

1. Introduction

St Andrew's School is committed to safeguarding all students, staff, and visitors with allergies, food allergies, intolerances, and coeliac disease.

This policy establishes a whole-school approach to allergy and allergen management, ensuring that risks are minimised through effective procedures in:

- Food provision and catering
- Classroom, curriculum and wider school activities
- Educational visits and trips
- Communication and emergency response
- Wellbeing, inclusion and safeguarding of pupils with allergy

The school recognises that it cannot guarantee an allergen-free environment, but will take all reasonable steps to reduce risk and respond effectively to allergic reactions, including reactions linked to asthma and other allergic conditions.

2. Legal Framework

This policy complies with:

- Food Information Regulations 2014 (14 allergens)
- Natasha's Law (PPDS food labelling)
- Health & Safety at Work etc. Act 1974
- Equality Act 2010
- Section 100 of the Children and Families Act 2014, as amended by section 34 of the Children's Wellbeing and Schools Act 2026, and the associated DfE statutory guidance *Allergy Safety in Schools* (July 2026), which the school must have regard to from September 2026 (previously referred to in this policy as 'Benedict's Law – expected 2026 standards')
- UK GDPR, in respect of special category health data

3. Objectives

This policy aims to:

- Protect individuals with food allergies from harm
- Protect individuals with allergy more broadly, including allergic asthma, from harm
- Ensure accurate allergen information is always available
- Provide a safe and informed school environment
- Ensure all staff are trained and competent
- Enable a rapid and effective emergency response
- Support the wellbeing and inclusion of pupils with allergy, including preventing allergy-related bullying

4. Scope

This is a whole-school policy, applying to:

- Catering and food service areas
- Classrooms and teaching spaces



- School trips and off-site activities
- Events, clubs, and extended school provision

This policy addresses allergy safety in its broadest sense, including food allergy, allergic asthma, eczema, and airborne or contact allergens (e.g. latex, animal dander). Coeliac disease and food intolerances, while referenced here for context, are primarily managed through the school's separate Medical Conditions Policy, in line with statutory guidance.

5. Responsibilities

Senior Leadership Team (SLT)

- Ensure full implementation of this policy
- The Operations Manager holds overall accountability for allergy safety and is supported by the Allergy Lead for day-to-day implementation.
- Ensure policy is reviewed annually and published
- Ensure emergency procedures and medication are in place
- Review incidents after they occur to identify improvements and introduce measures to prevent them happening again

Allergy Lead (Christina Green)

- Maintain a central allergy register
- Ensure communication between parents, staff, and catering
- Oversee individual healthcare plans (IHCPs)
- Report incidents to the SLT
- Maintain records of staff and visitors with known allergy, alongside pupil records

Catering Manager

- Maintain allergen matrices and ingredient records
- Ensure compliance with Natasha's Law (PPDS labelling)
- Train catering staff
- Liaise with suppliers and verify allergen data

All Staff

- Complete annual allergy awareness training
- Know how to recognise and respond to an allergic reaction
- Be aware of students with allergies in their care
- Know how to recognise and respond to an asthma attack, including use of a spare inhaler where consent is in place

Parents/Carers

- Inform school of allergies and provide medical evidence
- Supply in-date medication where required
- Update the school of any changes

Students

- Avoid sharing food

- Be aware of their own allergies

6. Staff and Visitors with Allergy

This section is new.

- Staff with allergy are asked to inform the Allergy Lead of their allergens and any medication they carry, so reasonable adjustments can be made.
- Visitors are asked, wherever practicable, about any relevant allergy in advance of their visit, particularly where food will be served.
- The measures in this policy to reduce exposure to known allergens apply equally to staff and visitors as to pupils.

7. Individual Healthcare Plans

All students with an allergy that has a functional impact at school, or that poses a risk of harm and requires arrangements additional to or different from those made generally, must have an Individual Healthcare Plan (IHCP).

Plans must include:

- Allergens and symptoms
- Emergency procedure
- Medication details
- Key information: name, date of birth, class, emergency contacts, and a current photo
- Whether the student is likely to recognise their own allergic reaction and can alert others
- How the allergy is managed day to day, and the extent to which the student self-manages
- Impact on health, learning and wellbeing, including any interaction with SEN
- Arrangements for support, including how missed learning due to allergy-related absence will be addressed
- Arrangements and risk assessment prompts for visits and trips
- Attached Allergy Action Plan and/or Asthma Action Plan issued by a healthcare professional, with issuing clinician and date
- Review date and record of when the plan was last discussed with the student and parents

Plans are:

- Shared with relevant staff (teaching, catering, first aiders)
- Reviewed annually or upon change
- Taken on all trips

8. Allergen Information and Labelling

14 Allergens

The school complies with legal requirements to declare all 14 regulated allergens.

Non-Prepacked Food

Allergen information is available via:

- Allergen boards (updated daily)
- Allergen folders behind counters
- Trained staff at point of service



- At the point of service, staff are automatically alerted to pupil allergies using their Civica profile. Staff will check with the pupil whether a suitable meal has been chosen and pupils are not required to sit apart from their peers.

Prepacked for Direct Sale (PPDS) — Natasha's Law

All PPDS items must be fully labelled with:

- Food name
- Complete ingredient list
- Allergens clearly emphasised

Precautionary Allergen Labelling

- "May contain (MC)" is clearly defined on allergen matrices
- Used only when cross-contamination risk cannot be eliminated

9. Food Preparation and Cross Contamination Controls

Controls include:

- Dedicated utensils for allergen-free preparation
- Strict handwashing between tasks
- No removal of allergens from prepared dishes
- Standard recipes must be followed
- Allergen ingredients stored securely and separately
- Frying oil controlled (e.g. gluten-free only where applicable)
- Where food is used in curriculum activities (e.g. food technology, science), staff consider allergen risk and use non-food or allergen-safe alternatives where practicable

10. Communication Systems

The school maintains:

- A central allergy register
- Clear communication flow: Parent → School Office → Allergy Lead → Catering Department and Data Manager → information available on Bromcom and MCAS
- Regular updates shared with staff

All allergy information must be accurate and current.

11. Information Sharing and Data Protection

This section is new.

- Allergy and medical information is special category data under UK GDPR. It is held, used and shared only where necessary to keep a student safe and included, on a controlled, need-to-know basis.
- Students and parents are involved in decisions about how allergy information is shared, and confidentiality preferences are respected wherever this does not compromise safety.
- Allergy records transfer promptly when a student joins or leaves the school, in line with the school's data protection policy.

12. Training Requirements

All staff:

- Annual allergy awareness training
- Recognition of symptoms (including anaphylaxis)
- Emergency response procedures
- Recognition and emergency response for an asthma attack
- Understanding of the different types of allergy (food, asthma, eczema, hay fever) and the difference between allergy, intolerance and coeliac disease
- Awareness of this policy and how to check whether a student has a known allergy or an IHCP
- Induction training for new, supply and temporary staff before they take up pupil-facing duties, covering the essentials of this policy

Catering staff:

- Formal allergen training (minimum Level 2)
- At least one Level 3 trained supervisor
- Induction training on day 1

13. Emergency Response

Signs of Anaphylaxis

- Difficulty breathing
- Swelling of lips/throat
- Wheezing or collapse
- Severe rash or vomiting

Immediate Action

- Administer adrenaline (AAI) immediately
- Call 999 — state "ANAPHYLAXIS" clearly
- Stay with the individual for at least 60 minutes, in case symptoms return
- Send someone to meet emergency services
- If there is no improvement within 5 minutes of the first dose, a second dose of adrenaline is given if available

Adrenaline Auto-Injectors (AAIs)

- The school maintains spare AAIs in Student Services unless otherwise stated for any specific student.
- Spare AAIs are stocked in pairs of the correct dosage for the school's age range (300 microgram devices for pupils over 6), with consideration given to holding two pairs given the size of the site, so that a pair is never more than five minutes from wherever it may be needed
- Spare AAIs are stored at room temperature, not refrigerated, and kept unlocked and accessible at all times — not held in a locked office
- Stored in accessible, clearly marked locations
- Checked regularly for expiry, and replaced promptly when used or out of date
- Trained staff authorised to administer
- Used AAIs are disposed of safely (e.g. via a sharps bin or handed to paramedics), never in general waste

14. Asthma Management

This section is new.

Individual Arrangements

- Students with diagnosed asthma keep their own reliever inhaler at school, accessible to them at all times, alongside an Asthma Action Plan issued by a healthcare professional and attached to their IHCP.
- Wheeze, breathlessness or persistent cough out of proportion to effort are treated as signs of a possible asthma attack.

Spare Emergency Inhalers

- The school holds a spare emergency salbutamol inhaler and spacer, for use where a student's own prescribed inhaler is not available, and only where written parental consent for its use is in place.
- Spare inhalers are stored alongside the spare AAI's and checked regularly for expiry.

Emergency Response to an Asthma Attack

- Help the student sit upright and use their reliever inhaler (or the spare, where consented) via a spacer if available.
- Call 999 if there is no improvement within a few minutes, the inhaler is not available, symptoms are severe, or this is a first attack.
- Where a student with known food allergy and asthma has sudden difficulty breathing, anaphylaxis is always considered and adrenaline given if in doubt — the reliever inhaler is never given in place of adrenaline.

15. Wellbeing and Inclusion

This section is new.

- Students with allergy are supported to participate fully in school life, including trips, clubs and mealtimes alongside their peers, and are not segregated (for example, seated at a separate table) because of their allergy.
- The school recognises that living with allergy can cause anxiety, and provides reassurance through clear communication with students and parents about the steps taken to manage risk.
- Allergy-related bullying — including exclusion, mockery, or threats involving a known allergen — is treated as bullying under the school's Anti-Bullying Policy and addressed accordingly.
- New students with allergy are proactively supported to settle in, including the offer of a tour of catering facilities where helpful.
- Students are not penalised in attendance recognition or rewards for absence genuinely related to their allergy or asthma, in line with the school's Attendance Policy.

16. Educational Visits and Activities

Risk assessments must include allergy considerations.

Staff must carry:

- IHCPs
- Emergency medication

Food providers must supply allergen information.

- Consideration is given, on a trip-by-trip basis, to whether spare AAI's and/or a spare inhaler should also be taken, without leaving the site short of emergency medication.



17. Incident Reporting and Monitoring

All incidents and near misses must:

- Be formally recorded

Include:

- What happened
- Root cause
- Actions taken
- Be reviewed by SLT termly
- Inform improvements and retraining
- Be reported to the student's parents and to the Governing Body, in addition to internal SLT review
- Where an incident involves food provided by the school and may indicate a wider food safety risk (e.g. an undeclared allergen), be reported to the local authority environmental health team in line with the school's duty under food safety law

18. Policy Review and Publication

- Reviewed annually or following incidents
- Published on the school website
- Available in hard copy on request

19. Declaration

All relevant staff must:

- Read and understand this policy
- Completed required training
- Agreed to follow procedures