BRIGSHAW
LEARNING PARTNERSHIP

Allergy Policy

Monitoring and Review of this Document:

The Trust shall be responsible for reviewing this document from time to time to ensure that it meets legal requirements and reflects best practice.

The Brigshaw Learning Partnership is an exempt charity regulated by the Secretary of State for Education. It is a company limited by guarantee registered in England and Wales, Registered Company Number 10301662, whose registered office is at The Brigshaw Learning Partnership, Brigshaw High School, Allerton Bywater, Castleford WF10 2HR

Providing a cradle to career education that allows our children to enjoy lives of **choice** and **opportunity**

Document Controls

Policy Document:	Allergy Policy
Legislation/Category: Academy Schools	**Recommended**
Lead Staff Member:	ADR
Approved by:	Executive
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1. Aims

This policy aims to:

- Set out how Brigshaw Learning Partnership and each of its schools manages allergy and asthma safety, reducing the risk of exposure to known allergens and establishing robust emergency procedures.
- Make clear how our schools support pupils with severe allergies and asthma so they can achieve, thrive and take a full part in school life.
- Maintain rigorous allergy and asthma awareness across every part of the school community — pupils, staff, parents and visitors.
- Establish clear protocols for learning from incidents and near misses, so that safety improves continuously.
- Ensure a consistent standard of allergy safety across all 7 BLP schools, while allowing each school to name its own on-site lead and adapt site-specific arrangements.

2. Scope

This policy covers allergy and asthma safety, including anaphylaxis, for pupils, staff and visitors. It is based on the statutory distinction the DfE draws between allergy and other medical conditions:

- Food allergy, asthma, eczema and hay fever (allergic rhinitis) are all forms of allergy and fall within this policy.
- Coeliac disease and food intolerances (e.g. lactose intolerance) are not allergic conditions and cannot cause anaphylaxis. They are managed through the Trust's Supporting Pupils with Medical Conditions Policy, not this policy — though staff training will still cover the difference between the three, since confusing them is a recognised safety risk.

3. Legislation and Guidance

This policy has been drawn up with regard to:

- DfE statutory guidance: Allergy safety in schools (July 2026)
- DfE statutory guidance: Supporting pupils with medical conditions at school
- Department of Health and Social Care guidance on emergency adrenaline auto-injectors and emergency asthma inhalers in schools
- Section 100 of the Children and Families Act 2014 (duty to support pupils with medical conditions)
- Section 34 of the Children's Wellbeing and Schools Act 2026 (duty to have, publish and review an allergy safety policy)
- The Equality Act 2010 (severe allergy can meet the legal definition of disability — Wheeldon v Marston's plc)
- Section 2 of the Health and Safety at Work etc Act 1974
- The SEND code of practice: 0 to 25 years, where allergy interacts with SEND
- The Food Information Regulations 2014 and the Food Information (Amendment) (England) Regulations 2019 ("Natasha's Law")
- The Requirements for School Food Regulations 2014 ("School Food Standards")

4. Roles and Responsibilities

4.1 The Trust

As an academy trust, BLP is responsible for this policy in its capacity as the governing body across all 7 schools. The Board keeps allergy-related risk on the Trust risk register and receives assurance through its committees and Health and Safety Reporting routes.

4.2 Named School Allergy Leads

Each school names its own allergy safety lead — a member of that school's senior leadership team with pastoral or welfare responsibility. Responsibility must not sit with a catering manager. The Trust's scheme of delegation sets out how central oversight and school-level implementation connect.

School	Named Allergy Safety Lead
Brigshaw High School (BHS)	Elizabeth Wood
Kippax Ash Tree (KAT)	Darryl Roycroft
Kippax Greenfield (KGF)	Kate Falkingham
Kippax North (KN)	Hayley Keyl
Methley Primary School (MPS)	Catherine Waddle
Swillington Primary School (SPS)	Yasmin Taylor
Allerton Bywater Primary School (ABPS)	Ruth Thomas

Each named lead is responsible for:

- Promoting, auditing and maintaining allergy and asthma awareness in their school.
- Ensuring all pupil-facing staff receive comprehensive allergy and asthma training at least annually.
- Ensuring every pupil with a diagnosed allergy requiring support has an Individual Healthcare Plan (IHP).
- Maintaining the school's register of pupils with prescribed and spare adrenaline devices and/or inhalers, with documented parental consent.
- Overseeing procurement, storage and monthly checks of spare adrenaline devices and emergency asthma inhalers.
- Leading the review of serious incidents and near misses, and updating this policy's school-level arrangements as lessons are learned.

4.3 Teaching and support staff

All staff who are present when pupils are on site — including temporary, supply, peripatetic and agency staff, and those overseeing breakfast or after-school clubs — are responsible for:

- Attending mandatory annual allergy awareness training (a standard first aid certificate is not sufficient).
- Understanding the difference between allergy, asthma, coeliac disease and food intolerance.
- Recognising the signs of an allergic reaction, anaphylaxis and an acute asthma attack, and responding immediately.
- Knowing how to check the school's record of pupils with known allergies or asthma.
- Considering allergen risk in any lesson, activity or trip involving food, craft materials or animals.

4.4 Parents and carers

- Providing the school with up-to-date details of their child's allergy, triggers and medical history.

- Providing two in-date adrenaline devices and/or a reliever inhaler and spacer where prescribed, and keeping these in date.
- Working with the school to keep packed lunches, snacks and classroom items consistent with the school's allergy-aware approach.

4.5 Pupils

- Pupils with allergy or asthma: encouraged, where age-appropriate, to understand their triggers and to carry and use their own emergency medication.
- Pupils without allergy: expected to show peer support, understand the seriousness of allergy, and not share or trade food with, or make fun of, a peer's allergy.

4.6 Staff and visitors with allergy

BLP is committed to a safe, inclusive environment for employees, volunteers, contractors and visitors, recognising severe allergy as a medical condition requiring proactive management.

- Staff are asked to disclose any known severe allergy at induction or on diagnosis; this is treated confidentially and, where needed, an Individual Healthcare Plan is put in place with HR.
- Staff with prescribed adrenaline devices should carry two with them at school and on trips.
- Visitors and contractors are asked about known allergies on arrival, particularly where food will be served.
- Any trained member of staff may administer an emergency spare adrenaline device to any individual — child, colleague or visitor — showing signs of anaphylaxis.

5. Identifying Pupils, Staff and Visitors with Allergy

Each school keeps a record of pupils with known allergy, including current photographs (with parental consent), known allergens, and whether they have an Individual Healthcare Plan and/or an Allergy or Asthma Action Plan. This record is kept in areas accessible to staff only, including food technology, science, art and dining areas as appropriate.

Arrangements should be in place by the start of term for new joiners, within two weeks for mid-term arrivals, and from day one for new staff. Information should be sought from visitors in advance wherever possible.

6. Individual Healthcare Plans (IHPs)

A pupil should have an IHP where their allergy has a functional impact at school, poses a risk of harm, and requires arrangements additional to or different from those made generally. An IHP is not a clinical document — it describes what the school will do, drawing on any Allergy or Asthma Action Plan issued by a healthcare professional, which should be attached rather than duplicated.

Each IHP should cover:

- Key information: name, date of birth, class, emergency contacts, current photo, who needs to be aware of the plan.
- The allergy: known allergens, and whether the pupil can recognise and alert others to a reaction.
- How it is managed: attached care/action plans, prescribed medication, and how far the pupil self-manages.
- Impact on education: potential impact on health, learning and wellbeing, and any interaction with SEND.
- Arrangements for support: how allergen exposure and food allergy are managed, and how missed learning due to allergy will be caught up.

- Visits and trips: adjustments needed for the pupil to take part safely.
- Emergency response: signs of an emergency, who to contact, and where spare adrenaline devices are located.
- Review: when issued, last discussed with the pupil/parents, and next review date.
- Annexes: medication details and consent; attached Allergy/Asthma Action Plans; attached care plans, each noting the issuing healthcare professional and date.

A template IHP and Allergy Action Plan is available on GOV.UK and should be used as the base document rather than a bespoke BLP form, to keep pace with any future updates.

7. Minimising the Risk of Allergen Exposure

7.1 An allergy-aware, not "allergen-free", environment

The DfE guidance is explicit that a blanket 'nut-free' or food-banning approach creates a false sense of security, since any of the 14 regulated allergens can cause a reaction and 'may contain' labelling makes strict bans hard to enforce in practice. BLP schools therefore run an allergy-aware environment rather than a zero-tolerance one:

- Parents and pupils are asked to avoid bringing high-risk foods (e.g. products containing peanuts, tree nuts or sesame) where a school has pupils at particular risk, but food is not confiscated. Where a pupil brings in a discouraged item, the school will speak with the pupil and family rather than removing the food.
- School tuck shops and vending machines do not stock products containing nuts or sesame as standard lines.
- Strict handwashing (warm water and soap, not just alcohol gel) is expected before and after mealtimes.
- A no food-sharing, no-trading rule applies across all year groups.
- Drinks bottles and lunchboxes provided by parents or the school for a pupil with food allergy are clearly labelled with the pupil's name.

7.2 Catering and food provision

- Catering staff receive allergy training and can identify pupils with known allergies.
- Menus are available to parents with the 14 regulated allergens clearly identified, in line with the Food Information Regulations 2014 and Natasha's Law labelling requirements for pre-packed food.
- Where menus change at short notice, the needs of pupils with food allergy are still met and any change is flagged.
- At least two independent methods are used to identify pupils with known allergy at mealtimes (for example, staff checking a list and a lanyard or photo system), sized to the school.
- Pupils with food allergy are not seated separately from their peers; safety is managed without segregating pupils.
- Where BLP schools operate as a food business, allergen incidents and near misses are recorded and reviewed, with statutory notification made where unsafe food may have reached consumers beyond a single contained incident.

7.3 Curriculum, craft and activities

- Staff planning food technology, science, art, craft or cooking activities consider allergen risk in materials such as egg cartons, cereal boxes, some glues and play dough, and use non-food or allergen-safe alternatives where a pupil in the group is affected.
- Specific risk assessments are prepared for any pupil at risk of anaphylaxis taking part in a visit involving animals, including guide dogs.

7.4 Insect stings and outdoor activity

- Pupils are encouraged to wear shoes outdoors and to keep food and drink covered to reduce the risk of insect stings.

7.5 Animals

- Pupils wash their hands after contact with animals.
- A pupil with a known animal allergy does not take part in activities involving that animal, as set out in their IHP.

7.6 Air quality

Poor air quality is a recognised trigger for asthma exacerbations. Schools consider ventilation, ongoing air quality monitoring and, where ventilation is limited, supplemental filtration as part of their wider health and safety arrangements, alongside routine infection-prevention practice.

8. Wellbeing, Inclusion and Preventing Bullying

Living with the risk of a serious allergic reaction can be a source of real anxiety for a pupil, which can be made worse by co-existing asthma or eczema. Schools support wellbeing through pastoral care and regular check-ins with a pupil's class teacher or form tutor, and through proactive, reassuring communication that safety measures are in place.

Allergy-related bullying — from exclusion at mealtimes to mocking a pupil's need to avoid a trigger, or threatening to expose them to it — is treated with the same seriousness as any other bullying and addressed under the Trust's anti-bullying policy. Schools are encouraged to:

- Introduce a new joiner with allergy to catering staff and, where helpful, invite them for a tour of the kitchen and dining area to ease anxiety.
- Consider an 'Allergy Champion' role among staff and pupils as a point of contact and source of reassurance.
- Involve pupils and staff with allergy in developing and reviewing these arrangements.

9. Adrenaline Auto-Injectors (AAIs)

9.1 Prescribed devices

- Pupils prescribed AAIs are encouraged to keep them with them (including in primary school bags) so they have access travelling to and from school, at lunch, in the playground and on trips.
- Where a pupil cannot keep their AAIs with them in class, devices are stored centrally, unlocked and accessible at all times.

9.2 "Spare" adrenaline devices — stocking levels

Every BLP school stocks spare AAIs of the correct dosage, stored in pairs, following the DfE's phase-based guide:

School type	Under-6 dose (e.g. EpiPen Junior)	6-and-over dose (e.g. EpiPen)
Primary (KAT, KGF, KN, MPS, SPS, ABPS)	One pair	One pair
Secondary (BHS)	n/a	One or two pairs (two recommended given site size, so a pair is within 5 minutes of anywhere on site)

- Spare AAIs are purchased without prescription from a pharmaceutical supplier, on a signed request from the headteacher confirming the school and quantity required.
- Epi-pen is the standard device used across BLP, to keep staff training consistent — to be confirmed with the supplier alongside the request letter.

9.3 Storage

- Stored at room temperature, away from direct sunlight and extremes of temperature, per manufacturer guidance.
- Kept unlocked in a safe, central, staff-accessible location no more than 5 minutes from anywhere they might be needed — out of the reach and sight of pupils given they contain needles.
- Spare devices are stored separately from, and clearly labelled to avoid confusion with, any pupil's own prescribed device.

9.4 Maintenance and disposal

- [Insert names of two staff] check monthly that spare AAIs and inhalers are present and in date, and reorder ahead of expiry.
- Used or expired AAIs are disposed of via manufacturer instructions, ambulance crew, a pharmacy, or a sharps bin — never in general waste, given they contain needles.

9.5 Use of spare AAIs — consent

> **Important — consent still matters**
>
> The 2017 Regulations do not require prior consent for a spare AAI to be used to save a life in an emergency — anyone may act reasonably to help.
>
> However, schools should still obtain advance parental consent for the use of spare devices wherever a pupil's allergy is known, and this must be recorded on the school's register (see section 5) and the pupil's IHP.
>
> Do not rely on a pupil simply carrying their own device as a substitute for checking or recording consent for the use of spare devices — the two are separate and both matter.

10. Emergency Asthma Inhalers

Schools may buy an emergency salbutamol inhaler and spacer without prescription, for use where a pupil's own prescribed reliever inhaler is not available. Emergency inhalers are kept alongside spare AAIs and may only be used where written parental consent has been obtained and recorded — unlike spare AAIs, consent is a legal precondition here, not just good practice.

11. Emergency Procedures

11.1 Anaphylaxis

- Keep the person still — lying flat with legs raised, or sitting upright only if breathing is difficult. Never let them stand or walk; bring help and medicines to them.
- Give adrenaline immediately using the person's own prescribed device; if unavailable or it misfires, use the spare device without delay.

- Call 999 and say "anaphylaxis" clearly.
- If there is no improvement after 5 minutes, give a second dose in the opposite thigh.
- Contact parents once emergency services have been called.
- Stay with the person for at least an hour, as reactions can worsen even after initial improvement.

11.2 Acute asthma attack

- Sit the pupil upright and keep them calm; do not lie them down.
- Help them take their reliever inhaler via a spacer (2–10 puffs, shaking between puffs); use the school's emergency inhaler kit if theirs is unavailable and consent is on file.
- Call 999 if they cannot speak in full sentences, look pale or blue, or show no improvement after 10 puffs.
- Repeat inhaler puffs every 10 minutes while waiting for the ambulance.
- If a pupil with known asthma and food allergy suddenly struggles to breathe, treat as possible anaphylaxis and give adrenaline — it is safe to do so even if the cause is uncertain.

12. Events, School Trips and External Visits

- No pupil is excluded from a trip or event because of their allergy.
- A written risk assessment is carried out for any pupil at risk of anaphylaxis taking part in an off-site activity.
- Pupils at risk of anaphylaxis take their own prescribed device with them, and a member of staff trained to administer adrenaline is present.
- Schools may take spare AAIs on a trip where appropriate, provided this does not leave the school site without adequate cover.

13. Serious Incidents and Near Misses

A serious incident is any event where a pupil experiences anaphylaxis or a severe asthma attack, whether or not emergency services or medication were needed. A near miss is where an allergen or trigger was introduced, prepared or served but identified and stopped before exposure occurred.

- Every serious incident and near miss is recorded on HANDSAM or the school's internal system and reported to the named school allergy lead within 24 hours.
- Parents of the affected pupils are notified in writing on the day, setting out what happened and the steps taken.
- Within 5 school days, the lead convenes a review with relevant staff to identify what went wrong, update risk assessments and the IHP, and share lessons across the school.
- Reports are also shared with the Trust and, where relevant, the local authority environmental health team, in line with statutory food safety reporting duties.

14. Information Sharing

A pupil's allergy information is special category health data under UK GDPR. Schools have a lawful basis to hold, use and share it where necessary to keep the pupil safe and included, but this is always done in a controlled, respectful way, involving the pupil and their parents in decisions about who needs to know.

15. Allergy Awareness Training

All pupil-facing staff — permanent, temporary, supply, peripatetic and agency — complete allergy awareness training at least annually; a general first aid certificate is not sufficient. Training covers:

- What allergy is, how reactions occur, and the difference between allergy, asthma, coeliac disease and food intolerance.
- Recognising symptoms of an allergic reaction and anaphylaxis, and cross-contamination risks in classrooms and dining areas.
- Hands-on practice with placebo AAI trainers and spacer devices.
- How to respond in an emergency, including calling 999, informing parents, and locating and using medication (prescribed or spare).
- How to report an incident or near miss, and the wellbeing impact of allergy on a pupil.

New staff receive this training as part of induction; supply and cover staff arrangements are checked by the school's named lead. It is good practice for schools to run an allergy safety drill, in the same way as a fire drill, to test staff response without risk to any pupil.

16. Publishing and Raising Awareness of this Policy

- This policy is published on the BLP website and each school's website, and is available in hard copy on request.
- All staff are made aware of the policy as part of annual training; parents and pupils are made aware through school communications.
- Where a pupil is prescribed adrenaline devices, it may be appropriate for their friends to know how to seek help in an emergency — always discussed first with the pupil and their parents.

17. Monitoring and Review

BLP reviews this policy at least annually, and sooner following any serious incident or near miss. Individuals with allergy — pupils, staff or parents — are involved in developing and reviewing the policy. Allergy-related risk is reviewed as part of the Trust's risk register.

18. Links to Other Policies

- Supporting Pupils with Medical Conditions Policy
- Health and Safety Policy
- Safeguarding and Child Protection Policy
- Anti-Bullying Policy
- Attendance Policy
- Data Protection Policy
- Whistleblowing Policy