



Townlands C of E Primary Academy
Allergy Safety and Intolerance Foods in School Policy

Approved by: Rachael Johnson (Chair of Governors)

Date: September 2026

Next review due by: September 2027

CONTENTS

1.	AIMS AND OBJECTIVES	3
2.	WHAT IS AN ALLERGY?	3
3.	DEFINITIONS.....	3
4.	ROLES AND RESPONSIBILITIES	4
5.	INFORMATION AND DOCUMENTATION.....	7
6.	ASSESSING RISK.....	7
7.	FOOD, INCLUDING MEALTIMES & SNACKS	7
8.	EDUCATIONAL VISITS AND SPORTS FIXTURES	8
9.	INSECT STINGS	8
10.	ADRENALINE DEVICES.....	8
11.	RESPONDING TO AN ALLERGIC REACTION /ANAPHYLAXIS	9
12.	TRAINING	9
13.	ASTHMA	10
14.	REPORTING ALLERGIC REACTIONS	10

1. AIMS AND OBJECTIVES

This policy has been developed in accordance with Benedict's Law (School Allergy Safety Bill), enacted through the Children's Wellbeing and Schools Act 2026, and the Department for Education's statutory guidance, *Allergy Safety in Schools*, published on 6 July 2026 and effective from September 2026.

This policy outlines how the whole-school community works to reduce the risk of an allergic reaction occurring, and the procedures in place to respond effectively if one does. It also sets out how we support our pupils with allergies to ensure their wellbeing and inclusion, as well as demonstrating our commitment to being an allergy-aware school.

This policy applies to all staff, pupils, parents and visitors to the school and should be read alongside the Medical Conditions Policy and other related policies such as Safeguarding, Mental Health, Asthma.

2. WHAT IS AN ALLERGY?

Allergy occurs when a person reacts to a substance that is usually considered harmless. It is an immune response and instead of ignoring the substance, the body produces histamine which triggers an allergic reaction.

Whilst most allergic reactions are mild, causing minor symptoms, some can be very serious and cause anaphylaxis, which is a life-threatening medical emergency.

People can be allergic to anything, but serious allergic reactions are most commonly caused by food, insect venom (such as a wasp or bee sting), latex and medication.

An allergy is different to an intolerance. Whilst an intolerance may cause uncomfortable symptoms it does not involve the immune system.

3. DEFINITIONS

ANAPHYLAXIS: Anaphylaxis is a severe allergic reaction that can be life-threatening and must be treated as a medical emergency.

ALLERGEN: A normally harmless substance that, for some, triggers an allergic reaction. You can be allergic to anything. The most common allergens are food, medication, animal dander (skin cells shed by animals with fur or feathers) and pollen. Latex and wasp and bee stings are less common allergens.

Most severe allergic reactions to food are caused by just 9 foods. These are eggs, milk, peanuts, tree nuts (which includes nuts such as hazelnut, cashew nut, pistachio, almond, walnut, pecan, Brazil nut, macadamia etc), sesame, fish, shellfish, soya and wheat.

There are 14 allergens required by UK law to be highlighted on pre-packed food, referred to as the "main 14" in this template. These allergens are celery, cereals containing gluten, crustaceans, egg, fish, lupin, milk, molluscs, mustard, peanuts, tree nuts, soya, sulphites (or sulphur dioxide), and sesame.

ADRENALINE AUTO-INJECTOR: Single-use device which carries a pre-measured dose of adrenaline. Adrenaline auto-injectors are used to treat anaphylaxis by injecting adrenaline directly into the upper, outer thigh muscle. Adrenaline auto-injectors are commonly referred to as AAI, adrenaline pens or by the brand name EpiPen. There are two brands licensed for use in the UK: EpiPen and Jext Pen. For the purposes of this policy, we will refer to them as Adrenaline Devices or ADs to include other adrenaline devices such as EURNeffy (see below).

ALLERGY ACTION PLAN: This is a document filled out by a healthcare professional, detailing a person's allergy and their treatment plan.

ASTHMA: Asthma is a common, long-term condition which affects the lungs. People with asthma have airways that are more sensitive and can become inflamed and narrow on exposure to certain triggers. This can lead to difficulty in breathing.

ASTHMA ACTION PLAN: This is a document filled out by a healthcare professional, detailing a person's asthma, information about triggers, symptoms, medicines to be used if they have asthma symptoms, and when to seek emergency help when they have an asthma attack.¹

DESIGNATED ALLERGY LEAD: The member of staff responsible for overseeing allergy and asthma management across the school and acting as the main point of contact for pupils, parents and staff. This is referred to as the named senior leader in the statutory guidance.

EURNEFFY: EURNeffy (also known as Neffy) is a nasal spray which delivers adrenaline. It is a needle-free alternative to an adrenaline auto-injector.

INDIVIDUAL HEALTHCARE PLAN: A detailed document outlining an individual pupil's medical conditions, history, treatment, risks and action plan. This document should be created by schools in collaboration with parents/carers and, where appropriate, pupils. All pupils with an allergy that requires active management should have an Individual Healthcare Plan and it should be read in conjunction with their Allergy Action Plan.

RISK ASSESSMENT: A detailed document outlining an activity, the risks it poses, and any actions taken or to be taken to mitigate those risks. Allergy should be included in all risk assessments for events on and off the school site.

SPARE ADRENALINE DEVICES: Schools are able to purchase spare adrenaline **devices**. These should be held as a back-up, in case pupils' prescribed adrenaline **devices** are not available. They can also be used to treat a person who experiences anaphylaxis but has not been prescribed their own adrenaline.

4. ROLES AND RESPONSIBILITIES

Townlands C of E Primary Academy takes a whole-school approach to allergy management.

4.1 Named Allergy Governor

The Named Allergy Governor is Jane Cornwell. The governor works in partnership with the Designated Allergy Lead to ensure allergy safety is overseen at governing body level. Responsibilities include:

- Ensuring allergy-related risks are included on the school's risk register and actively managed by the governing body.
- Providing strategic oversight of the school's Allergy Safety Policy, ensuring it is reviewed at least annually and published on the school's website.
- Acting as the governing body's named point of contact for allergy-related matters.
- Satisfying themselves that the school's allergy management arrangements meet legal and statutory requirements and reflect best practice.
- Receiving regular updates from the Designated Allergy Lead and ensuring the governing body is appropriately sighted on allergy compliance.
- Reviewing records of allergic reaction incidents and near-misses and ensuring the school acts on any learnings to reduce the risk of future incidents.

4.2 Designated Allergy Lead

The Designated Allergy Lead is Georgina Thompson (SENDCo) and in her absence Samantha Lightfoot. Responsibilities include:

- Leading the publication and implementation of a school-wide Allergy Safety Policy.
- Ensuring the safety, inclusion and wellbeing of pupils, staff and visitors with an allergy.

- Taking decisions on allergy management across the school.
- Championing and practising allergy and asthma awareness across the school.
- Being the overarching point of contact for staff, pupils and parents with concerns or questions about allergy management.
- Ensuring allergy information is recorded, up-to-date and communicated to all staff.
- Making sure all staff are appropriately trained, have good allergy awareness and realise their role in allergy management (including what activities need an allergy risk assessment).
- Ensuring staff, pupils and parents have a good awareness of the school's Allergy Safety Policy, and other related procedures.
- Reviewing the school's stock of spare adrenaline devices (checking the school has an appropriate number for the setting, that they hold the correct dose, that spare adrenaline devices are stored appropriately) and ensuring staff know where they are;
- Keeping a record of any allergic reactions or near-misses, reporting these to the governing body and appropriate authority (e.g. Under RIDDOR) where necessary, investigating the incidents and ensuring that the findings of investigations into incidents are used to update relevant policies and procedures.
- Regularly reviewing and updating the Allergy Safety Policy.
- Collecting and coordinating the paperwork (including Allergy Action Plans, Asthma Action Plans and Individual Healthcare Plans) and information from families to ensure that arrangements are in place before the pupil starts, or within 2 weeks for a mid-year transfer, liaising with the admissions team as needed.
- Ensuring the information from families is up-to-date and reviewed annually (at a minimum), coordinating medication with families and ensuring medication is in date.
- Keeping an adrenaline device register to include adrenaline devices prescribed to pupils and the school's stock and location of spare adrenaline devices, including brand, dose and expiry date.
- Regularly checking spare adrenaline devices are where they should be, are easily accessible in case of emergency, and that they are in date.
- Replacing the spare adrenaline devices when necessary.
- There is liaison with the child's previous school, or future school to ensure a smooth transition between settings.

The Designated Allergy Lead will monitor implementation of this policy, review procedures at regular intervals and report to the senior leadership team and Named Allergy Governor as appropriate.

4.3 All staff

All school staff are responsible for:

- Championing and practising allergy and asthma awareness across the school;
- Reading, understanding and putting into practice the Allergy Safety Policy and related procedures, and asking for support if needed.
- Being aware of pupils (and staff, when necessary) with allergies and what they are allergic to.
- Considering the risk to pupils with allergies posed by any activities and assessing whether the use of any allergen in activity is necessary and/or appropriate.
- Ensuring pupils always have access to their medication, including carrying it on their behalf if necessary when out on school.

- Being able to recognise and respond to an allergic reaction, including anaphylaxis, after appropriate training.
- Taking part in training (at least once a year). Whilst it is the school's responsibility to ensure staff have received annual training, if the member of staff is aware they have not received any allergy training in the last 12 months they should alert the allergy lead.
- Considering the safety, inclusion and wellbeing of pupils with allergies at all times. Preventing and responding to allergy-related bullying, in line with the school's anti-bullying policy.
- Forwarding any communication or information that comes directly to them from parents regarding allergens to the allergy lead.
- Ensuring that pupils have their medication and their Allergy Action Plan or Individual Health Care Plan with them when leaving the school site.

4.4 All parents

All parents and carers (whether their child has an allergy or not) are responsible for:

- Being aware of and understanding the school's Allergy Safety Policy and considering the safety, inclusion, and wellbeing of pupils with allergies;
- Providing the school with information about their child's medical needs, including dietary requirements and allergies, history of their allergy, any previous allergic reactions or anaphylaxis. They should also inform the school of any related conditions, for example asthma, hay fever, rhinitis or eczema.
- Considering and adhering to any food restrictions or guidance the school has in place when providing food, for example in packed lunches, as snacks or for fundraising events.
- Refraining from telling the school their child has an allergy or intolerance if this is a preference or dietary choice.
- Encouraging their child to be allergy aware.

4.5 Parents of children with allergies

The parents and carers of children with allergies should:

- Work with the school to fill out an Individual Healthcare Plan and provide an accompanying Allergy Action Plan;
- If applicable, provide the school or their child with labelled adrenaline devices and any other medication, for example antihistamine (with a dispenser, i.e. spoon or syringe), inhalers or creams.
- Ensure medication is in-date and replaced at the appropriate time.
- Ensure their child has access to their allergy medication, including two adrenaline devices, if prescribed, on the journey to and from school.
- Update the school with any changes to their child's condition and ensure the relevant paperwork is updated too.
- Support their child to understand their allergy diagnosis, advocate for themselves, and take reasonable steps to reduce the risk of an allergic reaction occurring e.g. not eating the food to which they are allergic.

4.6 All pupils

All pupils at the school should:

- Be allergy aware i.e. not sharing food or and not bring anything containing nuts into school.

- Understand the risks that allergens might pose to their peers and respect measures to support them.

4.7 Pupils with allergies

- Pupils are encouraged to have a good awareness of their symptoms and to let an adult know as soon as they suspect they are having an allergic reaction.

5. INFORMATION AND DOCUMENTATION

5.1 Register of pupils an allergy

The school has a register of pupils who have a diagnosed allergy. This includes children and who have a history of anaphylaxis or have been prescribed adrenaline devices, as well as pupils and staff with an allergy/intolerance where no adrenaline devices have been prescribed.

5.2 Individual Healthcare Plans

Each pupil with an allergy requiring active management by the school has an Individual Healthcare Plan. The information on this plan includes:

- Known allergens, risk factors for allergic reactions and any adaptations needed.
- If the pupil has asthma and any other medical conditions and necessary detail.
- Details of the medication that the pupil has been prescribed, including their dose, this should include adrenaline devices, antihistamine etc.
- A copy of parental consent to administer medication, including the use of spare adrenaline devices in case of suspected anaphylaxis, and asthma inhalers.
- An indication of how the child's condition may impact on their learning or wellbeing.

6. ASSESSING RISK

Allergens can crop up in unexpected places. Staff (including visiting staff) will consider allergies in all activity planning and include it in risk assessments. Some examples include:

- Classroom activities, for example craft using food packaging, science experiments where allergens are present, food lessons or cooking.
- Bringing animals into the school.
- Running activities or clubs where they might hand out snacks or food "treats". Ensure safe food is provided or consider an alternative non-food treat for all pupils.
- Planning special events, such as cultural days and celebrations.

Inclusion of pupils with allergies must be considered alongside safety and they should not be excluded. If necessary, staff should adapt the activity. The School will ensure compliance with the Equality Act 2010.

7. FOOD, INCLUDING MEALTIMES & SNACKS

7.1 Catering in school

The school is committed to providing safe and inclusive meals and snacks for all students, staff and visitors, including those with food allergies. Our school caterers follow the Food Information Regulations 2014 which states that allergen information relating to the 'Top 14' allergens must be available for all food products. The school menu is available for parents to view in advance with all allergens highlighted. Parents/carers are encouraged to meet with the Catering Manager to discuss their child's needs. The School works closely with Educators to ensure that information regarding pupils' allergies and intolerances is kept accurate and up to date.

7.2 Food brought into school

Whenever possible we strive towards Townlands being a “nut free” School. We are aware that pupils with severe food allergies do not need to ingest a product to experience a severe reaction. Allergens can be transferred via surfaces; this is the reason why Townlands promotes being a “nut free” school.

We do recognise that being a nut free school cannot be guaranteed and that having an ‘allergen aware’ approach is essential. For parents of those children with allergies in school, whilst we cannot guarantee that there will not be nuts brought into school, we will continue to monitor and educate children and parents.

8. EDUCATIONAL VISITS AND SPORTS FIXTURES

- Staff leading the trip will have a register of pupils with allergies and details of their medication.
- Allergies will be considered on the risk assessment.
- Parents, and pupils where appropriate, may be consulted if considered necessary, or if the trip requires an overnight stay.
- Staff accompanying the trip will be trained to recognise and respond to an allergic reaction.
- Allergens will be clearly labelled on catered packed lunches.

9. INSECT STINGS

Those with a known insect venom allergy should:

- Avoid walking around in bare feet or sandals when outside.
- Avoid wearing strong perfumes or cosmetics.
- Keep food and drink covered.

The school site manager will monitor the grounds for wasp or bee nests. Pupils (with or without allergies) should notify a member of staff if they find a wasp or bee nest in the school grounds and avoid them.

10. ADRENALINE DEVICES

See the government guidance on [Adrenaline Devices in Schools](#).

10.1 Storage of adrenaline devices

- Pupils prescribed with adrenaline devices will have easy access to in-date AAI devices at all times. These are stored in the child’s classroom medical cupboard. Spare AAI’s are in the office in the ‘Emergency Allergy Station’.
- Spot checks will be made to ensure adrenaline devices are where they should be and in date.
- Adrenaline devices must not be kept locked away or in rooms with restricted access.
- Adrenaline devices should be stored at moderate temperatures (see manufacturer’s guidelines), not in direct sunlight or above a heat source (for example a radiator).
- Used or out of date devices should be disposed of as sharps.

10.2 Spare adrenaline devices

Townlands has 2 spare adrenaline devices to be used in accordance with government guidance.

The locations of spare adrenaline devices are clearly signposted. These are in the office in the ‘Emergency Allergy Station’. The allergy lead is responsible for:

- Deciding how many spare devices are required.
- What dosage is required, based on the Resuscitation Council UK's age-based guidance (see page 11).
- Which brand(s) to buy. Schools are recommended to buy a single brand if possible to avoid confusion.
- The purchasing of spare adrenaline devices. See government guidance above; and.
- Distribution around the school site and clear signage.

Using "spare" ADs in an emergency situation without prior consent:

- If anaphylaxis is suspected **in an undiagnosed individual** - call the emergency services and state you suspect ANAPHYLAXIS. Follow advice from them as to whether administration of the spare AD is appropriate.
- "The MHRA has clarified that a legal exemption under Regulation 238 of the Human Medicines (Amendment) Regulations 2017 permits a school's "spare" ADs to be used for the purpose of saving a life for a pupil or other person not known by the school to be at risk of anaphylaxis (i.e. who does not have medical authorisation/consent in place for the spare device). This might be, for example, a child presenting for the first time with anaphylaxis due to an unrecognised allergy, or an adult visiting the school premises. This provision should be reserved for exceptional circumstances only, that could not have been foreseen. Therefore, the spare AD can be used with anyone experiencing anaphylaxis in an emergency, for the purpose of saving their life." (*Supporting children and young people with medical conditions and allergy, DfE, March 2026*)

10.3 Adrenaline devices on off-site activities

- No child with a prescribed adrenaline devices will be able to go on a school trip without their own device. It is the trip leader's responsibility to check they have it with them to take on the trip.
- Adrenaline devices will be kept close to the pupils at all times e.g. not stored in the hold of the coach when travelling or left in changing rooms.
- Adrenaline devices will be protected from extreme temperatures.
- Staff accompanying the pupils will be aware of pupils with allergies and be trained to recognise and respond to an allergic reaction.

11. RESPONDING TO AN ALLERGIC REACTION /ANAPHYLAXIS

See the appendix to this policy for details of how to recognise and respond to an allergic reaction.

In all cases:

- A pupil with a known allergy should be treated in accordance with their Allergy Action Plan and/or Individual Healthcare Plan.
- If anaphylaxis is suspected adrenaline should be administered without delay, using the school's spare device if needed.
- Anyone who has had suspected anaphylaxis and received adrenaline must go to hospital, even if they appear to have recovered.

12. TRAINING

The school is committed to ensuring that all staff receive regular (annual) allergy awareness training. All staff are aware of the school's procedures for managing pupils with allergies in order to maintain a safe environment. DfE compliant (The Allergy Team) Allergy and Anaphylaxis training is also completed annually by all staff in school and includes.

This training will cover:

- Understanding what an allergy is.
- How to reduce the risk of an allergic reaction occurring.
- How to recognise and treat an allergic reaction, including anaphylaxis.
- How to treat an asthma attack using a reliever inhaler.
- How the school manages allergy, for example understanding the school's Allergy Safety Policy, emergency response, documentation, communication etc.
- How to check who has an allergy, and how to use an IHP and Allergy or Asthma Action Plan.
- Where adrenaline devices are kept (both prescribed devices and spare devices) and how to access them.
- The importance of inclusion of pupils with food allergies, the impact of allergy on mental health and wellbeing and the risk of allergy related bullying.
- Understanding food labelling.
- How to report an allergic reaction or near miss.

13. ASTHMA

The school understands that it is vital that pupils with allergies keep their asthma well controlled. Asthma can exacerbate allergic reactions and poorly managed asthma increases the severity of an allergic reaction. See Allergy Policy for more information around managing asthma.

- Staff will be aware of common asthma triggers which may include airborne allergens such as pollen, house dust mite, mould spores or pet dander and food allergens.
- All pupils with asthma will have an Asthma Action Plan.
- The Asthma Action Plan will include medical and parental consent for staff to administer medicines, including an emergency reliever inhaler in the event of an asthma attack.
- Children and young people known to have asthma should have their own reliever inhaler at school at all times.
- Inhalers should be stored in a clearly labelled, easily accessible location (e.g. classroom medical cupboard).

14. REPORTING ALLERGIC REACTIONS

The school will log all allergic reaction incidents and near-misses as soon as is feasible after they occur.

- Each record should include: who was affected, what happened, when and where, why the incident occurred (as far as is known), how staff and the pupil responded; what was done to support the individual; whether emergency services were called and how the incident concluded.
- Any learning from an incident should be shared appropriately with staff so they can act on it.
- It may be necessary to share the report with other agencies, for example:
 - Incidents arising directly from a work activity that result in death or immediate hospitalisation must be reported to the Health and Safety Executive under RIDDOR.
- Following any incident or near miss the school will meet with the child or young person and their parents/ carers to ensure they are confident the setting remains safe.
- The school recognises the impact of an incident or near miss not just on the individual and their family, but also on staff who responded and children who witnessed it and will offer appropriate support.



MANAGING ALLERGIC REACTIONS

ALLERGIC REACTIONS VARY

Allergic reactions are unpredictable and can be affected by factors such as illness or hormonal fluctuations.

You cannot assume someone will react the same way twice, even to the same allergen.

Reactions are not always linear. They don't always progress from mild to moderate to more serious; sometimes they are life-threatening within minutes.

MILD TO MODERATE ALLERGIC REACTIONS

Symptoms include:

- Swollen lips, face or eyes
- Itchy or tingling mouth
- Hives or itchy rash on skin
- Abdominal pain
- Vomiting
- Change in behaviour

Response:

- Stay with pupil
- Call for help
- Locate adrenaline devices
- Give antihistamine. Note: if any signs of anaphylaxis are present, give adrenaline without delay.
- Make a note of the time
- Phone parent or guardian
- Continue to monitor the pupil for at least 60 minutes in case the reaction gets worse

SERIOUS ALLERGIC REACTIONS / ANAPHYLAXIS

The most serious type of reaction is called **ANAPHYLAXIS**. Anaphylaxis is uncommon, and children experiencing it almost always fully recover.

In rare cases, anaphylaxis can be fatal. It should always be treated as a time-critical medical emergency.

Anaphylaxis usually occurs within 20 minutes of eating a food but can begin 2-3 hours later.

People who have never had an allergic reaction before, or who have only had mild to moderate allergic reactions previously, can experience anaphylaxis.



RESPONDING TO ANAPHYLAXIS

SYMPTOMS OF ANAPHYLAXIS

A – Airway

- Persistent cough
- Hoarse voice
- Difficulty swallowing
- Swollen Tongue

B – Breathing

- Difficult or noisy breathing
- Wheeze or cough

C - Circulation

- Persistent dizziness
- Pale or floppy
- Sleepy
- Collapse or unconscious

IF YOU SUSPECT ANAPHYLAXIS, GIVE ADRENALINE FIRST BEFORE YOU DO ANYTHING ELSE.

DELIVERING ADRENALINE

1. Treat the patient where they are. Take the medication to the patient, rather than moving them.
2. The patient should be lying down with legs raised. If they are having trouble breathing, they can sit with legs outstretched.
3. It is not necessary to remove clothing but make sure you're not injecting into thick seams, buttons, zips or even a mobile phone in a pocket.
4. Inject adrenaline into the upper outer thigh according to the manufacturer's instructions. Pupils may be able to do this themselves, but some will require or want adult support. Whilst all members of staff should be trained, in an emergency, anyone can administer adrenaline.
5. Make a note of the time you gave the first dose.
6. Call 999 for an ambulance (or get someone else to do this while you give adrenaline). Tell them you have given adrenaline for anaphylaxis.
7. Stay with the patient and do not let them get up or move, even if they are feeling better (this can cause cardiac arrest).
8. Call the pupil's emergency contact.
9. If their condition has not improved or symptoms have got worse, give a second dose of adrenaline after 5 minutes, using a second device. Call 999 again and tell them you have given a second dose and to check that help is on the way.
10. Start CPR if necessary.
11. Hand over used devices to paramedics and remember to get replacements.
12. Anyone who has had suspected anaphylaxis and received adrenaline must go to hospital, even if they appear to have recovered. A member of staff should accompany them in an ambulance until a parent or guardian arrives.

For more information see the Government's [Guidance for the use of adrenaline auto-injectors in schools.](#)