Tudor Grange Academies Trust

Tudor Grange Primary Academy Perdiswell

Pupil Allergy & Awareness Policy

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Date updated	Version	Change from last version
28.05.2026	0.1	New localised document aligned to Trust compliance framework.
17.07.2026	0.2	Final adoption review: Appended formal Caterlink application processes and LACA Special Diet Risk Assessment tools.
02.09.2026	1.0	Approved for issue

Contents

1. Introduction and scope

1.1 This policy is part of the overall Health & Safety framework and sets out the management of allergies and anaphylaxis risks within the Tudor Grange Academies Trust ("the Trust") schools. It provides a clear framework detailing strategic responsibilities and procedural controls to guarantee the health, safety, and inclusion of all pupils.

1.2 It is the overall aim of Tudor Grange Academies Trust to minimise the risks of allergen exposure to pupils, staff, and all other persons attending the schools, so far as is reasonably practicable. This is achieved by establishing an embedded culture of allergy awareness, implementing thorough avoidance protocols, and executing swift, robust emergency mitigation strategies.

2. Legislation and Guidance

2.1 This policy complies with statutory duties under Section 100 of the Children and Families Act 2014 (supporting pupils with medical conditions). It is formulated in accordance with the Department for Education (DfE) statutory guidance on *Keeping Children Safe in Education*, DfE guidance on allergies in schools, and Department of Health and Social Care guidance on using emergency adrenaline auto-injectors (AAIs) in schools.

2.2 It further adheres to:

- The Food Information Regulations 2014
- The Food Information (Amendment) (England) Regulations 2019

3. Responsibilities

Responsible Person	Principal
Nominated School Allergy Lead	Documented within Section 3.2 (Must be an SLT Member)
Competent Persons	Trust Health and Safety Advisor, School Nurse / Medical Officer / First Aid Lead
Mandatory Annual Training	Coordinated via National College Portal
Individual Healthcare Plans (IHPs)	School Nurse / Medical Officer / First Aid Lead, Allergy Lead and Parents/Carers
Emergency Kitt Maintenance	Trust Central Subscription with Kitt Medical, Site Facilities, and School Nurse / Medical Officer / First Aid Lead
Kitchen Safety & Cross-Contact Controls	Catering Manager / Contracted Catering Partner
School Letting Service (SLS)	SLS manage all site safety arrangements and user communications when on duty

3.1 **Governing Board / Trustees**

- Provide a strategic vision for allergy risk assessment and medical emergency procedures across the Trust.
- Ensure that school arrangements to identify and safeguard the wellbeing of pupils with allergies are robust, effective, and appropriately resourced.
- Monitor the implementation and effectiveness of this policy to ensure it remains fit for purpose.

3.2 **Headteacher / Principal & Nominated Allergy Lead**

3.2.1 The nominated School Allergy Lead is **Claire Evans (Deputy Principal)** (a member of the Senior Leadership Team with pastoral/welfare responsibilities). They are responsible for:

- Overseeing the day-to-day delivery of this policy.
- Recording, collating, and regularly updating accurate allergy and special dietary profiles for all relevant pupils.
- Ensuring every pupil at risk has a completed and signed Allergy Action Plan (AAP) generated by a healthcare professional.
- Coordinating with site facilities teams to guarantee that up-to-date allergy information is immediately accessible to teaching, administration, and catering staff.

3.3 **School Nurse / Medical Officer / First Aid Lead**

- Coordinating paperwork, parental consent forms, and medical information tracking with families.
- Conducting termly inspections of pupil-provided personal medications and checking the school's central emergency equipment.
- Directly informing the Catering Manager/Chef of all pupils with verified food allergies.

3.4 **All Teaching and Support Staff**

- Maintaining an active awareness of specific pupils with allergies under their care, including regular cover classes.
- Complete mandatory annual training to recognise the signs of severe allergic reactions and anaphylaxis.
- Carefully vetting and risk assessing any food components utilised in food technology, science experiments, or classroom crafts.
- Ensuring trip leaders verify that allergic pupils are physically carrying their required in date medication before departing for any off-site excursion.

3.5 **Parents and Carers**

- Proactively notifying the school of their child’s allergies and immediately declaring any medical changes or resolved diagnoses.
- Providing the school with an official AAP alongside two in date, correctly dosed personal AAIs and backup medications (e.g., antihistamines, asthma inhalers).

- Submitting required formal medical evidence for any special diet requests requiring menu modifications.
- Reinforcing allergy self-management directly with their child (e.g., recognising symptoms, avoiding food sharing, reading food labels).

3.6 **Contracted Catering Provider / Catering Manager**

- Maintaining robust allergen management, recipe control, and strict compliance with food labelling regulations at the point of service.
- Vetting and managing supplier changes, including a robust process to flag temporary ingredient substitutions.
- Ensuring all kitchen and catering staff receive certified allergy awareness, cross contact prevention, and role specific training.
- Establishing clear, open communication channels with the school SLT, school medical staff, and parents regarding the special diet approval process

4. Risk Assessment and Management

4.1 Compulsory Activity Risk Assessments

4.1.1 Detailed individual risk assessments must be completed for all newly diagnosed or newly joining pupils with allergies. Standard activity risk assessments will be executed by staff for:

- Lessons involving food components (food technology, baking, home economics).
- Science experiments or crafts utilising potential allergens or food packaging materials.
- Off-site events, residentials, and school trips.
- Instances where a visitor or staff member requires an official guide dog on site (to mitigate severe animal dander allergies).

4.2 Whole-School Allergy Awareness Culture (Nut & Sesame Policy)

4.2.1 The Trust supports the approach advocated by major allergy charities regarding allergen mitigation. We acknowledge that an absolute blanket ban on any single allergen is difficult to monitor and cannot guarantee a truly allergen-free environment.

4.2.2 Instead, the school enforces a rigorous culture of Allergy Awareness and Education. Staff, students, and parents are strictly required to avoid bringing high risk products into school premises.

High-Risk Items Restricted on School Sites:

- Packaged loose nuts or peanut butter/chocolate nut spreads.
- Cereal, granola, or snack bars containing explicit nut fragments.
- Peanut-based sauces (e.g., satay).
- Sesame seeds and food items containing sesame (e.g., hummus, seeded bread).

Note: If brought in, these items will be confiscated, or the individual will be required to consume them away from peers to minimise cross contact risks. Vending machines will never stock products containing nuts or sesame seeds. Due to the widespread use of sesame derivatives in catering operations, processed sesame products (such as hummus or tahini) will undergo rigorous, case by case operational review by the Catering Provider before being included in menu planning.

4.3 **Catering Operations**

- **Compliance at Point of Service:** Catering teams must comply with the Food Information Regulations 2014, ensuring full allergen details for the 'Top 14' allergens are accurately documented, updated, and clearly available at the point of service and upon request. Where menus, recipes, or suppliers change dynamically, written ingredient profiles will be maintained in the kitchen rather than static online uploads.
- **Primary School Identification Systems:** A secure, discreet, and GDPR-compliant identification system must be used inside serving lines in primary phases to ensure catering staff accurately match pupils with life-threatening food allergies. This may include coloured tray tokens or secure digital systems accessible only to servers.
- **Secondary School Pupil Responsibility:** In secondary schools, checks are performed on admissions and student records are updated when new information arises. Due to the self-service environment, the primary emphasis is on the pupil to choose food that will not trigger their allergy. Secondary pupils are expected and taught to check ingredients with catering staff at the point of service before selecting or purchasing food.
- **Robust Cross-Contact Protocol:** Catering staff must implement and follow strict cross contact prevention and hygiene procedures. This includes utilising thoroughly sanitised food preparation surfaces, designated or uniquely colour coded utensils, thorough hand-washing routines, and separating allergen free food storage to ensure food safety.
- **Primary Phase Restriction:** No food treats, rewards, or birthday items may be distributed to primary school age pupils with food allergies without explicit parental engagement and prior permission.

4.4 **Management of Special Diets**

4.4.1 The school operates a strict, formalised process for assessing and accommodating special dietary requests:

- **Primary School Approval Process:** Parents of primary school pupils requesting an adjusted or customised school menu due to a medical condition must submit a formal request form provided by the catering company. This must be accompanied by formal NHS medical evidence, such as a letter from a GP, paediatric consultant, or registered dietitian.
- **Primary School Interim Measures:** While medical evidence is being reviewed and a bespoke menu formulated by the catering nutritionist, parents of primary pupils must provide a packed lunch for their child.
- **Secondary School Medical Records:** Parents of secondary school pupils must declare all allergies on the school admission form and provide updates as soon as any new allergy

arises. This information is uploaded to the school information system to alert staff but does not trigger a bespoke menu build unless under exceptional, individually risk-assessed circumstances.

- **Catering Data Transfer and Removal Protocol:** Initial allergy updates and further allergy additions are automatically synced for Caterlink to view on their system. However, any allergies that are no longer relevant or have been resolved are not automatically deleted through this sync. Schools must be aware of this limitation and must advise Caterlink separately in writing to ensure inactive allergies are manually removed from the catering records.
- **Review Arrangements:** All approved special diet records and menus will be formally reviewed at least annually, or immediately upon notification from parents of a change in the pupil's clinical condition.

4.5 **Inclusion and Bullying Mitigation**

4.5.1 Allergy-related bullying, teasing, or intentional exposure to allergens will be treated with extreme seriousness as a disciplinary issue under the school's Behaviour Policy. Pupils experiencing anxiety or social isolation related to their medical conditions will receive tailored support via pastoral care channels and regular check ins.

5. Emergency Procedures for Allergic Reactions

5.1 Staff must refer directly to the pupil's individual Allergy Action Plan (AAP) if available. If no written plan is nearby, follow these standard protocols immediately:

5.2 **Mild to Moderate Reactions**

Symptoms: Itchy skin, localised rash, hives, swelling of the lips/face, runny nose, or mild stomach cramps.

Action Steps:

1. Administer the precise dose of antihistamine as directed on the prescription pharmacy label.
2. Continuously supervise the child; do not leave them unattended.
3. Contact the parent/carer immediately.
4. Note: If the pupil vomits within 30 minutes of receiving the initial antihistamine, another full dose may be administered under medical guidance.
5. If symptoms worsen or any airway, breathing, or circulatory issues develop, escalate immediately to the Severe Reaction protocol.

5.3 **Severe Reactions (Anaphylaxis)**

Symptoms (ABC Emergency):

- **A (Airway):** Swollen tongue, difficulty swallowing, or a persistent hoarse voice/cry.

- **B (Breathing):** Difficult/noisy breathing, wheezing, labouring, gasping, or a persistent cough.
- **C (Circulation):** Persistent dizziness, feeling faint, clammy skin, pale/floppy state, or total collapse/loss of consciousness.

Action Steps:

1. **Administer the Adrenaline Auto-Injector (AAI)** into the top of the outer thigh without delay. If in doubt, give the AAI anyway, it will not cause harm.
2. **Dial 999** immediately. State 'ANAPHYLAXIS' clearly to emergency operators.
3. **Position the Pupil Correctly:**
   - The pupil must lie down flat immediately, with legs raised if possible.
   - **DO NOT** allow them to stand up or walk around.
   - If breathing is highly laboured, allow them to sit upright.
   - If they feel nauseous or vomit, turn them gently onto their side into the recovery position.
4. **Second AAI Dose:** If there is no distinct clinical improvement after 5 minutes, administer a second AAI into the outer thigh.
5. Contact the parents/carers immediately.
6. If there are no signs of life, initiate standard CPR immediately and continue until medical personnel arrive on site.

6. Adrenaline Auto-Injector (AAI) Management

6.1 Trust-Wide Provision (The Kitt Medical Agreement)

6.1.1 All schools within the Trust are equipped with an emergency anaphylaxis Kitt. This infrastructure was established via a centrally signed agreement executed by Steve Groutage on behalf of the Trust.

6.1.2 For all schools operating a Kitt, full ongoing maintenance is covered as part of the trust wide annual subscription. This operational coverage includes:

- **Annual Replenishments:** Automatic provisioning of fresh adrenaline pens as existing devices approach their designated expiry dates.
- **No-Cost Replacements:** Immediate replacement of any emergency pens deployed during a medical event on campus at no additional cost to the school's individual budget.

6.2 Central Storage Protocols

- **Location:** Emergency anaphylaxis Kitts are stored securely in a central location, specifically **Stanbrook Hall - the main hall**, which is always accessible to all staff.
- **Accessibility:** The kit must never be locked away and must sit no further than a 5-minute transit time from high-risk zones like the dining hall or playground.
- **Environment:** Devices must be stored strictly at room temperature, protected from direct

sunlight, and kept entirely clear of temperature extremes.

6.3 Use of School Emergency AAIs

6.3.1 A school backup AAI device from the Kitt will be deployed during an emergency instead of a pupil's personal device if:

1. Written medical authorisation and parental consent have been logged in the school register.
2. The pupil's personal prescribed devices are broken, out of date, have misfired, or are not immediately reachable.
3. An undiagnosed individual experiences suspected anaphylaxis, and emergency services (999 operators) give direct authorisation to apply a school spare device.

6.4 Disposal of Used Devices

6.4.1 AAIs are strictly single-use medical devices. Immediately following administration, the spent injector must be safely deposited inside the dedicated puncture proof medical sharps bin located in the staff room. The spent device must be handed directly to ambulance paramedics upon their arrival.

7. Staff Training Strategy

7.1.1 The school ensures that all personnel receive comprehensive allergy and anaphylaxis training at regular intervals.

- **Mandatory Training Provider:** Mandatory online training for all staff is provided through the **National College**, covering comprehensive allergy and anaphylaxis management.
- **Frequency:** This National College course is a mandatory requirement that must be completed **annually** by all teaching, support, and administrative staff.
- **Curriculum Focus:** The training program ensures staff understand common allergens, can confidently recognise the physical signs of mild, moderate, and severe reactions, understand the vital importance of acting quickly, know how to access the central Kitt, and feel confident administering an AAI.
- **Practical Component:** Online instruction is supplemented by practical, hands-on review sessions utilising non needle trainer AAIs to master physical deployment mechanics.
- **Training Records:** The School Allergy Lead maintains a formal log tracking completed certificates, completion dates, and attendee names.

8. Links to Other School Policies

8.1.1 This policy operates in direct alignment with the following institutional frameworks:

- **Health and Safety Policy**
- **Supporting Pupils with Medical Conditions Policy**
- **School Food and Catering Policy**

- **Behaviour and Anti-Bullying Policy**

Appendix 1: Caterlink Special Diet Application & Transition Process (Primary Schools only)

1. Application Procedure (Step-by-Step)

Parents or carers requesting a medically managed diet menu due to an allergy, intolerance, or medical condition must follow the formalised application process managed via Caterlink:

- **Step 1: Submission:** Access and complete the online Caterlink Allergy & Intolerance Form available on the caterer's web portal.
- **Step 2: Postcode & Unit Verification:** When entering the details online, parents must verify that the school's name, unit number, and postcode listed are entirely correct.
- **Step 3: Clinical Verification:** The form must be submitted alongside valid, supporting medical evidence from an NHS professional.
- **Step 4: Change Management:** Should a child's profiles change, parents should request the form link from the school and submit an 'Updated Request'. If a child becomes reactive to additional items, parents must contact the school immediately to coordinate safe adjustments.

2. Acceptable Standards of Medical Evidence

Adjusting a pupil's diet will only be executed under the structural guidance of a medical professional. In line with industry wide requirements recommended by LACA, acceptable medical evidence forms include:

- A formal document or letter from an NHS professional (GP, consultant, or registered dietitian).
- A direct copy of official medical notes or an active screenshot from the verified NHS app portal.
- A formal Allergy Action Plan explicitly signed by an NHS medical professional.

Note: School-composed care plans, private commercial laboratory results, and homeopathic diagnoses cannot and will not be accepted to establish a special medical diet menu.

3. Turnaround SLA & Interim "Safe Meal" Protocol

Developing a bespoke medical menu requires a service level timeline of up to four weeks from the date Caterlink receives both the complete application and clinical evidence. The school will immediately advise parents when the menu has been finalised.

While the specialised diet menu is being formulated, children with verified requirements can be provided with an interim 'Safe Meal' to ensure they can eat safely:

- **The Safe Meal Profile:** The kitchen will provide a standardised profile comprising a hot jacket potato with baked beans, seasonal vegetables, and a fresh fruit salad.
- **Exclusion Criteria:** This meal is provided on the strict condition that the child's allergy profile does not explicitly include any of these core baseline ingredients. Parents must formally request a safe meal from the school office to activate this cover.

Appendix 2: LACA Medical Diet Risk Analysis Framework

To guarantee safety, Caterlink reviews each complex request using the LACA Special Diet Risk Analysis Process Tool. This tool functions as a framework to evaluate data parameters independently across the school environment, kitchen operations, and the medical complexity of the allergen.

1. Risk Matrix Indicators & Outcomes

The analytical tool independently scores operational criteria on a scale of $1 - 3$ (with high-risk parameters weighted at 5 points) to generate an absolute risk total:

Combined Score	Assessed Risk Status	Mandatory Operational Outcome
12–14 Points	**LOW RISK**	Provision is highly likely to be reasonable when handled under standard school and caterer allergen management policies.
15–23 Points	**MEDIUM RISK**	Provision is deemed reasonable under strict parameters, following standard catering guidelines and company safety parameters.
24–35 Points	**HIGH RISK**	Provision is determined to be very unlikely to be safely deliverable within kitchen limitations. Alternative external food options (such as home-prepared packed lunches) are strongly advised to guarantee pupil safety.

2. Strategic Evaluation Elements

The tool scores risk variables across the following system metrics:

- **School Safeguarding Proactivity:** Tracks whether school leaders proactively coordinate allergy protocols, verify data parameters termly, and operate clear line-of-service pupil identification workflows.
- **Kitchen Operational Capabilities:** Measures the existence of separate dedicated preparation workspaces and handles risk factors regarding whether an allergen is routinely handled on standard menus.
- **Allergen Volumetrics:** Quantifies the distinct number of individual ingredients that must be eliminated, with risk weights compounding when three or more elements are restricted.
- **Clinical Severity Multipliers:** Assigns severe risk weights (5 points) if a child has been clinically prescribed an Adrenaline Auto-Injector (AAI), or if the restriction requires removing hidden, non-whole food derivatives (e.g., protein concentrates, modified starches, gelling agents, or stabilisers).

3. Kitchen Allergen Champion Framework

To ensure continuous on-site auditing, the school kitchen relies on an appointed Allergen Ambassador / Allergen Champion (typically the Catering Manager):

- This staff member undergoes advanced, specialised allergy management training extending past general requirements.
- The Champion is responsible for day-to-day oversight of cross-contamination workflows, tracking supplier ingredient switches, and leading localised awareness training for the kitchen team.