NEWHAM COMMUNITY LEARNING

Local Schools | Global Vision

Newham Community Learning: Allergy Safety Policy

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Approved by: tbc

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This policy has been produced by Newham Community Learning (NCL), under guidance from Kitt Medical, to ensure compliance with the statutory *Allergy Safety in Schools* guidance (published July 2026) under Section 34 of the Children's Wellbeing and Schools Act 2026 (Benedict's Law). This legislation mandates that all local-authority-maintained schools, academies, and Pupil Referral Units (PRUs) in England maintain a formal allergy safety policy.

This Trust policy draws directly from Anaphylaxis UK's model policy (July 2026), developed in collaboration with Kitt Medical's online allergy training course, and has been adapted by Newham Community Learning to integrate the Kitt Medical Anaphylaxis Kitt service across our schools.

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Definitions and Abbreviations

Kitt Medical Portal	A secure online management system by Kitt Medical for schools and businesses that are subscribed to the service. Admin users can track staff CPD-training completion, monitor adrenaline auto-injector expiration dates, complete routine checkups, and access policy templates, allergy resources and incident report forms.
AAI	Adrenaline Auto-Injector (e.g. EpiPen or Jext)
CPR	Cardiopulmonary Resuscitation
PTA	Parent Teacher Associations
FSA	Food Standards Agency
Anaphylaxis Kitt	The wall-mounted kit provided by Kitt Medical, containing the 'spare' adrenaline auto-injectors. It can be opened using one of the keys provided (either on a lanyard or in the 'Emergency Break for Access' box, also all provided by Kitt Medical.
Sharps bin	A rigid, puncture-resistant plastic box with a secure lid. It is used for the safe storage and disposal of sharp medical items - such as needles, syringes, lancets, and scalpels - to prevent accidental cuts, punctures, and the spread of infections.
Adrenaline trainer devices	A reusable, non-active practice tool that simulates a real adrenaline auto-injector. It contains no actual medication or hidden needle.
Allergy Action Plan	A personalised, written medical document created by a healthcare professional. It details a person's specific allergies, outlines how to identify mild-to-moderate versus severe (anaphylaxis) symptoms, and provides step-by-step instructions on emergency medication administration and contact protocols.

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HSE	Health and Safety Executive.
RIDDOR	The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013. UK schools must report specific work-related accidents, occupational diseases, and near-miss dangerous occurrences to the Health and Safety Executive.
Individual Healthcare Plan (IHP or IHCP)	A formal written document that outlines a student's specific medical or health conditions and details how school staff should manage their daily care and handle potential emergencies.
IgE food allergy	A rapid, immune system-driven reaction where the body produces immunoglobulin E antibodies specific to a food protein. When the specific food is eaten, these antibodies trigger the release of histamine and other chemicals, causing symptoms within minutes to two hours.
Non-IgE food allergy	A delayed immune reaction to food proteins that usually affects the digestive tract or skin. Symptoms appear hours or days after eating.
Food Intolerance	A non-immune digestive system reaction (difficulty digesting certain foods, such as lactose). While it can cause uncomfortable gastrointestinal symptoms, it does **not** involve the immune system and does **not** pose a risk of anaphylaxis.
Coeliac Disease	An autoimmune condition where the immune system reacts to gluten, causing damage to the lining of the small intestine. It requires strict dietary avoidance of gluten but does **not** cause sudden, life-threatening anaphylaxis.

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Policy Details

Person responsible for this policy & its implementation	Trust Central Services' Estates Team and Trust Schools
Review frequency	Annually, or sooner when an incident or 'near miss' is experienced, or in response to updated statutory guidance.
Purpose	To minimise the risk of any individual suffering an allergic reaction whilst at school or attending any school-related activity. To ensure staff are properly prepared to recognise and manage allergic reactions, including anaphylaxis, should they arise.
Links with other policies	Safeguarding Behaviour Anti-bullying Health and Safety
Publication	This policy is published openly on the Trust and Schools website and is available in hard copy on request.

The named staff members (at least 2, in addition to the named senior leader above) responsible for coordinating staff allergy awareness training and the day-to-day upkeep of this policy via the Kitt Medical Portal are:

School	Senior Leader	SENCO
Eastlea Community School	Amelia Aiken	Amelia Aiken
Lister School	Nur Uddin	Helle Pallet
Rokeby School	Sarah Black	Johanna Galligan
Sarah Bonnell	Amelia Aiken (Interim) Jim Robinson	Amelia Aiken (Interim) Jim Robinson
Portway Primary School	Fredericka Bines	Rebecca Nyamah
Selwyn Primary School	Helen Mawer	Sarah Leahy

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1. Introduction and core principles

Under Benedict's Law (Section 34 of the Children's Wellbeing and Schools Act 2026, amending Section 100 of the Children and Families Act 2014), Newham Community Learning (NCL) is required to have, maintain and publish an allergy safety policy.

Newham Community Learning is committed to providing a safe, inclusive and welcoming environment for all Students , staff and visitors with allergies, and this policy sets out how the school will support Students with allergies so that they are safe and are not disadvantaged in any way whilst taking part in school life. Recognising the serious and potentially life-threatening risk posed by anaphylaxis, this dedicated policy establishes robust risk-mitigation measures and emergency response protocols

Allergy is a spectrum of different allergic diseases. Reactions occur when a susceptible person is exposed to something (an 'allergen') they are allergic to. Asthma, food allergy, eczema and seasonal rhinitis (hay fever) are all forms of allergy. Staff should also understand the difference between food allergy, coeliac disease and food intolerance.

Anaphylactic reactions usually begin within minutes of contact with the allergen, for example, eating a trigger food; though they can occur several hours later. Anaphylaxis involves difficulty breathing and affects the heart rhythm. In extreme cases, there could be a dramatic fall in blood pressure leading to collapse.

Once started, anaphylactic reactions progress quickly. Investigations into fatal anaphylaxis show that there is only a 20–30 minute window of opportunity during which steps can be taken to prevent death; therefore, giving emergency adrenaline **immediately** and calling emergency services (999) is crucial. **Anaphylaxis always requires an emergency response.**

Anaphylaxis can occur without any other signs (such as a skin rash) being present. **Always consider anaphylaxis in someone with a known food allergy who has sudden difficulty breathing.** Giving adrenaline in this context is very safe and may be lifesaving.

The most common causes of 'whole body' allergic reactions - including anaphylaxis are:

- foods (including the full list of the 14 regulated food allergens: celery, cereals containing gluten, crustaceans, eggs, fish, lupin, milk, molluscs, mustard, peanuts, sesame, soybeans, sulphur dioxide and sulphites, and tree nuts);
- insect stings (e.g. bee, wasp);
- medication (e.g. antibiotics, pain medicines such as ibuprofen); and
- latex (e.g. rubber gloves, balloons, swimming caps).

Even for food allergy, the vast majority of anaphylaxis reactions require the person to have eaten the food, although less serious allergic reactions can happen through skin or other contact. Anaphylaxis reactions due to skin contact are very rare. Students who have a skin reaction need monitoring for at least an hour.

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Newham Community Learning has a whole-trust awareness approach, because it ensures all staff and students are aware of what allergies are, the importance of avoiding individuals' allergens, the signs and symptoms, how to deal with allergic reactions, and that procedures are in place to minimise the risk of exposure.

Coeliac disease and food intolerance can present symptoms similar to those of food allergy; it is important that these are managed through dietary avoidance, but they do not pose a risk of anaphylaxis and so are not within the scope of this allergy safety policy.

Eczema, asthma and allergies sometimes occur together, known as the atopic triad. It is important that these are managed well in order to keep the individual healthy. An individual's asthma care plan needs to be included in their Individual Healthcare Plan. These conditions are not within the scope of this allergy safety policy.

Newham Community Learning understands that severe allergies are included in the Equality Act 2010. The Act considers a person disabled if they have a physical or mental impairment that has a substantial and long-term negative effect on their ability to carry out normal daily activities. Seasonal rhinitis (such as hay fever) is explicitly excluded from the definition of disability, unless it aggravates the effect of another health condition.

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2. Emergency treatment and management of anaphylaxis

What to look for:

Symptoms usually come on quickly, within minutes of exposure to the allergen.

Mild to moderate allergic reaction symptoms may include:

- a red raised rash (known as hives or urticaria) anywhere on the body;
- a tingling or itchy feeling in the mouth;
- swelling of lips, face or eyes;
- stomach pain or vomiting;
- mild throat tightness; and
- a sudden change in behaviour.

These symptoms are treated with antihistamines.

More serious symptoms are often referred to as the ABC symptoms and can include:

- **AIRWAY:** Swelling in the throat, tongue or upper airways (tightening of the throat, hoarse voice, difficulty swallowing);
- **BREATHING:** Sudden onset wheezing, breathing difficulty, noisy breathing, persistent cough;

- **CIRCULATION:** Dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness.

The term for this more serious reaction is **anaphylaxis**. In extreme cases, there could be a dramatic fall in blood pressure. The person may become weak and floppy and may have a sense of something terrible happening. This may lead to collapse and unconsciousness and, on rare occasions, can be fatal.

As soon as anaphylaxis is suspected, adrenaline must be administered without delay.

Action:

- Keep the individual where they are, call for help and do not leave them unattended.
- **LIE THE INDIVIDUAL FLAT WITH LEGS RAISED** - they can be propped up if struggling to breathe, but this should be for as short a time as possible.
- **USE ADRENALINE DEVICE WITHOUT DELAY** and note the time given record this information on Medical Tracker. Adrenaline auto-injectors (AAI) should be given into the muscle in the outer thigh, or nasal devices into the nostril. Specific instructions vary by brand,always follow the instructions on the device.
- **CALL 999** and state ANAPHYLAXIS (ana-fil-axis).
- If no improvement after 5 minutes, administer a second adrenaline device.
- If there are no signs of life, commence CPR.
- Call the parent/carer as soon as possible.

Whilst waiting for the ambulance, keep the individual where they are. Do not stand them up or sit them in a chair, even if they appear to be feeling better, this could lower their blood pressure drastically, causing their heart to stop.

All individuals must go to hospital for observation after anaphylaxis, even if they appear to have recovered, as a reaction can recur after treatment.

If the parent/carer is not able to escort the student to the hospital, then an appropriate school representative must do so until the student's parent/carer attends.

3. Minimising risk and exposure to allergens

Minimising risk and exposure to allergens is central to ensuring that individuals with allergies are safe from harm. Even a small amount of allergen can cause a reaction. Any food can cause a reaction with serious consequences, and Newham Community Learning schools will only eliminate a type of food following a risk assessment supported by medical advice when necessary. Where a type of food is restricted, this will be to the smallest area for the time necessary, for example, the cooking room for the duration of the lesson when a pupil with an allergy is cooking.

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Newham Community Learning is allergy aware, ensuring that staff and Students are actively aware of the risk posed by allergens, take steps to minimise the risk of exposure, and have robust emergency response plans in place.

Newham Community Learning's schools complete a school-wide allergy risk assessment annually, that seeks to minimise the risks of exposure to known allergens. The risk assessment will include:

- identifying the food used within the curriculum and making adaptations to remove allergens that pose a risk for the whole group, not just the pupil who has the allergy;
- risks of exposure to allergens for individuals when planning external visits or trips;
- identifying measures to manage risks of exposure to a food allergen through food brought in by others (for example, parents, Students, staff);
- identifying measures to manage risks of exposure to a food allergen through food provided by the school;
- putting in reasonable measures to manage the risk of individuals being exposed to allergens where they have a known allergy to airborne or contact allergens; and
- identifying non-food allergens within the environment and making adaptations to remove/reduce allergens that pose a risk - for example, therapy or school dogs would require enhanced cleaning and limiting to specific areas, and hygiene measures after Students have worked with the therapy dog.

Newham Community Learning will ensure that allergy is included in all school risk assessments, to identify risks and plan control measures to minimise the risk of exposure.

4. Allergy awareness and nut bans

Newham Community Learning supports the approach advocated by Anaphylaxis UK towards nut bans/nut-free schools. Anaphylaxis UK does not necessarily support a blanket ban on any particular allergen in any establishment, including schools, because nuts are only one of many allergens that could affect students, and no school could guarantee a truly allergen-free environment for a pupil living with food allergy. Blanket bans, especially on nuts, can create a false sense of security. Instead, Anaphylaxis UK advocates for schools to adopt a culture of allergy awareness and education.

A whole-school awareness of allergies approach is much more effective, ensuring teachers, Students and all other staff are aware of what allergies are, the importance of avoiding Students ' allergens, the signs and symptoms, how to deal with allergic reactions, and that policies and procedures are in place to minimise the risk of exposure.

5. Food provision and catering

Newham Community Learning will manage the risk of food allergy and provide clear information on allergens in food provided by:

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- Ensuring the contract with the school catering company is compliant with Food Information Regulations 2014 allergen management requirements;
- Ensuring school caterers provide information on food allergens to parents/carers, and that this is available for Students to check independently;
- Providing Students ' allergen information to caterers in a timely manner to ensure Students can eat safely;
- Enabling parents/carers to liaise with the catering company or school chef;
- Identifying Students with allergies at the point of service by:
    - Secondary schools - extracting information on the tills from the school's MIS system
    - Primary schools - School staff liaise directly with the catering contractor to inform them of requirements,
- ensuring that food is always labelled, as unlabelled food poses a potentially greater risk of allergen exposure than packaged food with precautionary ('may contain') labelling. This applies to food used within the classroom curriculum (e.g. cooking) as well as food from the school kitchen or canteen; and
- Teaching Students not to share, trade or swap food, utensils or food containers, and why this matters.

When staff provide food for students, they receive additional training to ensure they understand how to read labels for food allergens and how to prevent cross-contamination during the handling, preparation and serving of food.

Where food is not directly provided by the school (for example, brought in as treats or to celebrate birthdays), parent/carer permission will be sought in advance to ensure inclusion and safety for Students with allergies.

These procedures apply to school-led breakfast and after-school provision. Where this is provided by a third party, Newham Community Learning ensures that this policy is shared and that the third-party provider meets the same procedures.

Students eligible for benefits-based Free School Meals are entitled to their free school meal entitlement. The school will work with parents/carers to determine the best way of ensuring students receive their meal safely.

6. Medication and adrenaline devices

Individuals at risk of anaphylaxis are prescribed two adrenaline devices, which they should carry with them at all times. This includes the journey to and from:

- school;
- the classroom;
- lunch area;
- playground;
- sports field; and
- when on visits or trips.

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Depending on their level of understanding and competence, Students will be encouraged to take responsibility for, and to carry, their own **two** AAIs on them at all times in a suitable bag/container. For younger students or those not ready to take responsibility for their own medication, there should be an anaphylaxis kit kept within five minutes of them, not locked away and **accessible to all staff**.

Serious anaphylaxis is a time-critical situation; delays in administering adrenaline have been associated with fatal reactions. An adrenaline device needs to be administered within 5 minutes, so if the adrenaline device cannot be with the pupil in the classroom, it should be stored in an appropriate central location that is unlocked and accessible at all times (including during wrap-around care).

Adrenaline devices must be stored at room temperature (in line with manufacturer's guidelines) and not exposed to extremes of heat. They should not be refrigerated or left in direct sunlight.

It is the responsibility of the student's parents to ensure the adrenaline pens are up to date and clearly labelled; however, the **Designated Allergy Lead** will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry. Parents can subscribe to expiry alerts for the relevant AAIs their child is prescribed, to ensure they can obtain replacement devices in good time.

7. 'Spare' adrenaline devices

The Human Medicines (Amendment) Regulations 2017 permit 'spare' adrenaline devices to be used for the purpose of saving a life. This might be, for example, a child presenting for the first time with anaphylaxis due to an undiagnosed allergy.

Each Newham Community Learning school site holds spare adrenaline devices, provided through its Kitt Medical Anaphylaxis Kitt, for use in emergency situations. These are not a replacement for a student's own adrenaline device. Students prescribed adrenaline are expected to have their own adrenaline devices with them at school for use in an emergency. Emergency use of a 'spare' device may include a pupil at risk of anaphylaxis whose own devices are not available or not working (for example, because they are out of date, or multiple doses are needed before emergency services arrive), or use on someone experiencing anaphylaxis for the first time who does not have their own prescribed AAI. A person's own prescribed AAI should never be used on another person, as this leaves them vulnerable.

Where a 'spare' AAI is used on a person without a known allergy, staff should feel confident to administer it. Under Human Medicines Regulations 2012, Regulation 238, there is a legal exemption to administer a 'spare' or back-up AAI to any pupil or person (including staff and visitors) experiencing an unexpected, life-threatening anaphylactic emergency, even if that individual is not formally known to have a prescription or prior allergy diagnosis.

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The number of 'spare' device pairs needed depends on school type and size. Larger sites, or schools operating across more than one site, may need additional sets to ensure no one is ever more than 5 minutes away from a device.

These are stored in the school's Anaphylaxis Kitt(s), which is clearly labelled 'Emergency Allergy Medication' to avoid any confusion with devices prescribed to a named person. These are kept safely, not locked away, and are **accessible and known to all staff**. The school holds several orange Kitt Medical keys with which they can access the medication, and also holds a spare key in an 'Emergency Break to Access' box in case immediate access is required in an emergency. All accessories are provided by Kitt Medical.

Each Newham Community Learning school hold Anaphylaxis Kitt(s) in the following area(s):

School	Location	Kit Details
Eastlea	Glass House Library Sports Hall	Adrenaline Auto-Injector (300mcg) x2 Adrenaline Auto-Injector (150mcg) x2
Lister	Ground Floor - Main Agora/Playground Corridor Ground Floor - Canteen (?) Ground Floor - Playing Fields 1st Floor - Agora Near the lift 1st Floor - W Block 1st Floor - S Block 2nd Floor – Agora Near the lift	Adrenaline Auto-Injector (300mcg) x2 Adrenaline Auto-Injector (150mcg) x2
Rokeby	Reception Main dining hall	Adrenaline Auto-Injector (300mcg) x2 Adrenaline Auto-Injector (150mcg) x2
Sarah Bonnell	Medical Room Student Services	Adrenaline Auto-Injector (300mcg) x2

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		Adrenaline Auto-Injector (150mcg) x2
Portway	Library	Adrenaline Auto-Injector (300mcg) x2 Adrenaline Auto-Injector (150mcg) x2
Selwyn	Main school office Staff room	Adrenaline Auto-Injector (300mcg) x2 Adrenaline Auto-Injector (150mcg) x2

The **Designated Allergy Lead** is responsible for checking that adrenaline devices are in date and remain clear (not cloudy) on a monthly basis, using reminder prompts scheduled on the Kitt Medical Portal - this check must be logged as completed on the Kitt Medical Portal. Kitt Medical will track the expiry dates on the pens and send replenishments ahead of the expiration date at the end of the month. The receipt of the new adrenaline pens must be recorded promptly on the Kitt Medical Portal for compliance to the provided service, and to allow for the continuous tracking of the expiry dates on the adrenaline devices.

Adrenaline devices that are used will be disposed of in a sharps box, kept:

School	Location
Eastlea	**Medical Room**
Lister	**Medical Room**
Rokeby	**First Aid Room**
Sarah Bonnell	**Medical Room**
Portway	**Main Office**
Selwyn	**SENCo office**

Adrenaline devices can alternatively be given to the paramedic. Adrenaline devices that are out of date or where the adrenaline has degraded will be taken to a pharmacy to be disposed of. In order

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to receive a sharps box, the school should register with the Local Authority, which will arrange collection.

8. In the event of an anaphylactic reaction

- Adrenaline should be administered as soon as possible, within five minutes. **Do not wait** to contact the emergency services before administering adrenaline.
- The individual should not be moved. Adrenaline devices should be brought to them (whether their own prescribed devices or 'spare' devices).
- If the individual **has their own prescribed adrenaline devices**, these should be used in the first instance.
- If the individual **does not have prescribed adrenaline devices**, 'spare' adrenaline devices can be used. The correct dose must be selected and used. This is clearly labelled inside the Anaphylaxis Kitt.
- If the individual's **prescribed adrenaline devices are not available, out of date, or misfire**, 'spare' adrenaline devices can be used.
- If the individual has both a serious allergy and asthma, and there is any doubt whether they are presenting with anaphylaxis or having an asthma attack, always administer the adrenaline first.

The Human Medicines (Amendment) Regulations 2017 does not require consent to have been obtained for 'spare' adrenaline devices to be used. It is good practice for the school to obtain advance consent from parents or the young person for 'spare' adrenaline devices to be used, so that in an emergency consent can be assumed to be in place. However, in an emergency situation, anyone may take reasonable action to save a life without checking whether prior consent has been given.

9. Student self-management

Depending on their level of understanding and competence, students will be encouraged to take responsibility for, and to always carry, their own two adrenaline devices in a suitable bag/container.

Older students and teenagers should, whenever possible, assume responsibility for their emergency kit under the guidance of their parents. However, symptoms of anaphylaxis can come on very suddenly, so school staff need to be prepared to administer medication if the young person cannot.

10. Staff training and emergency response

All staff, including teaching staff, support staff, catering staff and others who may oversee students, including at breakfast or after-school clubs, will be trained in allergy awareness and emergency

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response. The school is responsible for ensuring that supply, cover, coaching and peripatetic staff have received allergy awareness training.

Trust Estates Team in collaboration with the Office Managers/Operations Leads, are the named staff members responsible for coordinating training via the Kitt Medical Portal, where online training is available at any time. There is no limit on the number of staff who complete it, nor the number of times they complete it. The training will be completed annually by all staff members.

Training can be online or face-to-face. The content of the training provided by Kitt Medical includes the following **(NB: items with an '*' are not explicitly covered in the Kitt Medical training and must be communicated by the Designated Allergy Lead):**

- allergy awareness, the risks it poses, how allergic reactions occur and how to manage them;
- that allergy includes multiple co-existing conditions: asthma, eczema, hay fever;
- understanding the difference between food allergy, intolerance and coeliac disease;
- that an individual can be allergic to any food, not just the 'top 14' allergens;
- knowing the symptoms of allergic reactions and how to treat them;
- knowing the symptoms of anaphylaxis and how to treat it;
- how to locate and administer adrenaline or an asthma inhaler;
- practising with all types of adrenaline device held in school, as an individual pupil's own device may differ from the 'spare' devices;
- how to report an allergic reaction, whether mild to moderate, anaphylaxis, or a near miss/incident;
- understanding their responsibilities in risk reduction, to prevent Students coming into contact with their allergens;
- understanding the impact allergy can have on a pupil's wellbeing;
- ***understanding the school's allergy safety policy;****
- ***how to check whether a pupil is on the record of those with a known allergy;* and***
- ***how to use an Allergy or Asthma Action Plan.****

Newham Community Learning schools ensure that staff undertake a practical session using trainer devices. A Jext trainer device is included with the Kitt Medical service. Additional trainer devices can be obtained from the manufacturers' websites: www.epipen.co.uk and www.jext.co.uk.

Emergency preparedness

Newham Community Learning schools will annually hold a practice response to anaphylaxis, review how the practice went, and inform the NCL Estates Team to update policy and procedures accordingly.

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Throughout the year, schools will remind their staff of key aspects of the policy, such as:

- how to find out who has an allergy;
- the storage of spare adrenaline; and
- practice with adrenaline trainer devices.

Newham Community Learning schools will communicate key messages regarding risk reduction leading up to festivals, trips and end-of-term celebrations.

During fire drills and lockdown practices, Newham Community Learning schools will ensure that a pupil's adrenaline device is with them. Should a real evacuation happen, the pupil may have to go home without adrenaline if this has not been taken out during the evacuation.

11. Roles and responsibilities

Trust

The Trust is Responsible for:

The Trust and Governing Body/Board of Trustees have ultimate responsibility for allergy safety and the management of associated risks across the Trust. They are responsible for ensuring that:

- the Trust has an effective Allergy Safety Policy which sets out arrangements to reduce the risk of individuals coming into contact with their known allergens and establishes clear emergency response arrangements for cases of anaphylaxis;
- clear responsibility for implementation of the policy is established across the Trust and its academies, in accordance with the Trust's Scheme of Delegation;
- adequate resources, systems and competent persons are in place to support the safe management of allergies and anaphylaxis;
- the Allergy Safety Policy is reviewed at least annually, and sooner following significant operational changes, serious allergy-related incidents or near misses;
- allergy-related risks affecting pupils and staff are appropriately identified, recorded and managed through the relevant school risk registers;
- appropriate monitoring arrangements are in place to oversee implementation and compliance across the Trust;
- reports on allergy-related incidents, near misses, staff training compliance and identified risk trends are received and reviewed to inform strategic oversight and improvement; and
- allergy safety remains subject to appropriate governance oversight, including as a standing agenda item where relevant.

Each NCL school will have a named governor who works with the Designated Allergy Lead and receives appropriate updates on the implementation of allergy safety arrangements.

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The Estates Team will support Trust-level oversight and will ensure that relevant allergy-related risks are reflected within school risk-management arrangements and escalated where required.

Headteachers:

The Headteacher is responsible for the overall day-to-day implementation of this policy within their individual academy, ensuring that the Designated Allergy Lead is empowered and supported in their duties, and actively promoting a whole-school allergy awareness culture.

The Headteacher will ensure that:

- a member of the Senior Leadership Team is appointed as the Designated Allergy Lead, with strategic responsibility for allergy safety within the academy;
- suitable and sufficient risk assessments are carried out to identify and manage the allergy needs of pupils and staff, and are reviewed regularly and following any significant changes, incidents or near misses;
- a central allergy register is established, maintained and accessible to relevant staff, including for educational visits, staff cover and risk assessment purposes;
- Individual Healthcare Plans (IHPs) and Allergy Action Plans are implemented and kept under review for pupils with identified allergy-related needs;
- all relevant staff receive appropriate allergy awareness and anaphylaxis training, including emergency response training, with refresher training completed as required;
- staff with specific responsibilities for allergy management remain appropriately trained and competent to perform their role;
- all staff are aware of the Trust's Allergy Safety Policy, associated procedures and relevant individual pupil arrangements;
- catering arrangements appropriately reflect the medical and dietary needs of pupils with allergies and are consistent with relevant Individual Healthcare Plans and Allergy Action Plans;
- allergy-related bullying, exclusion or stigmatisation is treated seriously and managed in line with the Trust's safeguarding, behaviour and anti-bullying arrangements;
- allergy-related incidents, near misses and concerns are recorded and reported through the Trust's designated reporting systems, and escalated where required;
- statutory reporting requirements, including reporting to the Health and Safety Executive where applicable, are followed; and
- staff receive appropriate updates where allergy risks, individual arrangements or healthcare plans change.

Designated Allergy Lead

Newham Community Learning has a named member of the senior leadership team within each individual academy who is responsible for allergy safety, which includes driving the implementation of this policy and contributing to its review.

The Designated Allergy Lead is responsible for:

- Systems to collect allergy information during the enrolment process, ensuring this information is shared with catering; outside of the normal admission point, ensuring information is shared with staff and catering teams as soon as possible, but within two weeks of the pupil starting;
- Holding a register of students and staff with allergies, including whether they hold adrenaline and whether they have an Allergy Action Plan, together with a record of any use of AAI(s) and the emergency treatment given;
- Ensuring that systems are robust for the identification of students at mealtimes;
- Communication about the policy, the students on the register of those with allergies, and the importance of recording and reporting near misses and incidents on Medical Tracker;
- Communication with governors to provide updates about policy implementation;
- Communication with Health and Safety and Designated Safeguarding Leads, to keep allergy safety part of their roles;
- Communication with the NCL Estates Team in the event that outside agencies such as the Health and Safety Executive (HSE) need to be contacted i.e., if a report under RIDDOR is needed;
- Communication with the caterer regarding kitchen procedures and ensuring students with allergies are provided with a safe meal;
- Communication with parents/carers, to enable them to input into Individual Healthcare Plans and to request Allergy Action Plans when appropriate;
- Communication with students, to develop an understanding of allergy through information assemblies and workshops, and participation in awareness days and weeks;
- Checking spare adrenaline devices and making sure these are in date, with replacements secured before the current ones expire;
- Ensuring IHPs are created and communicated;
- Ensuring that the up-to-date Allergy Action Plan and Individual Healthcare Plan are kept with each pupil's medication;
- Checking that students' individually prescribed medication is in date on a termly basis, and sending a reminder to parents where medication is approaching expiry, noting it remains the parent's responsibility to ensure medication is in date;
- All allergic reactions and near misses must be recorded on Medical Tracker, with internal staff and parents notified immediately. The NCL Estates Team should also be informed to ensure compliance with RIDDOR reporting requirements where applicable (see Section 15)
- Training - ensuring all staff complete annual training, that allergy is included in induction even for short-term staff, and that all staff have the opportunity to practise with trainer adrenaline devices at least annually, ideally a few times a year; and
- Overseeing monitoring and assurance processes covering training, Individual Healthcare Plans and Allergy Action Plans, allergy registers, medication arrangements, spare AAI checks, incidents/near misses, and periodic assurance activities.

Teaching Staff

Teaching staff are responsible for:

- following this policy and the Trust's allergy awareness procedures;
- being familiar with the Individual Healthcare Plans (IHPs) and Allergy Action Plans of pupils in their care and understanding any specific controls required;
- recognising the signs and symptoms of allergic reactions and anaphylaxis and taking prompt action in an emergency;
- knowing how to access emergency support and the location of relevant emergency medication, including adrenaline auto-injectors;
- supporting the development and implementation of pupils' IHPs where appropriate;
- planning and adapting curriculum activities to minimise allergy risks and support inclusion;
- completing appropriate risk assessments for curriculum activities involving food or other potential allergens, and for trips, visits and sporting activities;
- considering allergy risks when planning activities involving food, cooking, craft, science, music, animals or other potential allergens;
- ensuring pupils do not share food during lessons, clubs or other supervised activities;
- ensuring surfaces are appropriately cleaned before and after eating where food is consumed outside designated dining areas;
- maintaining appropriate communication with parents/carers where relevant to the pupil's support arrangements; and
- promptly reporting allergy-related incidents, near misses, concerns or changes to the Designated Allergy Lead and completing relevant incident records where required.

Support Staff

Support staff are responsible for:

- following this policy and the Trust's allergy awareness procedures;
- being familiar with relevant pupils' IHPs and Allergy Action Plans and understanding the support arrangements applicable to their role;
- recognising the signs and symptoms of allergic reactions and anaphylaxis and taking prompt action in an emergency;
- knowing how to access emergency support and the location of relevant emergency medication, including adrenaline auto-injectors where applicable;
- supporting the implementation of pupils' IHPs and individual allergy arrangements;
- supporting pupils to participate safely and inclusively in school activities;
- ensuring pupils do not share food during activities they supervise;
- ensuring surfaces are appropriately cleaned before and after eating where food is consumed outside designated dining areas;
- maintaining awareness of known allergies among pupils in their care;
- promptly communicating any allergy-related concerns, incidents or changes to the appropriate staff and the Designated Allergy Lead; and
- completing relevant incident records where required.

Premises Staff

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Premises Staff Responsible for:

- ensuring they follow this policy and allergy awareness procedures as applicable to their role;
- ensuring they know how to access emergency support and are aware of the location of allergy emergency equipment where relevant;
- supporting the safe positioning and accessibility of allergy emergency equipment, including Anaphylaxis Kitts and sharps bins;
- ensuring site management arrangements support the reduction of allergy risks across the premises;
- ensuring contractors working on site are made aware of relevant allergy controls where these may affect pupils, staff or visitors;
- taking reasonable measures to support good indoor air quality through appropriate ventilation, maintenance and site management arrangements, particularly where individuals are affected by asthma or airborne allergens;
- reporting any premises-related concerns that may increase allergy risk to the appropriate manager or Designated Allergy Lead; and
- supporting any premises-related actions identified through allergy risk assessments.

Cleaning Staff

Cleaning Staff Responsible for:

- following this policy and any allergy-related cleaning procedures relevant to their role;
- maintaining appropriate cleaning standards across the site to reduce the risk of allergen contamination;
- ensuring surfaces and shared areas are cleaned effectively, particularly where food has been consumed or where known allergens may be present;
- following any enhanced cleaning arrangements identified for specific allergy risks;
- using suitable cleaning methods and products to minimise the risk of cross-contamination between areas;
- promptly reporting any contamination, spillages or cleaning concerns that may present an allergy risk;
- supporting additional cleaning controls where required following an allergy-related incident or near miss; and
- ensuring cleaning arrangements are carried out in accordance with any relevant site-specific allergy risk assessments.

Catering Staff

Catering Staff Responsible for:

- complying with the Food Information Regulations 2014 and ensuring accurate and up-to-date allergen information is available for all food provided;
- ensuring food allergy requirements are regularly reviewed and accurately reflect current menu offerings and the needs of pupils with known allergies;

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- working closely with the Designated Allergy Lead, relevant school staff and parents/carers to support the safe provision of food for pupils with allergies;
- ensuring all catering staff receive appropriate allergy awareness and food hygiene training, with training records maintained and refresher training completed as required;
- ensuring up-to-date information on pupil and staff allergies is received, maintained and used to inform safe food preparation and service;
- maintaining an accurate and up-to-date allergen matrix for all food provided;
- ensuring ingredient information is reviewed and updated whenever products, recipes or suppliers change;
- ensuring all pre-packed or pre-packed for direct sale food complies with applicable allergen labelling requirements and that food is not provided where allergen information cannot be verified;
- maintaining robust food hygiene and food preparation practices to minimise the risk of allergen cross-contamination during storage, preparation and service;
- ensuring appropriate procedures are in place to reliably identify pupils with allergies at the point of service before food is provided;
- ensuring that food provided to pupils with allergies is checked and served in accordance with agreed allergy management arrangements; and
- clearly communicating to the school and parents/carers where an allergen risk cannot be safely managed, so that suitable alternative arrangements can be agreed.

Parents

Parents Responsible for:

- adhering to this policy and supporting the school's allergy management arrangements;
- informing the school of any known allergy, food intolerance or related medical need when their child joins the school;
- providing accurate and up-to-date information needed to develop and review the pupil's Individual Healthcare Plan and Allergy Action Plan;
- informing the school promptly of any changes to their child's allergy, treatment, medication or clinical advice, including relevant clinic updates, re-testing or food challenges;
- informing the school of any significant allergic reaction or episode of anaphylaxis occurring outside school;
- ensuring all required medication, including adrenaline auto-injectors, inhalers and antihistamines where prescribed, is supplied to the school, clearly labelled, in date and replaced when necessary;
- completing any required medication, healthcare or allergy declaration forms;
- attending meetings where necessary to support the planning and review of their child's allergy management arrangements; and
- working with the school and relevant staff to ensure their child's allergy is managed safely and consistently.

Students Responsibilities

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Students Responsible for: *according to their age, understanding and competence*

- developing an appropriate awareness of their allergy, known triggers and the symptoms that may indicate an allergic reaction;
- informing a member of staff as soon as they feel unwell or suspect they may be experiencing an allergic reaction;
- following the arrangements set out in their Individual Healthcare Plan and Allergy Action Plan;
- making safe choices to reduce the risk of exposure to known allergens;
- not sharing or swapping food, drinks, utensils or food containers with other pupils;
- carrying their prescribed adrenaline auto-injectors where they have been assessed as competent and confident to do so;
- knowing where their emergency medication is kept where they do not carry it themselves; and
- taking increasing responsibility for managing their allergy as appropriate to their age and level of understanding.

Contractors and Visitors

Contractors and Visitors Responsible for:

- following the Trust's Allergy Safety Policy and relevant reporting procedures while on Trust premises;
- ensuring their activities do not introduce or increase allergy risks within the school environment;
- maintaining appropriate standards of hygiene to minimise the risk of allergen contamination;
- promptly reporting any actual or suspected allergen contamination to the Facilities Team or their host;
- following any site-specific allergy controls or instructions communicated to them; and
- providing the school with relevant information about their own allergies where this is necessary to support their safety while on site.

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12. Identification of individuals with allergies

Admissions data collection

Newham Community Learning schools collect detailed medical information from parents/carers regarding known allergies, dietary restrictions, and treatment histories prior to admission via the online admissions form on the Arbor Parent Portal during standard enrolment, or via physical collection forms which are recorded on Arbor by school administrative staff.

Information sharing

UK GDPR does not prevent the sharing of a student's health information (special category data). Relevant information is securely compiled and shared as necessary, in a controlled way, with teaching staff, support staff, supply/cover staff, and catering teams, while maintaining appropriate data privacy. This is done through Arbor for students. The same does not apply for staff and visitors.

Transition

Allergy information and existing care plans are shared as part of a pupil's transition. Newham Community Learning schools will request allergy information from the previous school or setting and will consider whether any of the arrangements are suitable to implement. Newham Community Learning schools works with parents/carers and the pupil, if appropriate, to write a new IHP. Staff will provide information about students for transition visits ahead of a formal move.

Staff

Pre-employment questionnaires will ask whether staff have any allergies. If an allergy is declared, HR will conduct a pre-employment medical assessment, followed by a discussion and a workplace risk assessment where appropriate, to create an action plan that ensures a safe working environment.

Visitors and regular volunteers

Visitors and regular volunteers will be asked about allergies ahead of their visit via the volunteer application Google Form. If an allergy is declared, HR will conduct a medical risk assessment to create an action plan that ensures a safe working environment.

13. Individual Healthcare Plans and Allergy Action Plans

Allergy Action Plans

- These are clinical documents created by a GP, allergy nurse or allergy clinic. They detail the pupil's allergy and medication.
- These contain parent/carer contact details and must be signed by the parent/carer, as this is the parental authority to administer medication, including administration of spare adrenaline devices.
- These will only be updated by the medical professional following a review of the pupil's allergy management, which could be annually or five-yearly. Parents/carers or the school need to update the pupil's photo annually so that they remain recognisable.

Allergy Action Plans are issued for students who have an IgE food allergy, and often a venom allergy, that could lead to anaphylaxis. They are not issued for all allergies. Students with non-IgE allergies do not experience anaphylaxis, so an Allergy Action Plan is not issued.

Individual Healthcare Plans (IHPs)

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Individual Healthcare Plans are an essential communication tool that provide clarity about the arrangements which need to be in place to ensure a pupil is fully included in the life of the school. They identify the exact risk-mitigation measures that need to be followed.

IHPs are school-owned documents that are co-created by the school, parents/carers and students .

They should include any advice received from health professionals. If there is no advice from health professionals, information and support can be requested from the Designated Allergy Lead if needed.

Where a student has an Allergy Action Plan and/or an asthma plan, this must be included with the IHP.

It is good practice to review IHPs annually or when staff change; however, they must be reviewed if an incident or near miss occurs. They need to be brought to the attention of supply or cover staff and passed on during transition to a new school.

Newham Community Learning will ensure that:

- Students with an Allergy Action Plan and/or an asthma plan have an IHP;
- Students without an Allergy Action Plan or asthma plan, but who have an allergy that needs active management over and above what other students need, will have an IHP; and
- IHPs are created whilst students are waiting for a diagnosis.

14. School trips and external visits

Newham Community Learning schools ensures that students with allergies are fully included in every trip, sporting event or extracurricular activity. A risk assessment addressing allergen exposure in each activity, emergency medication, transport, and proximity to local emergency care will be undertaken, with control measures identified. In order to ensure the pupil is safe and included, alternative activities will be planned where necessary. This will include the safe storage of adrenaline for the duration of the school trip.

Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all students have their medication, including adrenaline devices, with them before departure. Students unable to produce their required medication will not be able to attend the excursion.

In conjunction with the Designated Allergy Lead, the trip leader will review the risk assessment to determine whether the school's spare adrenaline devices should be taken on the trip. The school will provide additional spare adrenaline devices should the risk assessment for the trip deem this necessary, ensuring that students remaining in school still have access to spare adrenaline devices should the need arise.

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Newham Community Learning schools will notify the host school when arranging a sporting fixture that a member of the team has an allergy. When a sports tea is provided, the students' school will ensure the students' allergies are communicated, and appropriate food is provided.

15. Serious incidents and 'near misses'

Newham Community Learning approaches serious incidents and 'near misses' in a 'no blame' spirit, seeking to learn lessons and address any issues the incident identified, so that students are better protected in future.

Newham Community Learning is aware that, when an incident occurs, materials such as residues of food consumed or handled, or samples of fluids, may constitute evidence which may need to be seized and retained.

Newham Community Learning uses Medical Tracker to record allergic reactions (incidents) and near misses (e.g. accidental exposure without reaction, or labelling errors) immediately. The incident or near miss will be reviewed and a report written.

If Newham Community Learning schools are required to use the spare AAIs from its Anaphylaxis Kitt(s), a designated portal admin must complete the Incident Report Form on the Kitt Medical Portal. This is shared directly with the Kitt Medical team, who will follow up with the person who submitted the form to confirm further details, and will then arrange for replacement adrenaline pens to be sent to the school, ensuring it has the correct amount of in-date adrenaline at all times. The school will oversee this process and follow up any issues.

Newham Community Learning schools will share the report with the pupil's parents/carers, the pupil, and the individual involved. They should be given the opportunity to discuss what happened and to contribute their views to the consequent lessons-learned review. Newham Community Learning schools will confirm what it has learned from the incident and outline any actions it is taking as a result. The student's IHP will be updated if necessary.

If unsafe food was supplied by the school operating as a food business, the incident must be reported to the local authority environmental health team.

16. Wellbeing and support

At Newham Community Learning, allergy safety is a priority, and actions to ensure students are included and safe are embedded into the school's culture. Students with an allergy can become anxious as a result of the risk of exposure to allergens and the potential for anaphylaxis, which may be compounded by living with difficult-to-control asthma or eczema.

Newham Community Learning

- Regularly communicates to students, parents and staff about allergies, ensuring ongoing awareness and appreciation of the severity of the potential risks;

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- Includes allergy and anaphylaxis lessons during assembly, tutor time or in PSHE for example, allergy assemblies provided by Kitt Medical;
- Displays allergy awareness posters around the school, available to download from the Kitt Medical Portal;
- Has proactive engagement with new joiners with known allergies, setting out the school's policies and the support available.

17. Safeguarding

Newham Community Learning recognises that a safeguarding referral may be needed if an incident highlights concern that a pupil might be at increased risk of being neglected, abused or exploited by persons inside or outside their family unit because of their medical condition. This might occur where relevant information about a pupil's medical condition is not provided to the school, or where they are repeatedly sent without essential medication, thereby putting them at risk.

18. Unacceptable practice

Newham Community Learning staff are clear about what constitutes unacceptable practice and are committed to ensuring that only good practice occurs. Should unacceptable practice occur, the school will follow its own procedures to identify and address this using Staff Code of Conduct.

Examples of unacceptable practice include (but are not limited to):

- preventing students from easily accessing and administering their medication in line with what is agreed in their Individual Healthcare Plan (for example prescribed adrenaline devices and asthma reliever inhalers) when and where necessary;
- assuming that every student with the same condition requires the same support;
- assuming that older students do not require support related to their allergy, even if they are able to take increasing responsibility for its management;
- ignoring the views of the student or their parents or carer;
- ignoring medical evidence or the opinion and advice of healthcare professionals;
- assuming a student does not have an allergy because they do not yet have a diagnosis, for example while medical investigation is under way;
- sending a student who becomes unwell to a school office or medical room without suitable supervision; in the case of an emergency or suspected emergency (for example anaphylaxis), help should come to the pupil;
- penalising students for their attendance record if their absences are related to their medical condition, e.g. hospital appointments and health management, including excluding students from rewards for 100% attendance where their non-attendance is the result of a medical condition, this should be reflected in attendance policies;
- requiring parents/carers (or otherwise making them feel obliged) to attend the school to administer medication or provide medical support to their child; or
- preventing students from participating, or creating unnecessary barriers to their

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participation, in any aspect of school life, including external visits and trips, e.g. by requiring parents to accompany the child.

19. Policy review, monitoring, assurance and publication

This policy is published openly on the school website and is reviewed at least annually, or more frequently in response to local incident trends or updated statutory guidance.

Monitoring and assurance activities will be actively managed across the Trust and its academies. This includes clear monitoring processes to oversee and verify: staff training completion, the accuracy and maintenance of Individual Healthcare Plans and Allergy Action Plans, active allergy registers, secure medication arrangements, regular checks of spare AAIs, robust tracking of incidents and near misses, alongside routine periodic assurance checks.

20. Statutory duties

The duties under section 34 of the Children's Wellbeing and Schools Act 2026 place a requirement on LA-maintained schools, academies and PRUs to have allergy safety policies, publish them and keep them under review.

The duty of care under section 3 of the Children Act 1989 requires any person with the care of a child to do all that is reasonable for the purposes of safeguarding or promoting the welfare of the child.

The duties to safeguard and promote the welfare of students under sections 20 and 175 of the Education Act 2002, the Education (Independent School Standards) Regulations 2014 (and associated statutory guidance Keeping Children Safe in Education) and the Non-Maintained Special Schools (England) Regulations 2015.

The duty of the employer under section 2 of the Health and Safety at Work etc Act 1974 to take reasonable steps to ensure employees are not exposed to risks to their health and safety.

The duties under the Equality Act 2010 to provide equality of opportunity for all, including those who are disabled.

The Special Educational Needs and Disability (SEND) SEND code of practice: 0 to 25 years.

The Early Years Foundation Stage (EYFS) statutory framework.

21. Further reading and useful links

Kitt Medical — https://www.kittmedical.com/

Anaphylaxis UK: for teachers by teachers, the one-stop shop for all school allergy needs — https://www.anaphylaxis.org.uk/education

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Allergy UK — https://www.allergyuk.org/about-allergy/types-of-allergies

Section 34 of the Children's Wellbeing and Schools Act 2026 — https://www.legislation.gov.uk/ukpga/2026/21/section/34/enacted

Statutory guidance: Allergy Safety in Schools (Department for Education, 2026) — https://www.gov.uk/government/publications/allergy-safety-in-schools ***(template Individual Healthcare Plans can also be found here)***

Clarification of AAI guidance for schools in relation to Regulation 238 of the Human Medicines Regulations 2012 (March 2023) — https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1148583/AAI_HMR238_Clarification_Dr_P_Turner.pdf

Guidance on the use of adrenaline auto-injectors in schools — https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf

Spare Pens in Schools — https://www.sparepensinschools.uk

Benedict's Law — https://benedictblythe.com/benedicts-law and https://www.anaphylaxis.org.uk/education/benedicts-law

Allergy Guidance for Schools — https://www.gov.uk/government/publications/school-food-standards-resources-for-schools/allergy-guidance-for-schools

Allergy Guidance for food businesses — https://www.gov.uk/government/publications/allergen-guidance-for-food-businesses

The Food Information Regulations 2014 — https://www.legislation.gov.uk/uksi/2014/1855/contents

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