Transforming Lives

EDUCATIONAL TRUST

HENRY HINDE SCHOOL

Allergy Safety Policy

July 2026

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Contents

1 – The TLET Way

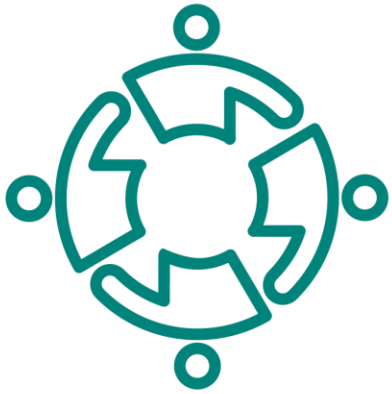
Transforming Lives Educational Trust (TLET/The Trust) is a family of academies. Every TLET policy is rooted in and reflects our ambitions for pupils, students and wider stakeholders alike.

OUR AMBITIONS -
As a Trust family, our shared ambitions drive everything we do, we call this 'The TLET Way'.

Through the transformative values of courage, kindness and loyalty, together we:

NURTURE POTENTIAL

We flourish in the places we create together.



INSPIRE COMMUNITY

We champion each other to make a difference.

DELIVER EXCELLENCE

We strive to achieve our best.

2 – Definition of Terms

2.1 Allergy – a condition in which the body has an exaggerated response to a substance (e.g. food or drug) also known as hypersensitivity.

Allergen – a normally harmless substance that triggers an allergic reaction in the immune system of a susceptible person.

Anaphylaxis / Anaphylactic Shock – is a sudden, severe and potentially life-threatening allergic reaction to food, stings, bites or medicines.

Epipen – Brand name syringe style device containing the drug Adrenalin, which is ready for immediate inter-muscular administration.

3 – Rationale and Statutory Requirements

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

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

4 – Scope

This policy refers to;

Parents/Carers	✓	**Trustees**	✓
Employees	✓	**Volunteers**	✓
Pupils/Students	✓	**Visitors**	✓
Governors	✓	**Community**	

4.1 Roles & Responsibilities

We take a whole-school approach to allergy awareness.

4.1.1 Allergy lead

The nominated allergy lead is **Mandeep Mann** (Head of School).

They're responsible for:

- Promoting and maintaining allergy awareness across our school community

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

Ensuring:

- All allergy information is up to date and readily available to relevant members of staff
- All pupils with allergies have an allergy action plan completed by a medical professional

- All staff receive an appropriate level of allergy training
- All staff are aware of the school's policy and procedures regarding allergies
- Relevant staff are aware of what activities need an allergy risk assessment

Keeping stock of the school's adrenaline auto-injectors (AAIs)

4.1.2 School first aider

The school first aider is responsible for:

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

4.1.3 Teaching and support staff

All teaching and support staff are responsible for:

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

4.1.4 Parents/carers

Parents/carers are responsible for:

- Being aware of our school's allergy policy
- Providing the school with up-to-date details of their child's medical needs, dietary requirements, and any history of allergies, reactions and anaphylaxis
- If required, providing their child with 2 in-date adrenaline auto-injectors and any other medication, including inhalers, antihistamine etc., and making sure these are replaced in a timely manner
- Carefully considering the food they provide to their child as packed lunches and snacks, and trying to limit the number of allergens included
- Following the school's guidance on food brought in to be shared
- Updating the school on any changes to their child's condition

4.1.5 Pupils with allergies

These pupils are responsible for:

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

4.1.6 Pupils without allergies

These pupils are responsible for:

Being aware of allergens and the risk they pose to their peers

Older pupils might also be expected to support their peers and staff in the case of an emergency.

5 – Principles

5.1 Assessing risk

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

- Lessons such as food technology
- Science experiments involving foods
- Crafts using food packaging
- Off-site events and school trips
- Any other activities involving animals or food, such as animal handling experiences or baking

A risk assessment for any pupil at risk of an allergic reaction will also be carried out where a visitor requires a guide dog.

5.2 Managing Risk

5.2.1 Hygiene procedures

Handwashing & Personal Hygiene

- Pupils are reminded to wash their hands with **soap and warm water** before and after eating (*Note: hand sanitiser wipes away bacteria but does not effectively remove food allergen proteins like peanut or milk residue*).
- Pupils must wash their hands after outdoor play before returning to classroom activities.
- Staff supervising mealtimes ensure young or SEN pupils are supported with proper handwashing techniques.

Eating Routines & Food Handling

- Sharing of food, utensils, drink containers, or lunchboxes is strictly prohibited.
- Pupils have their own clearly named water bottles, which are kept in designated areas and checked to prevent accidental swapping.
- Pupils with known food allergies sit in clear sight of mealtime supervisors during lunch and break times.
- Packed lunches brought from home are monitored; parents are regularly reminded not to include high-risk ingredients (e.g., loose nuts, sesame seeds, or unlabelled homemade treats).
- Birthday treats or external food brought into school by pupils must be pre-packaged with visible ingredient lists or distributed to parents at home time rather than consumed in class.

Table & Surface Cleaning

- All dining tables, desk surfaces, and high-touch areas are thoroughly cleaned with hot soap and water or designated multi-surface sanitising sprays **before and after** mealtimes.
- Dedicated, color-coded cloths or disposable paper towels are used to wipe surfaces, preventing cross-contamination between desks and food areas.
- Trays, food preparation counters, and utensils are washed and sanitised separately from general classroom equipment.

Classroom Activities & Non-Food Areas

- Non-food items containing allergens (e.g., egg cartons, bird seed, peanut butter jars used for junk modelling, seeds for gardening, or playdough made with wheat/allergens) are audited and replaced with safe alternatives.
- Cooking, tasting, or food-based craft activities are risk-assessed in advance; alternative allergen-safe ingredients are provided for affected pupils to ensure full inclusion.
- Classroom surfaces used for food preparation or science experiments involving food materials are thoroughly disinfected prior to general classroom use.

Staff & Training Hygiene Duties

- All lunchtime supervisors and teaching staff are briefed on individual pupil Individual Healthcare Plans (IHCPs) and medical dietary needs before handling food service.
- Staff wash hands prior to serving snacks, opening lunchboxes, or assisting pupils with food packages.

5.2.2. Catering

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

- Catering staff receive appropriate training and are able to identify pupils with allergies
- School menus are available for parents/carers to view with ingredients clearly labelled
- Where changes are made to school menus, we will make sure these continue to meet any special dietary needs of pupils
- Food allergen information relating to the 'top 14' allergens is displayed on the packaging of all food products, allowing pupils and staff to make safer choices. Allergen information labelling will follow all legal requirements that apply to naming the food and listing ingredients, as outlined by the Food Standards Agency (FSA)
- Catering staff follow hygiene and allergy procedures when preparing food to avoid cross-contamination

5.2.3 Food restrictions

While Henry Hinde School strives to create a safe environment for all pupils, we acknowledge that it is practically impossible to guarantee a completely allergen-free school. Banning all potential allergens—such as milk, eggs, wheat, or soy—is unworkable and can create a false sense of security. Instead, our school operates an **"Allergen-Aware"** approach, combining targeted food restrictions with rigorous hygiene practices.

- **Restricted High-Risk Foods:** To minimise the risk of severe anaphylactic reactions, parents, carers, and staff are asked not to bring loose nuts, peanut butter, sesame products, or whole nut snacks onto school premises.
- **Packed Lunches & Snacks:** Pre-packaged items included in packed lunches must be clearly labelled. Unlabelled homemade items containing high-risk allergens should be avoided.
- **Celebration & Birthday Foods:** Parents are requested not to send in home-baked cakes or open food items for class celebrations. Any treats brought in to celebrate birthdays or special occasions must be individually wrapped in their original commercial packaging with clear, legible ingredient lists. These will not be consumed during the school day; instead, they will be distributed to parents at pick-up time so carers can decide if they are safe for their child.
- **Monitoring and Action:** Lunchtime supervisors monitor food brought into school. If a pupil inadvertently brings a restricted item to school, it will be safely placed back into their lunchbox or stored securely by staff until home time, and an allergen-safe alternative meal/snack will be provided.

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

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

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

5.2.4 Insect bites/stings

Preventative Procedures Outdoors

- Footwear: Pupils and staff must wear closed-toe shoes or trainers outdoors at all times; walking barefoot on school fields or outdoor play areas is strictly prohibited.

- Outdoor Eating & Drinking: All food, snacks, and sweet drinks must remain covered when eaten outside. Cans or open drink containers with narrow openings must be avoided outdoors, or used with a straw, to prevent wasps or bees from entering unseen.
- Bins and Waste: Outdoor rubbish bins must have secure, fitted lids and be emptied regularly during warm weather to avoid attracting stinging insects.
- Nests and High-Risk Areas: School grounds are regularly inspected for bee, wasp, or hornet nests. High-risk areas (e.g., near fallen fruit trees or compost heaps) are cordoned off until professionally treated or cleared.
- Clothing & Bright Colours: Pupils with known severe insect venom allergies are advised to wear light-coloured clothing during peak summer months, as bright or floral clothing and strong scents can attract stinging insects.
- Insect Behaviour: Pupils are taught not to wave their arms, swat, or run away from bees or wasps, but to move away slowly and calmly.

Procedure for Managing Insect Bites and Stings

- Immediate Removal of Stinger: If a pupil is stung and the stinger is visible, a trained staff member will remove it promptly by scraping sideways with a flat object (such as a plastic card or fingernail) rather than squeezing with tweezers or fingers, which can inject more venom.
- Local First Aid Treatment:
    - Wash the affected area with soap and clean water.
    - Apply a cold compress or ice pack (wrapped in a clean cloth) for 10–15 minutes to reduce swelling and pain.
    - Monitor the child closely for at least 30 minutes following the sting.
- Pupils with Known Venom Allergies (Anaphylaxis Risk):
    - If a pupil with a known insect venom allergy is stung, staff must immediately refer to their Individual Healthcare Plan (IHCP) and administer prescribed medication (e.g., antihistamine or Adrenaline Auto-Injector / AAI) without delay.
    - Call 999 for an ambulance immediately whenever an AAI is administered or if any pupil shows signs of a severe reaction.
- Recognising Allergic Reactions: Staff are trained to watch for signs of systemic allergic reaction or anaphylaxis, including widespread hives/rash, swelling of the face, lips, or throat, difficulty breathing, wheezing, dizziness, or collapse.
- Parent Communication: Parents/carers are notified of any insect sting occurring during the school day, even if the reaction appears mild, so they can continue monitoring their child at home.

5.2.5 Animals

General Hygiene & Interaction Protocols

- All pupils must wash their hands thoroughly with soap and warm water immediately after handling, stroke-testing, or being near any animal, to avoid transferring dander or saliva allergens to peers or shared classroom equipment.
- Pupils with known severe animal allergies (e.g., to dogs, cats, guinea pigs, or horses) will not interact directly with animals on school premises or during off-site visits.
- Animals are not permitted in areas designated for eating or food preparation under any circumstances.
- All temporary or visiting animals (e.g., school therapy dogs, pet visits, or mobile farms) are subject to a full risk assessment prior to their arrival, taking into account the allergy profiles recorded in pupils' Individual Healthcare Plans (IHCPs).

Classroom & Environmental Management

- If a school pet or visiting animal is present in a specific classroom, the room must be thoroughly ventilated during and after the visit, and hard surfaces wiped down to eliminate lingering dander.

- Areas where animals have been kept must be thoroughly vacuumed and cleaned using HEPA-filter equipment before pupils with known animal allergies return to the space.
- Staff supervising animal activities must ensure pupils do not wipe their hands or face on their clothing prior to washing their hands, as pet dander easily clings to fabric.

Indirect Exposure & Home Transfer

- Parents and staff are reminded that animal dander can easily travel into school on clothing, bags, and coats from home environments with pets.
- If a pupil shows signs of an allergic reaction (e.g., sneezing, red/itchy eyes, hives, or wheezing) due to indirect allergen exposure, staff will move the child to a well-ventilated area away from the suspected source, administer first aid or prescribed medication per their IHCP, and notify parents.

5.2.6 Support for mental health

Pupils with allergies will have additional support through:

- Pastoral care
- Regular check-ins with their [class teacher/form tutor/etc.]

5.2.7 Events and school trips

- For events, including ones that take place outside of the school, and school trips, no pupils with allergies will be excluded from taking part
- The school will plan accordingly for all events and school trips, and arrange for the staff members involved to be aware of pupils' allergies and to have received adequate training
- Appropriate measures will be taken in line with the schools AAI protocols for off-site events and school trips

6 – Training

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

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

Training will be carried out annually by the allergy lead.

7 – Procedures for handling an allergic reaction

7.1 Register of pupils with AAIs

- The school maintains a register of pupils who have been prescribed AAIs or where a doctor has provided a written plan recommending AAIs to be used in the event of anaphylaxis. The register includes:
    - Known allergens and risk factors for anaphylaxis
    - Whether a pupil has been prescribed AAI(s) (and if so, what type and dose)
    - Where a pupil has been prescribed an AAI, whether parental consent has been given for use of the spare AAI, which may be different to the personal AAI prescribed for the pupil
    - A photograph of each pupil to allow a visual check to be made (this will require parental consent)
- The register is kept the main office, each class pack and in the staff room. A copy, with parental consent, is also shared with the wraparound providers and any external coaches for extra-curricular activities. These can be checked quickly by any member of staff as part of initiating an emergency response

7.2 Allergic reaction procedures

- As part of the whole-school awareness approach to allergies, all staff are trained in the school's allergic reaction procedure, and to recognise the signs of anaphylaxis and respond appropriately
- Staff are trained in the administration of AAIs to minimise delays in pupil's receiving adrenaline in an emergency
- If a pupil has an allergic reaction, the staff member will initiate the school's emergency response plan, following the pupil's allergy action plan
    - If an AAI needs to be administered, a member of staff will use the pupil's own AAI, or if it is not available, a school one
- If the pupil has no allergy action plan, staff will follow the school's procedures on responding to allergy and, if needed, the school's normal emergency procedures.

Allergic Reaction Procedures

1. Managing Mild-to-Moderate Reactions

- **Recognise Symptoms:** Mild-to-Moderate symptoms may include a raised, itchy red rash (hives), swelling of the lips, face, or eyes, an itchy/runny nose, sneezing, or abdominal pain/feeling sick.
- **Action Plan:** Refer immediately to the pupil's Individual Healthcare Plan (IHCP) / Allergy Action Plan and administer prescribed medication (e.g., oral antihistamine).
- **No Action Plan:** If the pupil has no known allergy action plan, staff will follow normal first aid procedures, move the child away from the suspected allergen source, administer basic first aid, and contact the parents/carers immediately for guidance.
- **Continuous Supervision:** The pupil must **never be left alone** and must be continuously monitored by a first aid-trained member of staff for any signs of deterioration or progression toward anaphylaxis.

2. Managing Severe Reactions (Anaphylaxis Emergency) If a pupil shows any of the following **ABC** signs of anaphylaxis:

- **Airway:** Swelling in the throat/tongue, difficulty swallowing, feeling like the throat is closing up, voice change/hoarseness.
- **Breathing:** Wheezing, persistent cough, noisy or difficult breathing, severe asthma symptoms.
- **Consciousness:** Dizziness, confusion, pale/floppy appearance, feeling faint, collapse, or loss of consciousness.

Follow these emergency steps immediately:

1. **POSITION THE PUPIL PROPERLY:**
    - Lay the pupil flat on their back and elevate their legs to maintain blood flow to vital organs.
    - *Exception:* If the pupil is having difficulty breathing, allow them to sit upright, but **do not let them stand up or walk**.
    - *If pregnant (older pupils/staff):* Lay on their left side.
    - *If unconscious:* Place in the recovery position once breathing is stabilized.
2. **ADMINISTER ADRENALINE IMMEDIATELY:**
    - **With Action Plan:** Administer the pupil's prescribed Adrenaline Auto-Injector (AAI) into the outer mid-thigh without delay (through clothing if necessary). Note the exact time of injection.
    - **Without Action Plan / No Personal AAI:** If a pupil shows clear signs of anaphylaxis but has no known action plan or personal device, staff will obtain the **school's spare emergency AAI kit** (under the Human Medicines Regulations framework) and administer an age-appropriate dose immediately.
3. **CALL 999 FOR AN AMBULANCE:**
    - Dial **999** immediately and clearly state: "**ANAPHYLAXIS**" (pronounced *anna-fill*-AX-iss).
    - Provide the child's name, exact location, and confirm that an adrenaline auto-injector has been administered.
4. **MONITOR & PREPARE SECOND DOSE:**

- Stay with the pupil. If there is no improvement in symptoms—or if symptoms worsen—after **5 minutes**, administer a second Adrenaline Auto-Injector into the *other* thigh.

5. **NOTIFY & HAND OVER:**
    - Contact parents/carers as soon as 999 has been called.
    - Keep used AAIs safe to hand over to the paramedic team upon arrival.

- A school AAI device will be used instead of the pupil's own AAI device if:
    - Medical authorisation and written parental consent have been provided, or
    - The pupil's own prescribed AAI(s) are not immediately available (for example, because they are broken, out-of-date, have misfired or been wrongly administered)
- If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent/carer arrives, or accompany the pupil to hospital by ambulance
- If the allergic reaction is mild (e.g. skin rash, itching or sneezing), the pupil will be monitored and the parents/carers informed

8- Adrenaline auto-injectors (AAIs)

8.1 Purchasing of spare AAIs

- The allergy lead is responsible for buying AAIs and ensuring they are stored according to the guidance.
- Approved Supplier: Spare AAIs and emergency kits are sourced directly from Eureka Direct (a registered medical supplier compliant with UK Human Medicines Regulations) using an official purchase order signed by the Headteacher.
- Single Brand Consistency: To avoid confusion and misadministration during an emergency, the school purchases and stocks a single brand of AAI (EpiPen / Jext) for all emergency kits across the school site. All staff receive practical training using trainer devices for this specific brand.
- Dosage Criteria (Resuscitation Council UK Guidance): AAIs are purchased in the correct age-based dosages to accommodate primary school age groups:
    - 150 micrograms (0.15mg / Junior): For children under 6 years of age (or weighing between 7.5kg and 25kg).
    - 300 micrograms (0.3mg / Adult): For children aged 6 to 12 years (or weighing over 25–30kg).
- Quantity Required: The school maintains a minimum total supply of 4 spare AAIs (held in pairs to ensure a secondary dose is available if required):
    - 2 x 150mcg auto-injectors
    - 2 x 300mcg auto-injectors
- Expiry & Replenishment Monitoring:
- The Allergy Lead logs the expiry dates of all AAIs upon arrival (typical shelf life is 9–18 months).
- A monthly audit is recorded to check device expiry dates and fluid clarity through the viewing window.
- Replacement devices are ordered from Eureka Direct at least 1 month prior to the expiration date to ensure uninterrupted emergency coverage.

7.2 Storage (of both spare and prescribed AAIs)

The allergy lead will make sure all AAIs are:

- Stored at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature
- Kept in a safe and suitably central location to which all staff have access at all times, but is out of the reach and sight of children
- **Not** locked away, but accessible and available for use at all times
- **Not** located more than 5 minutes away from where they may be needed – Main Office storage office.
- Spare AAIs will be kept separate from any pupil's own prescribed AAI, and clearly labelled to avoid confusion.

78.3 Maintenance (of spare AAIs)

Mandeep Mann and Rachael Kite are responsible for checking monthly that:

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

8.4 Disposal

AAIs can only be used once. Once a AAI has been used, it will be disposed of in line with the manufacturer's instructions in a sharps bin, collected by an authorised company.

8.5 Use of AAIs off school premises

- Pupils at risk of anaphylaxis who are able to administer their own AAIs should carry their own AAI with them on school trips and off-site events
- 1 of the school emergency AAIs of the same dosage should be carried by the child's group lead when undertaking offsite activities.

8 – Monitoring

8.1 It is the responsibility of the Board of Trustees, and those they delegate authority, to ensure that the principles and procedures of this policy are adhered to. The use of this policy will be subject to routine monitoring to ensure its fidelity in practice. The evidence gathered from monitoring at regular intervals shall inform any reviews and future revisions to the policy, and no later than that stated on Page 1 of this policy.

9 – Related Documents

9.1 This policy is linked to the following policies

- TLET Health and Safety Policy
- TLET Supporting pupils with medical conditions policy