YORKSHIRE CAUSEWAY SCHOOLS TRUST

School Allergy Policy

Version 1.0

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1. Introduction

This policy sets out the Trust's approach to preventing, managing, and responding to allergies, including life-threatening anaphylaxis, across all schools.

The Trust is committed to:

- Safeguarding the health, safety, and wellbeing of pupils with allergies
- Enabling full inclusion in all aspects of school life
- Ensuring timely and effective emergency response

This policy applies to:

- All staff, pupils, volunteers and visitors
- All Trust sites and off-site activities

2. Legislation and guidance

This policy operates within the Trust's duties under:

- Children and Families Act 2014 (Section 100)
- Children's Wellbeing and Schools Act 2026
- Equality Act 2010
- Supporting pupils at school with medical conditions
- Health and Safety at Work Act 1974
- Food Information Regulations 2014 and The Food Information (Amendment) (England) Regulations 2019

This policy implements statutory guidance on supporting pupils with medical conditions and allergies (2026), issued under Section 100 of the Children and Families Act 2014 and enabled by the Children's Wellbeing and Schools Act 2026 (commonly referred to as 'Benedict's Law'), ensuring that pupils at risk of anaphylaxis are:

- Appropriately identified
- Effectively supported through Individual Healthcare Plans
- Protected through robust risk management
- Supported by trained staff
- Able to access rapid and effective emergency response

It must be read alongside the Trust's:

- School Medical Policy
- Child Protection Policy
- Health and Safety Policy

3. Roles and responsibilities

The Trust adopts a whole-school approach based on:

- Prevention and risk reduction
- Early identification and planning
- Clear communication
- Rapid emergency response
- Inclusion and reasonable adjustments

3.1. Trust Board

The Trust Board is responsible for:

- Ensuring compliance with statutory duties
- Promoting and maintaining allergy awareness across the Trust

3.2. Headteacher

The headteacher is responsible for:

- Implementing this policy in school
- Nominating an allergy lead – this should be a member of the senior leadership team who has pastoral/welfare responsibilities
- Ensuring adequate staffing, training and systems are in place
- Ensuring the school completes and reviews an annual whole-school allergen risk assessment and that appropriate controls are in place.

3.3. Allergy lead

The nominated allergy lead is Lydia Scales

They are responsible for:

- Maintaining an accurate allergy register
- Ensuring all required individual healthcare plans (IHPs) are in place and are up to date and readily available to relevant members of staff
- Coordinating staff training and awareness
- Overseeing adrenaline auto-injector (AAI) stock and emergency kits
- Monitoring policy compliance through audits and spot checks (IHPs, AAI access, training records)
- Reporting to senior leadership

3.4. School nurse/medical officer (where appropriate)

The school nurse/medical officer is responsible for:

- Co-ordinating the paperwork and information from families

- Co-ordinating medication with families
- Checking spare AAIs are in date
- Any other appropriate tasks delegated by the allergy lead

Where there is no-one in this position, the allergy lead will hold these responsibilities.

3.5. All staff

All teaching and support staff must:

- Be aware of pupils with allergies in their care
- Promote and maintain allergy awareness among pupils
- Maintain an understanding of this allergy policy and related procedures
- Be able to recognise the signs of severe allergic reactions and anaphylaxis
- Know how to access and administer AAIs
- Attending appropriate allergy training as required
- Carefully consider the use of food or other potential allergens in lesson and activity planning
- Ensure the wellbeing and inclusion of pupils with allergies

In addition:

- All supply staff, temporary staff, volunteers and contractors must receive a briefing on allergen risks and emergency procedures before supervising pupils
- No member of staff should take responsibility for pupils without understanding:
    - Who is at risk
    - What actions to take in an emergency

3.6. Parents/carers

Parent of pupils with allergies must:

- Provide accurate and up-to-date medical information
- Supply prescribed medication (including 2 in-date AAIs where required and any other medication, such as inhalers, antihistamine etc., and making sure these are replaced in a timely manner)
- Provide medical evidence and consent documentation
- Notify the school of any changes

All parents should:

- Be aware of this allergy policy
- Carefully consider the food they provide to their child as packed lunches and snacks, and trying to limit the number of allergens included
- Follow the school’s guidance on food brought in to be shared

3.7. Pupils

Pupils with allergies are responsible for:

- Being aware of their allergens and the risks they pose
- Understanding how and when to use their adrenaline auto-injector
- If age-appropriate, carrying their adrenaline auto-injector on their person and only using it for its intended purpose

All pupils should:

- Be aware of allergens and the risk they pose to their peers

4. Individual healthcare plans (IHPs)

An Individual Healthcare Plan is mandatory for:

- All pupils at risk of anaphylaxis
- Any pupil where medical needs require formal planning

IHPs will:

- Be developed in partnership with parents and healthcare professionals
- Include:
  - Allergens
  - Signs and symptoms
  - Emergency actions
  - Medication details
- Be reviewed annually as a minimum
- Updated after any incident

IHPs must be:

- Easily accessible to relevant staff
- Shared with those supervising the pupil

5. Assessing risk

Each school will maintain a central allergy register, and have clear systems in place to ensure information is shared with:

- Teachers
- Support staff
- Supply staff
- Trip leaders

Additional controls may include:

- Pupil photographs (with consent)

- Classroom alerts where appropriate

The school will conduct a risk assessment for any pupil at risk of anaphylaxis taking part in:

- Lessons such as food technology
- Science experiments involving foods
- Crafts using food packaging
- Off-site events and school trips
- Any other activities involving food,
- Activities involving animals, such as animal handling experiences or where a visitor requires a guide dog.

6. Communication and information sharing

Effective communication is critical to ensuring the safety of pupils with allergies.

Each school will ensure that:

- A central allergy register is maintained, accurate, and regularly reviewed
- Allergy information is shared with all relevant staff on a strict need-to-know basis
- Staff are informed of:
    - Pupils at risk of anaphylaxis
    - Key allergens
    - Location of AAIs and emergency procedures

Systems will include:

- Integration with school information systems where possible
- Alerts for teaching staff, support staff, and trip leaders
- Clear handover processes for:
    - Supply staff
    - Temporary staff
    - Volunteers

Any changes to a pupil's allergy status or medical needs must be communicated promptly to all relevant staff.

Failure to follow communication procedures will be treated as a serious health and safety concern.

7. Managing risk

Schools must complete and review a whole-school allergen risk assessment on an annual basis (see Appendix One) to identify potential risks and confirm that effective control measures are implemented.

Risk management measures include:

7.1. Hygiene procedures

- Pupils are reminded to wash their hands before and after eating
- Sharing of food is not allowed
- Pupils have their own named water bottles
- Regular cleaning of surfaces

7.2. Catering

The school is committed to providing safe food options to meet the dietary needs of pupils with allergies.

- Catering staff will receive appropriate training and are able to identify pupils with allergies
- School menus are available for parents/carers to view with ingredients clearly labelled
- Where changes are made to school menus, we will make sure these continue to meet any special dietary needs of pupils
- Food allergen information relating to the 'top 14' allergens is displayed on the packaging of all food products, allowing pupils and staff to make safer choices. Allergen information labelling will follow all legal requirements that apply to naming the food and listing ingredients, as outlined by the Food Standards Agency (FSA)
- Catering staff follow hygiene and allergy procedures when preparing food to avoid cross-contamination

The Headteacher retains overall accountability for ensuring that any catering provision, whether delivered in-house or by an external provider, complies with this policy and relevant allergen legislation, with operational oversight delegated to a named member of staff.

7.3. Food restrictions

The Trust does not operate fully allergen-free environments.

However, schools will take reasonable steps to reduce risk, including:

- Prohibiting the sharing of food between pupils
- Restricting high-risk allergens (e.g. nuts, sesame) where appropriate
- Implementing controls for:
    - Birthday celebrations
    - Food brought in for sharing
    - Fundraising and bake sales

Where a pupil has a severe allergy:

- Additional classroom or whole-school restrictions may be implemented following risk assessment

- Parents/carers will be clearly informed of expectations

All arrangements will prioritise safety while maintaining inclusion.

7.4. Insect bites/stings

When outdoors:

- Shoes should always be worn
- Food and drink should be covered

7.5. Animals

- All pupils will always wash hands after interacting with animals to avoid putting pupils with allergies at risk through later contact
- Pupils with animal allergies will not interact with animals

Findings from the whole-school risk assessment, monitoring activities, and post-incident reviews will be used to inform continuous improvement.

8. Inclusion and equality

The Trust will make reasonable adjustments to ensure pupils with allergies are not disadvantaged.

This may include:

- Adaptation of learning activities
- Supervision arrangements
- Alternative food provision

No pupil will be excluded from activities due to allergies unless absolutely necessary for safety reasons.

8.1. Mental health and wellbeing

Pupils with allergies can experience bullying and may also suffer from anxiety and depression relating to their allergy.

Pupils with allergies will have additional support through:

- Pastoral support
- Regular check-ins with their class teacher/form tutor to monitor for anxiety or bullying

Schools will respond in line with safeguarding and behaviour policies where required.

9. Third-party providers

The Trust retains overall responsibility for the safety of pupils with allergies, including where services are delivered by third parties.

All external providers operating on school premises or on behalf of the school (including catering providers, wraparound care, clubs, trip providers, and lettings/hirers) must:

- Comply with this Allergy Policy and relevant statutory guidance
- Provide evidence of suitable allergy management procedures, including staff training
- Demonstrate compliance with food allergen legislation where applicable
- Follow school procedures for identifying pupils with allergies and responding to emergencies
- Co-operate with the school's risk assessments and Individual Healthcare Plans

The school will undertake appropriate assurance checks, which may include:

- Review of policies and procedures
- Verification of staff training
- Contractual requirements and service level agreements
- Monitoring and spot checks as part of routine assurance

Lettings and external users of school premises must comply with allergen management expectations where food is present and may be required to provide risk assessments and allergen information in advance.

10. Educational visits and off-site activities

For all trips:

- Risk assessments must include allergy considerations
- Staff in attendance must be trained
- Medication (including AAIs) must be accessible at all times

Spare AAIs will be taken where required.

11. Emergency response: allergic reaction and anaphylaxis

All staff must follow this protocol:

If anaphylaxis is suspected:

1. Administer AAI immediately
2. **Call 999 – state "ANAPHYLAXIS"**
3. Send for second AAI and inform office
4. Contact parents/carers
5. Monitor the pupil continuously
    a. A second AAI should be given after 5 minutes if symptoms persist
    b. The pupil must go to hospital in all cases

Important: In a life-threatening emergency, staff will act immediately to administer medication and call emergency services, even if documentation is incomplete.

12. Adrenaline auto-injectors (AAIs)

In line with the Department of Health and Social Care's Guidance on using emergency adrenaline auto-injectors in schools, each school will:

12.1. Use of spare AAIs

Spare AAIs will only be administered in line with Department of Health and Social Care guidance.

They may be used for pupils:

- Who have been diagnosed as at risk of anaphylaxis
- Who have been prescribed an AAI
- Where written parental consent for use of the spare AAI has been provided

The school will maintain:

- A list of pupils with consent for spare AAI use
- Confirmation of medical diagnosis and prescription

Staff administering an AAI in an emergency will not be required to verify written consent at the point of use, where there is a life-threatening situation.

12.2. Maintain spare AAIs

The allergy lead is responsible for buying AAIs in line with the guidance and ensuring they are stored according to the guidance.

12.3. Storage (of both spare and prescribed AAIs)

AAIs will be:

- Kept in a safe and suitably central location to which all staff have access at all times, but is out of the reach and sight of children
- Stored at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature
- Clearly labelled
- Immediately accessible (larger schools will require more than one AAI kit, ideally located near the dining area and playground)

12.4. Maintenance (of spare AAIs)

The allergy lead or school nurse/medical officer where applicable, is responsible for checking monthly that:

- The AAIs are present and in date
- Replacement AAIs are obtained when the expiry date is near

12.5. Disposal

AAIs can only be used once. Once a AAI has been used, it will be disposed of in line with the manufacturer's instructions.

12.6. Emergency anaphylaxis kit

The school holds an emergency anaphylaxis kit. This includes:

- Spare AAIs
- Instructions for the use of AAIs
- Instructions on storage
- Manufacturer's information
- A checklist of injectors, identified by batch number and expiry date with monthly checks recorded
- A note of arrangements for replacing injectors
- A list of pupils to whom the AAI can be administered
- A record of when AAIs have been administered

13. Post incident review

Following any allergic reaction requiring the administration of medication or emergency services:

The school will carry out a formal post-incident review, which will include:

- A review of the circumstances leading to the incident
- Evaluation of the effectiveness of the response
- Identification of any failures in risk management or communication
- Review and update of the pupil's Individual Healthcare Plan (IHP)
- Consideration of whether wider policy or procedural changes are required

The review will involve:

- The allergy lead
- Relevant staff members
- Parents/carers
- Healthcare professionals as required

Findings will be reported to the Headteacher and, where appropriate, escalated to the Trust. Findings may also be shared across other schools in the Trust where relevant.

14. Training

The Trust is committed to training all staff in allergy response.

All staff will be required to undertake e-learning at induction on:

- How to reduce and prevent the risk of allergic reactions
- How to spot the signs of allergic reactions (including anaphylaxis)

- The importance of acting quickly in the case of anaphylaxis
- Where AAIs are kept on the school site, and how to access them
- How to administer AAIs
- The wellbeing and inclusion implications of allergies

This training will then be refreshed by allergy lead at least annually.

Designated staff will receive enhanced training on:

- The practical administration of AAIs
- Scenario based training

Each school must ensure:

- Sufficient trained staff are on site at all times
- Training records are maintained

All supply staff, volunteers and contractors must also receive a pre-activity allergy briefing, including emergency procedures and pupil risks.

Associated policies

This policy links to the following policies and procedures:

- Child Protection Policy
- Health and Safety Policy
- School Medical Policy
- Educational Trips and Visits Policy
- Behaviour Policy

APPENDIX ONE: Whole-school Allergen Risk Assessment

The Trust recognises that allergen risks cannot be fully eliminated; however, through a whole-school approach to risk identification, control, training, and assurance, risks can be effectively reduced to a tolerable level while maintaining inclusion and normal school activity. This risk assessment identifies and manages allergen risks across the school environment, supporting the implementation of this policy and complementing Individual Healthcare Plans. It ensures proportionate controls are in place in line with statutory duties and the strengthened expectations associated with "Benedict's Law".

Risk Area	Key Risks Identified	Existing Controls	Further Actions Required	Risk Rating (L/M/H)	Responsible Lead	Review Date
Catering (internal/external)	*e.g. cross-contamination, incorrect allergen labelling, menu changes not communicated*	*e.g. trained staff, allergen labelling, separation procedures, menus shared with parents*	*e.g. strengthen contractor assurance, audit catering provider*			
Classroom activities (curriculum use of food/materials)	*e.g. allergens used in DT, science, sensory play*	*e.g. pre-activity risk assessment, substitutions, staff awareness*	*e.g. standardise planning checklists across departments*			
Dining and social areas	*e.g. food sharing, contaminated surfaces, inadequate supervision*	*e.g. cleaning protocols, supervision, handwashing routines*	*e.g. increase midday supervision or signage*			
Packed lunches / food from home	*e.g. high-risk allergens brought into school, lack of awareness*	*e.g. parent guidance, restrictions for high-risk allergens*	*e.g. targeted communication to specific year groups*			
Events / celebrations / fundraising	*e.g. unlabelled homemade food, inconsistent controls*	*e.g. pre-approval processes, allergen info required*	*e.g. restrict homemade items where necessary*			

Wraparound care / clubs	*e.g. inconsistent procedures, untrained staff, unmanaged food risks*	*e.g. provider briefings, policy sharing*	*e.g. formal assurance checks, training verification*			
Lettings / external hirers	*e.g. uncontrolled food use, no awareness of pupil allergies*	*e.g. lettings agreements, basic guidance issued*	*e.g. require allergen risk assessments from hirers*			
Educational visits / off-site activities	*e.g. loss of control over food, delayed response*	*e.g. trip risk assessments, trained staff, AAIs carried*	*e.g. standardise checklist for trip leaders*			
Environmental allergens (animals, insects, plants)	*e.g. stings, animal exposure, outdoor risks*	*e.g. supervision, handwashing, risk assessment for visits*	*e.g. review outdoor risk controls seasonally*			
Emergency preparedness	*e.g. delays in recognising anaphylaxis, lack of access to AAIs*	*e.g. staff training, emergency procedures, AAI kits*	*e.g. refresher drills, signage improvements*			
Communication and information sharing	*e.g. staff unaware of pupils at risk, poor handovers*	*e.g. allergy register, staff briefings, alerts*	*e.g. improve systems for supply staff*			
Monitoring and assurance	*e.g. inconsistent policy implementation, lack of oversight*	*e.g. monitoring by allergy lead, reporting to SLT*	*e.g. introduce termly audits and reporting cycle*			

Completed by	Role	Date	Next Review Date

Version history:

This policy will be reviewed annually and re-approved every three years, or sooner if deemed necessary.

Version	Author	Date written	Approved	Note of revisions
V1.0	L.Claringbold	14 May 2026	07 Jul 2026 – Trust Board	New policy in line with DfE guidance and Benedicts Law