Allergy Safety Policy

This policy applies to the whole school, including students, employees, boarding and the Early Years. It is publicly available on the school website and, on request, in an accessible format from the school Office.

Information Sharing Category	Public Domain
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Responsible Area	Health and Wellbeing Centre Management

Agreed by:

Head of School	**Chair of the Board**
Bryan Nixon	David King
18 August 2026	21 August 2026

All who work, volunteer or supply services to our school have an equal responsibility to understand and implement this policy and its procedures both within and outside of normal school hours including activities away from school.

1. Monitoring and Review

1.1. This policy is monitored by the Health and Wellbeing Centre Management together with the school's Allergy Safety Lead. It will be reviewed at least annually and earlier where there is a serious incident, a near miss, a material change in the school's arrangements, or a relevant change in legislation or guidance.

1.2. The Board of Directors will receive assurance that appropriate allergy safety arrangements are in place. Any identified deficiency or weakness will be addressed without delay.

2. Policy Statement, Scope and Status

2.1. TASIS England is committed to enabling students with allergies to participate safely and fully in school life, including lessons, meals, boarding, sport, trips, extracurricular activities and the Early Years. The school will take reasonable steps to reduce exposure to known allergens while maintaining robust arrangements for emergency response.

2.2. Allergies can include food allergy, asthma triggered by allergens, eczema and other skin allergy, hay fever, allergy to medicines, insect stings, animals, airborne allergens and contact allergens. Anaphylaxis is a medical emergency and may occur in a person with or without a previously diagnosed allergy.

2.3. As at the date of publication, the Department for Education's *Allergy safety in schools* statutory guidance (July 2026) is not a statutory requirement for independent schools. TASIS England has nevertheless chosen to align this policy with that framework as a benchmark for allergy safety and in anticipation of the intended introduction of equivalent requirements through the Independent School Standards.

2.4. The school operates an allergy-aware approach. It does not claim to provide an allergen-free or nut-free environment and will not rely on blanket bans as a substitute for individual risk management, staff awareness and emergency preparedness.

3. Legal and Regulatory Framework

3.1. This policy has regard, as applicable to TASIS England, to the following legislation, statutory requirements and national guidance:

- Children's Wellbeing and Schools Act 2026, section 34, which establishes the statutory allergy-safety framework and requires equivalent allergy-safety requirements to be incorporated into the regulatory standards applying to independent educational institutions.
- Equality Act 2010, including the duty to make reasonable adjustments for disabled students where an allergy amounts to a disability.
- Education (Independent School Standards) Regulations 2014, including the school's duties relating to student welfare, health and safety.
- Food Information Regulations 2014 and the Food Information (Amendment) (England) Regulations 2019, including allergen information requirements for food businesses and prepacked for direct sale food.
- Human Medicines Regulations 2012, as amended, including the Human Medicines (Amendment) Regulations 2017 relating to emergency adrenaline auto-injectors in schools.
- UK GDPR and Data Protection Act 2018 in relation to health information as special category personal data.
- Early Years Foundation Stage safeguarding and welfare requirements, where applicable to children under five.
- DfE, Allergy safety in schools (July 2026) - used by TASIS England as a non-statutory benchmark for independent schools pending corresponding regulatory requirements.
- DHSC, Using emergency adrenaline auto-injectors in schools, and relevant Emergency asthma inhalers for use in schools

4. Roles and Responsibilities

4.1. **Board of Directors and Head of School**

The Board of Directors and Head of School are responsible for oversight of the school's allergy safety arrangements and for ensuring that suitable resources, systems and responsibilities are in place

4.2. **Allergy Safety Lead and Health and Wellbeing Centre**

The school's Allergy Safety Lead is the Director of Inclusion, Wellbeing & Compliance, working with the Health and Wellbeing Centre Management and Human Resources. Together they coordinate the implementation of this policy, maintain oversight of training, review incidents and near misses, and ensure that allergy information and emergency arrangements are current.

The Health and Wellbeing Centre maintains the student allergy register, coordinates Individual Healthcare Plans and Allergy/Asthma Action Plans where required, supports risk assessments, oversees prescribed and spare emergency medication arrangements and provides clinical advice to staff.

4.3. **Staff, catering and boarding**

All staff who supervise or support students must be familiar with the allergy safety arrangements relevant to their role, know how to obtain information about students with allergies, take reasonable steps to minimise exposure to known allergens, and respond promptly to an allergic reaction or anaphylaxis.

The school's catering provider, Lodestone House, is responsible for operating appropriate food allergen controls within its provision, including accurate allergen information, staff training, prevention of cross-contact and safe medical-diet arrangements. School leaders will engage with the caterer to assure themselves that these controls are effective.

Boarding staff, trip leaders, activity leaders and staff supervising breakfast, after-school provision, events and sports must ensure that relevant allergy information and emergency medication are available and that agreed control measures are followed.

4.4. **Parents/carers and students**

Parents/carers must provide accurate and up-to-date information about their child's allergies, prescribed medication and treatment plans, notify the school promptly of any change, and provide in-date prescribed emergency medication where required.

Students will be supported to understand and manage their allergy in an age-appropriate way. Where assessed as competent, students may carry their own prescribed emergency medication in accordance with their Individual Healthcare Plan and the school's medication procedures.

5. Identification, Allergy Register and Individual Plans

5.1. The school obtains information about known allergies and relevant medical needs as part of admission and enrolment and asks parents/carers to keep this information updated. New diagnoses or changes during the school year must be communicated promptly to the Health and Wellbeing Centre.

5.2. The school maintains an allergy register containing sufficient information to enable a rapid and safe response, including known allergens, risk factors for anaphylaxis, prescribed emergency medication, relevant consent, Individual Healthcare Plans and Allergy/Asthma Action Plans. A photograph may be used where appropriate to support identification.

5.3. Relevant allergy information is made available on a need-to-know basis to staff who require it to keep the student safe, including teachers, activity leaders, boarding staff, catering staff and staff leading visits or

trips.

5.4. Appropriate arrangements will also be made to identify employees and visitors with known allergies where this information is necessary to manage a foreseeable health and safety risk or emergency response.

5.5. A student will have an Individual Healthcare Plan where their allergy has a functional impact in school, creates a risk of harm, and requires arrangements additional to or different from those made generally. The plan will specify the individual controls, emergency arrangements and reasonable adjustments required.

5.6. Where a healthcare professional has issued an Allergy Action Plan or Asthma Action Plan, it will be referenced in or attached to the Individual Healthcare Plan and reviewed when the Action Plan changes.

6. Minimising the Risk of Exposure

6.1. The school will take reasonable and proportionate steps to minimise the risk of individuals coming into contact with known allergens. Controls will reflect the individual's allergy, age, maturity, activities and environment and will be recorded in an Individual Healthcare Plan or risk assessment where necessary.

- Students are discouraged from sharing or trading food, drinks, food containers or utensils.
- Students are encouraged to wash their hands before and after eating; surfaces and utensils are cleaned appropriately to reduce cross-contact.
- Food, drinks and lunch boxes for students with food allergies should be clearly identifiable where this is needed for safety.
- Staff planning cooking, science, craft, music or other activities involving food, animals or potential contact/airborne allergens must consider allergy risks in advance and use suitable alternatives where required.
- The school asks families and students not to bring nuts or nut-containing products onto site, while recognising that this does not create a guaranteed nut-free environment.
- Food brought from home for sharing, celebrations or events must be managed so that allergen information is available and students with allergies are included safely.
- Individual risk assessments will be completed where the severity or complexity of an allergy requires additional controls.

7. Food and Catering

7.1. TASIS England will work with Lodestone House to provide safe and inclusive meal options for students with food allergies and to ensure that allergen information for food provided by the catering service is clear, accurate and accessible.

7.2. Catering arrangements will include controls to reduce cross-contact during preparation, handling and service; appropriate training for catering staff; and processes to identify students who require medical diets. Identification methods will be appropriate to age and section and may include staff checks, coloured trays or other agreed systems.

7.3. Allergen information relating to the 14 regulated allergens will be available for food supplied by the school or its catering provider where required by food information law. Prepacked for direct sale food will be labelled in accordance with applicable requirements.

7.4. Students with allergies will not be unnecessarily segregated at mealtimes. Reasonable adjustments and individual controls will be used to support safe participation alongside peers.

7.5. Where menu items or ingredients change, the safety of students with allergies must continue to be

considered and relevant allergen information updated.

8. Early Years, Boarding and Wider School Provision

8.1. **Early Years**

For children under five, the school will continue to comply with the applicable EYFS safeguarding and welfare requirements. Allergy, intolerance and dietary information will be obtained before admission, kept up to date and shared with staff involved in preparing or serving food. At mealtimes and snack times there will be clear responsibility for checking that food meets each child's requirements, and the required paediatric first-aid arrangements will be maintained.

8.2. **Boarding**

Boarding houses will maintain arrangements to identify boarders with allergies, ensure boarding staff are aware of relevant plans and emergency procedures, keep prescribed emergency medication rapidly accessible, and manage food provided in boarding houses in accordance with this policy and the catering provider's medical-diet procedures.

8.3. **Breakfast, after-school provision, events and fundraising**

Allergy controls apply to breakfast, after-school provision, school events, fundraising activities and other occasions when food is provided. Staff organising such activities must consider allergen information, cross-contact and the needs of students with known allergies in advance.

9. Prescribed Adrenaline Devices and Asthma Inhalers

9.1. Students prescribed adrenaline devices must have rapid access to them at all times. In anaphylaxis, adrenaline should be capable of being brought to and administered to the student within five minutes, including in dining areas, playgrounds, sports areas and on trips.

9.2. Students who are able to do so safely may carry their own prescribed adrenaline devices. Where age or other circumstances mean this is not appropriate, prescribed devices will be stored in an agreed accessible location in accordance with the student's Individual Healthcare Plan. They must not be stored in a way that would delay emergency access.

9.3. Students prescribed adrenaline should normally have access to both prescribed doses. Parents/carers are responsible for supplying prescribed devices and replacing them before expiry; the school will maintain records and check arrangements through the Health and Wellbeing Centre.

9.4. Where a student has been prescribed a non-injectable adrenaline device, such as nasal adrenaline, this will be managed in accordance with the prescription and Individual Healthcare Plan. Current regulations permit schools to purchase only adrenaline auto-injectors as spare devices.

9.5. Emergency asthma reliever inhalers may be held and used in accordance with the separate national guidance and applicable consent requirements. A reliever inhaler must never be used instead of adrenaline to treat anaphylaxis.

10. Spare Adrenaline Auto-Injectors

10.1. The school holds spare adrenaline auto-injectors for emergency treatment of anaphylaxis. Spare devices are additional to, and do not replace, an individual's prescribed medication.

10.2. Spare AAIs will be stocked in pairs, in appropriate doses for the age range of students, and positioned so that a pair can be brought to a person experiencing anaphylaxis within five minutes. The Health and Wellbeing Centre will determine the number and locations required across the campus.

10.3. Spare AAIs will be stored at room temperature, protected from direct sunlight and extremes of heat, clearly labelled and readily accessible to staff. They will not be locked away in a location that restricts emergency access.

10.4. The Health and Wellbeing Centre will ensure that spare AAIs are checked at least monthly, remain in date, are replaced after use or before expiry, and are disposed of safely in accordance with the manufacturer's instructions and medicines-waste procedures.

10.5. Prior consent is not legally required for a spare adrenaline device to be used to save a life. The school will seek advance consent where practicable, but emergency treatment will not be delayed while consent is checked.

11. Emergency Response to Allergic Reaction and Anaphylaxis

11.1. All staff must treat suspected anaphylaxis as a medical emergency. If in doubt whether a reaction is anaphylaxis, adrenaline should be given and 999 called.

- Follow the student's Allergy Action Plan where available.
- Lay the person flat with legs raised. If breathing is difficult, allow them to sit with legs outstretched. Do not allow them to stand or walk.
- Administer the individual's prescribed adrenaline device immediately if available. If it is not available or misfires, use a suitable spare AAI.
- Call 999 immediately and state that anaphylaxis is suspected. Do not delay adrenaline while waiting to contact emergency services.
- If symptoms have not improved after five minutes, give a second dose of adrenaline using a second device if available.
- Stay with the person, monitor breathing and be prepared to commence CPR if necessary until emergency services take over.
- Inform parents/carers at the first safe opportunity. A suitable member of staff will accompany a student to hospital where required until a parent/carer takes over.

11.2. Any use of adrenaline, serious allergic reaction or emergency response will be recorded and reviewed in accordance with section 15 of this policy.

12. Educational Visits, Sport and Off-Site Activities

12.1. Students with allergies will not be excluded from educational visits, residentials, sports fixtures or other off-site activities solely because of their allergy. Reasonable adjustments and appropriate risk controls will be used to support participation.

12.2. A specific allergy risk assessment will be completed for any student at risk of anaphylaxis taking part in an off-site activity. Planning will consider travel, activities, food, accommodation, access to emergency medication and access to emergency medical care.

12.3. Students at risk of anaphylaxis must have their prescribed adrenaline devices with them and there must be staff present who are trained to recognise and respond to anaphylaxis. The trip leader will consider whether spare AAIs should also be taken, without leaving the school without adequate spare provision.

13. Allergy Awareness and Training

13.1. All staff expected to be present while students are on site will receive allergy awareness and emergency response training at least annually. This includes teaching and support staff, temporary and supply staff, peripatetic staff, agency workers, regular volunteers, catering staff, boarding staff and staff supervising

breakfast or after-school provision. New staff will receive appropriate training through induction and arrangements will be made for supply and cover staff.

13.2. Training will cover, as appropriate:

- the nature of allergy and the difference between allergy, food intolerance and coeliac disease;
- common triggers and ways exposure can occur;
- recognition of mild allergic reactions, anaphylaxis and acute asthma;
- how to access allergy information and use Allergy/Asthma Action Plans;
- how to reduce exposure to known allergens;
- how to locate and use prescribed and spare emergency medication, including adrenaline devices;
- calling emergency services and informing parents/carers;
- the impact of allergy on wellbeing and the risk of allergy-related bullying;
- how to report allergic reactions, serious incidents and near misses.

13.3. First-aid training alone is not treated as a substitute for allergy awareness and emergency response training. The Human Resources department will maintain appropriate records of training and competence.

14. Wellbeing and Bullying

14.1. The school recognises that living with allergy can cause anxiety and can affect participation, confidence and wellbeing. Staff will provide reassurance, reasonable adjustments and pastoral support where needed, while avoiding unnecessary restriction or isolation.

14.2. Bullying, teasing, intimidation or deliberate exposure involving a person's allergy will be addressed under the school's Anti-Bullying and Behaviour Management policies. Where conduct creates a safeguarding concern or places a student at risk of harm, safeguarding procedures will also be followed.

15. Serious Incidents and Near Misses

15.1. The school will record and review serious incidents and near misses relating to allergy safety. A serious incident includes an event in which a person is harmed or placed at immediate and significant risk of harm; a near miss is an event that did not cause harm but had clear potential to do so.

15.2. Records will capture what happened, when and where, who was affected, the known or suspected cause, the response taken, whether emergency services were involved and the outcome. Reports received later from students, parents/carers or healthcare professionals, including delayed reactions after leaving school, will also be considered.

15.3. The Allergy Safety Lead and Health and Wellbeing Centre will review incidents and near misses to identify lessons, determine whether the policy, risk controls or an Individual Healthcare Plan require amendment, and share relevant learning with staff.

15.4. Where an incident arises from the way a work activity was carried out, the school will consider whether reporting is required under RIDDOR. A medical episode arising solely from the individual's underlying condition is not automatically reportable.

15.5. Where TASIS England or its catering provider is acting as a food business, food-allergen incidents will be managed in accordance with applicable food-safety reporting requirements and advice will be sought from the appropriate authority where necessary.

16. Information Sharing and Data Protection

16.1. Information about a person's allergy or medical condition is special category personal data. TASIS

England will process and share this information in accordance with UK GDPR, the Data Protection Act 2018 and the school's Data Protection Policy and Privacy Notices.

16.2. Information will be shared only where there is a lawful basis and a genuine need to know in order to protect health, safety and welfare. The school will balance confidentiality and dignity with the need for staff to be able to identify an individual with an allergy and respond safely in an emergency.

17. Communication and Awareness of this Policy

17.1. This policy is published on the school website and made available to staff, students and parents/carers. Staff awareness forms part of annual allergy training and induction.

17.2. Age-appropriate allergy awareness will be promoted with students so that they understand why food should not be shared, how to support peers with allergies and how to seek adult help in an emergency.

18. Related Policies and Procedures

18.1. This policy should be read alongside the following TASIS England policies and procedures, as applicable:

- Administration of Medication and Medical Needs Policy;
- Health and Wellbeing Centre Policy;
- First Aid Policy;
- Educational Visits and Off-Site Activities Policy;
- Safeguarding Children and Child Protection Policy;
- Behaviour Management, Discipline and Sanctions Policy;
- Anti-Bullying Policy;
- Data Protection Policy and Privacy Notices;
- Boarding policies and procedures;
- Lodestone House Medical Diet and food-allergen procedures.