Hampton Court House

Allergy Policy

Last Updated: September 2026

Next Review: September 2027

Reviewed by PGP /ACB

Introduction

This policy should be read alongside the HCH Safeguarding Policy, the policy for supporting pupils with medical conditions, and the educational visits, first aid, anti-bullying and behaviour policies. Any separate Allergy Safety Policy should use consistent procedures and responsibilities.

HCH recognises that pupils, parents, visitors and staff may live with food allergies, some of which can cause life-threatening reactions. Food intolerance is different from food allergy and does not cause anaphylaxis, but can cause significant symptoms and requires appropriate support. Coeliac disease is an autoimmune condition and requires strict avoidance of gluten.

HCH is committed to a whole-school approach to allergy safety and the supportive management of dietary needs. We work with pupils, parents and healthcare professionals to minimise risks and enable safe participation in school life. Pupils are supported to develop age-appropriate understanding and independence; responsibility for their safety is not placed on them alone.

Although a completely allergen-free environment cannot be guaranteed, HCH takes reasonable steps to reduce exposure, provide safe food choices and maintain effective emergency arrangements. This policy is informed by applicable food information legislation and the Department for Education guidance Allergy safety in schools (July 2026), associated with Benedict's Law. The guidance is used as a benchmark for good practice; its current statutory scope distinguishes maintained schools and academies from independent schools. HCH will review the policy when relevant regulatory requirements change.

The School manages food allergy risks through:

- Individual risk assessment and agreed support arrangements.
- Documented procedures for menu planning, ingredient and allergen information, purchasing, storage, preparation and prevention of allergen cross-contact.
- Staff training in allergy awareness, recognition of reactions and emergency response.

This policy supports the safe management of food allergies and other dietary needs at HCH and during school activities. It explains how staff reduce risks, access allergen information and respond to allergic emergencies.

The common causes of allergies relevant to this policy are the 14 major food allergens:

- Cereals containing Gluten
- Celery including stalks, leaves, seeds and celeriac in salads
- Crustaceans, (prawns, crab, lobster, scampi, shrimp paste)
- Eggs - also food glazed with egg
- Fish - some salad dressings, relishes, fish sauce, some soy and Worcester sauces
- Soya (tofu, bean curd, soya flour)
- Milk - also food glazed with milk
- Nuts, (almonds, hazelnuts, walnuts, pecan nuts, Brazil nuts, pistachio, cashew and macadamia
- (Queensland) nuts, nut oils, marzipan)
- Peanuts - sauces, cakes, desserts, ground nut oil, peanut flour
- Mustard - liquid mustard, mustard powder, mustard seeds
- Sesame Seeds - bread, bread sticks, tahini, houmous, sesame oil
- Sulphur dioxide/Sulphites (dried fruit, fruit juice drinks, wine, beer)
- Lupin, seeds and flour, in some bread and pastries
- Molluscs, (mussels, whelks, oyster sauce, land snails and squid).

All allergies are taken seriously. Controls are based on each person's identified allergens, clinical advice and individual risk assessment; nuts are not assumed to be the only allergens capable of causing severe reactions. Food intolerances, coeliac disease and other dietary needs are supported according to their distinct management requirements.

Definitions

Allergy	An immune response to a normally harmless substance. Food allergy can cause severe reactions, including anaphylaxis.
Allergen	A substance that triggers an allergic reaction in a susceptible person.
Anaphylaxis	A severe, potentially life-threatening allergic reaction affecting the airway, breathing or circulation; it may occur without skin symptoms. Anaphylactic shock refers to circulatory failure associated with anaphylaxis.
Adrenaline auto-injector (AAI)	A device that delivers a pre-measured dose of adrenaline into the outer thigh for emergency treatment of anaphylaxis. Use the prescribed brand and dose identified in the pupil's plan, or an appropriate school spare device according to emergency procedures.

General Aspects (pupils)

The Principal will designate a senior leader responsible for implementing and reviewing this policy, with oversight by the Governing Body. Reception and admissions support collection and maintenance of medical information; catering and staff supervising pupils implement the relevant safety arrangements. The policy is reviewed at least annually and following a serious incident or near miss, and is made available to staff and families.

This process includes:

- Working with parents, the pupil where appropriate and relevant healthcare professionals to identify needs and agree an Individual Healthcare Plan (IHP), informed by the current clinical Allergy Action Plan.
- Recording allergens, symptoms, prescribed medication and doses, emergency actions, responsibility for medication, food arrangements and adjustments for lessons, clubs and trips.
- Sharing the plan promptly with staff who need it, including catering and temporary or supply staff.
- Reviewing the IHP at least annually and following changes in clinical advice, medication, needs, a serious incident or a near miss.
- Ensuring that relevant staff know where to access pupil information and emergency medication.

General Aspects (Staff, Members, and visitors).

Due to the diverse nature of the school, it is important that allergen information is accessible to all parties who visit the site.

During bookings for external events, it is important that guests are informed of the requirements for any known person with food allergies/intolerances. This should be undertaken during the booking process. This information should then be passed to the Catering teams to allow them to plan appropriate menus and selections of food.

The Catering Department maintains current ingredient and allergen information for all dishes served and makes it available on request. Reception and admissions pass relevant pupil allergy information and updates promptly to the Catering Manager and staff implementing the pupil's IHP.

Medical information is private and confidential. It is shared securely with those who need it to protect the pupil, in line with the safeguarding policy and data protection arrangements. Families are informed about necessary sharing. Photos and allergy lists are kept in staff-controlled locations and are not displayed where visitors or other parents can view them unnecessarily.

Relevant staff access current allergy information and IHPs through iSAMS or Reception. Staff organising trips obtain the information needed to supervise pupils safely and keep any downloaded or printed copies secure, returning or disposing of them securely after use.

Reception coordinates the availability of prescribed medication and school spare adrenaline auto-injectors (AAIs). Each pupil's IHP specifies who carries or stores their medication and who checks its availability. Younger pupils and those requiring support have a named responsible adult. Independent carriage is agreed according to age, understanding and need. Emergency AAIs must be readily accessible, not locked away, and available during lessons, breaks, clubs and trips. School spare AAIs are held at the following locations:

1. Reception,
2. Kitchen,
3. The Little Courtyard staff room
4. Science Block

Reception maintains a current register of the exact locations, doses and expiry dates of school spare AAIs, checks them regularly and arranges replacement before expiry and promptly after use. Spare AAIs are stored in pairs of appropriate doses, according to manufacturer instructions, clearly distinguished from named pupils' prescribed devices. Personal medication remains available to its prescribed pupil and does not replace school spare stock. Storage out of children's reach must not delay adult access. The register and staff briefing must reconcile all Little Courtyard storage points with the whole-school arrangements. For pupils with known risk, the IHP records medical authorisation and parental consent for use of school spares. In an unforeseen life-threatening emergency, a school spare AAI may be used to save a life in accordance with MHRA guidance; lack of advance identification must not delay the emergency response.

The Catering Staff are also responsible for:

- Using authorised suppliers and checking ingredient specifications and allergen information when ordering and receiving food.
- Ensuring suppliers understand the school's allergy arrangements and relevant food labelling requirements.
- Assessing precautionary "may contain" warnings against the pupil's clinical advice and IHP; such labelling does not automatically make a product suitable.
- Preventing allergen cross-contact through storage, preparation, cleaning, utensils and service procedures, and checking substitutions or recipe changes before food is served.

Nuts and sesame on the school site

The school kitchens do not intentionally use nuts or sesame products during school hours, including tahini-containing hummus. Staff, pupils, parents and visitors are asked not to bring nuts, peanuts or sesame products onto the school site. These restrictions reduce risk but do not guarantee an allergen-free environment or replace individual controls for other allergens.

All relevant staff receive allergy awareness and emergency-response training at induction and at least annually, including temporary, supply, agency, catering and club staff. Training includes recognition of reactions, locating and using AAIs, accessing IHPs and reporting incidents. First aid qualifications are maintained as required, but first aid training alone does not replace allergy awareness training. Device-specific practical training and refreshers are provided when medication or procedures change; training and competency records are maintained.

Safeguarding and Wellbeing

HCH recognises that living with an allergy can affect confidence, wellbeing and a pupil's sense of belonging. Staff listen to concerns and work with families to support safe inclusion in lessons, meals, clubs, trips and activities. Age-appropriate pupil education promotes kindness, food safety and asking an adult for help. Pupils are never blamed for an allergic reaction or made to feel a burden.

Allergy related teasing, threats, deliberate exposure to allergens or interference with medication are taken seriously and addressed through the behaviour and safeguarding procedures. Staff report associated safeguarding concerns promptly to the DSL or DDSL and record them on CPOMS. Concerns about an adult's conduct follow the safeguarding policy's adult reporting route. Immediate medical treatment always takes priority.

Managing Allergy and Dietary Requirements in the Early Years

Within the Little Courtyard the following additional measures are in place to provide additional support for the children in our care:

- Allergy information in classrooms: Staff have ready access to current photos and allergy or dietary information for children in their care. Information is kept in a staff-controlled location, protecting confidentiality while allowing prompt identification by permanent and cover staff.
- Copy to School Chef: A copy of the allergy poster is provided to the school chef to ensure that meal preparation is aligned with children's dietary needs, preventing cross-contamination and ensuring safe food choices.
- Allergy information at lunch: Current information is available to adults serving and supervising food. It is handled discreetly and is not left visible to other parents or visitors.
- Staff training: Early Years staff receive annual allergy awareness and emergency-response training, including device-specific instruction, alongside the paediatric first aid provision required for the setting. Catering staff receive relevant allergy and food-handling training. Staff know each child's IHP and their responsibility for supervision and medication.
- Sharing Food: Due to allergies and dietary requirements, teachers monitor and discuss with children that they may not share food.

Medication and Emergency Procedures

- Adrenaline auto-injectors: A named adult carries or ensures immediate access to each child's prescribed AAIs throughout the school day, including outdoor activities and transitions. The child is not responsible for carrying them. School spare AAIs in the Little Courtyard are recorded in the whole-school location register and are immediately accessible to staff, not locked away.
- Antihistamines: Prescribed antihistamines are stored safely in the LC staff room and administered by authorised staff in accordance with the child's IHP and medication

procedures. Antihistamines must not replace or delay adrenaline when anaphylaxis is suspected.
- Emergency procedures: Staff follow the child's Allergy Action Plan and Appendix A. Help and medication are brought to the child; a child with suspected anaphylaxis must not be sent or walked to Reception. Adrenaline and the 999 call take priority over contacting parents or senior leaders.

Staff Responsibilities

- Key Teachers and Teaching Assistants: Children's key teachers and teaching assistants are responsible for serving food to the children during meal times. This ensures that someone who is fully aware of the children's dietary requirements and allergy needs is directly involved in the process, reducing the risk of accidental exposure to allergens.
- Staff awareness: Staff actively supervise children and take reasonable steps to minimise contact with known allergens. Any uncertainty about food suitability is checked before serving it, and a suitable alternative is arranged. Staff support children calmly without blame or unnecessary exclusion.

Lunch and Snack Time

- Meal Preparation: The school chef ensures that all meals are prepared in accordance with the dietary requirements of each child. The chef works closely with the Early Years team to ensure that meals are safe, nutritious, and suitable for children with specific dietary needs, whether due to allergies, intolerances, or cultural/religious preferences.
- Meal Time and Snack Time Supervision: During mealtimes and snack times, children are supervised by staff members who are fully aware of each child's individual dietary needs and allergies. This staff presence ensures that all safety procedures are followed, and that any dietary restrictions are strictly adhered to.

Parental Communication and Documentation

- Allergy and Dietary Requirement Forms: Parents are asked to complete an Allergy and Dietary Requirements Form upon admission and whenever there are any updates or changes. This form provides vital information about the child's allergies, intolerances, or other dietary needs.
- Ongoing updates: The school works with parents to keep information current and asks them to share changes in diagnosis, clinical advice or medication promptly. Where information or medication is missing, staff contact parents, assess the immediate risk and arrange safe support. Repeated difficulties are approached supportively; associated welfare concerns are discussed with the DSL.

Educational Visits, House Events (for example packed lunches/BBQs etc)

The visit leader checks every participating pupil's allergies, intolerances and other dietary needs, reviews IHPs and completes an appropriate trip risk assessment. Arrangements cover food provision, provider communication, named adult responsibility, access to prescribed and appropriate spare AAIs, communication with emergency services and travel or residential storage. Required first aid and allergy-trained staff are available, including appropriate paediatric first aid cover for younger children. The school plans reasonable adjustments to enable safe participation and does not routinely require a parent to accompany a pupil because of their allergy.

The visit leader confirms these arrangements with supervising staff before departure.

Staff must also:

- Physically check that the required medication is present, in date and immediately accessible, and confirm the named adult responsible for it before leaving site. Where it is missing, resolve safe arrangements before departure and follow the pupil's IHP.
- Check that packed lunches, refreshments and BBQ food have clear ingredient and allergen information and are suitable for the pupils concerned. Assess food purchased during the visit and prevent sharing or cross-contact. For parent-supplied food, communicate the required restrictions without identifying individual pupils unnecessarily. Obtain ingredient information and assess suitability before serving food; provide a suitable alternative where safety cannot be established.

Events

School events, including bake sales and coffee mornings, require planned allergy controls. Organisers obtain ingredient and allergen information for food supplied, label items clearly, keep foods separate and use appropriate utensils and cleaning to prevent cross-contact. Food prepared outside school remains subject to these checks; a disclaimer does not replace risk management. If suitability cannot be established, staff must not offer the item to the affected pupil and must arrange a suitable alternative so that the pupil can participate safely.

Appendix A

School Management of severe allergies (ANAPHYLAXIS)

Anaphylaxis is a severe and potentially life-threatening allergic reaction at the extreme end of the allergic spectrum. Anaphylaxis may occur within minutes of exposure to the allergen,

although sometimes it can take hours. It can be life-threatening if not treated quickly with adrenaline.

Any allergic reaction, including anaphylaxis, occurs because the body's immune system reacts

inappropriately in response to the presence of a substance that it perceives as a threat. Anaphylaxis can be accompanied by shock (known as anaphylactic shock): this is the most extreme form of an allergic reaction.

Common triggers of anaphylaxis include:

- Peanuts and tree nuts – peanut allergy and tree nut allergy frequently cause severe reactions and
- for that reason have received widespread publicity
- Other foods (e.g. dairy products, egg, fish, shellfish, and soya)
- Insect stings (bees, wasps, hornets)
- Latex (gloves and PPE)
- Drugs (illegal and prescription)

Anaphylaxis can develop rapidly and may occur without a rash. Staff should recognise signs affecting the airway, breathing or circulation and act promptly. Symptoms may include:

- Generalised flushing of the skin anywhere on the body
- Nettle rash (hives) anywhere on the body
- Difficulty in swallowing or speaking
- Swelling of tongue/throat and mouth
- Alterations in heart rate
- Severe asthma symptoms
- Abdominal pain, nausea and vomiting
- Sense of impending doom
- Sudden feeling of weakness (due to a drop in blood pressure)
- Collapse and unconsciousness

When symptoms are those of anaphylactic shock the position of the pupil is very important because anaphylactic shock involves a fall in blood pressure.

Positioning

- Lie the person flat, with legs raised where appropriate. Do not allow them to stand or walk, including after apparent improvement.
- If breathing is difficult, allow them to sit with legs extended; avoid sudden changes of position.
- If unconscious but breathing normally, place them in the recovery position. Follow emergency-service advice, including for vomiting.
- If unresponsive and not breathing normally, begin CPR and use an AED as directed by first aid training and the 999 call handler.

Action to take

- Give the prescribed or appropriate school spare AAI without delay when anaphylaxis is suspected, in accordance with the Allergy Action Plan, training and device instructions.
- Call 999 immediately and state "anaphylaxis". Where possible, a second adult makes the call while adrenaline is administered. Do not delay adrenaline to contact parents, SLT or Reception.

- Note the time of the dose. If symptoms persist after five minutes, give a second appropriate AAI dose. Follow the 999 call handler's instructions.
- Bring help and medication to the person and maintain the safe positioning above. Stay with them and monitor breathing and responsiveness.
- Arrange for Security to direct the ambulance; notify SLT and parents as soon as possible without interrupting emergency care.
- Ensure ambulance assessment even if symptoms improve. Provide the action plan and details of medication given to the emergency team.
- Record the reaction, timings, medication, actions and communications in the school's medical/incident records. Review the IHP, replenish medication and offer support to the pupil, family, witnesses and responding staff.
- Record and review near misses as well as reactions. Where abuse, neglect, deliberate exposure or another safeguarding concern is identified, report promptly to the DSL or DDSL and record on CPOMS in accordance with the safeguarding policy. A medical incident alone does not automatically require an external safeguarding referral.