Cleethorpes Academy

Allergy Safety Policy

Policy owner	Mr Paul Thundercliffe, Principal
Designated Allergy Lead	Miss Victoria Watts, Vice Principal
Deputy Allergy Lead	Mrs Ellen Cross, Assistant Principal
Approved by	Trust
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Related policies	Supporting Pupils with Medical Conditions; First Aid; Safeguarding; Educational Visits; Health and Safety; SEND; Equality; Food and Catering

1. Policy statement

Cleethorpes Academy is committed to providing a safe, inclusive environment in which pupils with allergies can participate fully in education and academy life.

The Academy recognises that allergic reactions can be unpredictable, that anaphylaxis is a medical emergency, and that a serious reaction may occur in a person with no previous allergy diagnosis. Allergy safety is therefore a whole-academy responsibility and is not confined to catering staff, first aiders or pupils with known allergies.

This policy implements the Department for Education's statutory guidance *Allergy safety in schools*, commonly associated with **Benedict's Law**. From 1 September 2026, the guidance requires academies to have and publish an allergy safety policy, train staff, prepare Individual Healthcare Plans where required, hold spare adrenaline auto-injectors, and record and learn from serious incidents and near misses. gov.uk

2. Aims

The Academy will:

- **Identify and support pupils with allergies**, working with each pupil, their parents or carers and relevant healthcare professionals.
- **Reduce avoidable exposure** to known allergens without creating a false guarantee that the Academy is allergen-free.
- **Recognise and respond promptly** to allergic reactions and suspected anaphylaxis.
- **Ensure immediate access to medication**, including pupils' prescribed medication and the Academy's spare adrenaline auto-injectors.
- **Train all staff** in allergy awareness and emergency response, with enhanced training for staff who have specific responsibilities.
- **Promote inclusion**, ensuring that pupils with allergies are not unnecessarily excluded from lessons, meals, trips, clubs or social activities.
- **Record and review incidents and near misses** so that lessons are identified and acted upon.
- **Prevent allergy-related bullying**, including deliberate exposure, threats involving allergens, food shaming and social exclusion.

3. Scope

This policy applies to:

- All pupils, staff, volunteers, visitors, contractors and agency workers.
- All areas of the Academy site.
- Lessons, breaktimes, lunchtimes, clubs and Academy events.
- Educational visits, residential visits, sports fixtures and transport arranged by the Academy.
- Food supplied, sold, prepared or used by the Academy, its caterers or contractors.
- Food and allergenic materials used in curriculum activities, rewards, celebrations or fundraising.

Where the Academy provides facilities or services to another organisation, appropriate allergy arrangements must be agreed through the relevant letting or service agreement.

4. Legal and statutory framework

This policy has regard to:

- The Department for Education's statutory guidance, *Allergy safety in schools*.

- Section 100 of the Children and Families Act 2014.
- The Human Medicines Regulations 2012, as amended to permit schools to obtain and use spare adrenaline auto-injectors.
- The Equality Act 2010.
- The Health and Safety at Work etc. Act 1974.
- Food information and allergen-labelling requirements, including requirements for prepacked food for direct sale.
- Department for Education guidance on supporting pupils with medical conditions.
- Relevant safeguarding, data-protection and food-safety requirements.

The statutory guidance applies to proprietors of academies, including free schools and alternative-provision academies, except 16-to-19 academies. gov.uk

5. Definitions

For this policy:

- **Allergy** means an abnormal immune response to a substance that is usually harmless.
- **Allergen** means a substance capable of causing an allergic reaction, such as a food, medicine, insect venom, latex or animal material.
- **Anaphylaxis** means a severe and potentially life-threatening allergic reaction requiring immediate emergency treatment.
- **Adrenaline auto-injector**, or **AAI**, means a device containing a measured dose of adrenaline for treating suspected anaphylaxis.
- **Individual Healthcare Plan**, or **IHP**, means a written plan setting out a pupil's medical needs, risks, medication and agreed arrangements.
- **Near miss** means an event that could have caused an allergic reaction or serious harm but did not.
- **Spare AAI** means an emergency adrenaline auto-injector held by the Academy in addition to devices prescribed to individual pupils.

6. Responsibilities

6.1 Trust Board

The governing body will:

- Ensure appropriate arrangements are in place to support pupils with allergies.

- Approve this policy and monitor its implementation.
- Ensure sufficient resources are available for training, emergency equipment and safe storage.
- Receive assurance about compliance, incidents and resulting actions.
- Ensure the policy is published on the Academy website and reviewed at least annually.

6.2 Principal

The Principal has overall responsibility for implementation and will:

- Appoint a **Designated Allergy Lead** and a deputy.
- Ensure allergy safety is integrated into safeguarding, health and safety, catering and educational-visit procedures.
- Ensure all staff receive appropriate training.
- Make arrangements for pupils' prescribed medication and spare AAIs to be readily accessible.
- Ensure emergency arrangements are understood and practised.
- Ensure significant incidents and near misses are investigated and reported appropriately.

6.3 Designated Allergy Lead

The Designated Allergy Lead will:

- Maintain oversight of pupils with known allergies and their IHPs.
- Coordinate communication with families, healthcare professionals, catering staff and relevant Academy teams.
- Maintain the Academy allergy register while protecting confidential medical information.
- Coordinate staff training and keep attendance records.
- Check the Academy's spare AAI kits and monitoring records.
- Coordinate allergy risk assessments for activities, events and trips.
- Review incidents and near misses and report findings to the Principal and the Trust.
- Arrange appropriate handover when a pupil joins, leaves or changes year group.

- Review this policy annually and after any significant incident or relevant change in guidance.

6.4 All staff

Every member of staff must:

- Complete required allergy training and refresher training.
- Know how to recognise a possible allergic reaction and anaphylaxis.
- Know how to summon emergency help and obtain an AAI.
- Follow pupils' IHPs and Academy emergency procedures.
- Never delay emergency treatment while trying to contact a parent or carer.
- Consider allergies when planning lessons, rewards, food-based activities, visits and events.
- Report allergic incidents, medication errors and near misses promptly.
- Challenge allergy-related bullying or unsafe behaviour.
- Avoid making assumptions about whether a product is safe.

6.5 Parents and carers

Parents or carers are expected to:

- Tell the Academy promptly about a diagnosed or suspected allergy.
- Provide accurate, current medical and emergency-contact information.
- Participate in developing and reviewing their child's IHP.
- Supply prescribed medication in its original, clearly labelled packaging.
- Ensure prescribed AAIs are in date and replaced before expiry.
- Inform the Academy promptly of changes to diagnosis, treatment or medication.
- Support their child to understand and manage their allergy in an age-appropriate way.

The Academy's spare AAIs do not replace the family's responsibility to provide the pupil's prescribed devices.

6.6 Pupils

According to their age and understanding, pupils should:

- Avoid known allergens and follow their IHP.

- Not share, swap or accept food when they cannot confirm it is safe.
- Tell an adult immediately if they feel unwell or believe they have been exposed.
- Carry their medication where this has been agreed as safe and appropriate.
- Treat the allergies of others seriously and never tease, threaten or expose another pupil to an allergen.

A pupil will not be blamed or refused help because they have eaten something that may be unsafe, forgotten medication or taken a risk.

6.7 Caterers and food providers

Catering staff and contractors must:

- Comply with applicable food-safety and allergen-information law.
- Maintain accurate ingredient and allergen information.
- Have controls to prevent substitution, mislabelling and cross-contact.
- Receive role-appropriate allergy and emergency training.
- Follow agreed procedures for serving pupils with allergies.
- Notify the Academy immediately of ingredient, supplier or recipe changes.
- Record and report errors, suspected exposure and near misses.
- Never state that food is safe unless this is supported by verified information and agreed controls.

7. Identifying pupils with allergies

The Academy will request medical and allergy information:

- When a pupil applies for admission.
- Before the pupil starts at the Academy.
- At least annually.
- Before educational visits or activities involving food or other allergens.
- Whenever the Academy is told that a pupil's health needs have changed.

Information will be recorded on the Academy's management system and, where appropriate, on a controlled allergy register. Only information necessary to protect the pupil will be shared with staff who need it.

A reported allergy will be taken seriously even where diagnosis or supporting medical documentation is pending. Temporary precautionary arrangements will be agreed with the family while further information is obtained.

8. Individual Healthcare Plans

A pupil with an allergy will have an IHP where this is required to manage risk safely. The need for a plan will not be determined solely by whether the pupil has previously experienced anaphylaxis.

The IHP should be prepared before admission where possible, or as soon as practicable after an allergy is identified. It will be developed with the pupil and parents or carers, taking account of information from an appropriate healthcare professional.

Each IHP should include:

- The pupil's identifying information and photograph.
- Confirmed or suspected allergens.
- The pupil's usual symptoms and signs of anaphylaxis.
- Risk-reduction measures and reasonable adjustments.
- Prescribed medication, dose, location and access arrangements.
- Whether and how the pupil carries their own AAI.
- Instructions for using the pupil's AAI and the Academy's spare AAI.
- Emergency actions and contact details.
- Arrangements for catering, curriculum activities, clubs, transport and trips.
- The pupil's level of understanding and self-management.
- Communication and confidentiality arrangements.
- The names or roles of staff responsible for agreed actions.
- The review date.

IHPs will be reviewed at least annually and sooner following a reaction, near miss, medication change, change in diagnosis, transition or parental request.

9. Medication and access

9.1 Prescribed medication

Medication must normally be:

- In date.

- In its original container.
- Labelled with the pupil's name and dispensing instructions.
- Stored securely but remain readily accessible during an emergency.
- Available wherever the pupil is participating in an Academy activity.

Where a pupil is competent to carry and use their own AAI, this will be documented in the IHP. A backup device should remain available in the agreed location.

Emergency medication must not be stored in a place that is inaccessible during the Academy day or locked away without immediate means of access.

9.2 Spare adrenaline auto-injectors

The Academy will maintain a sufficient supply of **in-date spare AAIs** for emergency use, taking account of pupil numbers, site layout, travel time between buildings, off-site activities and manufacturer dose ranges.

Spare AAIs may be administered where:

- A person displays signs of anaphylaxis and an AAI is indicated.
- The person's prescribed device is unavailable, defective, out of date or cannot be administered.
- The person has no previous allergy diagnosis but is experiencing suspected anaphylaxis.

The Academy will not delay emergency treatment while seeking parental permission.

The spare AAI kit will include, as appropriate:

- AAIs of suitable strengths.
- Instructions for the devices held.
- A record of checks and use.
- Emergency-response instructions.
- Suitable protective and disposal materials.
- A method of identifying expiry dates and replacement dates.

The Designated Allergy Lead will arrange recorded checks at least monthly and after every use. Checks will cover quantity, dose, packaging, condition, expiry and accessibility. Used, damaged or expired devices will be replaced promptly and disposed of safely.

10. Recognising an allergic reaction

Symptoms may occur alone or in combination and may progress rapidly. Possible symptoms include:

- Itching, hives, flushing or a widespread rash.
- Swelling of the lips, face, tongue or throat.
- Tingling or itching in the mouth.
- Nausea, vomiting, abdominal pain or diarrhoea.
- Persistent cough, wheezing, noisy breathing or breathing difficulty.
- Hoarse voice or difficulty swallowing.
- Sudden tiredness, confusion, dizziness, collapse or loss of consciousness.
- A young person becoming pale, floppy or unusually quiet.
- A feeling of impending danger.

Suspect anaphylaxis when there is sudden breathing difficulty, airway swelling, collapse or a rapidly progressing reaction. A rash does not have to be present.

11. Emergency response to suspected anaphylaxis

Where anaphylaxis is suspected, staff must:

1. **Give an AAI immediately.** Use the person's prescribed device if it is immediately available; otherwise use an appropriate spare AAI.
2. **Call 999 immediately** and say, "Anaphylaxis". Give the Academy's full address, site access information and the person's condition.
3. **Note the time** the AAI was administered.
4. **Position the person safely.** Lay them flat with legs raised where possible. If breathing is difficult, allow them to sit with legs extended. If unconscious or vomiting, place them in the recovery position. Do not allow them to stand or walk.
5. **Give a second AAI after five minutes** if symptoms have not improved or have returned, using another device of the appropriate dose where available.
6. **Begin CPR** if the person is unresponsive and not breathing normally, and use an automated external defibrillator where indicated.
7. **Send a member of staff to meet the ambulance** and direct responders to the casualty.
8. **Contact the parent or carer** after emergency treatment and the 999 call have been initiated.

9. **Ensure transfer to hospital.** The person must be assessed in hospital even if they appear to recover.
10. **Provide the ambulance crew with information**, including the suspected allergen, symptoms, treatment, device used and administration times.

A pupil must not be left alone during or after a reaction. Antihistamines must not be used instead of adrenaline where anaphylaxis is suspected.

If there is uncertainty about whether symptoms amount to anaphylaxis, staff should follow emergency training and the person's IHP. Adrenaline should not be withheld where anaphylaxis is reasonably suspected.

12. Risk reduction and allergen management

The Academy will use proportionate, pupil-specific risk assessment rather than relying solely on blanket food bans. It cannot guarantee an allergen-free environment, but it will take reasonable steps to reduce avoidable exposure.

Controls may include:

- Age-appropriate handwashing before and after eating.
- Cleaning tables, equipment and shared surfaces.
- Discouraging the sharing or swapping of food, drinks and utensils.
- Safe arrangements for food storage, preparation, service and waste.
- Verified ingredient and allergen information.
- Controls against cross-contact.
- Checking ingredients before food is used in lessons, celebrations or rewards.
- Alternatives for pupils who cannot safely participate in an activity.
- Safe handling of craft materials, cosmetics, animal products, latex, medicines and other potential allergens.
- Clear arrangements for external providers, visitors and contractors.
- Individual restrictions where justified by risk assessment and recorded in an IHP.

The Academy may ask families not to bring particular products onto the site where this is a reasonable and proportionate control. Such a request will not be described as providing a complete guarantee of safety.

13. Catering arrangements

The Academy and its catering provider will establish a documented allergen-management system covering:

- Procurement and approved suppliers.
- Ingredient specifications and recipe control.
- Delivery, storage, preparation and service.
- Cleaning and cross-contact controls.
- Changes to ingredients, recipes and substitutions.
- Communication between catering and Academy staff.
- Procedures where allergen information is unavailable or uncertain.
- Display and provision of legally required allergen information.
- Reporting and investigation of errors and near misses.

Pupils with allergies must have access to a suitable meal or reasonable alternative and should not be unnecessarily separated or made identifiable in a stigmatising way.

No member of staff may remove an allergen from a prepared meal and then describe the remaining meal as safe where cross-contact may have occurred.

14. Curriculum, celebrations and rewards

Staff must assess allergy risks before using food or other potential allergens in:

- Food technology and science.
- Art, craft and sensory activities.
- Physical education and sports activities.
- Cultural or religious events.
- Fundraising, parties and celebrations.
- Rewards and incentives.
- Personal-care or cleaning products.

Where food is used as a reward it must be checked against the relevant allergy information and provide an inclusive alternative.

Pupils with allergies must not be excluded from an activity merely because it is easier than making reasonable adjustments.

15. Educational visits and off-site activities

Allergy arrangements will form part of the risk assessment for every relevant visit or off-site activity.

The visit leader must ensure that:

- The pupil's current IHP and emergency contacts are available.
- Sufficient prescribed and spare AAIs of appropriate strengths accompany the group.
- Medication remains immediately accessible and is not left on a vehicle or in inaccessible luggage.
- At least one appropriately trained adult is with the pupil, with cover for separation of the group.
- The venue, transport provider and food provider receive necessary information in advance.
- Food and accommodation arrangements are checked and documented.
- Mobile phone coverage, emergency access and the location of medical assistance are considered.
- Appropriate arrangements are in place for overseas travel, including translated information where needed.

A pupil will not be prevented from attending a visit solely because of their allergy unless, after consultation and documented risk assessment, no reasonable measures can reduce the risk to an acceptable level.

16. Staff training

All Academy staff, including leaders, teachers, support staff, administrators, catering staff, cleaners, caretakers, lunchtime supervisors, transport staff, coaches, temporary staff and regular volunteers, will receive allergy awareness and emergency-response training.

Training will take place:

- As part of induction and before unsupervised work with pupils where practicable.
- At least annually.
- After a significant incident where learning needs are identified.
- When procedures, devices or statutory guidance change.

Whole-staff training will cover:

- Common allergens and routes of exposure.
- The difference between allergy and intolerance.
- Signs of mild, moderate and severe reactions.
- Recognition of anaphylaxis, including cases without a rash.

- Immediate emergency procedures.
- How and when to administer the AAIs held by the Academy.
- The location of prescribed medication and spare AAIs.
- The importance of not allowing a casualty to stand or walk.
- The role of IHPs and risk assessments.
- Inclusion, confidentiality and allergy-related bullying.
- Incident and near-miss reporting.

Staff with designated responsibilities will receive enhanced practical training relevant to their role. Training records will include the attendee, date, content, trainer and renewal date.

Temporary or agency staff must receive essential allergy information before assuming responsibility for pupils.

17. Communication and confidentiality

The Academy will communicate allergy procedures to pupils, staff, families, caterers, contractors and visitors in a proportionate way.

Relevant staff will have prompt access to the information needed to keep a pupil safe. Medical information will otherwise be handled confidentially and in accordance with data-protection requirements.

Emergency information may be displayed or carried where this is necessary for safety and agreed through the IHP. Pupil photographs or medical details must not be displayed publicly without a lawful and proportionate reason.

The Academy will communicate general allergy expectations to families, including rules on food sharing and any specific risk-reduction requests.

18. Inclusion, equality and safeguarding

The Academy will make reasonable adjustments so that pupils with allergies can participate safely and with dignity.

Staff must guard against:

- Unnecessary isolation at mealtimes.
- Exclusion from lessons, clubs, trips or events.
- Public disclosure of private medical information without justification.
- Punishing a pupil for behaviour arising from anxiety about an allergy.
- Bullying, harassment, threats or deliberate exposure involving allergens.

Deliberate exposure or threats involving an allergen may constitute a serious safeguarding and disciplinary matter and will be addressed under the Academy's safeguarding and behaviour procedures.

The emotional impact of living with an allergy will be recognised. Appropriate pastoral support will be provided where a pupil experiences anxiety, embarrassment, bullying or distress.

19. Incident and near-miss reporting

All allergic reactions, suspected reactions, AAI administrations, medication errors and near misses must be recorded as soon as possible.

The record should include:

- Date, time and location.
- Person affected.
- Activity taking place.
- Suspected allergen and route of exposure.
- Symptoms and progression.
- Medication given, by whom and at what times.
- Emergency services involvement and outcome.
- Relevant food, packaging, labels or equipment retained where appropriate.
- Witnesses and immediate actions taken.
- Communication with parents or carers.
- Identified causes, learning and corrective actions.

Following a serious incident, the Principal or delegated senior leader will:

1. Secure immediate safety and replace used emergency equipment.
2. Notify parents or carers and relevant senior leaders.
3. Preserve relevant evidence and records.
4. Conduct a proportionate investigation.
5. Seek input from the pupil, family, staff, caterer and healthcare professionals where appropriate.
6. Identify and implement lessons.
7. Review the pupil's IHP, relevant risk assessments and this policy.
8. Make any legally required reports to external authorities.

Records will be monitored for patterns and reported to the Academy Trust Board in an anonymised form where appropriate.

20. Emergency preparedness

The Academy will ensure that:

- Emergency instructions are available in relevant areas.
- Staff can rapidly identify the location of AAIs and summon assistance.
- Site access information for emergency services is current.
- Reception staff know how to direct an ambulance.
- Emergency arrangements account for sports fields, detached buildings and other remote areas.

Emergency practice must protect pupils' dignity and must not identify an individual pupil unnecessarily.

21. Transfer and transition

When a pupil with an allergy joins the Academy, moves between year groups or transfers to another setting, the Academy will arrange timely information-sharing with consent or another lawful basis.

Before a pupil starts, the Academy should have:

- Current medical and emergency-contact information.
- An agreed IHP where required.
- Suitable medication.
- Relevant risk controls.
- Staff awareness and training.

Emergency support will not be withheld solely because the documentation process is incomplete.

22. Monitoring and review

This policy will be:

- Published on the Academy website.
- Reviewed at least annually.
- Reviewed following a serious allergic reaction or significant near miss.
- Reviewed when statutory guidance or relevant law changes.

- Monitored through training records, IHP audits, medication checks, incident data, catering assurance and feedback from pupils and families.

The Designated Allergy Lead will report at least annually to the Principal and governing body on:

Assurance area	Evidence
Policy	Publication and annual review completed
Training	Staff completion and refresher rates
IHPs	Plans current and reviewed
Medication	Prescribed and spare AAIs available, accessible and in date
Catering	Allergen controls and contractor assurance
Incidents	Trends, near misses, investigations and actions
Inclusion	Participation, complaints and pupil or family feedback
Preparedness	Emergency drills and actions completed

Appendix 1: Emergency anaphylaxis procedure

Suspect anaphylaxis if a person suddenly has breathing difficulty, throat or tongue swelling, collapse, or a rapidly progressing allergic reaction. A rash may be absent.

1. Give an appropriate **adrenaline auto-injector immediately**.
2. Call **999** and state **"Anaphylaxis"**.
3. Lay the person flat with legs raised. If breathing is difficult, allow them to sit with legs extended. Do not let them stand or walk.
4. Record the time the AAI was given.
5. Give a second appropriate AAI after **five minutes** if symptoms persist or return.
6. Start CPR if the person is unresponsive and not breathing normally.
7. Contact the parent or carer after treatment and the emergency call have begun.
8. Ensure hospital assessment, even if the person appears to recover.