



THINKING SCHOOLS
ACADEMY TRUST



Goodwin Academy

Allergy Policy

2026 - 2027

Document title	
Version number	1
Policy status	Draft for Consultation
TSAT Board Approved	Date
Union Approved	Date or n/a
Date of issue	September 2026
Date to be revised	July 2027

Revision Log (last 5 changes)

Date	Version No	Brief detail of change
.. / .. /		
.. / .. /		
.. / .. /		
.. / .. /		
.. / .. /		

Table of Contents

Policy Statement	4
Purpose	4
Scope	4
Introduction	4
Roles and Responsibilities	5
Allergy Action Plan	6
Emergency Treatment and Anaphylaxis	6
Supply, Storage and care of Medication	7
Staff Training	8
Catering	9
School Trips.....	9
Sporting Excursions	9
Allergy Awareness and Nut Ban	10
Risk assessment	10
Monitoring	10
Policy Review	10
Legislation and related Policies	11

Policy Statement:

Goodwin Academy is committed to ensuring the safety, inclusion, and wellbeing of all pupils and staff with allergies, including food, environmental, medication, animal, and venom allergies. In line with new **DfE statutory guidance taking effect September 2026**, the school will maintain robust allergy management systems and emergency preparedness to minimise risk and safeguard all pupils and staff.

The Thinking Schools Academy Trust is committed to ensuring consistency, transparency, and fairness in its practices across all schools within the Trust.

Purpose:

The purpose of this policy is to:

Ensure that the school provides a safe, inclusive, and supportive environment for all pupils and staff with allergies—particularly those with serious or life-threatening reactions such as anaphylaxis. The policy sets out clear procedures to:

- **Identify and support** pupils with **allergies**, ensuring their medical needs are understood and appropriately managed.
- **Reduce the risk of exposure to allergens** within the school environment through safe practices, staff awareness, and reasonable adjustments
- **Ensure staff are trained and confident in** recognising the signs of an allergic reaction and responding quickly and effectively, including the use of emergency medications such as auto-injectors
- **Promote communication and partnership** between the school, parents/carers, healthcare professionals and pupils.
- **Provide consistency and clarity** in how allergic conditions are managed across the school day, including lessons, activities, trips and lunch/break times

Overall, the policy aims to safeguard pupil health and wellbeing while enabling full participation in school life.

Scope:

This policy applies to:

- All staff (including permanent, temporary, and agency staff).
- Governors and Trustees
- Volunteers and contractors
- Pupils and parents/carers
- All schools within The Thinking Schools Academy Trust

Introduction:

An allergy is a reaction of the body's immune system to substances that are usually harmless. The reaction can cause minor symptoms such as itching, sneezing or rashes but sometimes causes a much more severe reaction called anaphylaxis.

Anaphylaxis is a serious, life-threatening allergic reaction. The whole body is affected often within minutes of exposure to the allergen, but sometimes it can be hours later. Causes can include foods, insect stings, and drugs.

Most healthcare professionals consider an allergic reaction to be anaphylaxis when it involves difficulty breathing or affects the heart rhythm or blood pressure. Anaphylaxis symptoms are often referred to as the ABC symptoms (Airway, Breathing, Circulation).

It is possible to be allergic to anything which contains a protein; however most people will react to a fairly small group of potent allergens.

Common UK Allergens include (but are not limited to):- Peanuts, Tree Nuts, Sesame, Milk, Egg, Fish, Latex, Insect venom, Pollen and Animal Dander.

Allergy includes multiple conditions (food allergy, asthma, eczema, hay fever, others), which can co-exist;

Roles and Responsibilities:

- Board of Trustees: Ensures strategic oversight and approves the policy.
- Executive Leadership Team: Implements and monitors compliance across the Trust.
- Headteachers/Principals: Ensure effective local implementation and adherence within each school.
- All Staff: Must read, understand, and follow the policy.
- Designated Leads (where applicable): Carry out specialist duties related to the policy (e.g., DSLs for safeguarding).

Parent Responsibilities

- On entry to the school, it is the parent's responsibility to inform the School of any allergies. This information should include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication
- Parents are to supply a copy of their child's Allergy Action Plan (BSACI plans preferred) to school. If they do not currently have an Allergy Action Plan this should be developed as soon as possible in collaboration with a healthcare professional e.g. School nurse/GP/allergy specialist.
- Parents are responsible for ensuring any required medication is supplied, in date and replaced as necessary.
- Parents are requested to keep the school up to date with any changes in allergy management. The Allergy Action Plan will be kept updated accordingly.

Staff Responsibilities

- All Staff will complete anaphylaxis training. Training is provided for all staff on a yearly basis and on an ad-hoc basis for any new members of staff.
- Staff (regular or cover classes) must be aware of the pupils in their care who have known allergies as an allergic reaction could occur at any time and not just at mealtimes. Any food-related activities must be supervised with due caution. Details of Children are shared with staff and are recorded on Arbor which all staff are able to access and advised of.
- Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils with medical conditions, including allergies, carry their medication. Where pupils are unable to produce their required medication, attendance may not be possible where risks cannot be safely mitigated
- Mr P Jones Head teacher is the Senior Allergy Lead
- Charlotte Hinkins, Medical Lead, *will* ensure that the up-to-date Allergy Action Plan is kept with the pupil's medication.
- It is the parents' responsibility to ensure all medication in in date however the Medical Lead will check

medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.

- Goodwin Academy keeps a register of pupils who have been prescribed an adrenaline auto-injector (AAI) and a record of use of any AAI(s) and emergency treatment given.
- Goodwin Academy ensures that any reaction or near misses is recorded and reported internally or in accordance with RIDDOR.
- Following any anaphylaxis event or significant near miss, the Senior Allergy Lead will undertake a formal review within five working days to identify lessons learned and any required amendments to risk assessments, training or procedures.

Pupil Responsibilities

- Pupils are encouraged to have a good awareness of their symptoms and to let an adult know as soon as they suspect they are having an allergic reaction.
- Pupils who are trained and confident to administer their own AAI's will be encouraged to take responsibility for carrying them on their person at all times.

Allergy Action Plans

Allergy action plans are designed to function as individual healthcare plans for children with food allergies, providing medical and parental consent for schools to administer medicines in the event of an allergic reaction, including consent to administer a spare adrenaline auto-injector.

British Society of Allergy and Clinical Immunology (BSACI) Allergy Action Plans are produced by a medical professional and should not be created by school. These are a national plan that has been agreed by the BSACI, Anaphylaxis UK and Allergy UK. The allergy action plans are designed to function as an individual healthcare plan and will be attached to those held by students

Where required, the school will develop and maintain an Individual Healthcare Plan (IHP) in partnership with parents, the pupil and relevant healthcare professionals. Allergy Action Plans will be attached to, and form part of, the IHP.

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.

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.
- **CIRCULATION** - dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale

clammy skin, loss of consciousness.

The term for this more severe 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.

If the pupil has been exposed to something they are known to be allergic to, then it is more likely to be an anaphylactic reaction.

Anaphylaxis can develop very rapidly, so treatment is needed that works rapidly. **Adrenaline** is the mainstay of treatment, and it starts to work within seconds.

What does adrenaline do?

- It opens up the airways
- It stops swelling
- It raises blood pressure

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

Action:

- Keep the child where they are, call for help and do not leave them unattended.
- **LIE CHILD 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 AUTO-INJECTOR WITHOUT DELAY** and note the time given. AAI's should be given into the muscle in the outer thigh. 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 second AAI.
- If no signs of life commence CPR.
- Call parent/carer as soon as possible.

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

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

- Understand the difference between food allergy, coeliac disease and food intolerance;

Supply, storage and care of medication

Depending on their level of understanding and competence, pupils will be encouraged to take responsibility for and to always carry their own two AAI's on them at all times, in the red drawstring bag provided by the school.

For younger children or those not ready to take responsibility for their own medication, there should be an anaphylaxis kit which is kept within 5 minutes of them, not locked away and **accessible to all staff**.

Medication should be stored in a suitable container and clearly labelled with the pupil's name. The pupil's medication storage container should contain:

- Two AAI's i.e. EpiPen® or Jext®

- An up-to-date allergy action plan
- Antihistamine as tablets or syrup (if included on allergy action plan)
- Spoon if required
- Asthma inhaler (if included on allergy action plan).

It is the responsibility of the child's parents to ensure that the anaphylaxis kit is up-to-date and clearly labelled, however the Medical 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 AAls their child is prescribed, to make sure they can get replacement devices in good time.

Older children and medication

Older children 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.

Storage

AAls should be stored at room temperature, protected from direct sunlight and temperature extremes.

Disposal

AAls are single use only and must be disposed of as sharps. Used AAls can be given to ambulance paramedics on arrival or can be disposed of in a pre-ordered sharps bin. Sharps bins to be obtained from and disposed of by Paydens Pharmacy, Deal. A sharps bin is kept in room 50 and in the First Aid room.

'Spare' adrenaline auto-injectors in school

Goodwin Academy has purchased spare AAls for emergency use in children who are risk **of anaphylaxis**, but their own devices are not available or not working (e.g. because they are out of date) or are experiencing anaphylaxis for the first time.

These are stored in the main reception, at the front of the school, and in the canteen area, clearly labelled 'Emergency Anaphylaxis Adrenaline Pen', kept safely, not locked away and **accessible and known to all staff**.

The Medical Lead is responsible for checking the spare medication is in date monthly and to replace as needed.

Written parental permission for use of the spare AAls is included in the pupil's allergy action plan.

Staff Training

The named staff members (at least 2) responsible for coordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy are:-

Phil Jones – Headteacher Senior Allergy Lead

Charlotte Hinkins – Medical Lead

All staff will complete **IHASCO** allergy and anaphylaxis training annually, and on an ad-hoc basis during induction of new staff.

Training includes:

- Knowing the common allergens and triggers of allergy
- Spotting the signs and symptoms of an allergic reaction and anaphylaxis. Early recognition of

symptoms is key, including knowing when to call for emergency services

- Administering emergency treatment (including AIs) in the event of anaphylaxis – knowing how and when to administer the medication/device
- Measures to reduce the risk of a child having an allergic reaction e.g. allergen avoidance, knowing who is responsible for what
- Managing allergy action plans and ensuring these are up to date

Catering

All food businesses (including school caterers) must follow the Food Information Regulations 2014 which states that allergen information relating to the 'Top 14' allergens must be available for all food products.

The school's menu is available for parents to view monthly in advance with all ingredients listed and allergens highlighted on the organisation website at [School Meals, Goodwin Academy](#)

Allergy specific menus are emailed directly to parents and carers of learners who have notified the school of any allergies that need to be accommodated.

Parents and carers are required to order their child's school dinners one week in advance.

If a meal has not been ordered, the school office must contact the parent or carer to make them aware, the parent will then be asked either to provide a packed lunch or a safe meal will be provided by the cater (Jacket Potato and Baked Beans, Fresh Fruit). The school office must not order a meal on behalf of a child with an allergy.

The School's Medical Lead will inform the Catering Manager of pupils with food allergies.

Parents/carers are encouraged to meet with the Catering Manager to discuss their child's needs.

The school adheres to the following **Department of Health guidance** recommendations:

- Bottles, other drinks and lunch boxes provided by parents for pupils with food allergies should be clearly labelled with the name of the child for whom they are intended.
- If food is purchased from the school canteen/tuck shop, parents should check the appropriateness of foods by speaking directly to the catering manager.
- The pupil should be taught to also check with catering staff before purchasing food or selecting their lunch choice.
- Where food is provided by the school, staff should be educated about how to read labels for food allergens and instructed about measures to prevent cross contamination during the handling, preparation and serving of food. Examples include preparing food for children with food allergies first; careful cleaning (using warm soapy water) of food preparation areas and utensils. For further information, parents/carers are encouraged to liaise with the Catering Manager.
- Food should not be given to primary school-age food-allergic children without parental engagement and permission (e.g. birthday parties, food treats).
- Use of food in crafts, cooking classes, science experiments and special events (e.g. fetes, assemblies, cultural events) needs to be considered and may need to be restricted/risk assessed depending on the allergies of particular children and their age.

School trips

Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils with medical conditions, including allergies, carry their medication. Where pupils are unable to produce their required medication, attendance may not be possible where risks cannot be safely mitigated.

All the activities on the school trip will be risk assessed to see if they pose a threat to allergic pupils and alternative activities planned to ensure inclusion.

Overnight school trips should be possible with careful planning and a meeting for parents with the lead members of staff planning the trip should be arranged. Staff at the venue for an overnight school trip should be briefed early on that an allergic child is attending and will need appropriate food (if provided by the venue).

Sporting Excursions

Allergic children should have every opportunity to attend sports trips to other schools. The school will ensure that the P.E. teacher/s are fully aware of the situation. The school being visited will be notified that a member of the team has an allergy when arranging the fixture. A member of staff trained in administering adrenaline will accompany the team. If another school feels that they are not equipped to cater for any food-allergic child, the school will arrange for the child to take alternative/their own food.

Most parents are keen that their children should be included in the full life of the school where possible, and the school will need their co-operation with any special arrangements required.

Allergy awareness and nut bans

Goodwin Academy supports the approach advocated by Anaphylaxis UK towards nut bans/nut free schools. They would not necessarily support a blanket ban on any particular allergen in any establishment, including in schools. This is because nuts are only one of many allergens that could affect pupils, and no school could guarantee a truly allergen free environment for a child living with food allergy. They advocate instead for schools to adopt a culture of allergy awareness and education.

A 'whole school awareness of allergies' is a much better approach, as it ensures teachers, pupils and all other staff are aware of what allergies are, the importance of avoiding the pupils' allergens, the signs & symptoms, how to deal with allergic reactions and to ensure policies and procedures are in place to minimise risk.

Risk Assessment

Goodwin Academy will conduct a detailed individual risk assessment for all new joining pupils with allergies and any newly diagnosed pupils, to help identify any gaps in our systems and processes for keeping allergic children safe.

School and individual risk assessments can be downloaded for free from:

<https://www.anaphylaxis.org.uk/downloads-form/safer-schools-download/>.

Information sharing

A child or young person's health information is considered special category data under UK GDPR, which means it is highly sensitive and has additional legal protections. Schools have a lawful basis to hold, use and share a child's special category health data when this is necessary, but it should always be done in a controlled and respectful way, because unnecessary sharing can reduce children's confidence in practitioners and can be embarrassing for children and young people who may not want to be singled out.

Monitoring and Compliance

- Regular audits, reviews, or spot-checks may be undertaken by the relevant Trust's service team.
- Local Governing Bodies and Headteachers must ensure compliance at school level.
- Headteachers will provide assurances to Governors through board reports providing information on
 - Number of pupils with allergies.
 - Training completion rates.
 - Incidents and near misses.
- Compliance audits
- Breaches of this policy may lead to disciplinary action.

Review of the Policy

This policy will be reviewed:

- Annually each July, ahead of the new academic year.
- Immediately following updates if DfE issues revised requirements.
- The next scheduled review is due by (July, 2027).

Legislation and Guidance

This policy aligns with:

- DfE statutory guidance (2026) – Supporting children and young people with medical conditions and allergies, replacing prior non statutory advice. [gov.uk]
- Benedict's Law (2026): mandating whole school allergy policies, compulsory staff training, spare AAls, and individual care plans. [headteache...update.com], [anaphylaxis.org.uk]
- Human Medicines (Amendment) Regulations 2017, permitting schools to hold spare emergency AAls. [child-matters.co.uk]

The policy applies to all staff, pupils, visitors and contractors.

Related Policies

This policy should be read alongside:

Supporting Pupils with Medical Conditions Policy [Microsoft Word - TSATmedicalPolicy26.docx](#)

Data Sharing Policy [data_protection_policy_nov_2025.pdf](#)

Allergy and the Equality Act

The Equality Act 2010

places statutory duties on schools, local authorities and other education providers, intended to prohibit discrimination and promote equality for all including those who are disabled. Under the Act, a person is 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 day-to-day activities. Case-law (Wheeldon v Marston's plc ET/1313364/2012) has established that severe allergy can fall within this definition. Seasonal rhinitis (such as hay fever) is explicitly excluded from the definition of disability, unless it aggravates the effect of another health condition.

APPENDIX !

Useful Links

Anaphylaxis UK - <https://www.anaphylaxis.org.uk/>

- Safer Schools Programme - <https://www.anaphylaxis.org.uk/education/safer-schools-programme/>
- AllergyWise for Schools online training - <https://www.allergywise.org.uk/p/allergywise-for-schools1>

Allergy UK - <https://www.allergyuk.org>

- Whole school allergy and awareness management - <https://www.allergyuk.org/schools/whole-school-allergy-awareness-andmanagement>

BSACI Allergy Action Plans - <https://www.bsaci.org/professional-resources/resources/paediatric-allergy-action-plans/>

Spare Pens in Schools - <http://www.sparepensinschools.uk>

Department for Education Supporting pupils at school with medical conditions - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf

Department of Health 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](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf)

Food allergy quality standards (The National Institute for Health and Care Excellence, March 2016) <https://www.nice.org.uk/guidance/qs118>

Anaphylaxis: assessment and referral after emergency treatment (The National Institute for Health and Care Excellence, 2020) <https://www.nice.org.uk/guidance/cg134?unlid=22904150420167115834>