure to activate. These MUST NOT be used.

Hospital treatment

If a student has an incident, which requires urgent or non-urgent hospital treatment, the school will be responsible for calling an ambulance in order for the child to receive treatment. When an ambulance has been arranged, a staff member will stay with the student until the parent arrives, or accompany a child taken to the hospital by ambulance if required.

Parents will then be informed and arrangements made regarding where they should meet their child.

Defibriliators

Defibrillators are available within the Academy as part of the first aid equipment.

Third party catering

Reach Schools has a third party catering company which delivers its catering provision for the Trust. The catering company manages all health and safety, food handling, avoiding cross contamination and policies and risk assessments. The catering company is responsible for providing a labelled menu on a rotational basis which the Back Office distributes and displays. The schools are responsible for providing the catering company with the allergens information for pupils.

Arrangements

Students' medication is stored in the medical room at each school's Front Office.

Students' have their AAI in their classroom (primary) or on their person (secondary).

There are also emergency AAIs in the medical room.

Families provide allergen information through the General Information Form. Where a parent needs to make an update in-year they will complete an Allergy Declaration Form (Appendix 2).

Training and Competence

The Trust recognises that effective allergy management relies on competent, informed and confident staff, therefore:

a) All staff, including temporary and supply staff, will receive allergy awareness training to effectively recognise allergic reactions and to respond effectively to anaphylaxis.

b) Staff expected to administer or assist with adrenaline auto-injectors (AAIs) will receive appropriate practical training and regular refresher training.

c) Staff will be trained to ensure any pupil experiencing an allergic reaction will be continuously supervised and monitored for a minimum of 60 minutes following the reaction, in line with current clinical guidance.

d) Temporary, agency, volunteer and supply staff will be provided with relevant allergy information and emergency arrangements as part of their induction.

e) Refresher training will be completed at least annually and following any significant changes to procedures, equipment, legislation or pupil needs.

f) Training records will be maintained and monitored by the Academy and reported to the Trust as required.

Identifying a child with an allergy

Start of year processes in September

When a child joins the school their parent will complete a general information form. As part of this the parents are asked to provide allergy information. This information is imported into Bromcom and is on the child's profile.

At the start of the year in September on an annual basis the designated person will export all the allergy information into a class list which is displayed in the kitchen (with the catering company) and in the space where the children eat where they are unable to manage their allergies (nursery/primary). In secondary the allergen information is displayed via the menu. Where a child is unable to manage their allergies in secondary themselves the Head of Year will support.

Where a child requires a HCP for management of their allergy (e.g. they have an epipen) the designated person will oversee this and ensure it is kept up to date and is accurate and that in date medication is onsite.

In year joiners

If a child joins in year with an allergy it is the responsibility of the Admissions team to important this into Bromcom to maintain the child's record and to raise this with the designated person and the child's class teacher (primary), child's HOY (secondary), nursery manager (nursery).

The designated person will then update the relevant data on display in lunch spaces (in the case of nursery/primary) and ensure the lunch team is updated on a child with an allergen.

Where a child requires a Healthcare Plan for management of their allergy (e.g. they have an epipen) the designated person will oversee this and ensure it is kept up to date and is accurate and that in date medication is onsite.

A child diagnosed mid-year

When a child is diagnosed with a new allergy during the year this information must be passed to the designated person and the Admissions Lead. The Admissions Lead will update the pupil record and the designated person will then update the relevant data on display in lunch spaces (in the case of nursery/primary) and ensure the lunch team is updated on a child with an allergen.

Where a child requires a HCP for management of their allergy (e.g. they have an epipen) the designated person will oversee this and ensure it is kept up to date and is accurate and that in date medication is onsite.

It is imperative that when a staff member becomes aware of a new allergen in-year that this is passed to the designated person and Admissions Lead.

Managing allergens at lunch

Nursery and primary

In primary and nursery the children's allergies and intolerances are displayed in the open space on a poster.

The posters are produced from the Bromcom export on an annual basis (and updated where an in-year joiner starts or we become aware of a new allergy). The designated person will manage these and also ensure that the kitchen is updated on any changes.

Staff must familiarise themselves with these posters when they are on lunch duty.

Allergen information is displayed on each floor also and these are maintained by the Back Office team.

It has been agreed with our third party caterer that we will utilise purple coloured gastronorm trays, to be used in conjunction with purple serving tongs, for all dishes that are free from the 14 major allergens as stipulated by the Food Standards Agency. Additionally, these dishes will also exclude common additional allergens such as garlic, peas, beans, and spices, ensuring we cater to a broader range of dietary restrictions.

For vegetarian dishes, the caterer will use the blue gastronorm trays, paired with blue serving tongs. This will provide a distinct visual cue for vegetarian options.

Managing allergens at lunch

Secondary and Feltham College

In secondary the allergen information is displayed via the menu. Where a child is unable to manage their allergies in secondary themselves the Head of Year will support. Children

serve themselves in our family dining model and an alternative meal where an allergen is present is available at the 'top table'.

Managing a potential allergic reaction

Where a staff member is concerned a child is experiencing an allergic reaction they must do the following:

1. Child has potential allergic reaction (sore throat, struggling to breathe, scratchy throat, rash, redness etc)
2. Take the child to the Front Office immediately or in a case where they can't be taken use a walkie talkie for medical support and an Auto-injector.
3. Administer first aid according to the Healthcare Plan or by using Auto-injector in the case of an anaphylaxis
4. Call 999 (if emergency) and the parent
5. Complete Accident form (regardless of first aid being administered)
6. Update medicine administration form in the office (where required) and update parents
7. Write up timeline of events on CPOMS and tag relevant staff for information
8. Investigation will be managed by the catering company and school to understand chain of events that led to allergic reaction and any lessons learned disseminated - ensure Headteacher and Estates Lead are notified.

Minimising exposure to unknown allergens

Reach Schools has a 'no nuts' policy.

Staff planning any activity should consider the risk of exposure to allergens, for example in craft, science, musical or cooking activities, or where activities involve animals.

Specific risk assessments to manage the risks of exposure to allergens in individuals with an allergy when planning external visits or trips. Children and young people should not be prevented from taking part in activities alongside their peers simply because of a risk of coming into contact with one of their allergens. Where an activity would involve most children and young people using a material which might contain an allergen known to affect one of the group (for example), alternatives will need to be found for the whole group which do not exclude individuals.

Staff should consider:

- old food boxes or packaging may contain traces of allergens;
- some products contain wheat flour, including "play dough";
- some glues contain milk, wheat or soya;
- bird feed may contain nuts and sesame.

Students with Special Medical Needs – Individual Healthcare Plans (HCPs) and Allergy Action Plans (AAP).

The Trust recognises that allergies may arise from food, medication, insect stings, airborne allergens and contact allergens. Risk assessments and support arrangements will be developed proportionately according to the individual needs of the affected person. Where

a pupil is affected by airborne allergens, reasonable measures will be considered to minimise exposure and support their health, wellbeing and participation in school activities.

Some students have medical conditions that, if not properly managed, could limit their access to education. These conditions may include, but are not limited to, severe food allergies, allergies to insect stings, allergies to animals or medication allergies.

When a child needs a HCP/AAP

Children and young people should have an Individual Healthcare Plan (HCP) 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.

The HCP will set out the additional and/or different arrangements that will be in place in the school, college or early years setting for supporting the child or young person with their medical condition or allergy, including in emergency situations.

Set out how children and young people with allergy who require specific support arrangements will have them documented through a HCP. This includes children and young people whose allergies require flexibility and "reasonable adjustments", as well as those who require medication (either proactively or in an emergency situation). Where children and young people have an Allergy Action Plan and/or Asthma Action Plan issued by a healthcare professional, the HCP should refer to or attach it. Whenever an updated Action Plan becomes available, the child or young person's HCP should be reviewed to incorporate it.

Where students with severe allergies are identified, an Individual Healthcare Plan (HCP including the AAP) must be developed. This ensures:

a) All staff are aware of the student's allergy and potential triggers

b) Specific safety measures are identified and in place to reduce the risk of exposure to allergens

c) Clear emergency procedures are defined, including administration of auto-injectors and calling for medical assistance.

d) Catering, classroom, and activity arrangements accommodate the student's allergy safely.

e) Responsibilities of staff, parents, and the student (where age-appropriate) are clearly documented.

f) Any allergies of pupils, staff or visitors are communicated with the catering team or any 3rd party suppliers, all staff, midday supervisors and club leaders.

Where students with allergies are identified, an allergy action plan (AAP) must be developed - this is included within their HCP. This is an essential tool to manage allergies with risks of anaphylaxis. The AAP must provide clear and concise guidance on how to recognise and treat severe allergic reactions and should, where possible, align with the latest clinical treatment guidelines.

When developing and reviewing HCP/AAPs, ensure:

a) Parents/carers provide detailed information about their child's allergies, medical history, and prescribed emergency medication (e.g., adrenaline auto-injectors)

b) Students with severe allergies must have an HCP completed in conjunction with their GP, Paediatrician, and the Academy's Senior Medical coordinator

c) HCP/AAPs must be developed before the student starts at the Academy, or within two weeks of diagnosis/enrolment

d) HCPs/AAPs are reviewed at least annually or sooner if there is a significant change in the student's allergy status, medication, or triggers.

Allergy Identification, Communication and Practical Management Systems

The Academy will implement clear, proportionate and age-appropriate systems to ensure that pupils with allergies are readily identified and that relevant information is communicated effectively to staff, catering teams, and where appropriate, pupils. These arrangements must:

a) Protect pupils' dignity and personal data.

b) Be consistent with Individual Healthcare Plans (HCPs) and Allergy Action Plans (AAPs).

c) Be clearly understood by all relevant staff, including temporary and supply staff.

d) Be reviewed regularly to ensure they remain effective.

The Academy will document the systems in place locally and ensure they are communicated through induction, training and routine briefings.

Recording and Reporting

a) An accident form will be completed by the relevant member of staff on the same day or as soon as possible after an incident resulting in an anaphylactic shock.

b) Records will be retained securely in line with GDPR and the Trust's Data Protection Policy. For pupils, accident and medical records will be kept until the pupil reaches age 21 (or 25 for those with special educational needs). For staff, records will be retained for a minimum of 3 years

c) Parents/carers will be informed promptly of any significant allergy related incident or near miss (using Appendix 3) involving their child.

Reporting to the Health & Safety Executive (HSE):

a) Any incident that meets RIDDOR criteria will be reported to the Health and Safety Executive within statutory timeframes.

b) The Academy will notify the Trust's CEO of all serious allergy related incidents.

c) For full details of RIDDOR Reporting requirements and procedures, refer to the HSE's guidance and the Trust's Accident & Incident Reporting procedure.

Parents/carers must be informed on the same day of any allergy-related incident and treatment provided.

Registered Early Years Providers must notify Ofsted of any serious accident, illness, or injury within 14 days.

Spare Auto-injector pens

The Human Medicines (Amendment) Regulations 2017 allows schools to purchase "spare" back-up Adrenaline Auto-injector (AAIs) devices without a prescription for emergency treatment of children/young persons who are at risk of a severe allergic reaction (known as Anaphylaxis).

The spare pens are in the front office of each school, these are checked annually and the expiry date is held on Smartlog. Each school has a clearly marked "emergency anaphylaxis kit" (in-situ for September 2026) containing the spare adrenaline devices, any emergency asthma reliever inhaler and spacers and instructions for their use.

Schools should ensure that no child or young person is more than five minutes from adrenaline devices. Adrenaline devices should always be stocked and stored in pairs.

When storing "spare" adrenaline devices:

- "Spare" adrenaline devices must be readily accessible and not locked away;
- In the event of an anaphylaxis, adrenaline should be administered as soon as possible. In practice, this should be no more than five minutes, i.e. adrenaline devices must be able to be brought to the person having anaphylaxis within 5 minutes. Schools should consider how to achieve this as part of their allergy safety policy. In larger schools, more than one set of "spare" adrenaline devices may be needed (for example one near the central dining area and another near the playground);
- "Spare" adrenaline devices should be stored in pairs, so that if a second one is necessary it is on hand rather than needing to be obtained from elsewhere on site;
- "Spare" adrenaline devices should be clearly labelled, to avoid any confusion with adrenaline devices prescribed to a named person.

Educational visits

In the case of a residential visit, the residential first aider will administer First Aid. Reports will be completed in accordance with procedures at the Residential Centre.

Any pupil with a prescribed auto-injector must carry this on any educational visit.

Where packed lunches are provided for day visits, the catering team will adhere to providing food taking into account the pupil's known allergies.

Monitoring and review

The Trust will monitor the effectiveness of its allergy management arrangements to ensure they remain suitable, effective and compliant with statutory requirements and recognised best practice.

Monitoring activities will include:

a) Review of allergy-related incidents, emergency responses and near misses.

b) Monitoring the completion and effectiveness of staff training and refresher training.

c) Review of Individual Healthcare Plans (HCPs)/Allergy Action Plans (AAPs) to ensure they remain accurate and up to date.

d) Audit of allergy registers, communication arrangements and medication management systems.

e) Monitoring of emergency equipment, medication storage arrangements and spare adrenaline auto-injector (AAI) checks.

f) Periodic health and safety audits, inspections and assurance activities.

g) Review of compliance with this policy and associated procedures across Trust settings.

Findings from monitoring activities will be reviewed by the appropriate leaders and used to identify trends, implement corrective actions, share good practice and inform future policy reviews. Significant findings and allergy-related risks will be reported through the Trust's governance arrangements as appropriate.

Unacceptable Practice - The Trust will not:

a) Prevent pupils from accessing prescribed allergy medication.

b) Require parents to routinely attend school activities to manage their child's allergy.

c) Exclude pupils from educational visits or extracurricular activities because of allergies.

d) Send a pupil experiencing an allergic reaction to seek assistance unsupervised.

e) Ignore clinical advice or information provided by parents or healthcare professionals.

Conclusion

This Allergy Awareness policy reflects the Trust's serious intent to accept its responsibilities in all matters relating to management of allergy awareness and the administration of auto-injectors/medicines. The clear lines of responsibility and organisation describe the arrangements which are in place to implement all aspects of this policy.

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Appendix 1: Risk Assessment

What are the hazards?	Who might be harmed and how?	What are you doing to control the risks?	What further action do you need to take?	Who needs to carry out the action?	Timeline
Staff do not adequately respond to an allergic reaction	Child has anaphylactic shock and is not treated quickly	Number of staff are first aid trained which includes Autoinjector training and this is displayed around the building. Walkie talkies enable quick communicatio n between staff for a first aider Spare Auto-injector pens in the medical room	Further specific Auto-injector training Investigate AAI emergency boxes	Medical lead consulting with Hounslow Nursing Service Estates Lead	Schedule for end of academic year/start of September WB 5 May

		Healthcare plans updated annually with the parent and in-year in the case of a new allergy			
A child is given a known allergen and has a reaction	Child will have an allergic reaction and experience anaphylaxis or a more mild reaction	Kitchen given all known allergen information Primary and nursery children are displayed in central spaces with allergen information In Secondary allergen information is displayed and alternative food is available where an allergen is present	Allergy awareness training online for all staff	Primary staff Secondary staff	8th May 2025 TBC
A child is given an unknown allergen and has a reaction	Child experiences reaction to item of food	Spare auto-injector pens in the medical room Allergen			

		awareness training for staff Call 999/111 depending on reaction and severity			
Cross contamination of food	Child experiences allergic reaction due to cross contamination of surfaces/utensils	Catering company manages this in their kitchen In secondary the serving spoons are kept with the specific dishes to avoid cross contamination.	Cross contaminatio n training for staff		
Children swap prepared meals in the case of primary	Child swaps their meal with a friend and ingests an allergen	Staff monitor and ensure children understand that it is their meal and isn't for sharing.			
Secondary children mismanage their allergens	Child does not check the board and eats an allergen	HOY will remain vigilant during a lunch duty and support children			
Allergen information is inaccurately displayed	The wrong menu is displayed in the lunch space resulting in misinformation	Catering company responsible for managing this in line with	Where a menu changes on the day ensure this is		

		their policies	updated		

Appendix 2 – Pupil Allergy Declaration Form for a condition arising

Name of pupil:			
Date of birth:		Year group:	
Name of GP:			
Address of GP:			

Nature of allergy:	
Severity of allergy:	
Symptoms of an adverse reaction:	

Details of required medical attention:	
Instructions for administering medication:	*Please note a separate HCP will be required and you will be contacted to arrange this.*
Control measures to avoid an adverse reaction:	

Date

Review date

Appendix 3 - Investigation Form

1. WHERE AND WHEN	
School	
Address	

Date		Time	
Headteacher			

2a. TYPE OF INCIDENT		
A Accident resulting in personal harm, e.g. requiring first aid/medical treatment	B Dangerous occurrence – an unintended event that is reportable under RIDDOR	C Near miss/hit incident
Brief details of injury	Brief details of occurrence	Brief details of incident

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2b. TYPE OF INCIDENT? (Tick any applicable)			
Lifting / handling		Contact / exposure to equipment / machinery	
Fall from height		Contact / exposure to harmful substance	
Contact with electricity		Fatality	
Dangerous occurrence		Ill health	
Near miss incident		Slip / Trip / Fall	
Property loss / damage		Hot / cold contact	
Threatening behaviour		Cut with sharp object	
Person to person assault		Needle stick	
Equipment failure/misuse		Fire	

Struck by / against something		Verbal abuse	
Anaphylactic shock			
Other (Please specify)			

3. THE INCIDENT - Description of what happened (facts only)

5a. IMPACT ON INDIVIDUAL							
None		Minor		Moderate		Major	
Type of injury							

Abrasion		Crush		Dislocation		Sprain	
Amputation		Internal injury		Laceration		Strain	
Bruise		Distress		Pain		Swelling	
Burn / Scald		Fracture		Puncture			
Other (Please specify)							

5b. INJURY DETAILS (including part of body injured)			
Please indicate the part of the body injured			
6a. TREATMENT (if any)			
None Required		A&E / Minor injuries	

First Aid		Admitted to hospital	
Advised to see GP			

6b. TREATMENT		
Was First Aid administered? If so by who and when?		
Describe First Aid provided		
Has an Accident form been completed?	YES	NO

7a. STAFF/STUDENT ABSENCE					
None		Less than 7 days		More than 7 days	
Number of days absent					

7b. STAFF/STUDENT ABSENCE (RIDDOR)	
Has a RIDDOR report been completed (If applicable)?	
The RIDDOR report was completed by?	

Remedial Actions taken / planned? (immediate and long-term action)

Has the Risk Assessment been reviewed?					
Yes		No		N/A	

10. SIGNATURES	
Completing and signing this form does not constitute an admission of liability of any kind, either by the person making the report or any other person.	
Person completing the form	
Signature	
Date	
Print Name	
Headteacher	

Signature	
Date	
Print Name	

Appendix 4 - HCP/AAP Template

NAME – Individual Healthcare Plan for allergy	
Date of birth:	Current photo
Year / class:	
Emergency contacts:	
Staff who need to be aware:	

Allergy: *Note what allergy the child or young person has.* *Note any known allergens.* *Note whether the child or young person is likely to be aware that they are having an allergic reaction and whether they can alert others.*
How the allergy is managed: *Note any care or action plans or prescribed medication issued by healthcare professionals.* *If the allergy can be partly or wholly managed by practical adjustments (for example avoidance of known allergens), note them here.* *Note the extent to which the child or young person is able to take responsibility for managing their allergy.*
Impact on education: *Indicate the potential harm which might come to the child or young person if their allergy is not managed properly.* *Indicate how the allergy may impact on the child or young person's learning.* *Indicate how the allergy may impact on the child or young person's emotional wellbeing.* *If relevant, note any interaction between allergy and SEN.*
Arrangements for support: *Give details of the specific support or adaptations which the school, college or early years setting will put in place, within its educational remit.* *Outline measures to reduce the risk of contact with known allergens.* *Give details of the specific support or adaptations to manage food allergy at meal and snack times.* *Note arrangements for maintaining educational progress where absence or missed learning occurs due to allergy.*
Visits and trips: *Give details of any arrangements or procedures which may be required for school trips or other activities outside of the normal timetable that will ensure the child can participate.* *Note any requirement for a risk assessment and prompts for specific issues which should be considered.*

Emergency response: *Where an Action Plan issued by a healthcare professional covers emergency response, refer to it and ensure it is attached.* *Otherwise summarise the signs or symptoms which would indicate an emergency.* *Set out what to do in an emergency, including whom to contact.* *If relevant, note where "spare" adrenaline devices are located.*	
Last discussed with parents:	**Date**
Issued by:	**Date**:
Next planned review:	**Date**:

NAME – Individual Healthcare Plan for allergy **Annex: Medication needed while in school / college / setting**	
Non-prescription medication: *Record any non-prescription medication (e.g. oral antihistamines) which the child or young person may require to manage their allergy in the education setting* *Note whether it is emergency medication; where the medication is stored; and how and when the child or young person may need access* *Note whether parental consent has been given for the allergy medication to be administered, and the date of consent.*	
Parental consent:	**Date**:
Prescription medication: *Record any prescription medication for allergy prescribed by a healthcare professional (e.g. adrenaline).* *Note whether it is emergency medication; where the medication is stored; and how and when the child or young person may need access.* *Note whether parental consent has been given for the allergy medication to be administered, and the date of consent.*	
Prescribed by:	**Date**:
Parental consent:	**Date**:
Use of "spare" adrenaline devices: *Note whether parental consent has been given to administer adrenaline (e.g. using "spare" adrenaline devices) in an emergency.*	
Parental consent:	**Date**:
Use of "spare" salbutamol inhaler: *If relevant (i.e. the child or young person is prescribed an asthma reliever inhaler), note whether consent has been given to use a "spare" salbutamol reliever inhaler.*	
Parental consent:	**Date**:

NAME – Individual Healthcare Plan for allergy Annex: Care or Action Plans issued by healthcare professionals	
Allergy / Asthma Action Plan: *Attach any Action Plan to the HCP for use in an emergency.* *Note which healthcare professional issued the plan, their role and the date issued.*	
Issued by:	**Date**:
Care Plan: *Note where any relevant care plan can be found.* *Note what staff are responsible for delivering / supporting delivery of the care plan.* *Note which healthcare professional issued the plan, their role and the date issued.*	
Date:	**Date**:

Appendix 5 Further Guidance

Further guidance can be obtained from the organisations listed below or Judicium Education. The H&S lead in the Trust will keep it under review to ensure links are current.

- Department for Education Supporting pupils with medical conditions: links to other useful resources
- Department for Education Allergy safety in Schools
- Children's Wellbeing and Schools Act 2026 https://www.legislation.gov.uk/ukpga/2026/21/contents
- Department of Health Guidance on the use of Auto Injectors in Schools

Training

- Allergy Awareness Course in Schools https://www.judiciumeducation.co.uk/elearning/allergy-awareness-course-in-Schools
- Food Allergy Awareness https://www.judiciumeducation.co.uk/elearning/food-allergy-awareness
- Food Hygiene Level 2 https://www.judiciumeducation.co.uk/elearning/food-hygiene-level-2
- Food Standards Agency https://allergytraining.food.gov.uk/
- Allergy Wise Training for Schools https://www.anaphylaxis.org.uk/allergywise/

Resources for Specific Conditions

- Allergy UK
    - https://www.allergyuk.org/
    - https://www.allergyuk.org/living-with-an-allergy/at-School/
- The Anaphylaxis Campaign www.anaphylaxis.org.uk
- Asthma UK (formerly the National Asthma Campaign) www.asthma.org.uk
- National Eczema Society www.eczema.org
- Psoriasis Association www.psoriasis-association.org.uk/
- Benedict Blythe Foundation https://benedictblythe.com/benedicts-law/

Resources for Food Allergies

- Further Guidance can be obtained from The Food Standards Agency https://www.food.gov.uk/business-guidance/allergen-guidance-for-food-businesses
- The Food Standards Agency has also published guidance about the new requirements for PPDS food.
    - https://www.food.gov.uk/business-guidance/introduction-to-allergen-labelling-changes-ppds
    - https://www.food.gov.uk/business-guidance/prepacked-for-direct-sale-ppds-allergen-labelling-changes-for-Schools-colleges-and-nurseries
    - https://www.allergyuk.org/resources/peanut-allergy-factsheet/

Allergen Resources - General information

- Allergen guidance for consumers https://www.food.gov.uk/safety-hygiene/food-allergy-and-intolerance
- Allergen guidance for food businesses https://www.food.gov.uk/business-guidance/allergen-guidance-for-food-businesses
- Allergen labelling for food manufacturers https://www.food.gov.uk/business-guidance/allergen-labelling-for-food-manufacturers
- EU commission notice on HACCP and allergens https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52016XC0730(01)&from=EN
- EU Food Information for Consumers Regulation No. 1169/2011 https://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2011:304:0018:0063:EN:PDF
- Food alerts, product recalls and withdrawals https://www.food.gov.uk/news-alerts/search/alerts
- Food Information Regulation (England) 2014 https://www.legislation.gov.uk/uksi/2014/1855/contents/made
- Safer Food Better Business https://www.food.gov.uk/business-guidance/safer-food-better-business-sfbb

- Technical guidance
  https://www.food.gov.uk/business-guidance/food-allergen-labelling-and-information-requirements-technical-guidance-summary

Additional Useful Resources

- Allergy and intolerance sign
  https://www.food.gov.uk/sites/default/files/media/document/Allergen%20and%20Intolerance%20sign%20%28Colour%29.pdf
- Chef's recipe card
  https://www.food.gov.uk/sites/default/files/media/document/recipe-sheet_0.pdf
- Dishes and their allergen content chart. Template and more information at
  www.food.gov.uk/allergy-guidance
- Allergen Checklist for Food Business
  https://www.food.gov.uk/business-guidance/allergen-checklist-for-food-businesses

Spare Pens in Schools - adrenaline auto-injectors (AAIs). http://www.sparepensinSchools.uk