Allergy Safety Policy

2026-27

peletrust.org.uk
The Crescent, Callerton Lane, Ponteland, NE20 9EG

Pele Trust Allergy Management Policy

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Approved by	Academy Committee
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1. Purpose and Scope

This policy outlines how **Ponteland Primary School** identifies, supports, and protects members of the school community with allergies. In line with new statutory guidance, we recognise that allergy is a spectrum including multiple conditions that often co-exist, such as food allergy, asthma, and hay fever. This policy covers all school activities, including educational visits and off-site events.

1.1 Application

- This policy applies to pupils, staff, parents/carers, governors, visitors, contractors, and volunteers.
- The policy applies to the school estate, during educational day trips, residential visits, and all Trust-organised activities.

1.2 Policy Objectives

- To mitigate risk by minimising exposure to severe allergens through robust preventive measures.
- To ensure all staff are equipped to respond quickly and confidently to an allergic crisis.

2. Policy Governance & Regulatory Framework

This policy is written to meet the statutory duties mandated from 1 September 2026 and will be reviewed annually. It integrates and complies with:

- Allergy Safety In Schools - Statutory Guidance July 2026
- Benedict's Law (Section 34 of the Children's Wellbeing and Schools Act 2026): Mandating a comprehensive, standalone allergy policy, annual universal staff training, individual protection safeguards, and school-held emergency adrenaline auto-injectors (AAIs).
- Natasha's Law (Food Information Regulations): Mandating full ingredient and highlighted allergen labelling on all Pre-Packed for Direct Sale (PPDS) foods.
- Section 100 of the Children and Families Act 2014: The statutory duty to support pupils with medical conditions.
- The CookSafe Food Safety Assurance System (Issue 1.2): Standardising kitchen Critical Control Points (CCPs).
- Equality Act 2010: Addressing the Public Sector Equality Duty, recognising that severe allergies can meet the statutory definition of a disability.

To ensure robust protection for individuals with allergies, coordination is required between the catering department and the wider school community. Pele Trust integrates CookSafe (HACCP) protocols with the statutory mandates of Natasha's Law and Benedict's Law. This framework provides a coordinated approach to allergen safety.

3. Dedicated School Accountability

The following roles and responsibilities have been identified within the school.

Role	Responsibility	Name
Headteacher	Overall responsibility for statutory compliance and annual reporting	Claire Johnson
Allergy Lead in school	● Day-to-day operation ● Maintaining ○ Allergy Register ○ Individual Healthcare Plans (IHPs) ○ Adrenaline Auto Injector (AAI) stock.	Claire Johnson and Cheryl Smith
Allergy Governor	● Review the policy annually and ensure it is accessible to all parents. ● Monitor compliance.	Ruth Morris
Catering Manager	● Ensures ○ allergen labelling (Natasha's Law) ○ safe food handling	Richard Bell
All staff	● Complete annual allergy training ● Know affected pupils and how to respond to emergencies	All staff

4. Allergic conditions

The Allergy Safety In Schools statutory guidance describes allergy as a "spectrum of different allergic diseases". The following allergic conditions are explicitly covered by the guidance and this policy:

- Food Allergy
  - This ranges from mild symptoms (like mouth itching) to severe "whole-body" reactions, including anaphylaxis.
- Asthma
  - In children, asthma is typically allergic and can be triggered by airborne

allergens like pollen, dust mites, or animal dander.
- Hay Fever (Allergic Rhinitis)
    - Triggered by aeroallergens such as pollen, house dust mites, animal fur/feathers, or mould.
- Skin Allergies
    - This includes conditions like eczema, contact dermatitis, and contact urticaria (hives)

The guidance explicitly distinguishes between allergies and other dietary conditions:

- Coeliac Disease
    - This is an autoimmune condition, not an allergy, and cannot cause anaphylaxis.
- Food Intolerances
    - These are non-immune system reactions (e.g., lactose intolerance) and do not cause serious allergic reactions or anaphylaxis.

5. Identifying and Registering Pupils

The school maintains a single Allergy Register, updated immediately upon new information.

- Details are collected during admissions, transitions, and via annual data forms.
- Parents must inform the school of known allergies and will receive a reminder at the start of the academic year
- With consent, photographs will be held with the allergy register to help all staff, including supply and catering staff, identify pupils.

6. Part A: Catering Department Operations (CookSafe HACCP Alignment)

Executed by onsite kitchen teams under the oversight of the Area Catering Manager.

6.1 Deliveries and Supply Chain

- All food items must originate from the approved supply chain and include a full ingredients list with allergens clearly highlighted in bold.
- Any delivery lacking highlighted allergen information or containing unapproved, dangerous substitutions (e.g., unauthorised nuts) must be rejected.
- If an approved alternative product is provided, the kitchen team must check the ingredients list immediately, update the allergen matrix, and file a recipe card sheet in the onsite Allergen File.

6.2 Storage and Cross-Contamination Avoidance

- Food items containing allergens must be stored in separate, clearly labelled, lidded containers.
- Original packaging containing ingredient data must be retained when decanting food items, if we need to trace items

- On-site kitchens must maintain a comprehensive ingredient data file. Platforms like SchoolGrid or Erudus must be actively used to manage, cross-reference, and audit ingredient information.

6.3 Meal Preparation

- When preparing allergy-safe meals, staff must exclusively use the designated Allergen Box containing a purple colour-coded chopping board, knife, and dedicated utensils.
- Thorough handwashing and full disinfection of work surfaces must occur before and after any allergy-safe preparation, utilising a designated preparation area wherever possible.

6.4 Menu Communication & Natasha's Law

- A current allergen matrix listing each of the 14 statutory allergens must be maintained for every dish, cake, morning break, or club item served. This must be posted on individual school websites.
- Secondary schools must post physical allergen lists near the servery hatch. Unwrapped grab-and-go items must feature mini-chalkboards detailing specific allergens.
- For products pre-packed for direct sale (PPDS), each item must be individually labelled with its full list of ingredients and highlighted allergens to comply with Natasha's Law.

7. Part B: Whole-School Approach (Outside Catering)

Overseen by the School Allergy Lead across all non-catering staff, leadership teams, and external organisers.

7.1 Technology Integration & Student Identification

- In primary schools without automated software, the allergy lead must provide the school kitchen with a physical list containing up-to-date pupil details and photographs to identify vulnerable children at the point of service.

7.2 Individual Health Plans (IHP) & Bespoke Action Plans

- Every child on the register requires an Individual Health Plan (IHP) detailing triggers, symptom history, emergency contacts, and daily adjustments.
- Pupils with complex medical profiles or strictly controlled diets require a bespoke plan that must be collaboratively planned between the Allergy Lead, inclusion teams, and catering, then explicitly communicated to assigned teaching assistants and kitchen staff.

7.3 Classroom Management & School Events

- Lessons using food or potential environmental allergens (Food Tech/Studies, Science, Art) must be vetted against classroom allergy profiles in advance.
    - Alternative materials (e.g., non-latex gloves, allergen-free ingredients) must be substituted when a risk is present.
- Bringing home-baked goods or unsealed birthday sweets into classrooms is prohibited. Staff are directed to use non-food rewards.
- Non-wrapped or home-baked fundraising items must feature a handwritten index card listing all ingredients and highlighting the 14 major allergens.

7.4 Wraparound Care & Field Trips

- Breakfast and after-school clubs must verify that all foods served have a verified allergen matrix.
- Trip leaders must cross-reference the Allergy Register during the planning phase and add to the visit risk assessment.
    - Packed lunches provided to pupils must be individually named and labelled for the specific child.
    - At least one trained staff member carrying the pupil's prescribed emergency medications and an emergency backup must be explicitly assigned to the group.
    - Spare EPI-Pens will be taken on all visits in case of new unforeseen reactions.

8. Staff Training & Competency Framework

Universal training is a legal requirement under Benedict's Law to ensure no frontline educator is unable to recognise or treat anaphylaxis.

- Catering staff **must** complete accredited online food allergen training every 12 months (via the Food Standards Agency) alongside specialised school anaphylaxis training.
- All student-facing staff (teachers, TAs, midday supervisors) **must** complete accredited allergy awareness and anaphylaxis response training annually.
    - New staff must complete this within their first month of induction.
- Recognising early Airways-Breathing-Circulation (ABC) symptoms, avoiding allergen cross-contamination, understanding the Allergy Register, administration of adrenaline auto-injectors (AAI's) and emergency protocols.

8.1 Allergy Safety Drills

- To ensure operational readiness and test the efficacy and speed of staff emergency responses, the school will conduct regular, practical allergy safety drills. These drills will simulate anaphylaxis scenarios to actively evaluate and improve emergency response times.

9. Emergency Response Protocols

A severe allergic reaction (anaphylaxis) or life-threatening asthma attack requires an immediate, coordinated emergency response. Staff should recognise the ABC symptoms and act without delay.

Where there is any doubt whether a pupil is experiencing anaphylaxis or a severe asthma attack, staff should treat the reaction as anaphylaxis and administer adrenaline without delay. Adrenaline is the first-line treatment for anaphylaxis and should not be delayed, even where asthma is also suspected.

9.1 ABC Emergency Signs

Airway (A)

- Swelling of the throat, tongue or upper airway
- Tightness in the throat
- Hoarse voice
- Difficulty swallowing or speaking

Breathing (B)

- Sudden onset of wheezing
- Difficulty breathing or shortness of breath
- Noisy breathing or persistent coughing
- In severe asthma, little or no improvement after using a reliever inhaler

Circulation (C)

- Dizziness or feeling faint
- Sudden drowsiness, confusion or collapse
- Pale, clammy skin
- Loss of consciousness

9.2 Immediate Action

If a pupil is suspected of experiencing anaphylaxis or a severe asthma emergency, staff must respond immediately:

1. Call for assistance immediately and do not leave the pupil unattended.

2. Keep the pupil where they are. If possible, lay them flat with their legs raised. If they are struggling to breathe, they may be supported in a sitting position for the shortest time possible. Do not allow them to stand or walk.
3. Administer emergency medication without delay:
    - If anaphylaxis is suspected, or if there is any uncertainty whether the symptoms are due to asthma or anaphylaxis, administer the prescribed adrenaline auto-injector (AAI) immediately into the outer thigh, following the manufacturer's instructions. **Record the time it was given.**
    - If the pupil is known to have asthma and continues to have breathing difficulties after adrenaline has been administered, assist them to use their reliever inhaler with a spacer while awaiting the ambulance, if this is appropriate and available.
4. Call 999 immediately, stating clearly whether the pupil is experiencing anaphylaxis, a severe asthma attack, or both if uncertain.
5. If there is no improvement after 5 minutes following the first adrenaline injection, administer a second adrenaline auto-injector if one is available.
6. If the pupil becomes unresponsive and is not breathing normally, commence CPR immediately and follow the instructions of the emergency call handler until the ambulance arrives.
7. Inform the parent or carer as soon as possible.

While Waiting for the Ambulance:

- Continue to monitor the pupil's airway, breathing and circulation
- Keep the pupil under constant supervision
- Do **not** allow the pupil to stand, walk or sit upright following an anaphylactic reaction unless this is essential to help them breathe, and only for the shortest possible time.
- Be prepared to administer further emergency treatment in accordance with the pupil's healthcare plan or the advice of the emergency services.

All pupils who have experienced anaphylaxis must be taken to hospital by ambulance for medical assessment and observation, even if symptoms appear to have resolved, as a further (biphasic) reaction may occur after initial treatment. Pupils who have experienced a severe asthma attack should also be medically assessed in accordance with NHS guidance and emergency service advice.

10. Medication Management and Emergency Kits

10.1 Pupil-Specific Medication

- Pupils prescribed AAIs or asthma inhalers must have immediate access to their medication at all times.

- 2 x AAIs and a prescribed reliever inhaler must be kept on-site for each prescribed pupil

10.2 School Spare Emergency Kits

- In accordance with guidance, the school will purchase and hold spare emergency kits to be used if a pupil's prescribed medication is broken, empty, or fails to work.
- Emergency AAIs **must** always be stocked and stored in pairs within each designated emergency kit to ensure a second dose is instantly available if needed.
- The school will purchase and hold spare emergency asthma reliever inhalers (salbutamol and spacers) to manage acute allergic asthma attacks alongside the spare AAIs. The storage, checking, and deployment of these spare inhalers are managed with the same strict protocols as AAIs.
- Emergency medication kits must be checked on a monthly basis by the Allergy Lead to monitor expiration dates and device integrity.

10.3 Emergency Kit Locations

Emergency Epi pen type	**Identified storage location**
EpiPen Junior (0.15mg) for ages under 6	On the wall in the front office in a plastic case labelled 'Emergency Anaphylaxis Kit'
EpiPen (0.3mg) for ages 6+	On the wall in the front office in a plastic case labelled 'Emergency Anaphylaxis Kit'
Emergency Asthma Inhaler	
Salbutamol inhaler and spacers	On the wall in the front office in a plastic case labelled 'Asthma Kit'

10.4 Incident Logging & School's Allergy Reaction Register

- Every allergic reaction - including "near misses" where a hazard was averted before ingestion - **must** be logged in an individual school incident log
- Incidents and near misses will be uploaded into the centralised Schools Allergy Reaction Register.
    - The School Allergy Lead, individual Headteachers, and the Area Catering Manager will review this data termly to adapt kitchen safety procedures, update menus, and dynamically adjust risk mitigations.
    - Significant incidents will be reported to the Academy Committee and the HSE under RIDDOR where applicable.

11. Inclusion, Bullying, and Culture

- Allergy profiles will never be used as a metric to exclude a pupil from any educational, social, or extracurricular event.
- Any actions involving allergy-related teasing, food taunting, or threatening to expose a pupil to a known allergen will be treated as high-level misconduct and processed under the Anti-Bullying and Behaviour Policies, up to and including permanent exclusion.