ALLERGY AWARENESS POLICY & PROCEDURE

Policy type	Statutory
Review period	Annually
Last reviewed on:	August 2026
Next review due:	July 2027 (or any Operational Changes or Significant Allergy Related Incidents)
Approval level:	Trust Board and Academy Council
Version	V1.2
Policy Owner	Headteacher
Published on:	Academy Website

1. Statement of Intent

The Academy Council believe that ensuring the health and welfare of staff, students and visitors is essential to the success of the Academy and is committed to ensuring that those with medical conditions, including allergies, especially those likely to have a severe reaction (anaphylaxis), are supported in all aspects of Academy life.

The Academy Council retains overall accountability for ensuring this policy is implemented effectively across all the Academy. Operational responsibility is delegated to the Headteacher and relevant Academy and Trust leaders in accordance with the Trust's Scheme of Delegation

We will:

1. Ensure appropriate arrangements are in place across the Academy to support pupils with medical conditions, in line with statutory guidance, and hold leaders to account for effective implementation.
2. Ensure this policy is regularly reviewed and updated to reflect current legislation and best practice.
3. Adhere to legislation and statutory guidance on supporting pupils with medical conditions and allergies, including the administration of allergy medication and adrenaline auto-injectors (AAIs).
4. Ensure all staff, including temporary and supply staff, are trained and confident in implementing this policy, including Individual Healthcare Plans and emergency procedures.
5. Ensure Individual Healthcare Plans (IHPs) are in place and regularly reviewed for pupils with serious allergies.
6. Identify and minimise risks to pupils with allergies through appropriate assessment and control measures.
7. Promote awareness of allergies and an inclusive culture across the Academy, with any allergy-related bullying addressed in line with the anti-bullying policy.
8. Ensure the Trust and Academy is appropriately insured and that staff understand their cover when supporting pupils with medical conditions.

Whilst we will endeavour to ensure our Trust provides a safe environment for all, we cannot guarantee our Academy will be allergen-free.

In the event of illness, a staff member will accompany the student to the office/medical room, however if the illness is severe, staff will ensure the most appropriate location for treatment. In order to manage their medical condition effectively, the Academy will not prevent students from eating, drinking or taking breaks whenever they need to.

The Academy also has First Aid and Supporting Pupils with Medical Conditions policies. All staff will be aware of these policies.

This policy is implemented in accordance with relevant legislation and guidance, including the Health and Safety at Work etc. Act 1974, the Equality Act 2010, the Children and Families Act 2014, the Department for Education's guidance *Allergy Safety in Schools,* and food allergen legislation, including Natasha's Law and, more recently, Benedict's Law.

This policy applies to all relevant Academy activities and is written in compliance with all current UK health and safety legislation and has been consulted with staff.

Approval

Board of Trustees: Approved by email on 25 August 2026

Academy Council: To Adopted at the next meeting on 8 October 2026

Headteacher-Antony Clements: Approved on 1 September 2026

Review Procedures

This Policy will be reviewed regularly and revised as necessary. Any amendments required to be made to the policy as a result of a review will be presented to the Academy Council for acceptance.

Revision Number	Date	Status / Amendment	Approved by

Distribution of copies

Copies of the policy and any amendments will be distributed to all Staff, all Governors and the Trust Interim CEO. This Allergy Awareness Policy will be published on the Academy website.

Equality & sustainability impact assessments

This section must be completed by the Academy before policy approval. It ensures compliance with the Public Sector Equality Duty and supports sustainability goals.

Equality impact assessment

Question	Response
Could this policy disadvantage any group with protected characteristics (e.g., SEND pupils, staff with disabilities, ethnic minorities)?	No.
If yes, what steps will you take to prevent this? (e.g., reasonable adjustments, alternative formats)	
How does this policy actively promote inclusion? (e.g., accessible communication, staff training)	Removes barriers to participation, creating a safe environment, increasing awareness and understanding, supporting equality of access, encouraged shared responsibility, building confidence and belonging.

Sustainability impact assessment

Question	Response
Does this policy help reduce environmental impact (e.g., energy use, waste, carbon footprint)?	No.
Could this policy increase resource use or waste?	Yes – this includes the annual disposal of additional AAI and replacement and reviewing staff resources relating to additional responsibilities.
What actions will you take to improve sustainability? (e.g., digital processes, energy-efficient equipment)	To improve sustainability, we will review the use of digital processes to reduce paper consumption including the electronic storage, distribution and disposal of records where appropriate. We will minimise printing through the use of online forms and review software for digital signatures. These measures will help reduce paper waste, storage requirements, and overall environmental impact.

Ramsden Hall Academy

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2. Roles and Responsibilities

2.1 The Academy Council

2.1.1 The Academy Council has ultimate responsibility for health and safety matters, including Allergy Awareness and management of associated risks, in the Academy. To that end, **the Safeguarding Governor** will also include the Allergy Policy within their remit to monitor and report back to the Council on this area of the school's work. **The named Safeguarding Governor is Jo Oldham.**

2.1.2 Ensure the Allergy Awareness Policy is reviewed annually, or after any operational changes or significant allergy related incidents, or after any change to relevant legislation**,** to ensure that the provisions remain appropriate for the activities undertaken.

2.1.3 The Academy Council will ensure that adequate resources, systems and competent persons are in place to support the safe management of allergies and anaphylaxis across the Academy, in line with the Trust's Scheme of Delegation.

2.1.4 The Academy Council will receive reports on allergy-related incidents, training compliance, and identified risk trends to inform strategic oversight.

2.1.5 The Academy Council are responsible for ensuring that this Allergy Awareness Policy is implemented across the Academy and that operational arrangements reflect the Academy's requirements.

2.1.6 The Academy Council will ensure mechanisms are in place to monitor the effectiveness of this policy.

2.1.7 The Academy Council will ensure that the Academy's Catering Services comply with the Academy's allergy management requirements.

2.1.8 Ensure mechanisms are in place to monitor the effectiveness of this policy, including staff training, compliance and implementation across the Academy.

2.1.9 Ensure that communication and reporting systems are in place so that allergy-related incidents, near misses, and emerging risks are reported to the Academy Council.
Note that the Headteacher remains responsible for the day-to-day implementation of this policy at the Academy,

2.1.10 The Academy recognises that allergies may arise from dietary, medication, insect stings, airborne allergens and contact allergens. Risk assessments and support arrangements will be developed proportionately according to the individual needs of the affected person.

2.2 Headteacher

2.2.1. The Headteacher is responsible for the day-to-day implementation of the Allergy Awareness Policy within the Academy and for ensuring effective delivery of arrangements to support pupils with medical conditions, including working with the designated allergy lead. Ensuring allergy related incidents, near misses, and concerns are recorded and reported via the Academy's designated reporting systems and escalated as required to Governors.

2.2.2. The Headteacher will appoint a member of the Senior Leadership Team with strategic responsibility for allergy safety. This individual will oversee implementation of this policy, monitor compliance, review incidents and near misses, and report to the Academy Council as required.

2.2.3. Ensuring suitable and sufficient risk assessments are carried out to identify and manage the allergy needs of students and staff and are reviewed regularly and following any significant changes or incidents.

2.2.4. Ensure a central allergy register is established and kept up to date and made accessible to relevant staff, including for educational visits, staff cover and risk assessment purposes.

2.2.5. Ensure that Individual Health Care Plans (IHPs) are implemented and kept under review for students diagnosed with serious allergies.

2.2.6. Ensuring that all staff, without exception (including supply staff, volunteers, contractors, lunchtime staff and transport staff), receive appropriate allergy and anaphylaxis training, including emergency response, which is regularly refreshed.
2.2.7. Ensuring that appointed staff have an appropriate qualification, keep training up to date and remain competent to perform their role.
2.2.8. Ensuring all staff are aware of the Academy's allergy awareness policy and procedures.
2.2.9. Ensuring that catering is provided to the reasonable medical needs of staff and student with allergies in line with individual healthcare plans.
2.2.10. Ensure allergy bullying is treated seriously, like any other bullying and that those with allergies are not excluded from any school activities.
2.2.11. Reporting specified incidents to the Health and Safety Executive (HSE), when necessary.
2.2.12. Ensure that staff receive regular updates on allergy risks and changes to students' Individual Healthcare Plans.

2.3 Designated Allergy Lead (DAL) (for 2026/2027), the RHA DAL is Ezel Hurley

The allergy lead must be appointed and is Ezel Hurley-Medical Officer and is responsible for:

2.3.1. Acting as the single point of contact for allergy and anaphylaxis management for staff, pupil, parents/carers and external professionals.
2.3.2. Ensuring IHPs and AAPs are developed, implemented and reviewed and updated in line with this policy and clinical advice.
2.3.3. Maintaining oversight of the academy allergy register, ensuring it is accurate, up to date and accessible to relevant staff. The allergy register will be located in shared directory of: T\Medical\Pupil Medica Information and will be Titled 'Allergy Register'.
2.3.4. Ensuring the availability, safe storage, checking and replacement of spare emergency auto injectors in accordance with statutory guidance.
2.3.5. Ensure effective communication of allergy information to staff, supply staff, volunteers, catering teams and staff supporting educational visits.
2.3.6. Reviewing allergy-related incidents and near misses, contributing to learning lessons and improvement actions.
2.3.7. Liaising with the Headteacher, first aid lead, catering staff and the trust where required.
2.3.8. The DAL will undertake allergy emergency response exercises and anaphylaxis drills to test emergency arrangements, staff awareness and response procedures. Outcomes will be reviewed and used to improve practice.
2.3.9. The DAL will also ensure that there are sufficient and spare, Adrenaline Auto-injectors (AAIs) for those students who are risk of anaphylaxis and that these AAIs are in date and re-ordered within one month of expiry.

2.4 Teaching Staff

2.4.1. Ensuring they follow allergy awareness procedures and this policy at all times.
2.4.2. Ensuring they are familiar with any relevant pupils' Individual Healthcare Plans (IHPs) and allergy action plans and are able to recognise the symptoms of an allergic reaction and take appropriate action.
2.4.3. Ensuring they know who the first aiders are in the Academy are and how to access emergency support, including the location of emergency medication such as AAIs.
2.4.4. Completing accident reports for all incidents they attend to where a first aider is not called.
2.4.5. Informing the Headteacher or their manager and the designated allergy lead of any specific health conditions or allergy needs.

2.4.6. Ensure surfaces are wiped down before and after eating outside of main dining areas to reduce the risk of allergen exposure.
2.4.7. Students are prohibited from sharing food during lessons or clubs and this is consistently enforced.
2.4.8. Ensuring prompt communication of any concerns, incidents or changes relating to pupils' allergies to the appropriate staff.

2.5 Support Staff

2.5.1. Ensuring they follow allergy awareness procedure and this policy at all times.
2.5.2. Ensuring they are familiar with any relevant pupils' Individual Healthcare Plans (IHPs) and know the actions required in the event of an allergic reaction.
2.5.3. Ensuring they know who the first aiders are in the Academy are and how to access emergency support, including the location of emergency medication such as AAIs where relevant to their role.
2.5.4. Completing accident reports for all incidents they attend to where a first aider is not called.
2.5.5. Informing the Headteacher or their manager and the designated allergy lead of any specific health conditions or allergy needs
2.5.6. Ensure surfaces are wiped down before and after eating outside of main dining areas to reduce the risk of allergen exposure.
2.5.7. Students are prohibited from sharing food during lessons or clubs and this is consistently enforced where staff are supervising.
2.5.8. Ensuring prompt communication of any concerns, incidents or changes relating to pupils' allergies to the appropriate staff.

2.6 HR Operations Manager

2.6.1. Ensuring they follow allergy awareness procedures and this policy as applicable to their role.
2.6.2 Coordinating and monitoring allergy and anaphylaxis training for all staff, including refresher training and maintaining appropriate records.
2.6.2. Ensuring they know who the first aiders are in the Academy and how to contact them in an emergency.
2.6.3. Completing accident reports for all incidents they attend to where a first aider is not called.
2.6.4. Informing the Headteacher or their manager of any specific health conditions or allergy needs.
2.6.5. Supporting the Headteacher in maintaining accurate records of staff training and compliance related to allergy management.
2.6.6. Supporting the maintenance of accurate records relating to pupils with allergies, including contributing to the allergy register where appropriate.
2.6.7. Supporting the coordination of communication with parents/carers and external professionals where required.
2.6.8. Ensuring that all staff complete the annual Staff Allergy Declaration Form and that all new starters complete the form prior to commencement of employment **(Appendix 1).** Allergy information must be provided to the Designated Allergy Lead for inclusion and updating of the Allergy Register. Completed forms should be securely saved within the HR Directory in accordance with data protection requirements.

2.7 Premises Manager and Premises Staff

2.7.1. Ensuring they follow allergy awareness procedures and this policy as applicable to their role.

2.7.2. Ensuring they know who the first aiders are in the Academy are and how to contact them in an emergency.

2.7.3. Completing accident reports for all incidents they attend to where a first aider is not called.

2.7.4. Informing the Headteacher or their manager of any specific health conditions or allergy needs.

2.7.5. Ensuring that cleaning regimes and site management practices support the reduction of allergen risks, including appropriate cleaning of surfaces and shared areas.

2.7.6. Ensuring that contractors working on site are aware of relevant allergy controls and comply with the Academy's requirements where applicable.

2.7.7. Ensuring that reasonable measures are taken to maintain good indoor air quality through appropriate ventilation, cleaning and maintenance arrangements, taking account of individuals affected by asthma or airborne allergens.

2.8 Catering Manager and Catering Staff

2.8.1. The Academy has an Allergy Awareness Policy; the catering manager is responsible for ensuring that food allergy requirements are reviewed and reflective of the current menu offerings.

2.8.2. All catering staff and catering support, and temporary/relief, staff have received allergy awareness and food hygiene training, with records retained on file, and refresher training is provided in line with the training schedule.

2.8.3. The catering team have received all staff and student allergy requirements, the information is retained, and reviews are undertaken. Any food allergies are reported to the catering team.

2.8.4. The Allergen Matrix/Allergen Food Safety Standards is made available for dishes served - this will be dated and current to the menu offering for that day/week/fortnight and should cover all items on the menu offering. Menus clearly identify ingredients that may pose a risk to allergy sufferers, enabling informed choices to be made.

2.8.5. All dishes will be reviewed for allergen contents, and that the catering team will continue to review the individual ingredients. The frequency will be determined by changes in products delivered, new suppliers appointed and on a regular basis (as suppliers may substitute ingredients or products that previously didn't have an allergen contained; therefore, the packaging label should be cross-checked with Academy's allergen matrix and updated when required, the catering manager will redate the allergen matrix to reflect the review).

2.8.6. All purchased pre-packaged items have been provided with the list of all ingredients and that the allergen details provided are in bold. To report to supplier if any products have been delivered without the required legal labelling, and the product will not be used, until clarification of any allergens has been received by the manufacturer or supplier.

2.8.7. Rigorous food hygiene is maintained to reduce the risk of cross-contamination.

2.8.8. Cross-contamination is the physical movement or transfer of allergens from one person, object or place to another food item. Preventing cross-contamination is a key factor in preventing potential allergic reactions.

2.8.9. To prevent allergen cross-contamination, the catering team will:

a) Any foods/dishes with any of these 14 allergens in must be carefully stored and handled in the kitchen so to prevent the risks of cross-contamination.

b) Staff training on kitchen procedures to prevent cross-contamination during storage, preparation and serving of food.

c) Cleaning utensils before each usage, especially if they were used to prepare meals containing allergens

d) A storage system should be in place to prevent cross-contamination of ingredients with other ingredients containing allergens. Keeping ingredients that contain allergens separate from other ingredients
e) Have a spillage plan in place to clean up allergenic ingredients: You should use disposable clothes/towels / blue rolls to prevent cross-contamination.
f) Effective cleaning, washing up and hand washing using hot water, cleaning and sanitising products.
g) Physical separation – putting a lid or cover on food, using a clean knife, board, plate, pan, working area, and aprons.
h) Using separate fryers/cooking equipment.
i) Allergen cross-contamination can also occur via shared cooking oil (e.g., gluten-free chips). Staff must ensure oils are not shared between allergen-containing foods and allergen-free foods.
j) If cross contamination can't be avoided in food preparation, the catering team will inform the academy and parents that they're unable to provide an allergen-free dish.

2.9 Contractors and Visitors

2.9.1. Ensure that the Academy 's Allergy Policy and reporting procedure is followed
2.9.2. Ensure their activities do not introduce or increase allergy risk to the within the Academy premises.
2.9.3. Ensure a high standard of hygiene is maintained whilst in Academy premises as a matter of good practice.
2.9.4. Ensure that any areas which may be contaminated are to be reported to the Premises Team or their host.
2.9.5. Provide the school with any relevant information as to their own allergies where necessary.
2.9.6. Ensure that temporary staff, including supply staff, and visitors do not bring food items into the school within snacks or packed lunches that contravene the school's expectations of being a nut-free environment.

2.10 Pupils and Parents/Carers

2.10.1. The parents or carers of all new starters to the Academy are required to inform the Academy of any details of any food intolerances or allergies and their management should be described by completing the Allergy Declaration Form **(Appendix 2).**
2.10.2. If details are unclear or ambiguous, the Academy will follow this up with a phone call to parents for further information which will be recorded by the Academy
2.10.3. It is parents' responsibility to ensure that if their child's medical needs change at any point that they make the Academy aware, and a revised medical needs form must be completed. Updating the Academy if their child's medical needs change at any point. Parents are requested to keep the Academy up to date with any changes in allergy management with regards to clinic summaries, re-testing and new food challenges.
2.10.4. Ensuring that any required medication (EpiPen's or other adrenalin injectors, inhalers and any specific antihistamine) is supplied, in date and replaced as necessary. The parents/carers of all children who have an epi-pen in the Academy must complete specific healthcare plan sheets stating the emergency actions to be taken. They should also give permission for the spare emergency epi-pen to be used in the event it is required.
2.10.5. Attending any meeting as required to share further information about their child's food allergy to assist in planning for the management of their child's allergy and completion of a care plan.
2.10.6. If an episode of anaphylaxis occurs outside of the Acacemy, the Academy must be informed.

2.10.7. Support so that children of any age are made familiar with what their allergies are and the symptoms they may have that would indicate a reaction is happening.
2.10.8. Support that children are encouraged to take increased responsibility for managing choices that will reduce the risk of allergic reactions. Expectations are age appropriate.
2.10.9. Ensure that children are not allowed to share food with each other.
2.10.10. If volunteering, they will be asked to disclose any food allergies as part of their induction.
2.10.11. Reasonable adjustments will be considered for students, staff and visitors with known allergies to ensure their health, safety and inclusion whilst on site.

3. Arrangements

3.1 Training and Competence

3.1.1. The Academy recognises that effective allergy management relies on competent, informed and confident staff. Therefore;
3.1.2. All staff, including temporary staff, will receive allergy awareness training to effectively recognise allergic reactions and to respond effectively to anaphylaxis.
3.1.3. The appointed Designated Allergy Lead will receive appropriate training which will be refreshed at least annually and following any significant changes to procedures, equipment, legislation or pupil needs.
3.1.4. Staff expected to administer or assist with adrenaline auto-injectors (AAIs) will receive appropriate practical training and regular refresher training.
3.1.5. Staff will be trained to ensure any pupil experiencing an allergic reaction will be continuously supervised and monitored for a minimum of 60 minutes following the reaction, in line with current clinical guidance.
3.1.6. Temporary, agency, volunteer and supply staff will be provided with relevant allergy information and emergency arrangements as part of their induction.
3.1.7. Refresher training will be completed at least annually and following any significant changes to procedures, equipment, legislation or pupil needs.
3.1.8. Training records will be maintained and monitored by the Academy and reported to the Trust as required.

3.2 Medication and Auto-injectors

3.2.1. Students' medication is stored in:
a) Medical Office and for Residential students in the Residential Staff Dining Room
b) Students keep their own auto injectors with them
c) Students whose auto injectors are kept by the Academy are clearly detailed in Health Care Plans and Allergy Declaration Forms.
3.2.2. Student Allergy Declaration Forms are completed and stored in the T Drive/Medical/Pupil Medical Information/Pupil Allergy Declaration Forms.
3.2.3. A copy of the Allergy Declaration Form, when containing Food Allergies, is also provided to the catering team.
3.2.4. Emergency medication, including prescribed and spare adrenaline auto-injectors, will be stored and managed so that they can reasonably be accessed and administered within five minutes of an emergency occurring. The Academy spare auto- injector is stored in the Catering Manager's office on in the wall mounted AAI Kit and in the Residential building in the Staff Dining Room.
3.2.5. Pupils prescribed adrenaline auto-injectors should provide and have access to two prescribed devices at all times in accordance with clinical guidance.

3.3 First Aid

3.3.1 In the case of a student's anaphylactic shock, the procedures are as follows:

a) The member of staff on duty calls for a first aider; or if the child can walk, takes them to the medical room and calls for a first aider.
b) Identification of what has triggered the anaphylactic reaction.
c) Allow for AAI administration if the student has an AAI.
d) The first aider administers first aid and records details in our treatment book
e) Full details of the accident & location are recorded in our accident book
f) If the child has to be taken to hospital or the injury is `work' related, then the accident is reported to the Academy Council
g) If the incident is reportable under RIDDOR (Reporting of Injuries, Diseases & Dangerous Occurrences Regulations 2013), then, as the employer the Academy will arrange for this to be done
h) All serious allergy incidents and near misses will be reviewed to identify lessons learned and improvements required to prevent recurrence.

3.4 Insurance Arrangements

3.4.1 The Academy's insurance is with the Department of Education (DfE) Risk Protection Arrangement (RPA) membership. The Academy's RPA certificate with membership details can be found on the Staff Area of the Academy's website.

3.5 Educational Visits

3.5.1. In the case of a **residential visit**, the residential first aider will administer First Aid. Reports will be completed in accordance with procedures at the Residential Centre.

3.5.2. In the case of day visits, a trained Allergy Anaphylaxis staff member will carry a travel first aid kit in case of need, including a spare auto-injector appropriate to the pupil's needs.

3.5.3. All staff attending the educational visit will be aware of any pupils with allergies and be aware of their Individual health care plan and their allergy action plan.

3.5.4. Any pupil with a prescribed auto-injector must carry this on any educational visit.

3.5.5. Where packed lunches are provided for day visits, the catering team will adhere to providing food taking into account all pupils known allergies who are attending that trip.

3.5.6. Where food is provided by a third-party caterer on a day or residential trip, they will be provided with details of all known allergies of all pupils attending that educational visit.

3.5.7. Where educational visits involve cooking, food preparation, animal contact, environmental allergens, or food provided by third parties, allergy risks will be considered during planning and risk assessment. Appropriate control measures will be implemented and reasonable adjustments made to ensure pupils with allergies are able to participate safely and are not excluded from activities.

3.5.8. Educational visit risk assessments will consider exposure to food, contact and airborne allergens, including animal contact, environmental allergens, pollen, and activities that may increase allergen exposure. Appropriate control measures will be implemented to ensure the safe inclusion of affected pupils.

3.6 Classroom and Non-kitchen areas

3.6.1 In the case of eating taking place outside the catering and main dining facilities the staff will ensure desks/ tables are cleaned before and after eating activities.

3.6.2 All staff have received allergy awareness training and are aware of pupils' allergies.

3.6.3 All relevant staff have completed safe food handling training.
3.6.4 Pupils are prohibited from sharing food in class or during clubs.
3.6.5 Where a pupil has a known allergy to airborne allergens, reasonable control measures will be implemented, which may include ventilation arrangements, management of classroom resources, restrictions on identified triggers, and consideration of allergen exposure during activities involving animals, plants or strong fragrances.

3.7 Administering Medicines

3.7.1 Prescribed medicines may be administered in the Academy by staff members who're appropriately trained by a healthcare professional, where it is deemed essential. Wherever possible, students will administer their own medicine, under the supervision of a member of staff.
3.7.2 If a child refuses to take their medication, staff will inform their parents/carers accordingly.
3.7.3 In all cases, we must have parental permission outlining the type of medicine, dosage and the time the medicine needs to be given. Forms are available from the Academy Medical office. Forms are reviewed annually or when a student's medical needs change.
3.7.4 Staff will ensure that records are kept of any medication given.

3.8 Storage and disposal of medicines

3.8.1 Wherever possible, students will be allowed to carry their relevant devices or will be able to access their medicines in the Medical office for self-medication, quickly and easily. Students' medicine will not be locked away out of the student's access. This is especially important whilst on Academy trips. It is the responsibility of the Academy to return medicines that are no longer required, to the parent/carer for safe disposal.
3.8.2 Spare auto-injectors will be held by the Academy for emergency use, in line with the student's Individual Healthcare Plan and Department of Health protocols.
3.8.3 Spare auto-injectors are located in the Catering Manager's Office and the Residential Staff Dining Room and are signed in and out.
3.8.4 If the spare auto-injector is used, the Headteacher is notified and a new spare is ordered.

3.9 Anaphylaxis

3.9.1 Anaphylaxis is a severe and potentially life-threatening reaction to a trigger, such as foods, insect stings, medications or other allergens. The symptoms include:

a. feeling lightheaded or faint
b. breathing difficulties – such as fast, shallow breathing or a tightening of the chest or airway.
c. wheezing
d. a fast heartbeat
e. clammy skin
f. confusion and anxiety
g. collapsing or losing consciousness
h. the student (or staff member) may also be subject to a feeling of dread or panic and will need calm reassurance.

There may also be other allergy symptoms, including an itchy, raised rash (hives), feeling or being sick, swelling (angioedema) or stomach pain.

3.9.2 What to do if someone has anaphylaxis. Anaphylaxis is a medical emergency. It can be very serious, and potentially fatal, if not treated quickly. If someone has symptoms of anaphylaxis, you should:

a. Use an adrenaline auto-injector if available, following the correct procedure.

b. Call 999 for an ambulance immediately, even if they start to feel better; mention that you think the person has anaphylaxis.
c. Remove any trigger if possible, for example, carefully remove any stinger stuck in the skin.
d. Lie the person down flat, unless they're unconscious, pregnant or having breathing difficulties.
e. Give another injection after 5 to 15 minutes if the symptoms do not improve and a second auto-injector is available.

3.9.3 All staff must be trained in recognising and responding to anaphylaxis and using auto-injectors relevant to the medical needs of students.

3.9.4 People with potentially serious allergies are often prescribed adrenaline auto-injectors to carry at all times. These can help stop an anaphylactic reaction from becoming life-threatening and should be used as soon as a serious reaction is suspected, either by the person experiencing anaphylaxis or someone helping them.

3.9.5 There are two main types of adrenaline auto-injectors, which are used in slightly different ways. It is therefore important that staff have sufficient training and awareness of how to use each specific type of auto-injector. These are:

a. EpiPen
b. Jext

If in doubt, treat for anaphylaxis and administer adrenaline.

NOTE: Emerade has been discontinued in the UK with a full recall since 2023 due to failure to activate. These MUST NOT be used.

3.10 Accidents/Illnesses Requiring Hospital Treatment

3.10.1 If a student has an incident, which requires urgent or non-urgent hospital treatment, the Academy will be responsible for calling an ambulance. When an ambulance has been arranged, a staff member will stay with the student until the parent/carer arrives, or accompany the student taken to the hospital by ambulance if required.

3.10.2 Parents/carers will then be informed and arrangements made regarding where they should meet their child. It is vital therefore, that parents/carers provide the Academy with up-to-date contact names and telephone numbers.

3.11 Defibrillators

3.11.1. Defibrillators are available within the Academy as part of the first aid equipment. They are located in the Academy's Main School Office and in the Residential Staff Dining Room.

3.11.2. First aiders are trained in the use of defibrillators, and defibrillators are clearly marked and accessible.

3.11.3. The local NHS ambulance service have been notified of defibrillator locations.

3.12 Students with Special Medical Needs – Individual Healthcare Plans

3.12.1 The Academy recognises that allergies may arise from food, medication, insect stings, airborne allergens and contact allergens. Risk assessments and support arrangements will be developed proportionately according to the individual needs of the affected person. Where a pupil is affected by airborne allergens, reasonable measures will be considered to minimise exposure and support their health, wellbeing and participation in school activities.

3.12.2 Some students have medical conditions that, if not properly managed, could limit their access to education. These conditions may include, but are not limited to, severe food allergies, allergies to insect stings, allergies to animals or medication allergies.

3.12.3 Where students with severe allergies are identified, an Individual Healthcare Plan (IHP) must be developed. This ensures

a) All staff are aware of the student's allergy and potential triggers
b) Specific safety measures are identified and in place to reduce the risk of exposure to allergens
c) Clear emergency procedures are defined, including administration of auto-injectors and calling for medical assistance.
d) Catering, classroom, and activity arrangements accommodate the student's allergy safely.
e) Responsibilities of staff, parents, and the student (where age-appropriate) are clearly documented.

3.12.4 When developing and reviewing IHPs, ensure:

a) Parents/carers provide detailed information about their child's allergies, medical history, and prescribed emergency medication (e.g., adrenaline auto-injectors).
b) Students with severe allergies must have an IHP completed in conjunction with their GP, Paediatrician, and the Academy's Medical Officer.
c) IHPs must be developed before the student starts at the Academy, or within two weeks of diagnosis/enrolment.
d) IHPs are reviewed at least annually or sooner if there is a significant change in the student's allergy status, medication, or triggers.

3.12.5 Where students with severe allergies are identified, an allergy action plan (AAP) must be developed. This is an essential tool to manage severe allergies with risks of anaphylaxis. The AAP must provide clear and concise guidance on how to recognise and treat severe allergic reactions and should where possible, align with the latest clinical treatment guidelines.

3.13 Allergy Identification, Communication and Practical Management Systems

3.13.1 The Academy will implement clear, proportionate and age-appropriate systems to ensure that pupils with allergies are readily identified and that relevant information is communicated effectively to staff, catering teams, and where appropriate, pupils.

These arrangements must:

a) Protect pupils' dignity and personal data.
b) Be consistent with Individual Healthcare Plans (IHPs) and Allergy Action Plans (AAPs).
c) Be clearly understood by all relevant staff, including temporary and supply staff.
d) Be reviewed regularly to ensure they remain effective.

The Academy will document the systems in place locally and ensure they are communicated through induction, training and routine briefings.

3.13.2 **Pupil identification methods -** The Academy uses the following systems to identify pupils with allergies:

a) Classroom visual allergy awareness photo boards established and accessible to staff held securely and accessible to staff.

3.13.3 **Dining Hall and Food Service Controls** - To reduce the risk of allergen exposure during mealtimes, the Academy operates the following arrangements:

a. Classroom visual allergy awareness photo boards are established, are accessible to staff held securely.
b. The Catering Team are aware of allergens and have prepared an alternative choice.

3.13.4 **Staff communication and information sharing -** Allergies are communicated effectively through:

a) A central allergy register accessible to teaching staff, support staff and catering teams.

b) Termly allergy briefings for relevant staff or briefings as required.
c) Clear handover procedures for supply staff and external providers.
d) Inclusion of allergy information in trip planning and cover arrangements.

3.13.5 **Classroom, Residential and non-dining arrangements -** Where food is used outside main dining areas (e.g. classrooms, residential, events), the Academy ensures:
a) All staff are aware of pupils with allergies before activities take place.
b) Surfaces are cleaned before and after food use.
c) Food sharing is prohibited.
d) Alternative activities or materials are provided where required

3.14 Accident Recording and Reporting

3.14.1 First aid and accident record book
a) An accident form will be completed by the relevant member of staff on the same day or as soon as possible after an incident resulting in an anaphylactic shock.
b) Records will be retained securely in line with GDPR and the Academy 's Data Protection Policy. For pupils, accident and medical records will be kept until the pupil reaches age 21 (or 25 for those with special educational needs). For staff, records will be retained for a minimum of 3 years
c) Parents/carers will be informed promptly of any significant allergy-related incident or near miss involving their child.

3.14.2 Reporting to the Health & Safety Executive (HSE)
a) Any incident that meets RIDDOR criteria will be reported to the Health and Safety Executive within statutory timeframes.
b) The Academy will notify the Academy Council of all serious allergy related incidents.
c) For full details of RIDDOR Reporting requirements and procedures, refer to the HSE's guidance.

3.14.3 Parents/carers must be informed on the same day of any allergy-related incident and treatment provided.

3.15 Monitoring and review

3.15.1 The Academy will monitor the effectiveness of its allergy management arrangements to ensure they remain suitable, effective and compliant with statutory requirements and recognised best practice.

3.15.2 Monitoring activities will include:
a) Review of allergy-related incidents, emergency responses and near misses.
b) Monitoring the completion and effectiveness of staff training and refresher training.
c) Review of Individual Healthcare Plans (IHPs) and Allergy Action Plans (AAPs) to ensure they remain accurate and up to date.
d) Audit of allergy registers, communication arrangements and medication management systems.
e) Monitoring of emergency equipment, medication storage arrangements and spare adrenaline auto-injector (AAI) checks.
f) Periodic health and safety audits, inspections and assurance activities.
g) Review of compliance with this policy and associated procedures across the Academy.

3.15.3 Findings from monitoring activities will be reviewed by the appropriate leaders and used to identify trends, implement corrective actions, share good practice and inform future policy reviews. Significant findings and allergy-related risks will be reported through the Academy's governance arrangements as appropriate.

3.16 Unacceptable Practice

The Academy will not:

a) Prevent pupils from accessing prescribed allergy medication.
b) Require parents/carers to routinely attend school activities to manage their child's allergy.
c) Exclude pupils from educational visits or extracurricular activities because of allergies.
d) Send a pupil experiencing an allergic reaction to seek assistance unsupervised.
e) Ignore clinical advice or information provided by parents or healthcare professionals.

3.17 Difference between Food Allergy and Food Intolerance

3.17.1 A food allergy is when the body's immune system (which is the body's defense against infection) mistakenly treats the protein in food as a threat. The body responds to this threat by releasing several chemicals in the body. These chemicals cause symptoms of an allergic reaction.

3.17.2 Food intolerance is more common than food allergies. Food intolerances are thought to affect 1 in 10 people. Food intolerances do not involve the immune system. Instead, food intolerance involves the digestive system and can cause difficulty digesting certain foods leading to symptoms such as abdominal pain, gas and diarrhea. Those who are affected often rely on allergen labelling to avoid the foods that make them ill.

3.18 Food Allergens

The Food Information (Amendment) (England) Regulations 2019

3.18.1 The UK Food Information Amendment, also known as Natasha's Law, came into effect on the 1st of October 2021 and requires food businesses to provide full ingredient lists and allergen labelling on foods pre-packaged for direct sale on the premises. The legislation was introduced to protect allergy sufferers and give them confidence in the food they buy.

3.18.2 Under the new rules, food that is pre-packaged for direct sale (PPDS) must display the following clear information on its packaging:

a. The food's name
b. A full list of ingredients, emphasising any allergenic ingredients.

3.18.3 For Academies, the new labelling requirements will apply to all food they make on-site and package, such as sandwiches, wraps, salads, and cakes. It applies to food offered at mealtimes and as break-time snacks. And, as mentioned earlier, it will apply to food the pupils select themselves or that caterers keep behind the counter.

3.18.4 Food businesses need to tell customers if any food they provide contains any of the listed allergens as an ingredient.

3.18.5 Consumers may be allergic or have an intolerance to other ingredients, but only the 14 allergens are required to be declared as allergens by food law in the UK.

3.18.6 The main 14 allergens (as listed in Annex II of the EU Food Information for Consumers) are:

1. **Cereals containing gluten**, namely wheat (such as spelt and Khorasan wheat), rye, barley and oats
2. **Crustaceans, Invertebrates** (they have no backbone) with a segmented body and jointed legs. Crab, crayfish, langoustine, lobster, prawn, shrimp, scampi.
3. **Egg,** Egg does not have to be eaten to cause an allergic reaction; coming into contact with eggshells or touching (raw) egg can cause allergic symptoms usually affecting just the skin in highly sensitive individuals.
4. **Fish**, Vertebrates (they have a backbone). Most fish are covered in scales and have fins. Anchovy, basa, cod, cuttlefish, haddock, hake, halibut, mackerel, monkfish, pilchards, plaice, pollock, salmon, sardine, sea bass, swordfish, trout, tuna, turbot, whitebait.

5. **Peanuts**, Different varieties of peanuts are produced for different uses (for example, peanuts to be used in peanut butter and peanuts in the shell for roasting,). Peanuts are from a family of plants called legumes, the same family as garden peas, lentils, soya beans and chickpeas. Most people will be able to eat other types of legumes without any problems, and it is rare for people with a peanut allergy to react to other legumes. **Peanut allergy affects around 2% (1 in 50) of children in the UK and has been increasing in recent decades.**
6. **Soybeans,** Soy comes from soybeans and immature soybeans are called edamame beans. Soya can be ingested as whole beans, soya flour, soya sauce or soya oil. Soya can also be used in foods as a texturiser (texturized vegetable protein), emulsifier (soya lecithin) or protein filler. Soya flour is widely used in foods including; breads, cakes, processed foods (ready meals, burgers and sausages) and baby foods.
7. **Milk,** includes dairy items, butter, cheese, cream, yoghurt, ice-cream, ghee, whey, buttermilk, milk powders.
8. **Nuts** (namely almond, hazelnut, walnut, cashew, pecan nut, Brazil nut, pistachio nut and macadamia nut (Queensland nut). Can be found in curry powders and mixes, savoury sauces, salad dressing, marinades, soup, Indian dishes, English, French and American dishes
9. **Celery**, celery sticks, celery leaves, celery spice, celery seeds, which can be used to make celery salt.
10. **Mustard**, Mustard seeds are produced by the mustard plant which is a member of the Brassica family. Seeds can be white, yellow, brown or black. Whole seeds can be used in a variety of ways in cooking including roasting, marinating or as an addition to pickled products. Whole, ground, cracked or bruised mustard seeds are mixed with other ingredients to make table mustard.
11. **Sesame seeds**, Also known as: Benne (African name), gingelly (Sesame Oil), gomashio (Japanese Condiment), til (seed of sesame) Foods that sometimes have sesame as an ingredient include: veggie burgers, breadsticks, crackers, burger buns, cocktail biscuits, Middle Eastern foods, Chinese, Thai and Japanese foods, stir-fry vegetables, salad dishes and health food snacks.
12. **Sulphur dioxide and/or sulphites**, Also known as: Sulphur dioxide (E220) and other sulphites (from numbers E221 to E228) are used as preservatives in a wide range of foods, especially soft drinks, sausages, burgers, and dried fruits and vegetables.
    E220 (Sulphur dioxide), E221 Sodium sulphite, E222 Sodium hydrogen sulphite, E223 Sodium metabisulphite, E224 Potassium metabisulphite, E226 Calcium sulphite, E227 Calcium hydrogen sulphite, E228 Potassium hydrogen sulphite, E150b Caustic sulphite caramel, E150d Sulphite ammonia caramel. It can be found in foods as a preservative, dried fruit and vegetables, soft drinks, fruit juices, fermented drinks (wine, beer and cider), sausages and burgers. Anyone who has asthma or allergic rhinitis may react to inhaling sulphur dioxide.
13. **Lupin**, Also known as lupin seeds, lupin beans and lupin flour. The lupin is well-known as a popular garden flower with its tall, colourful spikes. The seeds from certain lupin species are also cultivated as food. These are normally crushed to make lupin flour, which can be used in baked goods such as pastries, pies, pancakes and in pasta.
14. **Molluscs**, Also invertebrates. They are soft bodied inside and some have a shell. Abalone, squid, cuttlefish, octopus, snails and whelk. Those that have a shell that opens and closes are called 'bivalve molluscs', such as clams, cockles, oysters, mussels and scallops. This also applies to additives, processing aids and any other substances which are present in the final product.

4. Conclusions

4.1 This Allergy Awareness policy reflects the Academy's serious intent to accept its responsibilities in all matters relating to management of allergy awareness and the administration of auto-injectors / medicines. The clear lines of responsibility and organisation describe the arrangements which are in place to implement all aspects of this policy.

4.2 The storage, organisation and administration of first aid and medicines provision is taken very seriously. The Academy carries out regular reviews to check the systems in place meet the objectives of this policy.

5. Further Guidance

Further guidance can be obtained from the organisations listed below or the Academy's H&S Consultants. The HR Operations Manager in the Academy will keep the policy under review and ensure links are current.

- Department for Education Supporting pupils with medical conditions: links to other useful resources
- Department for Education Allergy safety in Schools
- Children's Wellbeing and Schools Act 2026 https://www.legislation.gov.uk/ukpga/2026/21/contents
- Department of Health Guidance on the use of Auto Injectors in Schools

Resources for Specific Conditions

- Allergy UK
  - https://www.allergyuk.org/
  - https://www.allergyuk.org/living-with-an-allergy/at-School/
- The Anaphylaxis Campaign www.anaphylaxis.org.uk
- Asthma UK (formerly the National Asthma Campaign) www.asthma.org.uk
- National Eczema Society www.eczema.org
- Psoriasis Association www.psoriasis-association.org.uk/
- Benedict Blythe Foundation https://benedictblythe.com/benedicts-law/

Resources for Food Allergies

- Further Guidance can be obtained from The Food Standards Agency https://www.food.gov.uk/business-guidance/allergen-guidance-for-food-businesses
- The Food Standards Agency has also published guidance about the new requirements for PPDS food.
  - https://www.food.gov.uk/business-guidance/introduction-to-allergen-labelling-changes-ppds
  - https://www.food.gov.uk/business-guidance/prepacked-for-direct-sale-ppds-allergen-labelling-changes-for-Schools-colleges-and-nurseries
  - https://www.allergyuk.org/resources/peanut-allergy-factsheet/

Allergen Resources - General information

- Allergen guidance for consumers https://www.food.gov.uk/safety-hygiene/food-allergy-and-intolerance
- Allergen guidance for food businesses https://www.food.gov.uk/business-guidance/allergen-guidance-for-food-businesses
- Allergen labelling for food manufacturers https://www.food.gov.uk/business-guidance/allergen-labelling-for-food-manufacturers
- EU commission notice on HACCP and allergens https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52016XC0730(01)&from=EN

- EU Food Information for Consumers Regulation No. 1169/2011 https://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2011:304:0018:0063:EN:PDF
- Food alerts, product recalls and withdrawals https://www.food.gov.uk/news-alerts/search/alerts
- Food Information Regulation (England) 2014 https://www.legislation.gov.uk/uksi/2014/1855/contents/made
- Safer Food Better Business https://www.food.gov.uk/business-guidance/safer-food-better-business-sfbb
- Technical guidance https://www.food.gov.uk/business-guidance/food-allergen-labelling-and-information-requirements-technical-guidance-summary

Additional Useful Resources

- Allergy and intolerance sign Download your allergen icons and posters - GOV.UK
- Dishes and their allergen content chart. Template and more information at Allergen guidance for food businesses - GOV.UK
- Allergen Checklist for Food Business https://www.food.gov.uk/business-guidance/allergen-checklist-for-food-businesses
- Spare Pens in Schools - adrenaline auto-injectors (AAIs). http://www.sparepensinSchools.uk

Appendix 1

Staff Allergy Declaration Form

Name of Staff:			
Date of birth:		**Position:**	
Name of GP:			
Address of GP:			

Nature of allergy:	
Severity of allergy:	
Symptoms of an adverse reaction:	
Details of required medical attention:	
Instructions for administering medication:	
Control measures to avoid an adverse reaction:	

Appendix 2

Pupil Allergy Declaration Form

Name of pupil:			
Date of birth:		**Year group:**	
Name of GP:			
Address of GP:			

Nature of allergy:	
Severity of allergy:	
Symptoms of an adverse reaction:	
Details of required medical attention:	
Instructions for administering medication:	
Control measures to avoid an adverse reaction:	

Appendix 3

Pupil Individual Health Care Plan (IHCP)

Pupil's name		PHOTO
DOB		
School Year		
Child's address	*Please see sims for most current and up to date information*	
Medical diagnosis or condition		
Allergies	SEE BELOW	
Date of IHCP		
Last discussed with parent/carer		
Review Date		

Medical needs
Description of medical needs including symptoms, signs and treatments.
These may only be noted if serious/long term illness. Other medical needs will be on the pupil file/EHCP's.

Please see MAR sheets for current and most up to date medication needs.

Allergy needs
Description of allergy needs including symptoms, triggers and treatments.

EMERGENCY PLAN AND FOLLOW UP CARE

Emergency needs will be met by the school staff until the parent is able to meet at the school or hospital. *Follow up care to be agreed with parent/carer.*

Contact details

Family Contact Information including Emergency contacts	*Please see sims for most current and up to date information*

Designated Hospital Contact

Name and contact details	*Please see sims for most current and up to date information*

G.P Name and contact details	*Please see sims for most current and up to date information*

Who is responsible for providing support in school	As Ramsden Hall Academy is a Social Emotional Mental Health (SEMH) school individual support is an integral part of the school's ethos and therefore all staff are trained and work to an agreed approach.

Medications

Please see MAR sheets for current and most up to date medication needs.

All regular medical appointments are the responsibility of the parents/carers.

Impact on Education

As Ramsden Hall Academy is a Social Emotional Mental Health (SEMH) school individual support is an integral part of the school's ethos and therefore all staff are trained and work to an agreed approach. Any significant impact on a pupil's education will be in-line with their EHCP.

Visits/trips/transport needs

All pupils are able to attend all school visits/trips subject to behaviour risk assessments. Medical conditions will not result in them being excluded from trips. Taxis routinely bring pupils into school and complete their own risk assessments. School minibus and agreed staff vehicles or public transport are to be used for visits and trips.