Durham and Newcastle Diocesan Learning Trust (DNDLT)
Company Number 10847279

Ingleton C of E Primary School

Allergy Safety and Anaphylaxis Policy

"Every child matters and no child is ever left behind..."

**"Let the little children come to me, and do not stop them;
for it is to such as these that the kingdom of God belongs."**

Luke 18:15-17

Adopted by Academy Council: Autumn Term 2026

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Contents:

Vision Statement and Statement of intent

1. Legal framework
2. Definitions
3. Roles and responsibilities
4. Identifying individuals with allergies
5. Managing exposure to allergens
6. Food allergen labelling
7. Adrenaline auto-injectors (AAIs)
8. Access to spare AAIs
9. Medical attention and required support
10. Staff training
11. Mild to moderate allergic reactions
12. Managing anaphylaxis
13. Wellbeing of pupils with allergies
14. Monitoring and review

Appendix

A. Pupil allergy declaration form
B. Chartwells Medical Diet Policy

Vision Statement:

"Every child matters and no child is ever left behind"

Let the children come to me, and do not stop them; for it is to such as these that the kingdom of God belongs.

Luke +

At the DNDLT we believe everyone in our Trust is a child of God, adults and children alike. Every individual and every school matters, all are valued and celebrated, and no one should be left behind.

As a Diocesan Trust of the Dioceses of Newcastle and Durham we are here to serve children, and schools of all faiths and none. We welcome both Church of England and Community Schools to join us to serve our communities in the North East of England as part of our Trust family whilst remaining unique and distinct within their local context.

The Durham and Newcastle Diocesan Learning Trust ('the Trust') is a place where we strive for the best outcomes for our children and staff. We work hard to achieve equity and flourishing for everyone. We want our staff and children to feel valued and celebrated given the opportunity to innovate and reach their full potential. We want our schools to be at the heart of their communities serving them in the way they know best, knowing they will be supported, encouraged and affirmed by a dedicated and specialist team.

Statement of intent

The Trust strives to ensure the safety and wellbeing of all members of the Trust and each school community. For this reason, this policy is to be adhered to by all staff members, parents and pupils, with the intention of minimising the risk of anaphylaxis occurring whilst at school.

The school will work in partnership with parents to identify allergens, assess risk and put appropriate control measures in place so that pupils with allergies can attend school safely and participate fully in school life.

The school will not be able to guarantee a completely allergen-free environment. However, the school will take all reasonable steps to minimise exposure to allergens, promote awareness and self-management where appropriate, and ensure that robust emergency procedures are in place.

The school will maintain this policy as a dedicated allergy safety policy, separate from its wider policy on supporting pupils with medical conditions, because of the specific and potentially life-threatening risks associated with anaphylaxis.

1. Legal framework

This policy has due regard to all relevant legislation and guidance including, but not limited to, the following:

- The Children's Act 1989
- Children and Families Act 2014
- Children's Wellbeing and Schools Act 2026
- The Human Medicines (Amendment) Regulations 2017
- The Food Information (Amendment) (England) Regulations 2019 (Natasha's Law)
- Department of Health 'Guidance on the use of adrenaline auto-injectors in schools'
- DfE 'Supporting pupils at school with medical conditions'
- DfE 'Allergy Safety in schools statutory guidance'

This policy will be implemented in conjunction with the following school policies and documents:

- Health and Safety Policy
- Administering Medication Policy
- Supporting Pupils with Medical Conditions Policy
- Educational Visits Policy
- Allergen and Anaphylaxis Risk Assessment

2. Definitions

For the purpose of this policy:

Allergy – is a condition in which the body has an exaggerated response to a substance. This is also known as hypersensitivity.

Allergen – is a normally harmless substance that triggers an allergic reaction for a susceptible person.

Allergic reaction – is the body's reaction to an allergen and can be identified by, but not limited to, the following symptoms:

- Hives
- Generalised flushing of the skin
- Itching and tingling of the skin

- Tingling in and around the mouth
- Burning sensation in the mouth
- Swelling of the throat, mouth or face
- Feeling wheezy
- Abdominal pain
- Rising anxiety
- Nausea and vomiting
- Alterations in heart rate
- Feeling of weakness

Anaphylaxis – is a sudden, severe and potentially life-threatening allergic reaction involving Airway, Breathing and/or Circulation problems. Skin symptoms may also be present, but are not always present. This kind of reaction may include the following symptoms:

- Persistent cough
- Throat tightness
- Change in voice, e.g. hoarse or croaky sounds
- Wheeze (whistling noise due to a narrowed airway)
- Difficulty swallowing/speaking
- Swollen tongue
- Difficult or noisy breathing
- Chest tightness
- Feeling dizzy or feint
- Suddenly becoming sleepy, unconscious or collapsing
- For infants and younger pupils, becoming pale or floppy

It is important to be aware that a second anaphylactic reaction, known as a biphasic reaction can occur anywhere between 2 and 72 hours after an initial reaction without any new exposure to the trigger.

3. Roles and responsibilities

The Academy Council is responsible for:

- Ensuring that policies, plans, and procedures are in place to support pupils with allergies and those who are at risk of anaphylaxis and that these arrangements are sufficient to meet statutory responsibilities and minimise risks.
- Ensuring that the school's approach to allergies and anaphylaxis focusses on, and accounts for, the needs of each individual pupil.
- Ensuring that risks relating to pupils with allergies are included on the school risk register and are actively managed
- Ensuring that staff are properly trained to provide the support that pupils need, and that they receive allergy and anaphylaxis training at least annually.
- Monitoring the effectiveness of this policy and feeding back any proposed amendments to this policy to the Trust central team including following any serious allergy incident or near miss.

The headteacher is responsible for:

- Ensuring that there is a named senior leader responsible for allergy safety and implementation of this policy.
- The monitoring of this policy and related policies in school.
- Ensuring that parents are informed of their responsibilities in relation to their child's allergies.
- Ensuring that all relevant risk assessments, e.g. to do with food preparation, have been carried out and controls to mitigate risks are implemented.
- Ensuring that all designated first aiders are trained in the use of adrenaline auto-injectors (AAIs) and the management of anaphylaxis.
- Ensuring that all staff members are provided with information regarding allergic reactions and anaphylaxis, including the necessary precautions and how to respond.
- Ensuring that catering staff are aware of pupils' allergies and act in accordance with the school's policies regarding food and hygiene, including this policy.
- Consulting with the Trust central team in respect of any proposed changes to this policy in particular after any incident where a pupil experiences an allergic reaction.

All staff members are responsible for:

- Attending relevant training regarding allergens and anaphylaxis, at least annually.
- Being familiar with and implementing pupils' individual healthcare plans (IHPs) as appropriate.
- Responding immediately and appropriately in the event of a medical emergency.

- Reinforcing effective hygiene practices, including those in relation to the management of food.
- Monitoring all food supplied to pupils by both the school and parents.
- Ensuring that pupils do not share food and drink in order to prevent accidental contact with an allergen.

The kitchen manager is responsible for:

- Monitoring the food allergen log and allergen tracking information for completeness.
- Reporting any non-conforming food labelling to the supplier, where necessary.
- Ensuring the practices of kitchen staff comply with food allergen labelling laws and that training is regularly reviewed and updated.
- Recording incidents of non-conformity, either in allergen labelling, use of ingredients or safe staff practice, in an allergen incident log.
- Acting on entries to the allergen incident log and ensuring the risks of recurrence are minimised.

Kitchen staff are responsible for:

- Ensuring they are fully aware of the rules surrounding allergens, the processes for food preparation in line with this policy, and the processes for identifying pupils with specific dietary requirements.
- Ensuring they are fully aware of whether each item of food served contains any of the main 14 allergens, as is a legal obligation, and making sure this information is readily available for those who may need it.
- Ensuring that the required food labelling is complete, correct, clearly legible, and is either printed on the food packaging or attached via a secure label.
- Reporting to the kitchen manager if food labelling fails to comply with the law.

All parents are responsible for:

- Notifying the school of their child's allergens, the nature of the allergic reaction, what medication to administer, specified control measures and what can be done to prevent the occurrence of an allergic reaction.
- Keeping the school up-to-date with their child's medical information.
- Providing written consent for the use of a spare AAI.
- Providing the school with written medical documentation, including instructions for administering medication as directed by the child's doctor.
- Raising any concerns they may have about the management of their child's allergies with the classroom teacher.

All pupils are responsible for:

- Ensuring that they do not exchange food with other pupils.
- Avoiding food which they know they are allergic to, as well as any food with unknown ingredients.
- Notifying a member of staff immediately in the event they believe they are having an allergic reaction, even if the cause is unknown, or have come into contact with an allergen.

4. Identifying individuals with allergies

The school will keep a record of all individuals with allergies, including whether they have an IHP or an allergy action plan.

The school will capture key information about pupils with allergies, which will be recorded in their IHP. A formal diagnosis will not be required before appropriate arrangements are put in place. This will include the following:

- Emergency contact details for the pupil's parents or family
- An up-to-date photograph of the pupil
- What the pupil's known allergens are and whether the allergen is ingested, inhaled or absorbed
- Whether the pupil has an allergy action plan attached to their IHP
- Whether the pupil has been prescribed adrenaline devices and, if so, what make and dosage it is
- Whether there is prior medical and parental consent for a spare adrenaline device or emergency asthma reliever inhaler to be used – notwithstanding that in an emergency situation that could not be foreseen, a spare adrenaline device can be used without prior parental consent
- Whether the pupil also has asthma, and if so, an asthma plan will be attached to the IHP which includes whether there is parental consent to use an emergency asthma reliever inhaler in an emergency

The school will use its best endeavours to gather information about known allergies, e.g. by asking a pupil's previous setting for relevant information and by asking the pupil and their parents to provide information.

Where pupils with allergies are starting at the school, arrangements will be put in place for the start of the relevant school term. In other cases, e.g. pupils moving to the school mid-term, every effort will be made to ensure that arrangements are put in place within two weeks.

For staff members with allergies, arrangements will be put in place when they commence work.

For visitors with allergies, information will be sought in advance of their visit wherever possible.

The school will keep a list of individuals with known allergies in places where food may be served or handled. Such lists will be kept in areas accessible to staff only.

5. Managing exposure to allergens

The school will take reasonable steps to manage the risk of individuals with known allergies coming in to contact with allergens while on the school site or during school activities.

This includes considering potential exposure to allergens through food, environmental factors, classroom activities, animals, and external visits. Measures will focus on awareness, risk assessment, and appropriate control measures, while ensuring that pupils with allergies are able to participate fully in school life.

Pupils will not be prevented from participating in activities alongside their peers simply because of a risk of exposure to allergens. Where necessary, reasonable adjustments will be made to ensure activities can be carried out safely and inclusively.

Food allergies

The school will ensure that catering staff have effective systems in place to identify pupils with dietary requirements at mealtimes. At least two methods of identification will be used where appropriate. These may include staff awareness, allergy registers, photographs in food preparation areas or visible identifiers such as coloured lanyards.

The school and its catering provider will take reasonable steps to minimise the risk of allergen exposure in food provided on site.

This includes:

- Ensuring allergen information is available for food served in accordance with food allergen legislation.
- Ensuring catering staff are aware of pupils with dietary requirements and understand the controls in place to provide allergen-safe meals.
- Checking ingredients and product information when menus or suppliers change.
- Implementing procedures to minimise the risk of cross-contamination during the preparation, handling and serving of food.
- Working with parents and pupils to provide suitable meal options for those with allergies, intolerances or coeliac disease wherever possible.

Pupils with food allergies will not be segregated from their peers at mealtimes.

Food brought into the school environment by pupils, parents or staff may present a risk to individuals with allergies. To reduce this risk the school will:

- Encourage clear labelling of lunch boxes, drinks bottles and food containers belonging to pupils with allergies.
- Set expectations that pupils do not share or trade food, food utensils or containers.
- Seek parental engagement where food is brought in for celebrations or special events to ensure inclusion and safety for pupils with allergies.
- Ensure staff are aware that unlabelled foods may present a greater risk of allergen exposure than packaged foods with allergen information.

The school may discourage certain allergens from being brought onto site where appropriate. The school, however, recognises that it cannot guarantee an allergen-free environment and will adopt an allergy-aware approach supported by strong emergency procedures.

Environmental and contact allergens

Where pupils have known allergies to airborne or contact allergens, e.g. pollen, dust mites, animals or insect stings, the school will take reasonable steps to reduce the risk of exposure where possible.

This may include:

- Monitoring environmental conditions where appropriate.
- Ensuring staff are aware of pupils with known allergies.
- Implementing appropriate control measures as identified in the pupil's IHP.

Classroom activities and curriculum activities

Staff planning activities will consider the potential risk of exposure to allergens.

This includes activities such as:

- Craft activities.
- Science experiments.
- Cooking activities.
- Cultural or celebration events.
- Activities involving animals.

Where materials used in activities may contain allergens, staff will consider whether suitable alternatives should be used.

Where necessary, alternative materials or approaches will be used so that pupils with allergies are not excluded from activities.

External visits and trips

When planning school trips, excursions, residential visits or sporting events, staff will consider the risk of allergen exposure and ensure appropriate risk assessments are carried out.

Planning will include consideration of:

- Catering arrangements and allergen risks.
- Access to emergency medication and AAIs.
- Staff awareness of pupils' allergies and emergency procedures.

The school will conduct a risk assessment for any pupil at risk of anaphylaxis taking part in a trip off the premises. All activities on the school trip will be risk assessed to see if they pose a threat to any pupils with allergies and alternative activities will be planned where necessary to ensure the pupils are included.

Pupils at risk of anaphylaxis who have been prescribed an AAI will have their prescribed AAI device with them, and there will be staff available who are trained to administer adrenaline in an emergency.

The school will speak to the parents of pupils with allergies where appropriate to ensure their co-operation with any special arrangements required for the trip.

Where necessary, a designated adult will be available to support the pupil at all times during a school trip.

The school will consider whether it is appropriate to take spare AAI devices in case of emergency use on the trip.

Where the venue or site being visited cannot assure appropriate food can be provided to cater for pupils' allergies, the pupil will take their own food or the school will provide a suitable packed lunch.

Reasonable adjustments will be made where necessary to enable pupils with allergies to participate safely in trips and activities.

Animal allergies

Pupils with known allergies to specific animals will have restricted access to those that may trigger a response.

In the event of an animal on the school site, staff members will be made aware of any pupils to whom this may pose a risk and will be responsible for ensuring that the pupil does not come into contact with the specified allergen.

The school will ensure that any pupil or staff member who comes into contact with the animal washes their hands thoroughly to minimise the risk of the allergen spreading.

Where medication is required for a pupil with an animal allergy, this will be managed in accordance with the pupil's IHP and the school's medication procedures. The school will not

rely on general stock medication unless this is permitted under the relevant policy and consent arrangements.

6. Food allergen labelling

The school will adhere to allergen labelling rules for pre-packed food goods, in line with the Food Information (Amendment) (England) Regulations 2019, also known as Natasha's Law.

The school will ensure that all food is labelled accurately, that food is never labelled as being 'free from' an ingredient unless staff are certain that there are no traces of that ingredient in the product, and that all labelling is checked before being offered for consumption.

The relevant staff, e.g. kitchen staff, will be trained prior to storing, handling, preparing, cooking and/or serving food to ensure they are aware of their legal obligations. Chartwells will provide the school with confirmation of this training. Training will be reviewed on an annual basis, or as soon as there are any revisions to related guidance or legislation.

Food labelling

Food goods classed as 'pre-packed for direct sale' (PPDS) will clearly display the following information on the packaging:

- The name of the food
- The full ingredients list, with ingredients that are allergens emphasised, e.g. in bold, italics, or a different colour

The school will ensure that allergen traceability information is readily available. Allergens will be tracked using the following method:

- Allergen information will be obtained from the supplier and recorded, upon delivery, in a food allergen log stored in the kitchen
- Allergen tracking will continue throughout the school's handling of allergen-containing food goods, including during storage, preparation, handling, cooking and serving
- The food allergen log will be monitored for completeness on a weekly basis by the kitchen manager
- Allergen incidents and near misses, incidents of incorrect practices and incorrect and/or incomplete packaging will be recorded in an incident log and managed by the kitchen manager. Where required incidents involving unsafe food will be reported to the relevant competent authority.

Declared allergens

The following allergens will be declared and listed on all PPDS foods in a clearly legible format:

- Cereals containing gluten and wheat, e.g. spelt, rye and barley
- Crustaceans, e.g. crabs, prawns, lobsters

- Nuts, including almonds, hazelnuts, walnuts, cashews, pecan nuts, brazil nuts and pistachio nuts
- Celery
- Eggs
- Fish
- Peanuts
- Soybeans
- Milk
- Mustard
- Sesame seeds
- Sulphur dioxide and sulphites at concentrations of more than 10mg/kg or 10mg/L in terms of total sulphur dioxide
- Lupin
- Molluscs, e.g. mussels, oysters, squid, snails

The above list will apply to foods prepared on site, e.g. sandwiches, salad pots and cakes, that have been pre-packed prior to them being offered for consumption.

Kitchen staff will be vigilant when ensuring that all PPDS foods have the correct labelling in a clearly legible format, and that this is either printed on the packaging itself or on an attached label. Food goods with incorrect or incomplete labelling will be removed from the product line, disposed of safely and no longer offered for consumption.

Any abnormalities in labelling will be reported to the kitchen manager immediately, who will then contact the relevant supplier where necessary.

The kitchen manager will be responsible for monitoring food ingredients, packaging and labelling on a weekly basis and will contact the supplier immediately in the event of any anomalies.

Changes to ingredients and food packaging

The school will ensure that communication with suppliers is robust and any changes to ingredients and/or food packaging are clearly communicated to kitchen staff and other relevant members of staff.

Following any changes to ingredients and/or food packaging, all associated documentation will be reviewed and updated as soon as possible.

7. Adrenaline auto-injectors (AAIs)

Pupils at risk of anaphylaxis may be prescribed an adrenaline device for use in the event of an emergency. This may include an AAI or another prescribed adrenaline device.

Under The Human Medicines (Amendment) Regulations 2017 the school is able to purchase AAI devices without a prescription, for emergency use on pupils who are at risk of anaphylaxis, but whose device is not available or is not working.

The school understands that anaphylaxis reactions can occur in pupils without a pre-existing diagnosis of a food allergy. The school will therefor stock spare AAIs for use in emergency situations.

Any spare AAIs held by the school in this way will be considered spare devices and not a replacement for the pupil's own device. Pupils at risk of anaphylaxis will have their prescribed AAIs with them at school for use in an emergency and will have access to both of their two prescribed devices at all times.

Spare AAIs will be used for pupils:

- Who have been prescribed AAIs but their own device is not available.
- With food allergies who have been assessed as being at lower risk of anaphylaxis and therefore not prescribed their own AAIs.

In addition, spare AAIs will be used with anyone experiencing anaphylaxis in an emergency, for the purpose of saving their life. This is in accordance with the legal exemption under Regulation 238 of the Human Medicines (Amendment) Regulations 2017.

Note in accordance with paragraph 12 below:-

In the event that a pupil without a prescribed AAI, or who has not been medically diagnosed as being at risk of anaphylaxis, suffers a suspected severe allergic reaction, the nearest trained member of staff will administer a spare AAI without delay if anaphylaxis is suspected. Emergency services will be contacted immediately after AAI administration. Staff will be made aware that the risks associated with delaying adrenaline are greater than those associated with administering it unnecessarily.

The school will purchase spare AAIs from a pharmaceutical supplier, such as the local pharmacy.

The school will submit a request, signed by the headteacher, to the pharmaceutical supplier when purchasing AAIs, which outlines:

- The name of the school.
- The purposes for which the product is required.
- The total quantity required.

The headteacher, in conjunction with the school nurse, will decide which brands of AAI to purchase.

Where possible, the school will hold one brand of AAI to avoid confusion with administration and training; however, subject to the brands pupils are prescribed, the school may decide to purchase multiple brands.

The school will purchase AAIs in accordance with age-based criteria, relevant to the age of pupils at risk of anaphylaxis, to ensure the correct dosage requirements are adhered to. These are as follows:

- For pupils under age 6: 0.15 milligrams of adrenaline
- For pupils aged 6-12: 0.3 milligrams of adrenaline

Depending on their level of understanding and competence, pupils will carry their AAIs on their person at all times, or they should be quickly and easily accessible at all times.

If AAIs are not carried by the pupil, they will be kept in a central place in a box marked clearly with the pupil's name but not locked in a cupboard or an office where access is restricted.

When storing AAIs, they will be:

- Readily accessible and not locked away.
- Located less than five minutes away from where they may be needed.
- 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.
- Clearly labelled, to avoid any confusion with AAIs prescribed to a named person.

The emergency anaphylaxis kit(s) can be found at the following locations:

- **First Aid Cupboard in Main Office**

In line with manufacturer's guidelines, all AAI devices are stored at room temperature in line with manufacturer's guidelines, protected from direct sunlight and extreme temperature.

The following staff members are responsible for maintaining the emergency anaphylaxis kit(s):

- **Mrs S Gurbillon**
- **Mrs A Green**
- **Mrs D Cross**

The above staff members will conduct ad-hoc and termly checks of the emergency anaphylaxis kit(s) to ensure that:

- Spare AAI devices and salbutamol inhalers are present and have not expired.
- Spare AAI devices are replaced when they are used.

Any used or expired AAIs are disposed of after use in accordance with manufacturer's instructions.

Used AAIs may also be given to paramedics upon arrival, in the event of a severe allergic reaction, in accordance with this policy.

Where any AAIs are used, the following information will be recorded on the AAI Record:

- Where and when the reaction took place
- What medication was given
- Who administered it
- Whether a second dose was required

8. Access to spare AAIs

A spare AAI can be administered as a substitute for a pupil's own prescribed AAI, if this cannot be administered correctly, without delay.

For planned use, spare AAIs are only accessible to pupils for whom medical authorisation and written parental consent has been provided – this includes pupils at risk of anaphylaxis who have been provided with a medical plan confirming their risk, but who have not been prescribed an AAI. **This is subject to paragraph 12 below when there is an emergency situation and does not prevent a spare AAI being administered in an unforeseen life threatening emergency where anaphylaxis is suspected.**

Consent will be obtained as part of the introduction or development of a pupil's IHP.

If consent has been given to administer a spare AAI to a pupil, this will be recorded in their IHP.

The school uses a register of pupils (Register of AAIs) to whom spare AAIs can be administered – this includes the following:

- Name of pupil
- Class
- Known allergens
- Risk factors for anaphylaxis
- Whether medical authorisation has been received
- Whether written parental consent has been received
- Dosage requirements

Parents are required to provide consent on an annual basis to ensure the register remains up-to-date.

Parents can withdraw their consent at any time. To do so, they must write to the headteacher.

Mrs Gurbillon to check the register is up-to-date on an annual basis.

Mrs Gurbillon will also update the register relevant to any changes in consent or a pupil's requirements.

Copies of the register are held in the school office and in each classroom, if applicable, which are accessible to all staff members.

9. Medical attention and required support

Once a pupil's allergies have been identified, the school will consider what arrangements are required to support the pupil. Where an IHP is required, a meeting will be set up between the pupil's parents, the relevant classroom teacher, the school nurse and any other relevant staff members, in which the pupil's allergies will be discussed and a plan of appropriate action/support will be developed.

All medical attention, including that in relation to administering medication, will be conducted in accordance with the Administering Medication Policy and the Supporting Pupils with Medical Conditions Policy.

Parents will provide the school nurse with any necessary medication, ensuring that this is clearly labelled with the pupil's name, class, expiration date and instructions for administering it.

Pupils who require life-saving medication, such as prescribed adrenaline devices, will be expected to have their medication available at school and on educational visits.

All members of staff involved with a pupil with a known allergy are aware of the location of emergency medication and the necessary action to take in the event of an allergic reaction.

Any specified support which the pupil may require will be outlined in their IHP.

All staff members providing support to a pupil with a known medical condition, including those in relation to allergens, will be familiar with the pupil's IHP.

The school operates a mobile phone-free environment in line with national guidance; however, where a pupil requires access to a mobile phone to support the management of their allergy, reasonable adjustments may be made in accordance with the Equality Act 2010. In such cases, pupils may be permitted to use their mobile phone for specific medical purposes related to their allergy management at agreed times and locations, as set out in their IHP.

Mrs Gurbillon and Mrs Green are responsible for working alongside relevant staff members and parents in order to develop IHPs for pupils with allergies, ensuring that any necessary support is provided and the required documentation is completed, including risk assessments being undertaken.

Mrs Green has overall responsibility for ensuring that IHPs are implemented, monitored and communicated to the relevant members of the school community.

10. Staff training

All staff will receive regular allergy awareness training – at least annually. This training will cover all staff, including teaching staff, support staff, catering staff, peripatetic staff, temporary and supply staff, agency workers, regular volunteers and those who may oversee pupils at breakfast or after school clubs.

Whole-school allergy awareness training will ensure that all staff:

- Have an awareness of allergies, the risks they pose, how allergic reactions can occur and how to manage it.
- Understand that allergy includes multiple conditions, e.g. food allergy, asthma, eczema, hay fever, which can co-exist.
- Understand and can identify the main food allergens, and understand the difference between food allergy, intolerance and coeliac disease.
- Can identify the range of symptoms of allergic reactions.
- Understand and can recognise anaphylaxis.
- Know how to respond in an emergency, including:
    - Calling the emergency services.
    - How to locate and administer AAIs in a case of anaphylaxis or an asthma reliever inhaler during an asthma attack.
    - How to use the AAI devices prescribed to pupils and the spare devices stocked by the school.
- Understand the impact allergies can have on a pupil's wellbeing.
- Understand this policy.
- Know how to check whether an individual is on the record of those with known allergies and how to use an allergy or asthma action plan.
- Understand their responsibilities in reducing the risk of individuals with known allergy coming into contact with their known allergens.
- Understand how to report an allergic reaction or case of anaphylaxis – whether an incident or a near miss.

New staff members will receive allergy awareness training as part of their induction. Supply agency, temporary and other relevant non-permanent staff will be provided with relevant information about pupils with allergies, emergency procedures and the location of emergency medication and will be required to have received appropriate allergy awareness training.

Where appropriate, supply or cover staff may be asked to confirm that they have received equivalent allergy awareness training. New staff members will receive this training as part of

their induction and any supply or cover staff will be required to provide evidence that they have received equivalent training.

Where gaps in staff training are identified, the school will undertake a risk assessment and take appropriate action to address them. This may include arranging additional training or ensuring that appropriately trained staff are available to support pupils with allergies during lessons, activities, trips or other school events.

11. Mild to moderate allergic reaction

Mild to moderate symptoms of an allergic reaction include the following:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Mild throat tightness
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

If any of the above symptoms occur in a pupil, the nearest adult will stay with the pupil and refer to their IHP to determine appropriate next steps.

The pupil's parents will be contacted immediately if a pupil suffers a mild to moderate allergic reaction, and if any medication has been administered.

For mild to moderate allergy symptoms, the pupil's IHP will be followed and the pupil will be monitored closely in a safe place for at least 60 minutes to ensure the reaction does not progress into anaphylaxis.

Should the reaction progress into anaphylaxis, the school will act in accordance with this policy. Where the pupil is required to go to the hospital, an ambulance will be called.

12. Managing anaphylaxis

All staff will be aware of the 'ABC' (Airway, Breathing, Circulation) principle when recognising anaphylaxis.

Staff members will be able to recognise the following signs of anaphylaxis:

- **Airways:**
    - Tightening of the throat
    - Hoarse voice
    - Difficulty swallowing

    - Swollen tongue

- **Breathing:**
    - Sudden wheezing
    - Difficult or noisy breathing
    - Persistent cough
- **Circulation:**
    - Persistent dizziness
    - Pale or floppy
    - Suddenly sleepy
    - Collapse/unconscious

Where a pupil with asthma and a food allergy develops sudden breathing difficulties, staff will consider anaphylaxis and administer adrenaline without delay rather than an asthma reliever inhaler.

If one or more of the signs above are present, the nearest trained staff member will follow the below procedure:

1. Lay the pupil flat with their legs raised. If breathing is difficult, allow them to sit upright.
2. Administer adrenaline without delay, using the pupil's prescribed device or a spare AAI device if necessary.
3. Call 999 immediately and request an ambulance, stating that the person is experiencing anaphylaxis.

After administering an AAI device, the staff member(s) handling the situation will stay with the pupil until the ambulance arrives and will keep them lying down, even if the situation appears to be improving. They will then phone the pupil's parent or emergency contact.

If there is no improvement after five minutes, an additional dose of adrenaline will be administered using a second device.

CPR will be commenced at any time if there are no signs of life.

If necessary, other staff members may assist the designated staff members with administering AAIs.

The headteacher will be contacted immediately, as well as a suitably trained individual, such as a first aider.

If there is no improvement after five minutes, a further dose of adrenaline will be administered using another AAI, if available.

In the event that a pupil without a prescribed AAI, or who has not been medically diagnosed as being at risk of anaphylaxis, suffers a suspected severe allergic reaction, the nearest trained member of staff will administer a spare AAI without delay if anaphylaxis is suspected. Emergency services will be contacted immediately after AAI administration. Staff will be made aware that the risks associated with delaying adrenaline are greater than those associated with administering it unnecessarily.

Upon arrival of the emergency services, the following information will be provided:

- Any known allergens the pupil has
- The possible causes of the reaction, e.g. certain food
- The time the AAI was administered – including the time of the second dose, if this was administered

Any used AAIs will be given to paramedics.

Staff members will ensure that the pupil is given plenty of space, moving other pupils to a different room where necessary.

Staff members will remain calm, ensuring that the pupil feels comfortable and is appropriately supported.

A member of staff will accompany the pupil to hospital in the absence of their parents.

If a pupil is taken to hospital by ambulance, at least one member of staff will accompany them.

A copy of the Register of AAIs will be held in **each classroom** for easy access in the event of an allergic reaction.

Following the occurrence of an allergic reaction, the SLT, in conjunction with the school nurse, will review the adequacy of the school's response and will consider the need for any additional support, training or other corrective action

13. Wellbeing of pupils with allergies

The school recognises that allergies can have a significant impact on a pupil's emotional wellbeing, confidence and sense of safety. Some pupils with allergies may experience anxiety because of the risk of exposure to allergens and the possibility of anaphylaxis. This may be further affected by related conditions such as asthma or eczema.

The school will take active steps to support the wellbeing of pupils with allergies by providing reassurance that reasonable measures are being taken to reduce the risk of allergen exposure and that robust emergency arrangements are in place.

The school will promote a culture of awareness, inclusion and respect in relation to allergies. This will include regular communication with pupils, parents and staff so that the school community understands the risks associated with allergies and the importance of following control measures.

The school will take appropriate steps to prevent bullying, teasing or social exclusion related to allergies, dietary needs, medication or medical conditions. Any concerns of this nature will be addressed promptly in line with the school's Behaviour Policy and Anti-bullying Policy.

To support pupils with allergies, the school will:

- Provide proactive support for new pupils with known allergies as they join the school
- Explain to pupils and parents the arrangements the school will put in place to support safety and inclusion.
- Offer opportunities, where appropriate, for pupils with allergies and their families to become familiar with the dining environment and key staff.
- Identify appropriate staff members who can act as a point of contact for pupils with allergies and their parents.
- Encourage pupils with allergies, where appropriate, to share concerns and contribute to discussions about how they can be supported safely in school.

The school will, where appropriate, involve pupils with allergies and their parents in the development and review of support arrangements. The school will also consider feedback from staff and, where relevant, from other members of the school community in order to improve practice.

14. Monitoring and review

The headteacher is responsible for reviewing this policy annually.

The effectiveness of this policy will be monitored and evaluated by all members of staff. Any concerns will be reported to the headteacher immediately.

Following each occurrence of an allergic reaction, this policy and pupils' IHPs will be updated and amended as necessary.

Appendix A

Pupil allergy declaration form

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	
Control measures to avoid an adverse reaction	

Spare AAIs

I understand that the school may purchase spare AAIs to be used in the event of an emergency allergic reaction. I also understand that, in the event of my child's prescribed AAI not working, it may be necessary for the school to administer a spare AAI, but this is only possible with medical authorisation and my written consent.

In light of the above, I provide consent for the school to administer a spare AAI to my child.

Yes	☐	**No**	☐

Name of parent	
Relationship to child	
Contact details of parent	
Parental signature	

Appendix B

CHARTWELLS MEDICAL DIET POLICY

1.0	PURPOSE/SCOPE
	The purpose of this policy is to detail Chartwells responsibilities and commitments in providing medical diet support to customers. For the purpose of this policy 'the customer' refers to the pupil requiring the medical diet including any parents or guardians. 'The client' refers to the school, university, college, local authority or third party to whom Chartwells are contracted to provide catering services. This policy on Chartwells medial diet provision should be used in conjunction with the Chartwells Medical Diet procedure.
2.0	**POLICY STATEMENT ON MEDICAL DIETS**
	Medical diets are an important part of Chartwells catering provision and the safety of the customers we cater for is our number one priority. A medical diet is defined as diet whereby the standard catering provision is unsuitable and requires adaptation to be made safe for a customer due to a medically diagnosed dietary requirement. Examples of medical diets include diagnosed food allergies and intolerances. As part of Chartwells mission to nourish the young minds of our customers, we strive to provide customers with medical diets with the same opportunities to enjoy our food as their peers and we are committed to making reasonable adjustments for medical diets, providing it is safe to do so. We believe it is our responsibility to encourage customers to try new foods as part of a balanced diet therefore we do not accommodate for taste aversions or preferences and will not consider this a medical diet requirement.
3.0	**MENU PROVISION FOR MEDICAL DIETS**
3.1	Chartwells medical diet provision will be in line with LACA National Allergen Management Policy guidance, an industry-wide code of conduct for the management of allergens in schools.
3.2	Chartwells food development team will aim to minimise allergens within their core menu recipes as far as possible.

3.3	All medical diet requests will be considered by Chartwells on a case-by-case basis as part of the medical diet risk assessment process, which considers the nature of the requirement and the capabilities of the kitchen concerned (See appendix 1 – Risk Assessment). Chartwells will make all reasonable steps to provide for a medical diet providing this assessment indicates that the risks are within safe limits. Unfortunately, where the risk to the customer is high we may be unable to provide a medical diet. Chartwells will notify the client and the customer of the result of any assessment where the risk is so high that a medical diet cannot be provided, without delay. In the event of such risk assessment result and decision, Chartwells will not provide any medical diet or other diet to the customer and the client must take appropriate measures to ensure that other allergen risks for the customer are controlled (including any risks relating to airborne allergens from food consumed by other customers). Clients are required to support customers and Chartwells in providing an up-to-date photo to assist the identification of such customers for these purposes. Photos should be provided by clients at a minimum annually and sooner, if the appearance of the customer changes significantly in the intervening period.
3.4	State primary schools & academies only: The Chartwells 'Allergy Aware' menu will be provided to customers with allergies to any of the 14 mandatory listed Food Information Regulations (FIR) allergens or combinations thereof, providing the menu assessment process detailed in point 3.3 deems it safe to do so. The Allergy Aware menu is a reduced-allergen menu which does not include the majority of the 14 FIR allergens. The Allergy Aware menu aligns itself as closely as possible to the main menu offer. On theme days, Chartwells Allergy Aware menus can be provided for customers with allergies to any of the 14 mandatory FIR allergens only.
3.5	Medical diet requests for allergens which are not part of the 14 mandatory listed allergens under FIR will reviewed via the medical diet risk assessment process as detailed in point 3.3. Chartwells may be required to decline a medical diet menu request where the risks are determined to be too significant to the customer.
3.6	Medical diets which are not allergen-related (such as texture-modified dysphagia requirements, sensory disorders, autism and phenylketonuria (PKU)) will be considered by Chartwells on a case-by-case basis.
3.7	Religious and cultural diets are not classed as a medical diet and therefore do not require a medical diet request form. Customers should inform the client and catering team on site about any religious or cultural requirements to make arrangements where appropriate.

3.8	If Chartwells become aware of any medical diet requirement which has not been properly notified in accordance with this Policy, it may refuse service. For the avoidance of doubt, service will always be refused in these circumstances unless and until the client confirms, with Chartwells agreement, that the relevant customer can manage their menu choices and authorises Chartwells to provide service. Chartwells will notify the client and the customer of any decision to refuse service in these circumstances. Clients are required to support customers and Chartwells in providing an upto-date photo to assist the identification of such customers for these purposes. Photos should be provided by clients at a minimum annually and sooner, if the appearance of the customer changes significantly in the intervening period.
3.9	Medical diet menus will not be prepared by the central Chartwells nutrition team for customers in Secondary or Higher and Further education settings. We believe that our menus in Secondary, Higher and Further education provide sufficient choice to allow customers to manage their own medical diets. Chartwells will ensure that allergy reports are always available to customers which will allow them to make informed menu choices. This is in line with other out of home catering settings.
3.10	Whilst a medical diet menu is being prepared, Chartwells can provide a jacket potato with suitable topping and fruit for dessert, otherwise customers should provide a packed lunch meal as an interim measure.
3.11	Chartwells medical diet menus will ensure that one suitable hot dish is available per service.
3.12	Only the recipes detailed on the Chartwells-approved medical diet menu will be served to the customer. Deviations to the medical diet menu are not accepted.
3.13	In the instance that it is not possible to prepare the approved medical diet menu recipe at any given meal, the customer will be served a jacket potato with a suitable topping and fruit for dessert (on condition they are not allergic to these ingredients).
3.14	Medical Diet menus will be prepared for main hot meals and will not include mid-morning breaks, breakfast clubs, after school club snacks, salad bars or daily cold or packed lunch options. Chartwells do not take responsibility for ensuring pupils are safeguarded from consuming inappropriate foods when pupils are self-serving.
3.15	School menus must be fully compliant to the school food standards (State Primaries & Primary Academies) and Chartwells menu standards prior to a medical diet menu being prepared.
3.16	Medical diet menus cannot be supported if the school menu does not use The Source (Chartwells recipe & menu database).
3.17	Medical diets menus are always double-checked by two trained Chartwells colleagues prior to implementation as a safety precaution

4.0	MEDICAL DIET REQUESTS & PROCESSING
4.1	Customers requiring a medical diet menu must complete the Chartwells Medical Diet Request form in full and submit with supporting evidence
4.2	It is the client's responsibility to ensure customers are aware of Chartwells medical diet policy and to direct them to Chartwells medical diet request form. It is also the client's responsibility to provide assistance to the customer in accurate completion of the form, if the customer cannot complete or understand the form, for example due to language or learning difficulties.
4.3	Medical diet request forms must be accompanied by supporting professional medical evidence OR a completed Chartwells Medical Evidence Support Form in order to be processed. Adjusting a child's diet should only be done under the guidance of a medical professional. This requirement is an industry-wide standard and is essential for the safeguarding of Chartwells customers. The following conditions apply to the medical evidence: i. A professional medical source includes a medical doctor, registered dietitian, nurse or other qualified NHS medical professional ii. School-composed care plans, commercial laboratory reactivity results and homeopathic diagnoses will not be accepted iii. Medical evidence will be used as the most accurate information iv. Updated medical evidence must be provided in the instance that an existing medical diet is changed (e.g. additional or reduced requirements)
4.4	Customers should return the Chartwells Medical Diet Request form & supporting medical evidence to the client office. Clients are then required to share the completed documentation with their Chartwells regional team for processing.
4.5	On receipt by the dedicated Chartwells medical diet team, a medical diet menu will be prepared within 3-5 weeks if all conditions to proceed with a medical diet menu are met.
4.6	A medical diet will continue to be provided for future menu cycles by Chartwells until we receive confirmation in writing that it is no longer required. Clients must inform Chartwells about any leavers and confirm Chartwells' list of pupils requiring medical diets on a termly basis.
4.7	The re-introduction of allergens into a customer's medical diet menu will only be accepted once updated medical evidence has been received by Chartwells. Chartwells will not be responsible for the gradual re-introduction of allergens (for example the re-introduction of milk using the 'milk ladder') or the provision of allergens in moderation or in different forms.

4.8	Medical diet requests received within 6 weeks of the end date of a menu will be processed for the new menu only. During the interim period, food may be provided as per point 3.10
4.9	The client is responsible for ensuring that the customer receives a copy of any medical diet menu prepared by Chartwells and understands the menu, including in the event of learning or language difficulties. Chartwells will ensure the client are aware of any direct communication with customers regarding medical diet menus.
4.10	Customers will receive a copy of the medical diet menu and are required to notify any discrepancies immediately. Customers are also requested to return a completed medical diet menu sign-off form to the client admin office, who will forward it onto Chartwells, prior to the menu start date. Please note, however, that if Chartwells is not notified of any discrepancies by the stated menu start date, this will signify acceptance of the medical diet menu by the customer and it will proceed to offer the medical diet menu to the customer on the start date. The client is required to ensure that menu sign-off forms are received from all customers and that discrepancies are notified immediately.
5.0	**ALLERGEN & NUTRITION INFORMATION FOR CUSTOMERS**
5.1	Allergen reports declaring the presence of the 14 mandatory FIR allergens are available for all Chartwells recipes on current menus. Customers and clients wishing to review these should ask the kitchen team or request them from their local Chartwells contact.
5.2	Where suppliers declare that an ingredient 'may contain' an allergen, Chartwells will consider this as the same risk as a 'contain' warning and will remove the allergen from all implicated medical diet menus.
5.3	Chartwells will continually work with our suppliers to secure clear ingredient labelling and appropriate allergen declarations.
5.4	Chartwells kitchens store medical diet menus in their medical diet folder on site.

5.5	Nutrient counts are available for current menus to enable customers to manage their nutritional intake, if required due to a medical condition. Chartwells nutrient counts will include the following information for each dish/menu item: i. Portion size (g) ii. Carbohydrate, Fat, Protein, Sodium & Calorie content per portion iii. Carbohydrate, Fat, Protein, Sodium & Calorie content per 100g Please Note: Chartwells use the nutrition analytics tool, Saffron, to provide nutritional data for our recipes. Saffron is used widely across the food industry and draws upon data from the McCance & Widdowson's database (Public Health England's nutrition information data set). Nutritional information will be based upon average servings of each ingredient and therefore should be regarded as the closest possible estimated figures. Nutrient counts remain subject to change due to ingredient or processing alterations for any given recipe.
5.6	Customers wishing to consult the nutrient counts do not need to complete a medical diet request and should request a copy of the nutrient counts from their local Chartwells contact. More information about Chartwells nutrient counts can be accessed online here: https://loveschoolmeals.co.uk/medical-diets Please note: Calorie information is not available online. Customers requiring calorie information for the management of a medical diet should request this from their local Chartwells contact.
5.7	Specific medical diet requests for controlling the micronutrient (vitamin and mineral), food additive, food processing aid, colouring, thickener, stabiliser, gelling agent, raising agent, yeast, or preservative content of Chartwells menus cannot be accommodated. Information about Chartwells approved and banned food additives can be found in the Chartwells Food Additives Policy.
6.0	**IDENTIFICATION OF CUSTOMERS WITH MEDICAL DIETS**
6.1	All clients with pupils following a Chartwells medical diet menu must have a system in place for the identification of the pupils at food service points. Chartwells clients must use Chartwells medical diet lanyards for such identification, UNLESS an alternative and established client system for identification of all relevant pupils, is approved by all parties as being functional for the circumstances, such approval being required prior to the use of the system for the provision of medical diets.
6.2	Operation of the medical diet lanyard system, where used, must be documented by both the client and Chartwells on the Lanyard Identification System Agreement Form and stored in the Chartwells Medical Diets folder on site.
6.3	If an alternative identification system is agreed by both the client and Chartwells, this must be documented on the Medical Diet Identification System Form and stored in the Chartwells Medical Diet folder on site.

6.4	The client will be responsible for ensuring that lanyards are properly distributed to and worn by customers which are following a medical diet menu, or where an alternative identification system is agreed, shall be responsible for identifying the relevant customers in accordance with such system.
6.5	Where possible, it is highly recommended that customers following a Chartwells medical diet are served at a separate service point designated for medical diets.
6.6	Pupils with pending medical diet menus (for example, whilst the medical diet request and preparation process is underway) who are receiving interim food provision from Chartwells, as per point 3.10, should be enrolled temporarily into the approved medical diet identification system (lanyards or approved alternative).
6.7	Chartwells will also operate a medical diet identification poster system ('Hello my name is…' posters) behind the service counter, with photographs of pupils following a medical diet menu. Clients are required to support customers and Chartwells in providing an up-to-date photo to aid this identification system on request and if no such photographs or details have been provided, the client must ensure that the correct medical diet is provided to each relevant customer. This system is in line with GDPR. Please refer to the Compass Group Privacy policy for further information (https://www.compass-group.co.uk/about/privacy-policy).
6.8	Where pupil photos are used as part of a medical diet identification system (on lanyards, 'Hello my name is…' posters or within an agreed alternative system) these must be up-to-date, clear passport style images. Clients are required to support Chartwells to obtain such photos and to ensure updated photos are provided annually at a minimum.
7.0	**INGREDIENT & ALLERGEN MANAGEMENT**
7.1	Chartwells kitchens will implement all reasonable controls for cross-contamination however it is not appropriate for dishes produced in school kitchens to be considered by any party as 'free from' allergens. Chartwells do not endorse a completely allergen free environment. This advice is consistent with external governing bodies and allergy charities who state that a completely allergen free environment is artificial and inconsistent with the real world.
7.2	Only ingredients and products purchased in accordance with Chartwells supply chain standards from our partnered suppliers will be used in Chartwells kitchens. Ingredients brought in from home by customers must not be used or stored in Chartwells facilities.

7.3	All Chartwells staff receive Health & Safety training covering food safety and allergen awareness to a level appropriate for their role. Additional training is continually provided at Chartwells Allergy Academies, regional team events and through the Chartwells Allergen Awareness Training.
7.4	If medically prescribed ingredients are required for pupils to eat safely with Chartwells, the customer must sign the Chartwells indemnity form for 'food brought into school from home'. The use of these ingredients will be reviewed on a case by case basis and medical evidence
	must be provided. Chartwells will assess the risk of cross-contamination from such ingredients and clients are required to support customers and Chartwells if required on the basis of such risks, by providing an alternative facility for use and storage of such ingredients.
7.5	State schools & academies only: Chartwells will not use any nuts as ingredients or products stating 'contains nuts' as an ingredient. Chartwells may use products with a 'may contain' declaration for nuts as long as no nuts are present in the ingredients. Where Chartwells have agreed with clients to operate a 'no nuts' site, no products with a 'may contain' declaration for nuts will be used on the menu.
8.0	**IN CASE OF EMERGENCY & HEALTH AND SAFETY**
8.1	Clients should ensure care plans are in place for the management of medical diets on their premises and should share any such care plans and updates to procedure with Chartwells kitchen team.
8.2	Clients must have an emergency plan in place for the administration of Epipens (adrenaline auto injectors). This plan must be shared with Chartwells kitchen team and Epipens must only be applied by authorised persons as agreed in the emergency plan.
8.3	Chartwells will operate internal Health and Safety audits and 'Safety Walks', conducted by Health and Safety managers or trained operators, to ensure compliance to all applicable allergen policies and procedures. Internal Health and Safety audits are completed using Chartwells All Incident Reporting system (AIR). Any identified non-compliances will be acted upon within the shortest, practical timescale and all audit reports will be retained and analysed at Health & Safety management review meetings. Supplementary internal nutrition audits may also be conducted, as required, by trained Chartwells nutritionists, using a mobile reporting tool, to ensure compliance to menu nutrition and medical diet provision standards. Additional independent external audits will be conducted by bodies accredited by UKAS to an agreed regular programme. Chartwells external audits are conducted by the ISOQAR certification body.

8.4	In the case of an incident or near miss, Chartwells Unit Managers will report to their Line Manager and document the incident on the Accident and Incident Reporting system (AIR). Chartwells team of Health and Safety Manager's will then provide support and give suitable advice and guidance. All incidents are reported as soon as possible to allow a thorough investigation to take place and establish the root cause. Following any incident, processes will be reviewed and the Health and Safety and Nutrition Team will support with ongoing training requirements as required. Lessons learnt will be circulated to the business sector to reduce the risk of further similar incidents occurring.