Allergy
Safety Policy

Responsibility	Delegated to Head Teacher (Finance and Resources Committee)	
Status	Statutory	
Ratification date	13 10 2026	
Review cycle / date	1	Autumn 2027
Reference	100	

The school has a detailed Risk Register which the trust board uses to monitor and measure the impact of its decisions as well as informing its planning.

To ensure that Risk Management permeates the working of the trust board, this policy is referenced in the Risk Register and the committee responsible for the policy should consider the “likeliness” and “impact” level for the appropriate risks.

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1. Aims

The Richmond upon Thames School (RTS) is committed to an inclusive environment in which students with allergies can participate fully and safely in school life. Allergy risk cannot be eliminated, but it can be identified, reduced and managed through reliable information, sensible controls and a prompt emergency response.

This policy aims to:

- Set clear responsibilities for allergy safety across the school.
- Identify students, staff and visitors who may be at risk and keep information current.
- Reduce avoidable exposure to allergens without isolating students or making claims that risk has been eliminated.
- Ensure prescribed and spare adrenaline devices are accessible and used without delay when anaphylaxis is suspected.
- Support the physical and emotional wellbeing of people living with allergies.
- Record, report and learn from allergic reactions, serious incidents and near misses.

This policy applies throughout the school day, before- and after-school provision, educational visits, residentials, sporting activities and any activity organised by RTS.

2. Legislation and guidance

- This policy meets the academy trust's duties under section 100 of the Children and Families Act 2014, as amended by section 34 of the Children's Wellbeing and Schools Act 2026. It follows the Department for Education's statutory guidance on allergy safety and should be read with the separate statutory guidance on supporting students with medical conditions.
- Allergy safety in schools: statutory guidance (DfE, July 2026)
- Supporting pupils at school with medical conditions (DfE, 2015; updated 2017)
- Using emergency adrenaline auto-injectors in schools (DHSC)
- The policy also has regard to the Equality Act 2010; the Human Medicines Regulations 2012, as amended in 2017; the Food Information Regulations 2014; the Food Information (Amendment) (England) Regulations 2019; the Requirements for School Food Regulations 2014; the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013; the UK GDPR and Data Protection Act 2018; and current safeguarding guidance.

3. Roles and responsibilities

3.1 The Trust Board

The Trust Board is accountable for allergy safety and will:

- Ensure RTS has a dedicated, published Allergy Safety Policy that is reviewed at least annually.
- Ensure suitable leadership, training, staffing, equipment, insurance and resources are in place.
- Seek assurance that allergy risks are reflected in the school Risk Register and managed through appropriate controls.
- Receive proportionate reports about serious incidents, recurring near misses and resulting improvements.

3.2 Allergy Safety Lead

Mr Briggs, Assistant Head Teacher, and 1st Deputy DSL, is the named Allergy Safety Lead. This coordinates with his existing responsibility for supporting students with medical conditions. He will:

- Lead implementation and annual review of this policy and related procedures.
- Ensure allergy information, Individual Healthcare Plans (IHPs), Allergy Action Plans and emergency instructions are current, accessible and shared on a need-to-know basis.
- Coordinate risk assessments, staff awareness, drills and specialist competency training.

- Confirm that spare adrenaline provision is sufficient for the site and that stock checks and replacement arrangements operate effectively.
- Review serious incidents and near misses, identify lessons and report significant matters to the Head Teacher and Trust Board.

3.3 The Head Teacher

The Head Teacher will:

- Ensure staff understand and follow this policy and that a suitably trained adult is available whenever students are on site or taking part in a school activity.
- Decide, with the student, parents or carers and healthcare professionals, whether an IHP is required.
- Ensure catering, premises, curriculum and visit arrangements take account of identified allergy risks.
- Ensure emergency medicines are procured, stored, transported and disposed of lawfully and are covered by the school's insurance arrangements.

3.4 Staff responsible for spare AAIs

The IWS Manager, supported by the Reception and Welfare Officer(s) are responsible for checking and arranging timely replacement of the school's spare adrenaline auto-injectors (AAIs). This responsibility is included in their job descriptions. They will maintain a monthly check record covering quantity, dose, location, packaging, expiry and storage condition, and will escalate any shortfall immediately to the Allergy Safety Lead.

3.5 Teaching and support staff

All staff are responsible for implementing the controls relevant to their work. They will:

- Complete allergy awareness and emergency response training at induction and at least annually.
- Know how to find current allergy information, action plans and emergency medicines for students in their care.
- Plan activities to reduce exposure, including lessons, clubs, food-related activities, trips and residentials.
- Act immediately if anaphylaxis is suspected and never delay treatment while seeking permission or moving the student.
- Record and report reactions, medication use, incidents and near misses before the end of the working day wherever practicable.

3.6 Attendance and Welfare Officer

The Attendance and Welfare Officer will:

- Collect and validate medical and dietary information on admission and when changes are reported.
- Maintain allergy records in Arbor, pin high-visibility medical information to the student profile, and attach current plans.
- Maintain a manual review calendar because Arbor does not automatically notify staff when a plan review date is reached.
- Coordinate medication records and ensure medical events are manually escalated to the appropriate leader and parents or carers because logging an event does not itself generate those notifications.

3.7 Catering staff and contractors

Catering staff and contractors will:

- Comply with food-information law and maintain up-to-date ingredient and allergen information.
- Prevent cross-contamination through documented purchasing, preparation, serving, cleaning and change-control procedures.
- Use at least two robust methods to identify students with food allergies at the point of service.
- Communicate menu or ingredient changes promptly and never rely on memory or verbal assurance alone.

3.8 Parents and carers

Parents and carers should:

- Provide accurate, current information, including allergens, symptoms, treatment, emergency contacts and healthcare-professional advice.
- Provide two in-date prescribed adrenaline devices where these have been prescribed, together with a current Allergy Action Plan and any other medicines.
- Replace expired or used medication promptly and inform the school immediately of any change.
- Work with RTS to develop and review the student's IHP and arrangements for trips, catering and self-management.

3.9 Students

Students with allergies will be involved in decisions according to their age and understanding. They should carry their medication if competent to do so, follow their plan, avoid known allergens, tell an adult immediately if symptoms develop, and not share food or medication. Other students must follow allergy-safety instructions, must not share or swap food, and must never bully, test or deliberately expose another person to an allergen.

4. Identifying individuals at risk

4.1 Definitions and scope

An allergy is an immune response to a substance that is usually harmless. Reactions can range from mild symptoms to anaphylaxis, which is a life-threatening emergency. Food intolerance and coeliac disease are managed seriously but are not treated as anaphylaxis unless the person's clinical plan says otherwise.

The school will identify allergy risk for students, staff, visitors, contractors and volunteers where the information is reasonably available and relevant to the activity.

4.2 Students

Allergy and medication information is collected during admission and checked with parents or carers. Parents or carers must report changes immediately. The Attendance and Welfare Officer will seek clarification where information is incomplete or inconsistent. A current Allergy Action Plan completed by an appropriate healthcare professional is required for any student prescribed adrenaline.

4.3 Individual Healthcare Plans and action plans

An IHP will be considered where an allergy is severe, complex, unstable or likely to require adjustments, multiple medicines or coordinated support. The IHP should identify allergens, signs and symptoms, daily controls, medication and storage, emergency actions, self-management, arrangements for lessons and visits, communication, review dates and the people responsible. The student's Allergy Action Plan forms the immediate clinical instruction and must be consistent with the IHP.

Where asthma and allergy coexist, both the Allergy Action Plan and Asthma Action Plan must be available. A blue reliever inhaler does not replace adrenaline when anaphylaxis is suspected.

4.4 Recording allergy information in Arbor

RTS will use Arbor as follows:

- **Medical Condition:** record the diagnosed allergy or risk of anaphylaxis, symptoms and relevant notes.
- **Dietary Requirement:** record the related food allergy or dietary restriction so catering and meal reports can identify it.
- **Pinned profile item:** pin current, high-priority allergy information to the top of the student profile for staff with the required permissions.

- **Attachments:** attach the current IHP, Allergy Action Plan, Asthma Action Plan and relevant healthcare-professional evidence to the appropriate entry.
- **Review control:** record review or expiry dates, while also maintaining a manual calendar because Arbor does not generate an automatic review-date notification.

See appendix 1 for viewing allergy information in Arbor

5. Assessing risk

The Allergy Safety Lead will ensure that allergy risks are considered within relevant school risk assessments. The assessment must be proportionate to the individual, allergen, route of exposure, activity, environment, staffing and speed of access to emergency medication.

Risk assessment is required, as appropriate, for:

- Catering, breakfast and after-school provision, celebrations and food brought onto site.
- Food technology, science, art, craft, sensory activities and any use of food or latex as a teaching material.
- Animals, plants, insect stings, cleaning products and changes to premises or suppliers.
- Sport, examinations, performances, off-site provision, educational visits, residentials and travel.
- Visitors, contractors, lettings and community events organised by the school.

Controls will be agreed with the student and parents or carers where relevant. The assessment will be reviewed after a change in diagnosis, treatment, environment or activity, and after any incident or near miss.

6. Minimising risk

6.1 General controls

- Students and staff must not share food, drink bottles, utensils, lip products or medication.
- Hands should be washed with soap and water before and after eating or handling food; hand sanitiser alone does not reliably remove food proteins.
- Eating and preparation areas, equipment and shared surfaces will be cleaned to reduce cross-contamination.
- Food used in lessons, rewards or events must be risk assessed and ingredient information retained. Safe alternatives must be inclusive and readily available.
- RTS will not claim to be allergen-free or nut-free. Such a claim could create false reassurance. The school will instead reduce known risks and require everyone to follow the stated controls.

6.2 Catering

Catering arrangements will identify the 14 regulated food allergens, retain ingredient information and manage cross-contamination. Students with food allergies will not be segregated as a routine control. At least two reliable identification checks will be used at service, for example an up-to-date catering list plus a point-of-service identifier. Menu and ingredient substitutions must be checked and communicated before food is served.

6.3 Curriculum, animals and insect stings

Staff planning lessons or activities involving food, animals, plants, latex or other known allergens must check the relevant student information and adapt the activity. Students at risk from insect stings should have prompt access to medication outdoors; site controls may include safe waste management, appropriate clothing and avoiding known nesting areas.

6.4 Educational visits and off-site activities

Visit leaders must identify students with allergies at the planning stage, consult current plans, confirm food and travel arrangements, brief supervising adults and name the adult responsible for emergency medicines. Prescribed adrenaline devices and an appropriate spare AAI must remain immediately accessible. Taking a spare off site must

not leave the school without adequate cover. Emergency access, mobile reception and the location of the nearest medical help must be considered.

7. Procedures for handling an allergic reaction

7.1 Mild or moderate symptoms

Symptoms may include an itchy mouth, hives, localised swelling, abdominal pain, nausea or sneezing. Follow the student's Allergy Action Plan. Give antihistamine only if the plan directs it and the medicine is available. Keep the student under continuous adult observation for at least 60 minutes, as symptoms can progress. Inform parents or carers and record the event. If airway, breathing or circulation symptoms develop, treat as anaphylaxis immediately.

7.2 Suspected anaphylaxis

Anaphylaxis is likely when there is sudden illness with a rapid progression of symptoms and an airway, breathing or circulation problem. Skin symptoms may be absent. Warning signs include swelling of the tongue or throat, difficulty swallowing, a hoarse voice, persistent cough, noisy or difficult breathing, wheeze, pale or clammy skin, dizziness, collapse, confusion or loss of consciousness.

1. **Give adrenaline immediately.** Use the person's prescribed device first if it is immediately available. If in doubt, give adrenaline. Do not wait for permission or for a 999 call to be completed.
2. **Position safely.** Lay the student flat with legs raised. If breathing is difficult, allow them to sit with legs outstretched. If unconscious or pregnant, use the recovery position as appropriate. Never allow them to stand, walk or be moved to the medicine.
3. **Call 999.** State 'anaphylaxis', give the school location and follow the call handler's instructions. Send someone to meet the ambulance and to bring the action plan and all available adrenaline devices.
4. **Give a second dose after 5 minutes** if there is no improvement, using a new device. Do not delay a second dose while waiting for the ambulance.
5. **Continue care.** Stay with the student, monitor airway and breathing, begin CPR if required, and arrange for a member of staff to accompany the student to hospital if a parent or carer has not arrived.

A blue reliever inhaler may be given if the student is also asthmatic, but it must never delay or replace adrenaline when anaphylaxis is suspected.

8. Adrenaline devices

8.1 Prescribed devices

Students prescribed adrenaline are encouraged to carry two in-date devices at all times if competent to do so. Arrangements will be agreed in the IHP. Where the student does not carry their devices, both will be stored together in an unlocked, clearly labelled, room-temperature location that is rapidly accessible, including during lessons, breaks, clubs and trips. The student's action plan should be stored with the devices without delaying access.

8.2 School spare AAIs

RTS will hold spare AAIs for emergency use. For a secondary school, stock will normally include one or two pairs of 300 microgram devices, with final quantity determined by the site risk assessment and the requirement that a device can reach any student within five minutes. Different doses or device types will be stocked where the identified population and clinical advice require them.

The school's spare AAIs are stored in the **Main Reception**, which is clearly labelled **"Adrenaline Auto-Injectors (AAIs)"**.

8.3 Checks, replacement and disposal

The IWS Manager, supported by the Reception and Welfare Officer(s) will complete and sign a monthly stock check. Used, damaged, recalled or expired devices will be replaced promptly. A used device will be handed to ambulance

staff or otherwise disposed of through an authorised pharmacy or clinical-waste route; it must not be placed in general waste. Parents or carers remain responsible for replacing a student's prescribed devices.

8.4 Emergency use and off-site access

A spare AAI may be used for any person on school premises who appears to be experiencing anaphylaxis when their own device is unavailable, cannot be administered, has misfired or a further dose is needed. Prior parental consent is not required for emergency administration of a spare AAI. A record must be made and parents or carers informed as soon as possible. Off-site activities must carry the student's prescribed devices and suitable spare cover without compromising provision for those remaining at school.

9. Serious incidents and near misses

A serious incident includes suspected anaphylaxis, adrenaline administration, ambulance attendance or hospital treatment. A near miss includes unintended allergen exposure or a control failure that could reasonably have caused harm, even when no symptoms occurred.

- Provide immediate care and preserve relevant packaging, menus or other evidence where safe to do so.
- Record the event in the school's accident or incident record and as an Arbor Medical Event as soon as possible, including symptoms, timings, medicines, staff involved and the outcome.
- Notify the Allergy Safety Lead and parents or carers directly. Arbor does not automatically send these notifications when a Medical Event is logged.
- Review the IHP, action plan, risk assessment, catering or activity controls and staff training, and document the lessons and actions.
- Report externally to the Health and Safety Executive, local authority, insurer or other body where the relevant reporting criteria are met.

Arbor: Recording Medical Events

10. Allergy awareness and training

Every adult present when students are on site or taking part in a school-organised activity will receive suitable allergy awareness and emergency response training at induction and at least annually. This includes permanent, temporary, supply, peripatetic and agency staff; regular volunteers; catering staff; and staff in breakfast, after-school and enrichment provision. First-aid training alone is not sufficient.

Core awareness will be delivered through The Key and the RTS five-slide staff briefing. It will cover common allergens; recognition of mild reactions and anaphylaxis; locating and reading action plans; finding and administering adrenaline devices; safe positioning and 999 procedures; reducing exposure; educational visits; Arbor arrangements; and reporting incidents and near misses. New and temporary staff must be briefed before taking responsibility for students.

Practical familiarisation with the device types held by the school and an emergency-response rehearsal will take place at least annually. Where an IHP requires a clinical procedure, staff must receive separate healthcare-professional training and be assessed as competent before undertaking it. Training completion and competency records will be retained by the school.

11. Wellbeing

Allergy can cause anxiety, stigma and fear of eating or participating. Staff will make reasonable adjustments, involve the student in age-appropriate decisions and avoid unnecessary exclusion or segregation. Allergy-related bullying, threats, food tampering or deliberate exposure will be treated as a safeguarding and behaviour matter. Students and families will be offered pastoral support and signposted to appropriate clinical support where needed.

12. Information sharing and data protection

Information will be accurate, proportionate and shared with staff, catering teams, visit leaders, emergency services and others who need it to keep the person safe. Medical information is special-category personal data and will be handled under the school's data-protection arrangements. Arbor access will be permission-based. Printed lists and plans will be secured, kept current and confidentially destroyed when replaced.

Supply and temporary staff will receive a role-relevant briefing before supervising affected students. Parents or carers will be informed about the arrangements and asked to provide current plans and emergency contacts; emergency treatment will not be delayed because consent cannot be obtained at the time.

13. Monitoring arrangements

The Allergy Safety Lead will review this policy at least annually and sooner after new statutory guidance, a serious incident, a significant near miss or a material change to the school site or provision. The review will consider training completion, data quality, action-plan currency, AAI stock checks, catering assurance, risk assessments and incident themes. Amendments will be approved by the Full Trust Board through the Students, Parents and Community Committee and the current policy will be published on the school website.

14. Links with other policies and guidance

- Supporting Students with Medical Conditions Policy
- First Aid Policy
- Health and Safety Policy and Risk Register
- Safeguarding and Child Protection Policy
- Educational Visits Policy
- Food and Catering arrangements
- Data Protection Policy and privacy notices
- Behaviour for Learning and Anti-Bullying policies
- Staff training and induction arrangements