Full name of policy:	**Allergy Policy**
Policy reference:	N074
Name and post of person responsible:	Paul Martin, Business Director (policy owner)
Allergy Safety Lead:	Elaine Brown, Deputy Head Pastoral
Frequency of review:	Every year, and after any serious incident or near miss
Dates of previous reviews:	N/A (first issue as a standalone allergy policy)
Date of next formal review:	September 2027
Equality Impact Assessment required:	N/A
Policy location:	All policies can be located on the Information for Staff Team Drive
This policy should be read in conjunction with:	• Health and Safety Policy • Safeguarding and Child Protection Policy • Supporting Students with Medical Conditions Policy • Educational Visits Policy • Data Protection Policy • Behaviour and Anti-Bullying Policy

	Name (role):	**Date:**
Written:	Paul Martin, Business Director	September 2026
Ratified:	Jan Balon, Headteacher	1 October 2026

Contents

1. Aims
2. Legislation and guidance
3. Roles and responsibilities
4. Identifying individuals at risk
5. Assessing risk
6. Minimising risk
7. Procedures for handling an allergic reaction
8. Adrenaline devices (AAIs)
9. Serious incidents and near misses
10. Allergy awareness and training
11. Wellbeing
12. Information sharing
13. Monitoring arrangements
14. Links to other policies

Appendix 1: Staff trained in first aid and administration of adrenaline

1. Aims

This policy aims to:

- Set out the school's approach to allergy safety, including reducing the risk of exposure and the procedures in place in the event of an allergic reaction
- Make clear how the school supports students with allergies to ensure their wellbeing and inclusion
- Promote and maintain allergy awareness across the school community
- Ensure that staff, students, governors and visitors are aware of their responsibilities in relation to allergy safety
- Provide a framework for responding to an allergic reaction, and for recording, reporting and learning from incidents and near misses

2. Legislation and guidance

This policy is based on the Department for Education (DfE) statutory guidance *Allergy safety in schools* (July 2026), issued under section 100 of the Children and Families Act 2014 as amended by section 34 of the Children's Wellbeing and Schools Act 2026, which places a statutory duty on academies (including free schools) to have an allergy safety policy in place. The requirements are mandatory from 1 September 2026.

It also has regard to:

- DfE guidance on supporting pupils at school with medical conditions
- Department of Health and Social Care guidance on using emergency adrenaline auto-injectors in schools

And to the following legislation:

- The Food Information Regulations 2014
- The Food Information (Amendment) (England) Regulations 2019
- The Human Medicines (Amendment) Regulations 2017, which allow schools to hold spare adrenaline auto-injectors and to administer them in an emergency without prior consent
- The Health and Safety (First Aid) Regulations 1981 and the Management of Health and Safety at Work Regulations 1999
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013
- The Social Security (Claims and Payments) Regulations 1979, which set out rules on the retention of accident records
- The Education (Independent School Standards) Regulations 2014

The school also draws on resources from *Anaphylaxis UK* and the *Benedict Blythe Foundation*. This policy complies with the school's funding agreement and articles of association.

3. Roles and responsibilities

3.1 The governing board

The governing board is responsible for ensuring that:

- Risks relating to students with allergy are included in the risk register and actively managed
- The school has an allergy safety policy which sets out arrangements to reduce the risk of individuals coming into contact with their known allergens, and emergency response plans for cases of anaphylaxis
- A named governor, **Monica Duncan**, holds oversight of allergy safety

The governing board delegates day-to-day implementation of this policy to the Allergy Safety Lead.

3.2 Allergy Safety Lead

The Allergy Safety Lead is Elaine Brown, Deputy Head Pastoral.

They are responsible for:

- Implementing this allergy safety policy
- Reviewing the policy at least annually, updating it when needed and making sure it is published
- Promoting and maintaining allergy awareness across the school community
- Developing and reviewing arrangements for the safe storage and disposal of adrenaline devices

Ensuring that:

  - All allergy information is up to date and readily available to relevant staff
  - All students who require support have an up-to-date Individual Healthcare Plan (IHP)
  - All students with a known food or insect sting allergy have an up-to-date allergy action plan issued by a medical professional
  - All staff receive regular allergy awareness training and are aware of the policy and procedures
  - Relevant staff are aware of which activities need an allergy risk assessment
  - Serious incidents and near misses are recorded, reported and reviewed for lessons learned, including any changes needed to this policy or to a student's IHP

3.3 Headteacher

The Headteacher is responsible for deciding, in discussion with parents/carers and any relevant healthcare professionals, whether a student's allergy can be managed through the adjustments made under the school's medical conditions policy, or whether an IHP is required to specify arrangements that reflect the student's circumstances.

3.4 First Aid Lead and named checkers

The First Aid Lead is **Joan Bomfim**. The First Aid Lead, together with **Jo Thompson** are responsible for the operational management of adrenaline and inhaler supplies, specifically:

- Checking on a monthly basis that spare AAIs (and the emergency asthma reliever inhaler) are present and in date
- Making sure replacement devices are obtained when expiry dates approach
- Keeping a register of students prescribed an AAI, and a record of any use of an AAI and emergency treatment given (also flagged on Bromcom)
- Ensuring at least two AAIs are available in school at all times

3.5 Teaching and support staff

All teaching and support staff are responsible for:

- Promoting and maintaining allergy awareness among students
- Maintaining awareness of this policy and its procedures
- Being able to recognise the signs of severe allergic reactions and anaphylaxis
- Being aware of specific students with allergies in their care, including in cover classes, as a reaction could occur at any time

- Reducing the risk of students with known allergies coming into contact with their allergens
- Ensuring the wellbeing and inclusion of students with allergies
- Reporting any allergic reaction or case of anaphylaxis to the Allergy Safety Lead and recording it on Medical Tracker
- When leading trips, carrying all relevant emergency supplies and checking that students with medical conditions carry their medication

3.6 Parents/carers

Parents/carers are responsible for:

- Being aware of this policy
- Informing the school at enrolment, and thereafter of any change, of their child's allergies, including all previous serious reactions, any history of anaphylaxis and details of prescribed medication
- Supplying a copy of their child's allergy action plan; where one does not exist, working with the First Aid Lead to develop one as soon as possible
- Providing, where required, two in-date adrenaline auto-injectors and any other medication (including inhalers and antihistamine), and ensuring these are replaced in a timely manner
- Following the school's guidance on food brought in to be shared
- Updating the school on any change to their child's condition, so the allergy action plan and IHP can be updated

3.7 Students with allergies

LAET Students - Post-16

As a sixth form, the school expects students, who are of an age to manage their own condition, to take an active role. Students with allergies are responsible for:

- Being aware of their allergens and the risks they pose
- Carrying their adrenaline device on their person at all times and using it only for its intended purpose
- Understanding how and when to use their device
- Telling a member of staff immediately if they feel unwell or think they may be having a reaction

Chrysalis East and Roots to Excellence

For younger pupils who attend Chrysalis East and Roots to Excellence, these responsibilities will be adapted according to the pupil's age, maturity and individual needs and this will be recorded in the pupil's IHCP. Where it is not age-appropriate for a pupil to manage their allergy independently, particularly for students in primary school or year 7, the school will provide appropriate support and ensure relevant staff are aware of the pupil's allergy and the agreed arrangements for managing their condition, ensuring so far as it's possible that students do not share food.

3.8 Students without allergies

These students are responsible for being aware of allergens and the risk they pose to their peers, and may be expected to support their peers and staff in the event of an emergency, for example by summoning help quickly.

4. Identifying individuals at risk

Allergy is a spectrum of conditions. Reactions occur when a susceptible person is exposed to an allergen they are allergic to. Common allergic conditions include:

- Hay fever (allergic rhinitis), triggered by airborne allergens such as pollen, house dust mite, animal fur or feathers, or mould
- Skin allergies such as eczema, contact dermatitis and hives, caused by contact with allergens including nickel, latex and some chemicals
- Food allergy, which can cause symptoms ranging from mild itching in the mouth to whole-body reactions including anaphylaxis
- Asthma, which may be triggered by airborne allergens
- Allergy to insect stings and medicines

4.1 Identifying students at risk

The school will:

- For new starters, send a form to parents/carers after a place has been confirmed, but before the student's first year begins, to confirm any allergy and whether the student carries medication. Where a student has a new diagnosis or joins mid-year, a form will be sent and arrangements put in place within two weeks
- Send a reminder to parents/carers at the start of each year asking them to update medical information as necessary, via the Bromcom parent portal
- Ahead of Taster Days the Admissions Department will ask students to inform us of any allergies
- The Chrysalis East Department will identify those students with allergies by sending a form to parents/carers after a place has been confirmed on a programme to confirm any allergy and whether the student carries medication. This information will be recorded on the MIS for Chrysalis East (currently Airtable).
- The Roots to Excellence Department will identify those students with allergies by asking parents/carers to complete the airtable registration form on admission. Roots to Excellence staff will then work with parents to complete an IHCP for every child with an allergy. At the beginning of each year parents/carers will be asked to complete a google form to update us on any changes in allergies. Parents/carers will also be asked to let us know if any changes occur within the year.

Ask parents/carers to inform the school proactively of any change during the year, by telephone or email to the First Aid Lead. For Chrysalis East, parents/carers should contact chrysaliseast@laetottenham.ac.uk and for Roots to Excellence they should contact dawn.ferdinand@r2e.org.uk

4.2 Identifying staff and visitors at risk

The school will ask new staff to provide details of any allergies in advance of their start date, and will ask visitors to do so in advance of their visit where relevant.

4.3 Individual Healthcare Plans (IHPs)

A student should have an IHP if they have an allergy which has a functional impact on them in the school environment, are at risk of harm as a result, and require arrangements which are additional to or different from those made generally.

A formal diagnosis is not necessary for an IHP. The IHP sets out the additional or different arrangements in place to support the student. The school will make every effort to have arrangements in place within two weeks, or by the beginning of the relevant term for students new to the school.

Not all students with an allergy will require an IHP. Where the support required would be available to any student under normal policies, or where only non-prescription medication is needed and the medical conditions policy would permit the student to carry and administer it, an IHP may not be required. The Headteacher decides, in discussion with parents/carers and healthcare professionals, whether an IHP is needed.

IHPs will be reviewed at least annually, and more frequently if the student's needs change. Where a student moves to a new school or college, their IHP will be shared as part of the transition.

4.4 Allergy and asthma action plans

All students with a known allergy to a food or insect sting should have an allergy action plan issued by their healthcare professional. All students with asthma should have an asthma action plan. These plans include medical and parental consent for staff to administer emergency medicines, and are attached to the student's IHP or asthma action plan. Whenever an action plan is updated, the IHP is reviewed to incorporate it.

4.5 Register of students with known allergies

The school maintains a register of students with a known allergy. The register includes:

- Known allergens and risk factors for anaphylaxis
- Whether the student has been prescribed adrenaline devices, and if so what type and dose
- Whether parental consent has been given to administer emergency medication
- A photograph of each student to allow a visual check (subject to consent)

The register is maintained on Bromcom, with hard copies kept in the kitchen and updated half-termly by the First Aid lead, or sooner in the event of an urgent change.

5. Assessing risk

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

- Lessons such as food technology, and science experiments involving foods
- Crafts using food packaging
- Off-site events and school trips
- Any activity involving animals or food, such as animal handling or baking
- Special events such as cultural events, socials and celebrations where food is present

A risk assessment will also be carried out where a visitor requires a guide dog and a student is at risk of an allergic reaction. Risk assessments for off-site activity are completed by the trip leader before the visit (see the Educational Visits Policy).

6. Minimising risk

6.1 Hygiene procedures

- Students are encouraged to wash their hands before and after eating
- Sharing of food, food containers and utensils is discouraged

6.2 Catering

The school menu is available for parents/carers and students to view in advance, with ingredients listed and allergens highlighted, on the school website (*laetottenham.ac.uk*). The menu changes twice a year. In addition:

- The First Aid Lead informs the Catering Manager of students with food allergies
- Catering staff receive appropriate training and are able to identify students with allergies
- Catering staff are educated in how to read labels for food allergens and follow measures to prevent cross-contamination
- Allergen information relating to the 14 named allergens is displayed on food products, following the legal requirements set by the Food Standards Agency
- Where menus change, the school ensures these comply with legislation and continue to meet students' dietary needs
- Where food is provided by Chrysalis East, including on trips, staff must collect student allergy details in advance. Staff in charge of ordering or distributing snacks provided outside of LAET's catering staff must complete the Food Allergy Awareness and Food Safety & Hygiene (Level 1) training. For holiday programmes, including summer schools, the menu will be confirmed in advance and shared with students and parents/carers, along with the full allergens list.
- Appropriate arrangements will be put in place for students attending the Roots to Excellence Saturday School, with the support of the LAET Catering Manager where food is provided by the LAET Canteen.

6.3 Insect stings

When outdoors, food and drink should be kept covered, and appropriate footwear worn during outdoor activities where there is a raised risk of stings.

6.4 Animals

Where animals are present on site or on a visit, all students will wash their hands after any interaction, and students with animal allergies will not interact with animals.

6.5 Visits and trips

- No student with allergies will be excluded from taking part
- The school will plan for each visit and ensure staff involved are aware of students' allergies and have received appropriate training
- A risk assessment will be conducted for any student at risk of anaphylaxis
- Students at risk of anaphylaxis will carry their own adrenaline devices, and staff trained to administer adrenaline will be present
- Trip leaders carry emergency supplies; a student unable to produce their required in-date medication may be prevented from attending until this is resolved, in line with the risk assessment

7. Procedures for handling an allergic reaction

All staff are trained to recognise the signs of mild and severe (anaphylactic) allergic reactions and to respond appropriately, and are trained in the administration of adrenaline to minimise delay. Where a student has an allergy action plan, it must be followed. Students able to self-administer may do so, with staff support.

In the event of a suspected anaphylactic reaction:

- Keep the student where they are, call for help and do not leave them unattended
- **LIE THE STUDENT FLAT WITH LEGS RAISED**. They can be propped up if struggling to breathe, but for as short a time as possible

- **USE THE ADRENALINE AUTO-INJECTOR WITHOUT DELAY** and note the time given. Inject into the muscle of the outer thigh. Instructions vary by brand, so always follow the device. There are two devices available: .15 mg (under 25 kg or generally Year 4) and .30 mg (over 25 kg, usually Year 5 and above)
- **CALL 999 and state ANAPHYLAXIS**
- If there is no improvement after 5 minutes, administer the second auto-injector
- If there are no signs of life, commence CPR
- Call the parent/carer as soon as possible
- Ensure the incident is logged on Medical Tracker and the First Aid lead / Business Director is informed

A spare school adrenaline device will only be used if the student does not have a prescribed device, or their prescribed device is not available or misfires.

8. Adrenaline devices (AAIs)

8.1 Prescribed devices

Students prescribed adrenaline devices are expected to keep them on or near their person at all times, including travelling to and from school and on trips. It is recommended that two devices are carried at all times. Students take their prescribed devices home at the end of each day, and parents/carers are responsible for ensuring they are in date. A copy of the student's allergy action plan is kept alongside any device stored in school.

8.2 Spare devices and inhalers

Current regulations only allow schools to purchase adrenaline auto-injectors (AAIs) as spare devices. Non-injectable adrenaline (nasal spray) may be prescribed to individuals but cannot be stocked as a spare; if a student prescribed nasal adrenaline suffers anaphylaxis, the school's spare AAIs may be used. The school may also hold an emergency asthma reliever inhaler, used only where a student's own inhaler is unavailable and written consent has been obtained.

The school holds spare auto-injectors in two types for different age groups and it is vital that you ensure the correct AAI is used for the correct age of student, unless directed otherwise by a 999 operator. .15 mg (under 25 kg or generally Year 4) and .30 mg (over 25 kg, usually Year 5 and older). The .15 mg injector is kept in the R2E first aid kit, as this is the only program with Year 4 students.

The Allergy Safety Lead is responsible for sourcing spare devices and ensuring they are stored according to guidance. Spare AAIs are kept in pairs, separate from students' own prescribed devices and clearly labelled to avoid confusion.

Adult spare devices are kept in unlocked wall mounted containers near the Level 2 and Level 3 main entrances. A spare is also kept at Reception for issuing to trip leaders where relevant.

8.3 Disposal

Adrenaline devices can only be used once. After use, a device is disposed of in line with the manufacturer's instructions, for example in a sharps bin for collection by the local council.

8.4 Using spare devices in an emergency without prior consent

The Human Medicines (Amendment) Regulations 2017 do not require consent to have been obtained for spare adrenaline devices to be used in an emergency. The school will obtain advance consent from parents/carers or students so that consent can be assumed to be in place. However, in an emergency, anyone may take reasonable action to save a life without first checking consent, to avoid potentially fatal delays in treatment.

8.5 Use of devices off school premises

Students at risk of anaphylaxis who can self-administer will carry their own devices on trips and off-site events. Staff will also carry the school's spare AAIs for emergency use, alongside a school mobile phone, a portable first aid kit, information about students' medical needs and parents' contact details.

9. Serious incidents and near misses

A serious incident is any event relating directly to a medical condition (including allergy) in which a person is harmed or placed at immediate and significant risk of harm, including situations requiring emergency medication, urgent clinical intervention or attendance by emergency services.

A near miss is an event that did not result in harm but had the clear potential to do so, for example where an error, omission or system failure could reasonably have led to a serious incident had circumstances been only slightly different.

9.1 Incident recording

Serious incidents and near misses are recorded on Medical Tracker as soon as is feasible, with as much detail as possible, including: who was affected; what happened, when and where; why it occurred (as far as known); how staff and students responded; whether emergency services were called; and how the incident concluded. Records are retained for a minimum of three years, in accordance with regulation 25 of the Social Security (Claims and Payments) Regulations 1979, and then securely disposed of. The school approaches incidents and near misses in a no-blame spirit of learning lessons.

9.2 Incident reporting

The report will be shared with the student and their parents/carers, who will have the opportunity to discuss what happened and contribute to the lessons-learned review.

Because the impact of exposure can be delayed and not recognised until a student is at home, reporting is not limited to staff: students, parents/carers or healthcare professionals should report any incident with a delayed reaction to the school. All reports are shared with the Allergy Safety Lead, who considers whether the arrangements in place were appropriate or whether changes are needed to this policy or the student's IHP, and shares any learning with staff.

The school will also share the report with other agencies where relevant:

- With the Health and Safety Executive (HSE) under RIDDOR 2013, where an incident arises out of a work activity and results in death or immediate hospitalisation, for example where a student is harmed after consuming an allergen due to incorrect food preparation by staff. The Business Director keeps the record and reports to the HSE as soon as reasonably practicable
- With the local authority, for any allergen-related food safety incident
- With the relevant healthcare professional, where the incident related to the delivery of a care plan or action plan they issued

10. Allergy awareness and training

10.1 Staff training

All staff expected to be on site when students are present receive allergy awareness training at least annually, with new starters completing it as part of induction. This includes permanent, temporary, supply and peripatetic staff, agency workers, regular volunteers and catering staff, and those overseeing before- or

after-school activities. It does not include contractors with no student-facing role. The school holds training pens so staff can practise safely.

Allergy awareness training ensures that all staff:

- Understand allergy, the risks it poses, how reactions occur and how to manage them, including that allergy covers multiple conditions which can co-exist
- Understand the difference between food allergy, coeliac disease and food intolerance
- Can identify the range of symptoms of allergic reactions and recognise anaphylaxis
- Know how to respond in an emergency, including calling emergency services, informing parents/carers, and locating, administering and using emergency medication
- Know how to check the register of students with known allergy and how to use an allergy or asthma action plan
- Understand their responsibilities in reducing risk, and how to report a reaction or near miss
- Understand the impact allergy can have on a student's wellbeing, and understand this policy

An announced allergy safety walk through will be carried out with staff initially, followed by an allergy safety drill at a later date. Both should be carried out annually.

10.2 Awareness of the policy

This policy is published on the school website and shared with parents/carers at the start of the school year. All staff understand it as part of annual allergy awareness training. The school will also raise students' own awareness of allergies.

11. Wellbeing

Students with allergies can experience bullying and may suffer anxiety relating to their allergy. The school supports them through:

- Pastoral care and regular check-ins with their form tutor
- Reassurance that steps are being taken to minimise exposure and that robust measures are in place in the event of anaphylaxis

The school will respond to any instance of bullying in line with its Behaviour and Anti-Bullying Policy.

11.1 Wellbeing support following an incident or near miss

An incident or near miss is a serious event with potential impact not only on the student but on their family, those who responded and any witnesses. The school will provide support to all those involved, including staff. See section 9 for more detail on incidents and near misses.

12. Information sharing

Information about an individual's health is special category data under UK GDPR and will be handled in line with the school's Data Protection Policy.

13. Monitoring arrangements

This policy is monitored by the Allergy Safety Lead and reviewed at least annually, or more frequently if a serious incident or near miss identifies an area for improvement. At each review it is approved by the Headteacher.

14. Links to other policies

This policy links to the following policies and procedures:

- Health and Safety Policy
- Safeguarding and Child Protection Policy
- Supporting Students with Medical Conditions Policy
- Educational Visits Policy
- Risk Assessment Policy
- Data Protection Policy
- Behaviour and Anti-Bullying Policy

Appendix 1: Staff trained in first aid and administration of adrenaline

Please contact *HR@laetottenham.ac.uk* for the most up-to-date list, or see the posters located at key points around the school. Names are also displayed prominently around the school.

- Joanne Thompson
- Madeleine Weymouth
- Joan Bomfim (Lead)
- Paul Martin
- Grace Fenton
- Serenea Wellington
- Thomas Smith
- Maayane Ben Ari
- Helena Kaznowska
- Luis Ramos
- Stefano Boseggia
- Anisa Bajraktari
- James Hooper
- Wing Li
- Adam Heisig

Roots to Excellence First Aiders