



CEDARS ACADEMY TRUST

Cedars Academy: Low Fell

Cedars Academy: High Heworth

Allergy Safety Policy

Policy and Site Annexes

2026-27

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1. Purpose and scope

1.1 The Cedars Academy Trust is committed to keeping every child, young person, member of staff and visitor safe from harm caused by allergy. This policy sets out how the Trust identifies allergy, reduces the risk of exposure to known allergens, supports pupils to take a full part in school life, and responds when a reaction occurs.

1.2 Around one in five allergic reactions in schools happens to someone with no previously known allergy. Allergy safety therefore cannot be organised only around the pupils we already know about. Every member of staff must be able to recognise anaphylaxis and know what to do.

Scope

1.3 This policy applies across all Trust provision, at both sites and wherever pupils are in the Trust's care:

- Cedars Academy: Low Fell, Ivy Lane, Low Fell, Gateshead NE9 6QD
- Cedars Academy: High Heworth, Colegate West, Gateshead NE10 9AH
- breakfast club, after-school provision and holiday provision, including HAF
- educational visits, residentials, community-based learning and work-related learning
- sporting activities, hydrotherapy and swimming
- any other activity undertaken under the responsibility of the Trust

1.4 It applies to all staff, trustees, pupils, parents and carers, volunteers, agency and supply staff, contracted caterers, commissioned therapy and health services working on site, and regular visitors.

1.5 The Trust operates one policy across both sites. Arrangements that necessarily differ by site, such as where the emergency kits are kept and who is named to check them, are set out in the site annexes at Annex A and Annex B. Nothing in an annex may weaken the core policy.

2. Legal and statutory framework

2.1 Section 100 of the Children and Families Act 2014 places a duty on the proprietors of academies to make arrangements for supporting pupils with medical conditions. Section 34 of the Children's Wellbeing and Schools Act 2026 amends that duty and requires academies to have an allergy safety policy, to publish it and to keep it under review.

2.2 The Trust must have regard to the Department for Education statutory guidance Allergy safety in schools, published 6 July 2026 and in force from 1 September 2026. This policy is written to that guidance.

2.3 This policy also has regard to:

- Children and Families Act 2014, section 100
- Children's Wellbeing and Schools Act 2026, section 34
- DfE, Supporting pupils at school with medical conditions. The 2015 edition remains in force. The consultation on its replacement, Supporting children and young people with medical conditions and allergy, closed on 15 May 2026 and the government response was published on 6 July 2026. The replacement guidance has not yet been issued, and this policy is reviewed against it when it is
- Keeping Children Safe in Education 2026
- SEND Code of Practice: 0 to 25 years
- Equality Act 2010

- The Human Medicines (Amendment) Regulations 2017, which permit schools to hold spare adrenaline auto-injectors without a prescription
- The Human Medicines Regulations 2012, as amended in 2014, which permit schools to hold an emergency salbutamol inhaler
- The Food Information Regulations 2014 and the Food Information (Amendment) (England) Regulations 2019 (Natasha's Law)
- UK GDPR, the Data Protection Act 2018 and the Data (Use and Access) Act 2025
- DHSC, Using emergency adrenaline auto-injectors in schools, and Emergency asthma inhalers for use in schools
- Anaphylaxis UK model policy and associated resources (non-statutory, used as good practice)

3. Allergy safety in a special school

3.1 Every pupil at the Trust has special educational needs. This changes how allergy safety must be delivered, and the arrangements in this policy are built around the following realities rather than a mainstream template.

3.2 Some pupils may have difficulty:

- recognising that they are becoming unwell
- communicating symptoms, or describing pain, itching or breathing difficulty
- requesting help
- understanding the seriousness of their allergy
- independently avoiding known allergens
- independently carrying or administering medication

3.3 Allergy management at Cedars must therefore be pupil-centred and individualised. Staff should know the pupils they support, understand how each pupil presents, and be familiar with their healthcare and emergency plans.

A change in behaviour may be the first sign

Changes in behaviour may be an early indication that a pupil is distressed or unwell and must not automatically be assumed to be behavioural.

A sudden, out-of-character change during or after eating, or after contact with a possible allergen, is treated as suspicious until proven otherwise.

3.4 Other features of our setting that shape this policy:

Feature of our setting	What it means for allergy safety
Some pupils mouth objects, take food from others or eat non-food items	Exposure is less predictable than in a mainstream school. Supervision arrangements at mealtimes and in class must reflect this and are set out in the pupil's Individual Healthcare Plan
Food is used as a curriculum and sensory resource	Messy play, sensory work, cookery and food-based rewards all carry allergen risk and are risk assessed before use
High use of gloves, wipes, soaps and emollients	Contact and latex allergy is a live risk. Latex allergy is more common in pupils who have had multiple surgeries
Many pupils have complex health needs, including enteral feeding	Allergy arrangements are integrated with existing health plans and with nursing or clinical input, not run separately
Mobility needs and access-controlled	The five-minute rule for adrenaline is tested in practice, not assumed. See

doors	section 13
Most pupils travel on local authority transport with escorts	Escorts are not Trust employees. Responsibility for a pupil's adrenaline device during the journey is made explicit. See section 14
Animals are used therapeutically	Animal dander is a common allergen and asthma trigger. See section 9

4. Roles and responsibilities

4.1 The Trust is a Single Academy Trust led by three co-headteachers of equal standing. Where a duty below sits with a site, it is discharged separately at each site by that site's Headteacher.

4.2 The statutory guidance expects a named member of the senior leadership team to hold responsibility for allergy safety, and states that this responsibility must not be left with a catering manager. At Cedars that named senior leader is the Director of Inclusion, who holds the role trust-wide. The Site Allergy Leads named in the annexes work to the Director of Inclusion and hold the operational responsibility on their own site.

Role	Responsibility
Trust Board	Approves this policy and reviews it annually. Assures itself that spare adrenaline devices are held, that staff training is complete and that incidents and near misses are reported. Receives an annual allergy safety report
Nominated trustee for allergy safety	Elizabeth Neale, Vice Chair of Trustees and Safeguarding Link Trustee. Provides trustee-level challenge as part of the wider safeguarding, health and safety and SEND remit, and reports to the Board
Three co-headteachers, jointly	Own this policy. Sign the pharmacy request for spare adrenaline devices. Ensure the policy is implemented consistently across both sites
Director of Inclusion / DSL (Trust-wide Allergy Safety Lead)	The named senior leader responsible for allergy safety across the Trust. Ensures allergy safety is integrated with safeguarding and SEND practice. Holds oversight of the Site Allergy Leads, the allergy registers, training completion and the annual review. Handles cases where a pupil's allergy needs are not being met, or where an incident raises a safeguarding concern. Reports serious incidents to the Trust Board
Site Headteacher	Accountable for implementation on their site. Ensures all site staff are trained, kits are in place and checked, and incidents are recorded and reported
Site Allergy Lead	A named member of staff on each site, working to the Director of Inclusion, who drives implementation, maintains oversight of the allergy register, Individual Healthcare Plans, training completion and kit checks, and contributes to the annual review. Named in the site annex
Academy Business Leader	Procures and maintains spare adrenaline devices, emergency inhalers and cabinets. Maintains the trust-wide expiry tracker. Manages the training contract and compliance record. Secures allergen and training assurance from catering providers and commissioned services. Publishes the policy on the Trust website
Data and Office Manager	Maintains the allergy register. Ensures allergy information transfers correctly at admission and at transition. Manages role-based access to allergy data
Class teachers and all staff	Complete annual allergy awareness training. Know the pupils in their care who have an allergy and are familiar with their plans. Know where the emergency kit is in the building they work in. Check the allergy register before any activity involving food or other allergens. Recognise anaphylaxis and act. Report incidents and near misses
Catering staff	Operate agreed allergen controls, maintain allergen information for all food served, and follow the special diet process. Complete annual allergy awareness training. Catering staff do not hold responsibility for allergy safety arrangements, which sits with the Director of Inclusion and the Site Allergy Leads
Parents and carers	Provide accurate and current information about their child's allergy and notify the Trust promptly of any change. Provide in-date prescribed medication. Take part in

	developing and reviewing the Individual Healthcare Plan. Provide emergency contact details
Pupils	Are supported, at a level appropriate to their needs and understanding, to recognise their allergens, avoid sharing food, tell an adult when they feel unwell and know where their medication is. No pupil is expected to manage an allergy independently where this is inconsistent with their needs or abilities

4.3 Staff must not assume that another adult will respond in an emergency. All staff have a responsibility to act.

5. Identifying pupils, staff and visitors with allergy

5.1 The allergy register

5.1.1 Each site maintains a register of every pupil with a known or suspected allergy. For each pupil it records:

- known allergens, whether ingested, inhaled or absorbed, and the nature of previous reactions
- whether the pupil has an Individual Healthcare Plan, and where it is held
- whether the pupil has an Allergy Action Plan or Asthma Action Plan from a healthcare professional
- whether the pupil is prescribed an adrenaline device, of which type and dose, and where it is kept
- whether the pupil is prescribed a reliever inhaler, and whether written consent is held for use of the emergency inhaler
- whether advance parental consent is held for a Trust spare adrenaline device to be used
- the date the information was last confirmed with parents

5.1.2 Information is gathered at admission, at annual review, at the start of each academic year and whenever a parent notifies a change. A formal diagnosis is not required: where a pupil shows symptoms and needs arrangements in place, they go on the register.

5.1.3 The Trust requests allergy information from a pupil's previous setting on admission, and provides it to the receiving setting when a pupil moves on. Where a pupil joins mid-term, arrangements are put in place within two weeks.

5.2 Staff and visitors

5.2.1 Staff are asked about allergy at induction and annually. Answering is voluntary. Staff at risk of anaphylaxis are encouraged to tell their line manager and colleagues where their own device is kept. The Trust's spare adrenaline devices may lawfully be used on an adult in an emergency.

5.2.2 Staff allergy information is held separately from the pupil register, with access restricted to named roles, and is processed under Article 9(2)(b) UK GDPR and Schedule 1 Part 1 of the Data Protection Act 2018. Where a member of staff consents, a minimal entry may be held in the emergency kit giving their name, allergen and the location of their own device, and nothing further.

5.2.3 Visitors are asked about allergy at sign-in where they will be on site for an extended period or will be eating on site. This information is not retained beyond the visit.

5.3 Medically recognised sensitivities that are not clinically allergy

5.3.1 Some pupils have medically recognised sensitivities that do not meet the clinical definition of allergy but can still cause a serious or life-threatening reaction. Mast cell activation syndrome is the example given

in the statutory guidance. Reactions of this kind can be triggered by food, heat, exercise, medication, insect stings or stress rather than by a conventional allergen.

5.3.2 This matters more at Cedars than in a mainstream school, because many of our pupils have complex health needs and are already under specialist care.

5.3.3 A pupil with a medically recognised sensitivity is treated in the same way as a pupil with allergy for the purposes of this policy. They go on the allergy register, their arrangements are recorded in their Individual Healthcare Plan, and the Trust works to the personalised plan provided by the treating healthcare professional. Where that plan prescribes adrenaline, sections 11, 12 and 13 apply in full.

6. Individual Healthcare Plans

6.1 A pupil has an Individual Healthcare Plan (IHP) for allergy where all three of the following apply:

1. their allergy has a functional impact on them at school
2. they are at risk of harm as a result of their allergy
3. they require arrangements that are additional to or different from those made generally

6.2 A formal diagnosis is not required. The Trust is guided by functional impact and risk of harm, whether the allergy is diagnosed or suspected.

6.3 A pupil has one IHP covering all their conditions. Where a pupil already has an IHP for another medical need, allergy arrangements are added to it rather than a separate plan being created.

6.4 A pupil may need no specific support for long stretches of time. This does not make an IHP unnecessary: if a severe reaction occurs, the IHP directs the emergency response.

6.5 In addition to the standard content, an IHP for a pupil with allergy sets out:

- known allergens and triggers, and the nature and severity of previous reactions
- how this pupil presents when reacting, in the words of the people who know them, including any signs specific to them
- where their prescribed adrenaline device and reliever inhaler are kept, and who is responsible for them at each point of the day, including transport, playtime, the dining hall, therapy, swimming and off-site activity
- the attached Allergy Action Plan or Asthma Action Plan where one exists
- dietary arrangements, including any special diet request lodged through the special diet process
- contact and environmental restrictions, including named personal care products
- supervision arrangements at mealtimes and in class, where the pupil may take food from others
- reasonable adjustments to support participation and wellbeing
- arrangements for educational visits, residentials and swimming
- a link to the pupil's communication passport, so that anyone reading the IHP understands how the pupil communicates distress

6.6 IHPs are drawn up with the pupil and their parents, taking account of advice from healthcare professionals. Where no clinical advice is available the Trust does not delay: it produces a plan from the information it has and records what advice has been sought.

6.7 IHPs are reviewed at least annually, whenever an updated Action Plan is issued, after any reaction or near miss, and at any transition between classes, key stages or sites.

7. Minimising the risk of exposure

7.1 Any member of staff planning an activity must consider whether it could expose a pupil to a known allergen, and check the allergy register before proceeding. This applies to teaching activities, therapy, rewards, celebrations and fundraising.

7.2 The Trust does not rely on blanket allergen bans. A ban cannot be enforced or verified and creates false confidence, which is itself a risk. Risk is managed through the allergy register, ingredient checking, cross-contact controls, supervision and staff training. Where an individual risk assessment identifies that a specific allergen must be excluded from a class or area, that restriction is recorded in the pupil's IHP and the families affected are told, with the reason given.

7.3 Everyday hygiene controls

- Pupils wash, or have their hands washed, before and after eating and after messy play, cookery, animal contact and outdoor learning. Allergen residue transfers readily by hand, and pupils who mouth their hands are at particular risk
- Tables, trays, chairs and shared equipment are cleaned between sittings, with detergent and water rather than a dry cloth, which spreads residue
- Pupils have their own named water bottles and cups. Drinks are not shared
- Staff wash their hands and change gloves after handling food and before personal care
- Pupils are supported not to share or trade food, utensils or containers. Where a pupil takes food from others, seating, supervision and table arrangements are set out in their IHP

7.4 Curriculum, sensory and therapy activities

7.4.1 Food and other allergens appear routinely in the Cedars curriculum. Before any of the following, staff check the allergy register for every pupil taking part:

- messy play and sensory activities using food materials such as flour, pasta, cereal, custard, chocolate, yoghurt or shaving foam
- cookery, food technology and life skills sessions
- art and craft using egg boxes, milk cartons, nut shells, seeds, glues, latex, paints or clay
- science activities involving foodstuffs, plants or animals
- gardening, horticulture and outdoor learning, where insect stings and pollen are a risk
- food used as a motivator or reward, including in behaviour plans and therapy programmes
- celebrations, cultural events, cake sales and fundraising

7.4.2 Where materials may contain allergens, staff use a suitable alternative rather than excluding a pupil from the activity.

7.5 Contact and airborne allergens

- Latex: the Trust uses non-latex gloves as standard. Where a pupil has a known or suspected latex allergy, the IHP identifies every latex source in their environment, including gloves, catheters, adhesive tape, balloons, elastic and therapy equipment. Balloons are not used in any area accessed by a pupil with latex allergy
- Personal care: soaps, wipes, creams, emollients and continence products used with an individual pupil are those named in their IHP, and are not substituted without checking

- Airborne allergens: where a pupil reacts to pollen, dust or animal dander, reasonable measures are put in place, which may include the timing of outdoor activity, ventilation and cleaning arrangements, and restrictions on classroom pets
- Insect stings: bins are kept closed and away from eating areas, drinks are covered outdoors, footwear is worn outdoors, and staff supervising outdoor eating know which pupils have a venom allergy

8. Food, catering and allergen information

8.1 Both sites are food businesses in law when supplying food. The requirements apply to all food provided to pupils, whether prepared on site or sourced from a third party. Catering is provided differently at the two sites and the detail is in the site annexes.

8.2 Allergen information

- Allergen information covering the 14 regulated allergens is available for all food served, and is clear, accurate and easily accessible to pupils and parents
- Food prepacked for direct sale carries the name of the food and a full ingredients list with the 14 regulated allergens emphasised, in line with Natasha's Law
- Food is never described as free from an ingredient unless it is certain there are no traces of it
- Ingredients and product information are re-checked whenever a recipe, product or supplier changes, and the change is communicated to catering and class staff

8.3 Special diets

8.3.1 A special diet is only provided against an authorised written instruction received through the Trust's special diet process. Requests are made to the named school contact, never directly to the kitchen. The kitchen answers only whether it can safely and consistently provide a diet, never whether a pupil clinically needs one.

8.3.2 Where a product is unavailable, staff never substitute an ingredient in an allergy or special diet meal. Product and allergen information is checked first, and where a substitution is unavoidable it is made from the pupil's own agreed food list and the class team is told early.

8.4 Getting the right meal to the right pupil

8.4.1 Most pupils eat in the dining hall. All pupils at Cedars Academy: High Heworth eat in the dining hall, as do many at Cedars Academy: Low Fell. Some Low Fell pupils eat in their classroom, and for those pupils the meal is plated in the kitchen and carried to the classroom by other staff.

8.4.2 Wherever a special diet meal leaves the kitchen, the kitchen being correct is not sufficient: if the wrong plate reaches the wrong pupil, the system has failed. Two separate controls therefore operate.

Control	What it does
Dietary authorisation	Decides what a pupil may eat. Belongs to the special diet process. It is not decided by the kitchen each morning, and not by a member of class staff reading an allergen matrix
Service and handover	Gets the right meal to the right pupil after it leaves the kitchen. In the dining hall, a special diet meal is identified through to the point of service and handed to a named pupil, not left on a counter. Where a meal is carried to a classroom, a handover record captures the pupil, class, diet, meal, who checked it against the approved diet, the time, who it was handed to and who received it, and the covered plate carries a label readable at arm's length showing pupil, class and diet

8.4.3 Class meal orders are made from options already approved for that pupil. There is no free-text dietary box on any meal order form.

8.5 Food brought in by others

- Parents are told at admission and annually which allergens are present in the pupil cohort, and are asked not to send those items where a risk assessment identifies a specific need
- Food brought in for birthdays, celebrations, cake sales and fundraising is checked against the allergy register before being given to any pupil. Where ingredients are unknown, it is not given to pupils with allergy
- Staff must not give any pupil food, drink, sweets or a food-based reward without checking the register first. This applies equally to therapy staff, visiting professionals and volunteers
- Staff are aware that unlabelled food presents a greater risk than packaged food carrying allergen information

8.6 Allergen incidents

8.6.1 Allergen incidents and near misses, including incorrect labelling, incorrect ingredients and incorrect practice, are recorded on Smartlog, reviewed by the catering lead and the site Headteacher, and acted on.

8.6.2 Where the Trust or its caterer has reason to believe that unsafe food, such as food containing an undeclared allergen, has left its immediate control and may pose a risk to others, there is a legal duty to notify the competent authority. Where an issue is isolated, identified immediately and contained, formal notification is unlikely to be required. The Academy Business Leader takes the decision and records the reasoning either way.

9. Animals and the therapy dogs

9.1 The Trust has therapy dogs on each site, supporting pupils' wellbeing, regulation and engagement. Poppy works at Cedars Academy: Low Fell and both Ozzy and Doris work at Cedars Academy: High Heworth. The Trust recognises the benefit of this work. The arrangements below exist so that the dogs can continue to work safely, not to restrict them, and they apply equally on both sites.

9.2 Understanding the allergen

9.2.1 The allergen is dander, which is shed skin rather than fur. Dander is airborne, settles on soft furnishings and carpets, and transfers on clothing. A pupil can therefore react in a room a dog has left, or to a member of staff who has handled a dog. Arrangements are built around this, not around a dog's physical presence alone.

9.3 Identification and risk assessment

- Before a therapy dog works with any group, the allergy register is checked for dog allergy and for asthma
- Pupils with asthma are considered alongside those with a diagnosed dog allergy. Animal dander is a common asthma trigger, and the combination of allergy and asthma carries the greatest risk
- Staff, commissioned professionals, volunteers and regular visitors are also asked about dog allergy
- A specific risk assessment covers each therapy dog's work. It is reviewed annually, whenever a pupil with a dog allergy or asthma joins or changes class, and after any reaction

9.4 Where the dog goes

- Each dog has defined routes and rooms, known to all staff, and a timetable so staff and parents know when and where it is working
- A therapy dog does not enter the kitchen or any food preparation or storage area at any time
- A therapy dog does not enter the classroom or usual teaching space of a pupil with a known dog allergy, and does not use corridors in a way that brings it into contact with that pupil
- Rooms designated as dog free remain dog free, and staff who have handled a dog consider their own clothing before entering them

9.5 Hygiene and cleaning

- Pupils and staff wash, or have their hands washed, after any contact with a therapy dog and always before eating. This matters particularly here, where many pupils mouth their hands
- Rooms used by a therapy dog are cleaned after sessions, including soft furnishings, using a vacuum fitted with a HEPA filter where available
- Each handler is responsible for their dog's grooming and for keeping shedding to a minimum

9.6 Communication and consent

9.6.1 Parents are told that a therapy dog works on their child's site, are asked about dog allergy at admission and at annual review, and may raise concerns at any point. Where a pupil has a dog allergy, the arrangements to manage it are recorded in their IHP.

9.6.2 No pupil is excluded from an activity because of a dog allergy. The dog's involvement is adjusted instead.

9.7 If someone reacts

Staff follow the procedures in section 11 for a mild to moderate reaction or for anaphylaxis.

The dog is removed from the room, not the person. A pupil who is unwell is not walked anywhere.

Any reaction is recorded as an incident and prompts a review of the risk assessment.

9.8 Assistance dogs and other animals

9.8.1 The Trust does not refuse entry to an assistance dog accompanying a pupil, parent, member of staff or visitor. Where a pupil or member of staff has a dog allergy, the route, rooms used and cleaning afterwards are managed and, where the visit is planned, arranged in advance.

9.8.2 The same principles apply to any other animal on site, including classroom pets, animal visits and farm or petting experiences. Staff planning any activity involving animals check the allergy register first, and ensure everyone who has contact with the animal washes their hands afterwards.

9.8.3 Each dog's health, vaccination, insurance, temperament assessment and welfare are covered by the Trust's policy on animals in school and are not repeated here.

10. Recognising an allergic reaction and anaphylaxis

10.1 Mild to moderate reaction

10.1.1 Signs include swollen lips, face or eyes; itchy or tingling mouth; hives or an itchy skin rash; abdominal pain or vomiting; a sudden change in behaviour.

10.1.2 The nearest adult stays with the pupil and follows their IHP. Parents are contacted immediately, and told if any medication has been given. The pupil is monitored closely in a safe place for at least 60 minutes in case the reaction progresses.

10.2 Anaphylaxis

10.2.1 Anaphylaxis is a severe and potentially life-threatening reaction affecting Airway, Breathing or Circulation. Skin symptoms may be present but are not always. Symptoms can develop rapidly.

	Signs
Airway	Tightening of the throat, hoarse voice or a change in voice or cry, difficulty swallowing or speaking, swollen tongue, drooling
Breathing	Sudden wheeze, persistent cough, difficult or noisy breathing, chest tightness
Circulation	Persistent dizziness, pale or floppy, suddenly sleepy, collapse, unconsciousness
Other	Widespread hives or skin changes, vomiting or significant gastrointestinal symptoms, sudden incontinence, a sudden significant change in presentation following possible exposure

10.3 Recognising a reaction in a pupil who cannot tell you

10.3.1 A pupil who is non-verbal, pre-verbal, has limited communication or is unable to interpret their own body may report no symptom at all. Staff must watch for:

Look for	What it may indicate
Sudden unexplained change in behaviour, distress, agitation, or unusual quietness and withdrawal	Often the earliest sign. Treat any sudden, out-of-character change during or after eating, or after contact with a possible allergen, as suspicious
Scratching, rubbing the face, pulling at the ears, mouth, tongue or throat, pulling at clothing	Itching, tingling or swelling the pupil cannot describe
Flushing, hives, blotchy skin, swelling of the lips, face or eyes	Skin involvement. Harder to see on darker skin: check the lips, palms, soles and inside the mouth
Coughing, wheeze, noisy or hoarse breathing, change in voice or cry, drooling, difficulty swallowing	Airway or breathing involvement. This is anaphylaxis
Sudden floppiness, pallor, collapse, loss of tone, drowsiness or unresponsiveness	Circulation involvement. This is anaphylaxis
Vomiting, sudden incontinence, clutching at the abdomen	May accompany a systemic reaction, particularly in a pupil with food allergy

If in doubt, give adrenaline

Adrenaline is safe. Withholding it is not. Where a pupil cannot tell you what is happening and you suspect anaphylaxis, give adrenaline and call 999.

No member of staff will be criticised for giving adrenaline to a pupil who turns out not to have been in anaphylaxis.

10.4 Where a pupil has asthma and a food allergy

10.4.1 Where a pupil with asthma and a food allergy develops sudden breathing difficulty, staff treat it as anaphylaxis and give adrenaline without delay, rather than a reliever inhaler. Where the pupil is still wheezing after adrenaline, and their Allergy Action Plan says so, the reliever inhaler is then given. Adrenaline always comes first.

11. Emergency response

If you suspect anaphylaxis

1. Give adrenaline immediately. Use the pupil's own device if it is to hand. If not, use the spare. Do not wait to find their own device, and do not check any register or consent list first.
2. Bring the device to the person. Never take the person to the device.
3. Lie them flat with their legs raised. If breathing is difficult, sit them up. If unconscious and breathing, use the recovery position. Never stand them up or walk them anywhere, including to the office or the medical room.
4. Call 999 and say the word anaphylaxis. Give the site name and full postcode.
5. Send someone for the second device and for a first aider. Do not leave the person alone.
6. If there is no improvement after five minutes, give the second adrenaline device. Do not wait to be told to by the emergency services.
7. If the person is still wheezing after adrenaline, and their Allergy Action Plan says so, give their reliever inhaler. Adrenaline always comes first.
8. Call the parents. This never delays any of the above.
9. Start CPR at any point if there are no signs of life.
10. Everyone who receives adrenaline goes to hospital by ambulance, even if they appear to have recovered. A reaction can return hours later.
11. Keep the used device and give it to the paramedics.

11.1 What to tell the emergency services

- the site name and full postcode, and the exact location of the person on site
- that anaphylaxis is suspected
- the person's age
- the known or suspected allergen, if known
- the symptoms
- whether adrenaline has been given, and at what time

11.2 Staff are protected when they act

11.2.1 The most likely reason a member of staff will hesitate is fear of getting it wrong. Every member of staff should be clear on the following, which is taken directly from the statutory guidance.

You will not be in trouble for acting

If anyone on site experiences a life-threatening medical emergency, anyone present, whether staff, volunteer or bystander, may take reasonable action to save their life.

The law recognises that rescuers act under extreme pressure. People who attempt to save a life in good faith are protected, even if an injury occurs while giving emergency care.

Mistakes, hesitation or imperfect technique do not amount to serious and wilful misconduct. The expectation is simply that you act reasonably, to the best of your ability, in an emergency.

The Trust approaches every incident and near miss in a no-blame spirit, to learn lessons and fix the system rather than to find fault with an individual.

11.3 Unacceptable practice

11.3.1 The following are never acceptable and staff must challenge them:

- sending a pupil who has become unwell to the office or medical room on their own, or walking them there
- standing a person up who is in anaphylaxis, or letting them walk
- waiting to see whether symptoms get worse before giving adrenaline
- delaying adrenaline to find a first aider, a senior member of staff, or the pupil's own device
- checking a register, an IHP or a consent record before giving adrenaline
- locking away emergency medication, or keeping it where staff cannot get to it
- excluding a pupil from an activity, a trip or part of school life because of their allergy, rather than putting adjustments in place
- assuming that because a pupil has not reacted before, they will not react now

11.4 Immediately afterwards

- A member of staff accompanies the pupil to hospital where they are taken by ambulance
- Other pupils are given space, and moved to a different room where necessary
- Parents are informed as soon as possible after 999 has been called
- The incident is recorded on Smartlog the same day, and reported under section 17
- Any used device is disposed of safely, and any spare device that has been used is replaced immediately. The kit is not left short overnight
- Support is offered to the pupil, the family and the staff involved. Witnessing anaphylaxis, or administering adrenaline, is distressing

12. Prescribed adrenaline devices and inhalers

12.1 Pupils at risk of anaphylaxis should have both of their two prescribed devices with them and accessible at all times. In a case of anaphylaxis, adrenaline must be given within five minutes.

- Devices are never locked away, and are never held in an office where access is restricted
- Where a pupil is able to carry their own device, they do so, and this is recorded in their IHP
- Where a pupil cannot carry their own device, it is held in an unlocked central location on their site that all staff know about, clearly labelled with the pupil's name, and it travels with the pupil to the dining hall, the playground, PE, swimming, therapy and off site
- A copy of the pupil's Allergy Action Plan is kept with their device
- Pupils have access to their prescribed devices while travelling to and from school. See section 14
- Parents provide in-date devices and take them home where needed. The Trust also checks expiry dates each half term and tells parents when a device is approaching expiry

- Devices are stored at room temperature, out of direct sunlight, never refrigerated, and never left in a vehicle or a hot room

12.2 Where a pupil requires medication to be administered, this is done in accordance with the Trust's policy on supporting pupils with medical conditions and on administering medication. Medication provided by parents is clearly labelled with the pupil's name, class, expiry date and instructions.

12.3 Where a pupil needs access to a mobile phone to support the management of their allergy, reasonable adjustments are made in accordance with the Equality Act 2010, with the arrangement set out in their IHP.

13. Spare adrenaline devices and emergency inhalers

13.1 Spare adrenaline devices

13.1.1 The Human Medicines (Amendment) Regulations 2017 permit the Trust to buy adrenaline auto-injectors without a prescription for emergency use. The Trust holds spare devices in every building where pupils are taught.

13.1.2 A spare device may be used on any child, young person or adult believed to be experiencing anaphylaxis, including someone with no previous diagnosis, and including a pupil prescribed a nasal adrenaline spray whose own device is unavailable. A spare device is never a replacement for a pupil's own prescribed device.

13.1.3 Devices are bought from a pharmaceutical supplier against a letter on Trust headed paper signed by a Headteacher, stating the school name, the quantity required, and that the devices are for administering to pupils at the school in an emergency. They are paid for as a retail item; pharmacies are not obliged to supply them free of charge.

Consent for spare devices

The Human Medicines (Amendment) Regulations 2017 do not require consent for a spare adrenaline device to be used in an emergency.

It is good practice, and the Trust does this, to obtain advance parental consent for pupils already prescribed a device, so that consent can be assumed. That consent is recorded on the allergy register.

No member of staff should ever check a register for consent before acting. In an emergency anyone may take reasonable action to save a life. Checking costs time, and time is what kills.

13.2 How many, and which dose

13.2.1 The DfE baseline for a special school is one pair of 150 microgram devices and one pair of 300 microgram devices on each site. The DfE table is expressed by age, but dose is clinically determined by weight, and in a school where every pupil has SEND, age is a poor proxy for weight. The Trust sets its stock against the actual weight profile of each site.

13.2.2 Following the BNF and BNF for Children review published in December 2024, a dose of 300 micrograms may be given to anyone of 25 kilograms and above. This aligns Jext with EpiPen and follows BSACI and EAACI guidance, although for Jext it falls outside the product licence, which still states 30 kilograms. EpiPen is licensed from 25 kilograms. Below these weights, 150 micrograms is the correct dose. The Trust therefore purchases EpiPen brand devices as spares.

13.2.3 The weight profile of each site is confirmed with the school nursing team before stock is ordered, and rechecked on admission of any new pupil, at any significant change in a pupil's weight, and at each annual review of this policy. Where a pupil's IHP specifies a dose lower than the stock held on their site, that is treated as a trigger to obtain the lower dose.

13.2.4 Spare devices are always stocked and stored in pairs, because a second dose may be needed after five minutes. A pair is never split across two locations. Stock held on each site is set out in the site annex.

13.3 The five-minute rule

13.3.1 Adrenaline must be able to reach anyone on site within five minutes. Each site carries out a timed walk to establish that this is achievable, and records the result.

- The test is run for the slowest member of staff, not the fastest, and includes every access-controlled door, lift and gate on the route
- Points tested include the furthest classroom, the dining hall, the playground and outdoor learning areas, the hydrotherapy or swimming area, the hall, therapy rooms, and any annexe or outbuilding
- If any point cannot be reached within five minutes, that site needs an additional pair of spare devices at a second location
- The test is repeated annually, and whenever the site layout or access arrangements change

13.4 Storage and management

- Spare devices are readily accessible and never locked away. They are held in a clearly marked emergency anaphylaxis kit at a central location known to all staff, containing the spare adrenaline devices, the emergency salbutamol inhaler and spacers, copies of the relevant Allergy Action Plans, instructions for use and manufacturer's information, and the kit check record at Appendix 3
- The kit check record lists every device in the kit by brand, dose, batch number and expiry date. Batch number is recorded because it is what the Trust needs in order to act on a manufacturer recall
- Kits are not held in an office where access is restricted, or which may be locked when the postholder is off site
- Spare devices are clearly labelled as spares, to avoid confusion with a device prescribed to a named pupil
- Where devices could pose a risk because they contain a needle, they are stored out of the reach and sight of pupils, but still immediately accessible to all staff at all times
- Devices are stored at room temperature, out of direct sunlight, and are not refrigerated
- Trainer devices are never placed inside an emergency kit, because they contain no medication and could be picked up in an emergency. They are stored separately and clearly marked
- The same cabinet type and the same colour are used across both sites, so the kit is recognisable to any member of staff working across the Trust
- At least two named members of staff on each site check monthly that spare devices and inhalers are present, accessible and in date, and trigger replacement orders. Naming two people on each site removes the single point of failure. The check is signed on the kit check record kept with the kit
- The Academy Business Leader maintains the trust-wide expiry tracker and orders replacements at least one month before expiry
- Used and expired devices are disposed of safely: handed to attending paramedics, returned to a pharmacy, or placed in a sharps bin for collection. They are never placed in general or clinical waste

13.5 Emergency salbutamol inhalers

13.5.1 The legal position for emergency inhalers is different from that for spare adrenaline devices, and staff must understand the distinction.

	Spare adrenaline device	Emergency salbutamol inhaler
Consent	Not required. Good practice to obtain in advance	Written parental consent required
Who it may be used on	Anyone believed to be in anaphylaxis, including someone with no diagnosis	Only a pupil already diagnosed with asthma or prescribed a reliever inhaler
Legal basis	Human Medicines (Amendment) Regulations 2017	Human Medicines Regulations 2012, as amended 2014

- The Trust holds an emergency salbutamol inhaler and spacers in every emergency anaphylaxis kit
- Written consent is sought from the parents of every pupil prescribed a reliever inhaler, and recorded on the allergy register
- Spacers are single-pupil use unless properly decontaminated between users

14. Educational visits, trips and transport

14.1 Visits and trips

14.1.1 No pupil is excluded from a visit or an activity because of their allergy. Participation is enabled through planning and adjustment.

- A specific allergy risk assessment is completed for any pupil at risk of anaphylaxis taking part in an off-site activity, and forms part of the visit risk assessment on Smartlog
- Pupils at risk of anaphylaxis take both of their own prescribed devices, together with a copy of their Allergy Action Plan
- At least one member of staff on the visit, trained to recognise anaphylaxis and administer adrenaline, is designated as responsible for that pupil's devices
- Before leaving the site, the responsible member of staff confirms that medication is present and in date, that relevant staff know how to respond, and that emergency information is available
- The risk assessment considers whether spare devices should also be taken, based on how remote the location is, how accessible emergency treatment is, and whether there are communication difficulties. Where spare devices go on a trip, the Academy Business Leader confirms that sufficient devices remain on each site for pupils who have not travelled
- Catering at the destination is checked in advance, including on residentials, and allergen information is obtained in writing before pupils eat. Where the venue cannot provide suitable food, the pupil takes their own or the Trust provides a suitable packed lunch
- Transport for the visit is checked for allergen risk, including food eaten on coaches and by other passengers
- For swimming and hydrotherapy, the pupil's device is at poolside, not in a locker or a bag in a changing room

14.1.2 A pupil requiring emergency allergy medication must not leave the site without access to that medication.

14.2 Home to school transport

14.2.1 Most pupils travel on local authority transport. Once a pupil is on transport, responsibility for the journey sits with Gateshead Council, including the training and conduct of escorts. The Trust's responsibility is at the interface: making sure a pupil leaves the site with what they need, and that the Council holds the information required to act.

14.2.2 The Trust therefore ensures that:

- each IHP states whether the pupil's prescribed adrenaline device travels with them, and who hands it over at the start and end of the day
- the device travels with the pupil unless the IHP says otherwise. It is not left at school by default
- relevant emergency information is shared with the transport provider, with parental consent, so that escorts know what to do
- any concern raised by an escort, driver or parent about an incident during a journey is recorded and acted on in the same way as an incident on site

14.2.3 The Trust confirms with Gateshead Council what allergy training escorts receive and the escalation route during a journey, and records the answer. Responsibility sitting elsewhere is only a satisfactory position if the Trust can show that it asked.

15. Staff training

15.1 Who must be trained

15.1.1 All staff present at times when pupils are scheduled to be on site receive allergy awareness and emergency response training, at least annually. This includes:

- all teaching and support staff at both sites
- temporary staff, supply teachers, peripatetic staff and agency workers
- regular volunteers
- catering staff, whether employed by the Trust or supplied by a contracted provider
- site, office, admin and premises staff
- staff working on breakfast club, after-school club and holiday provision, including HAF

15.1.2 It does not include contractors carrying out work with no pupil-facing role, such as builders, electricians or ad hoc maintenance personnel.

15.2 Commissioned services and external professionals

15.2.1 Therapists, health professionals and other practitioners working with pupils under a service level agreement are pupil-facing and are in scope. Responsibility is split:

- Their employer remains responsible for their professional and mandatory training. The Trust obtains written confirmation that current allergy and anaphylaxis training is held, refreshed annually, and records it. This is written into the service level agreement at renewal
- The Trust provides the site induction, which no external employer can provide: where the emergency kit is in the building they work in, the emergency procedure and the postcode for a 999 call, which pupils on their caseload have allergies and IHPs, and how to report an incident or near miss
- Where it is simpler to assure than to verify, the Trust may give an external professional access to its own online allergy training. This does not transfer responsibility for their mandatory training to the Trust

15.2.2 Therapy and treatment rooms away from the main building are included in the timed walk at section 13.3, because a practitioner may be working one to one with a pupil who cannot communicate.

15.3 What the training must cover

15.3.1 First aid training is not sufficient. Training must ensure all staff can:

- explain what allergy is, the risks it poses and how allergic reactions occur
- recognise that allergy covers multiple conditions which can co-exist, including food allergy, asthma, eczema and hay fever
- distinguish between food allergy, coeliac disease and food intolerance
- know where to find information on a pupil's allergy triggers
- identify the range of symptoms of an allergic reaction
- recognise anaphylaxis
- respond in an emergency, including calling 999, informing parents, and locating and administering emergency medication, whether prescribed to a pupil or a Trust spare device
- physically handle an adrenaline auto-injector trainer device
- describe the impact allergy can have on a pupil's wellbeing
- understand this policy and the annex for the site they work on
- check whether an individual is on the allergy register, and use an Allergy or Asthma Action Plan
- describe their own responsibilities in reducing the risk of exposure
- report an allergic reaction or a near miss

Cedars addition to the national requirements

The national learning outcomes assume a pupil who can communicate. Trust training must additionally cover recognition of anaphylaxis in a pupil who cannot report symptoms, using the observed and behavioural signs set out at section 10.3. This is a mandatory element of Cedars training.

15.4 How training is delivered

15.4.1 Online training is acceptable. The statutory guidance sets no requirement for face-to-face delivery. The Trust's model is:

1. The National College Allergy and Anaphylaxis course, developed with Anaphylaxis UK and written to the statutory guidance, completed by every member of staff annually, with completion recorded centrally. For 2026-27 this was completed during the September training days
2. A practical element at each site, in which every member of staff physically operates an adrenaline auto-injector trainer device and is shown the location of the spare devices in the building they work in
3. An allergy safety drill at each site at least annually, run in the same way as a fire drill, using a simulated case of anaphylaxis to test the response and the five-minute rule. The result is recorded and feeds the policy review

15.4.2 Trainer devices contain no needle and no medication. They are held at each site and are obtained free of charge from the EpiPen manufacturers. Trainer devices are stored separately from emergency kits and are clearly marked.

15.5 Induction, supply and cover

- Allergy awareness training is a mandatory element of induction and is completed before a new member of staff works unsupervised with pupils

- Supply and agency staff are asked at sign-in whether they have completed allergy awareness training in the last 12 months. If not, they receive a briefing covering recognition of anaphylaxis, the location of the spare devices and the emergency procedure, before going to class. This is recorded
- Agency terms require agency workers to hold current allergy awareness training

15.6 Recording

15.6.1 Completion is tracked centrally by the Academy Business Leader. The record identifies staff who have not completed training and those absent from the practical session who require a catch-up. Inspectors will consider allergy safety policies and how well they are implemented as part of the inspection of safeguarding, so the training record is inspection evidence and must be current.

15.6.2 Where gaps in training are identified, the Trust undertakes a risk assessment and takes appropriate action, which may include arranging additional training or ensuring that trained staff are available to support pupils with allergies during lessons, activities and trips.

16. Wellbeing, inclusion and bullying

16.1 Living with a severe allergy is a source of real and continuing anxiety for many children and young people, often compounded by difficult-to-control asthma or eczema.

- The Trust is active in reassuring pupils and families that risks are being minimised and that robust measures are in place if a reaction occurs. Reassurance is given, not assumed
- Arrangements are designed to include rather than separate. A pupil with allergy eats with their class wherever it is safe to do so, and is not segregated at mealtimes
- New pupils with known allergies are given proactive support as they join, including the opportunity to become familiar with the dining environment and key staff
- A named member of staff on each site acts as a point of contact for pupils with allergies and their parents
- Pupils with allergy, and their parents, are involved in developing and reviewing this policy
- Age-appropriate and needs-appropriate allergy awareness is built into the curriculum for pupils

16.2 Allergy-related bullying

16.2.1 Allergy-related bullying is treated as bullying under the Trust's anti-bullying and behaviour policies and, where it involves threatening a pupil with an allergen, as a safeguarding matter. It ranges from excluding a peer from an activity by deliberately using a known allergen, to mocking the need to avoid allergens, to threats to force-feed. Staff report any instance to the Director of Inclusion.

16.2.2 Where pupils have limited understanding of intent, incidents are addressed through teaching, supervision and adjustment rather than sanction, but they are recorded and the risk is managed in the same way.

17. Serious incidents and near misses

17.1 What must be recorded

17.1.1 The Trust records every allergic reaction, every administration of emergency adrenaline, and every near miss.

	Definition
Serious incident	An event relating directly to a medical condition, including allergy, in which someone is harmed or placed at immediate and significant risk of harm
Near miss	An event relating directly to a medical condition, including allergy, that did not result in harm but had the clear potential to do so

17.1.2 Examples of a near miss at Cedars include a meal served that did not match a special diet request, a pupil taking food from another pupil, a device found to be out of date, an emergency kit found locked or inaccessible, an activity run without checking the allergy register, a handover where the wrong plate reached the wrong pupil, or a timed test that failed the five-minute rule.

17.1.3 Near misses are the most valuable source of learning and staff are actively encouraged to report them without fear of blame. A school that records only actual injuries learns nothing until someone is hurt.

17.2 Where it is recorded

17.2.1 Smartlog is the single record for allergy incidents and near misses across both sites. There is no separate paper incident form. The records used are:

- the accident and incident record, for any allergic reaction, any administration of adrenaline and any near miss
- the AAI record, for the detail of any adrenaline administered: where and when the reaction took place, what was given, who administered it and whether a second dose was required
- the allergen incident log, for catering and allergen labelling incidents under section 8.6

17.2.2 The only allergy record held on paper is the emergency anaphylaxis kit check record at Appendix 3, which stays with the kit because that is where the person carrying out the check is standing.

17.3 Recording and reporting

Who	What
Any member of staff	Records the incident or near miss on Smartlog on the day it happens
Site Headteacher	Informs the pupil's parents, and informs the Site Allergy Lead and the Director of Inclusion
Site Allergy Lead	Ensures an investigation is carried out and lessons are recorded, and that relevant plans and risk assessments are updated
Director of Inclusion	As Trust-wide Allergy Safety Lead, reports serious incidents to the Trust Board. Considers whether the incident raises a safeguarding concern, for example where a pupil's allergy needs are persistently unmet
Academy Business Leader	Makes any statutory report required, including to the Health and Safety Executive under RIDDOR where applicable, and to the local authority environmental health team or the Food Standards Agency where an allergen-related food safety incident has occurred. Provides a termly summary of incidents and near misses to the Trust Board

17.3.1 A parent, pupil, healthcare professional or transport escort may report an incident to the Trust. A reaction can begin at school and only become apparent once the pupil is home, so reports from parents after the school day are taken seriously and recorded in the same way. Information from parents and carers about incidents and near misses is taken into account in the review of this policy.

17.3.2 Accident and incident records may be amended while they remain in Submitted status on Smartlog, and each amendment creates a new record so there is an audit trail. A report is not marked Complete until it is clear that no further information is expected, so that late information, such as a pupil attending hospital after the school day, can still be added.

17.4 Learning

- Every serious incident and near miss is investigated and prompts a review of the relevant arrangements, including what happened, whether the pupil's plan was followed, whether medication was accessible, the staff response, communication, environmental and catering factors, and whether existing risk assessments remain appropriate
- Where an incident suggests this policy leaves someone at risk, the policy is reviewed immediately rather than waiting for the annual cycle
- Learning is shared across both sites, not only the site where the incident occurred
- The wellbeing of the pupil, their family and the staff involved is supported after any serious incident

18. Information sharing and data protection

18.1 A pupil's health information is special category data under UK GDPR. The Trust has a lawful basis to hold, use and share it where necessary to keep the pupil safe, but sharing must be controlled and proportionate. Unnecessary sharing reduces children's confidence in adults and can be humiliating for a young person who does not want to be singled out.

Principle	How the Trust applies it
Share what is needed, with those who need it	Staff who work with a pupil, and staff who may have to respond in an emergency, need that pupil's allergens and emergency arrangements. Staff who do not work with that pupil do not need their medical history
Do not display allergy information openly	Allergy lists and photographs are not displayed on staffroom walls, classroom doors, corridors or anywhere accessible to visitors and other parents. Where a kitchen requires visual identification at service, it is held in a controlled area not accessible to the public and is reviewed for necessity
Control the register	Access to the allergy register is role-based and managed by the Data and Office Manager, and is reviewed when staff change role or leave
Manage emergency grab bags and trip packs	Emergency information taken off site is limited to what is needed for the pupils travelling, is kept secure during the trip, and is returned and refilled or destroyed afterwards
Get consent where sharing goes beyond the Trust	Parental consent is obtained before sharing allergy information with transport providers, external clubs, holiday provision or trip venues
Involve the young person	Where a pupil has capacity to express a view, they are consulted about who knows about their allergy, including whether their friends are told how to seek help

18.2 The Trust uses the joint guidance published by Anaphylaxis UK and Data Protection Education, Sharing Pupil Allergy Data Safely, to review current practice.

18.3 Photographs. The Low Fell allergy arrangements already include an up-to-date photograph of the pupil in the Individual Healthcare Plan, and photographs in food preparation areas are in use as a method of identification at service. There is a safety argument *for* this where pupils cannot identify themselves, and a data protection argument *against* it. The Trust's position is that photographs may be held and used for this

purpose, under role-based access and never on open display, and that the decision and its reasoning are recorded.

18.4 A data protection impact assessment is required for any new system holding pupil dietary or allergy data, covering retention, access control and consent, and for the use of pupil photographs described at 18.3.

19. Awareness, publication and review

19.1 Publication

- The statutory duty is to have this policy, to publish it and to keep it under review. Publication on the school website is one of the matters the Department for Education intends to make a statutory requirement through forthcoming Regulations. The Trust publishes this policy on the Trust website now, ahead of that requirement
- It is also published on National College and assigned to all staff groups
- A hard copy is made available to any parent on request
- It is a dedicated allergy safety policy and is not merged into the policy on supporting pupils with medical conditions, because of the specific and potentially life-threatening risks associated with anaphylaxis

19.2 Raising awareness

- All staff are taken through this policy as part of annual allergy awareness training, and confirm they have read it
- Parents are told about the policy at admission and at the start of each academic year, with a direct link
- Allergy awareness is covered with pupils in a way appropriate to their needs and understanding
- Where a pupil is prescribed an adrenaline device, and with the agreement of the pupil and their parents, their peers may be shown how to get help quickly. This never replaces the staff emergency response

19.3 Review

- This policy is reviewed at least annually and approved by the Trust Board
- It is reviewed sooner following any serious incident or near miss, any change to statutory guidance or the Regulations, any significant change to Trust provision, or where learning identifies a need
- The review takes account of all incidents and near misses in the period, information from parents and carers, and the outcome of the annual allergy safety drill at each site
- Pupils with allergy, their parents, and any staff with allergy are involved in the review
- Site annexes are reviewed at the same time, and whenever named staff, kit locations or site layout change

20. Monitoring and governance

20.1 The Director of Inclusion, as Trust-wide Allergy Safety Lead, together with the Site Headteachers and the Site Allergy Leads, is responsible for ensuring this policy is implemented. The Trust monitors:

- staff training completion, including induction, supply and commissioned services
- the allergy register and Individual Healthcare Plans
- prescribed and spare emergency medication arrangements
- monthly emergency kit checks and the expiry tracker
- incidents and near misses

- risk assessments, including the therapy dogs and sensory play
- the annual timed walk and allergy safety drill at each site
- implementation of actions arising

20.2 The Trust Board receives assurance that the Trust is meeting its statutory allergy safety responsibilities, through a termly incident summary and an annual allergy safety report.

21. Linked policies and documents

21.1 This policy should be read alongside:

- Supporting Pupils with Medical Conditions Policy
- Administering Medication Policy
- Safeguarding and Child Protection Policy
- Health and Safety Policy
- Educational Visits Policy
- First Aid Policy
- SEND Policy
- Behaviour Policy and Anti-Bullying Policy
- Data Protection Policy
- Whole-school Food Policy and catering procedures, including the special diet process
- The Trust policy covering animals in school
- Individual Healthcare Plans, Allergy Action Plans and related risk assessments

Appendix 1: Emergency anaphylaxis procedure

Display this page beside every emergency anaphylaxis kit and in every classroom.

SUSPECT ANAPHYLAXIS?

Airway: throat tightening, hoarse voice or changed voice or cry, difficulty swallowing or speaking, swollen tongue, drooling

Breathing: sudden wheeze, persistent cough, difficult or noisy breathing, chest tightness

Circulation: dizziness, pale or floppy, suddenly sleepy, collapse, unconsciousness

Or: widespread hives, vomiting, sudden incontinence, or a sudden significant change in presentation after possible exposure

Some of our pupils cannot tell you they are unwell. A sudden, out-of-character change in behaviour during or after eating, or after contact with a possible allergen, may be the first and only sign. Treat it as suspicious.

1	GIVE ADRENALINE IMMEDIATELY Use the pupil's own device if it is to hand. If not, use the spare. Do not wait to find their own device. Do not check a register, plan or consent list first.
2	BRING THE DEVICE TO THE PERSON Never take the person to the device.
3	POSITION THEM Flat with legs raised. If breathing is difficult, sit them up. If unconscious and breathing, recovery position. Never stand them up or walk them anywhere.
4	CALL 999 Say the word ANAPHYLAXIS. Give the site name and full postcode, and the exact location on site.
5	SEND FOR HELP Send someone for the second device and a first aider. Do not leave the person alone.
6	SECOND DOSE AFTER 5 MINUTES If there is no improvement, give the second device. Do not wait to be told to.
7	RELIEVER INHALER Only if still wheezing after adrenaline and their Allergy Action Plan says so. Adrenaline always comes first.
8	CALL PARENTS This never delays any of the above.
9	CPR Start at any point if there are no signs of life.
10	HOSPITAL Everyone who receives adrenaline goes by ambulance, even if they seem recovered. Keep the used device for the paramedics.

KNOW THE PUPIL. KNOW THEIR PLAN. KNOW WHERE THE MEDICATION IS.

RECOGNISE THE SIGNS. ACT IMMEDIATELY.

You will not be in trouble for giving adrenaline to someone who turns out not to need it.

Appendix 2: Statutory checklist

The Department for Education statutory guidance sets out the areas an allergy safety policy is expected to cover. This table shows where each is met, so that trustees and inspectors can check compliance quickly.

DfE policy area	Required content	Where met
Awareness training	How staff will be trained in allergy awareness and emergency response, for both anaphylaxis and acute asthma	Section 15
Wellbeing	How the wellbeing of pupils with allergies will be promoted; strategies to recognise and address allergy-related bullying	Section 16
Minimising risk	How the school will take reasonable steps to minimise the risks of exposure to known allergens	Sections 7 and 9
Food allergy	How the school will manage the risk of food allergy and provide clear information on allergens in the food provided	Section 8 and the site annexes
Identification	How the school will identify pupils, staff and visitors with allergies, in particular food allergy and asthma	Section 5
Individual Healthcare Plans	How support arrangements for pupils with allergies will be documented	Section 6
Prescribed adrenaline	How individuals at risk will have access to their prescribed adrenaline devices and asthma inhalers	Section 12
Spare adrenaline devices	How the school will stock, store and use spare adrenaline devices and asthma inhalers, and ensure they remain in date	Section 13, Appendix 3 and the site annexes
Visits and trips	What arrangements and adjustments will ensure pupils with allergies can take part safely, including access to emergency medication	Section 14
Serious incidents and near misses	How these will be identified, and how information from parents and carers will be taken into account	Section 17
Information	How information about pupils with allergies will be shared	Section 18
Awareness of the policy	How the policy will be communicated to staff, pupils and parents, and how it will be published	Section 19
Named senior leader	A named member of the senior leadership team with responsibility for allergy safety, which must not be left with a catering manager	Section 4.2

Appendix 3: Emergency anaphylaxis kit check record

One copy is kept inside each emergency anaphylaxis kit. The check is carried out monthly by one of the named staff in the site annex, and signed here. A missing, damaged, used or expired item is reported to the Academy Business Leader the same day and replaced.

Kit contents

Site and building	
Kit location	
Named checkers	

Item	Brand	Dose	Batch number	Expiry date
Adrenaline auto-injector 1				
Adrenaline auto-injector 2				
Adrenaline auto-injector 3				
Adrenaline auto-injector 4				
Salbutamol inhaler				
Spacers				

Batch number is recorded because it is what the Trust needs in order to act on a manufacturer recall.

Monthly check

Tick each line. Any No is an action, and a near miss under section 17.

- Kit is present in its designated location and is clearly identifiable
- Kit can be opened and reached immediately, by any member of staff, without a key or a code
- All adrenaline devices listed above are present, undamaged and unused
- All adrenaline devices are in date, and none expires within the next month
- Salbutamol inhaler and spacers are present, in date and undamaged
- Relevant Allergy Action Plans and instructions for use are present and current
- No trainer device is inside the kit
- Contents match the list above, including batch numbers
- Staff have been informed if the location or contents have changed

Date	All items present	All in date	Kit accessible	Action required	Checked by (signature)

Annex A: Cedars Academy: Low Fell

This annex records the arrangements that necessarily differ by site. It is read with the core policy and cannot weaken it. It is reviewed annually and whenever named staff, kit locations or site layout change.

A1 Site

Address	Ivy Lane, Low Fell, Gateshead NE9 6QD
Approximate number on roll	156
Catering	In-house kitchen. The Trust is the food business
Dining	Many pupils eat in the dining hall. Some pupils eat in their classroom, and the handover control at section 8.4 applies to those meals
Therapy dog	Poppy
Buildings in scope	Main building including linked Therapy Centre and Annex. The Lodge

A2 Named roles

Role	Postholder
Headteacher	Michelle O'Reilly
Trust-wide Allergy Safety Lead	Keith Vincent, Director of Inclusion
Site Allergy Lead	Clara Newman
Emergency kit checks (at least two named)	Laura Willis, Helen Jarvis, Clara Newman
Allergy register: maintenance and consent updates	Clara Newman, with Helen Jarvis and Victoria Toward
Individual Healthcare Plans: development	Helen Jarvis, Victoria Toward, Hannah Hadley
Individual Healthcare Plans: implementation and oversight	Clara Newman
Catering lead	Karen Lilley
Point of contact for pupils with allergy and their parents	Helen Jarvis

A3 Emergency anaphylaxis kits

Location	150 microgram	300 microgram	Emergency inhaler and spacers
Main Reception	1 pair	1 pair	Yes

Low Fell holds both doses because some pupils on this site are below 25 kilograms. This is confirmed with the school nursing team before each order.

Checks are carried out monthly by the named staff at A2 and recorded on the kit check record at Appendix 3.

A4 Catering

A4.1 Low Fell operates an in-house kitchen and is itself the food business. In addition to the core policy at section 8:

- The kitchen maintains a current allergen matrix for every dish, covering the 14 regulated allergens, reviewed whenever a recipe, supplier or product changes
- Cross-contact controls cover separate preparation areas, colour-coded equipment, cleaning between preparations, and controlled plating and service of special diets
- Meals for pupils with allergy are identified through to the point of service, not only at plating
- The kitchen uses the Food Standards Agency allergen checklist for food businesses
- Kitchen staff complete annual allergy awareness training and allergen labelling training before storing, handling, preparing, cooking or serving food
- The kitchen manager monitors the food allergen log weekly for completeness, reports non-conforming labelling to the supplier, and records non-conformity in the allergen incident log on Smartlog

A4.2 The Trust does not use coloured lanyards or other visible identifiers worn by pupils as a routine method of identification. Marking a child out publicly discloses a health condition to everyone who sees them and sits badly with the commitments at section 16. Where an individual risk assessment concludes a visible identifier is necessary for a specific pupil, it is agreed with the pupil and their parents and recorded in the IHP.

A5 Site-specific risks

- Hydrotherapy pool: prescribed devices are at poolside, not in a locker or changing room bag
- Therapy dog Poppy works on this site.

A6 Forms in use

- Pupil allergy declaration form, capturing allergen, severity, symptoms, medication and consents
- Register of pupils for whom advance consent is held for spare adrenaline device use, refreshed annually
- Emergency anaphylaxis kit check record at Appendix 3, held in each kit

Annex B: Cedars Academy: High Heworth

This annex records the arrangements that necessarily differ by site. It is read with the core policy and cannot weaken it. It is reviewed annually and whenever named staff, kit locations or site layout change.

B1 Site

Address	Colegate West, Gateshead NE10 9AH Telephone 0191 691 3581
Approximate number on roll	150
Catering	Contracted from Gateshead Council since September 2025
Dining	All pupils eat in the dining hall. No meals are carried to classrooms
Therapy dogs	Ozzy, Doris
Buildings in scope	Two buildings. A kit is held in each

B2 Named roles

Role	Postholder
Headteacher	Julie Vincent
Deputy Headteacher	Dan Hearne
Trust-wide Allergy Safety Lead	Keith Vincent, Director of Inclusion
Site Allergy Lead	Claire Richardson
Emergency kit checks, Building 1 (at least two named)	Michelle Gray, Claire Richardson
Emergency kit checks, Building 2 (at least two named)	Dan Hearne, James Jarvis
Allergy register: maintenance	James Jarvis, Claire Richardson, Simon Burke
Individual Healthcare Plans: development and oversight	James Jarvis, Claire Richardson, Simon Burke
Point of contact for pupils with allergy and their parents	James Jarvis, Claire Richardson, Simon Burke

B3 Emergency anaphylaxis kits

Location	150 microgram	300 microgram	Emergency inhaler and spacers
Building 1, Main Reception	See B3.2	1 pair	Yes
Building 2, Dan Hearne's Office	See B3.2	1 pair	Yes

B3.1 Building 2's kit is currently sited in a named postholder's office. The guidance is explicit that spare devices must not be locked away or kept in an office where access is restricted. This location is only acceptable if the room is unlocked and accessible to all staff at all times, including when the postholder is off site.

B3.2 High Heworth currently holds 300 microgram devices only, on the basis that no pupil on the site is below 25 kilograms. This is a deliberate departure from the Department for Education baseline table for special schools and is recorded as such. It is reviewed on admission of any new pupil, at any significant

change in a pupil's weight, and at each annual review of this policy. If any pupil on the site falls below 25 kilograms, or an Individual Healthcare Plan specifies a lower dose, a pair of 150 microgram devices is obtained immediately for each building.

B3.3 Checks are carried out monthly in each building by the named staff at B2 and recorded on the kit check record at Appendix 3.

B4 Catering

B4.1 Catering at High Heworth is provided by Gateshead Council. Contracting the service does not transfer the Trust's duty of care to its pupils. The Academy Business Leader obtains and holds, in writing:

- confirmation that Gateshead Council provides full allergen information for all food supplied, in a form the Trust can give to parents
- confirmation that catering staff working on the site have completed allergy awareness training meeting the learning outcomes at section 15.3, refreshed annually
- the Council's cross-contact and special diet procedure, and the process for verifying a special diet request against a pupil's IHP
- the Council's allergen incident reporting route, and confirmation that the Trust will be notified of any incident or near miss involving a Cedars pupil

B5 Site-specific risks

- The site operates across two buildings. Movement between buildings is included in the timed walk, and staff must know the kit location in the building they are working in on any given day, not only their usual base
- The full postcode NE10 9AH is displayed beside every telephone point and in every emergency anaphylaxis kit, because a caller under pressure will need it and ambulance dispatch depends on it
- Therapy dogs Ozzy and Doris work on this site.