



RESPECT. RESILIENCE. INTEGRITY.

Allergy and Anaphylaxis Safety Policy

DATE APPROVED

24 September 2026

NEXT DOCUMENT REVIEW

July 2027

Policy Owner:	Ryan Osbaldeston, First Aid and Allergy Lead
Confirmed by	Life Changing Education Ltd, acting through Krystian Liptrot, Chair of the proprietor board and company
Approval Status:	Approved
Date Approved:	24 September 2026
Date Implemented:	24 September 2026
Next document review	July 2027 (governors advise; proprietor decides)
Applies to:	All 108 pupils aged 11-16, staff, visitors, meals, educational visits and commissioned provision associated with Unit 4, Howarth Court, Oldham Gateway, Gateway Crescent, Chadderton, Oldham, OL9 9XB.

LCE ACADEMY

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1 Purpose and current status

LCE Academy identifies allergy-related risk, reduces avoidable exposure, recognises reactions promptly and responds safely to anaphylaxis. Pupils with allergy are included in education, meals, therapies, physical activity, visits and school life without avoidable restriction or stigma.

The Department for Education's July 2026 Allergy safety in schools guidance is not yet statutory for independent schools. LCE Academy adopts it as current best practice while the Government introduces equivalent requirements through the Independent School Standards. This policy also supports the Academy's current duties under the Independent School Standards, Equality Act 2010, health and safety law, common-law duty of care and Keeping Children Safe in Education 2026.

2 Leadership and responsibilities

Role	Responsibility
Krystian Liptrot, Chair of the proprietor board and company	Approves the policy, assures resources and receives recorded review, challenge and serious-incident learning.
Sam Gray, Headteacher	Is accountable for implementation, staffing, training, emergency readiness and action closure.
Ryan Osbaldeston, First Aid and Allergy Lead	Maintains the allergy register, individual plans, training, medication and device checks, incident records and termly review.
Named trained deputy	Provides cover whenever pupils are present and completes the same competence and device-location checks.
All staff and relevant contractors	Follow plans, reduce exposure, recognise symptoms, act immediately, summon help and report incidents and near misses.

All staff have completed general first-aid training. Before the first pupil is admitted, the Headteacher must verify and record whole-staff allergy awareness, practical emergency rehearsal, a competent trained deputy, pupil-specific instruction and the availability of all required medication and devices. General first-aid attendance alone does not demonstrate allergy competence.

3 Identification and admission

Admissions information asks parents or carers about diagnosed or suspected allergies, asthma, previous reactions, known triggers, prescribed medication, emergency contacts and current professional advice. The First Aid and Allergy Lead checks information before admission and whenever circumstances change. A pupil is not placed in an activity for which essential information, medication, competent support or emergency access is missing.

The Academy maintains a secure allergy register that is available to staff who need it. Pupil information is shared proportionately with teaching, catering, therapy, premises, transport, visit and commissioned provision staff. At mealtimes the Academy uses two proportionate checks to identify a pupil with known allergy without stigmatising or unnecessarily segregating them.

4 Individual healthcare and allergy action plans

Any pupil whose allergy requires support has an individual healthcare plan and, where appropriate, an allergy or asthma action plan. Ryan Osbaldeston coordinates the plan with the pupil, parent or carer and an appropriate healthcare professional. The plan records triggers, symptoms, avoidance measures, medication, device type and dose, storage or self-carry arrangement, emergency action, consent, staff support, meals, curriculum, therapies, transport, visits, communication and review dates.

Plans are live documents. They are reviewed at least annually and immediately after new clinical advice, a medication change, a serious incident, a near miss or a material change in the pupil's needs or programme. The current version is shared with staff who need it and superseded copies are archived securely.

5 Reducing exposure and supporting inclusion

The Academy cannot guarantee an allergen-free environment and does not rely on broad claims such as "nut free". Controls are matched to the pupil and activity and include:

- accurate ingredient and allergen information from food suppliers and caterers, with a clear escalation route where information is uncertain;
- controlled food sharing, preparation, storage, serving, cleaning and cross-contact arrangements;
- risk assessment of cooking, science, art, rewards, celebrations, therapies, personal-care products, animals, outdoor activity and air-quality triggers;
- safe alternatives and reasonable adjustments that preserve participation and dignity;
- pupil education about seeking help and respecting another person's medical controls without transferring adult responsibility to pupils;
- anti-bullying and safeguarding action where an allergen is used to threaten, frighten or harm; and
- allergy controls within transport, educational visits and commissioned alternative provision.

6 Medication and emergency devices

Prescribed adrenaline and other emergency medication remain immediately accessible, clearly identified, in date and stored or carried in accordance with the pupil's plan and manufacturer instructions. A pupil who is competent may self-carry where the plan permits, but staff retain responsibility for emergency support. Medication is not locked away in a way that delays access.

The Academy maintains an appropriate supply and range of spare adrenaline devices in accordance with current legislation, Department of Health and Social Care guidance and a recorded site risk assessment. The register records location, dose, expiry, seal and replacement action. Use of a spare device follows the lawful authorisation and consent route. A spare device supplements and does not replace a pupil's own prescribed devices or individual plan.

7 Emergency response

Anaphylaxis may affect Airway, Breathing or Circulation and can occur without a skin rash. If anaphylaxis is suspected, staff do not wait for all symptoms, do not rely on antihistamine and do not delay while seeking non-medical management approval. If in doubt, they treat for anaphylaxis.

- 1** Follow the pupil's current action plan and give the prescribed or lawfully available adrenaline device immediately when indicated.
- 2** Call 999, say "anaphylaxis" and give the full address: Unit 4, Howarth Court, Oldham Gateway, Gateway Crescent, Chadderton, Oldham, OL9 9XB.
- 3** Keep the pupil in the position advised by the action plan and emergency operator. Do not allow them to stand or walk. Stay with them and monitor continuously.
- 4** Give a second dose when the plan, device instructions or emergency operator indicate. Arrange for an adult to meet the ambulance and bring the plan and medication record.
- 5** Contact the parent or carer after emergency action has begun. Ensure the pupil is transferred to ambulance care and is not left alone.
- 6** Record the event, replenish devices, preserve relevant food or packaging and begin the serious-incident review.

A mild or moderate reaction is managed under the pupil's plan and current clinical guidance. The pupil is not left unattended and is observed for at least 60 minutes because symptoms may progress. Any sign of Airway, Breathing or Circulation involvement is treated as anaphylaxis.

8 Premises, visits and external provision

Medical rooms with washing facilities and nearby toilets are available on the ground and first floors. Emergency information and device locations remain accessible across the site. Before an educational visit, the visit leader checks the pupil's plan, venue and food controls, travel, device access, trained adults, communication coverage, emergency services, consent and inclusion. No visit proceeds until EVOLVE is operational and the EVC has approved the recorded controls.

Before a commissioned placement begins, LCE Academy confirms the provider understands the pupil's plan, can reduce exposure, has competent staff, will maintain immediate medication access and will report any incident or near miss to the Academy without delay. External venues remain visits or separately commissioned provision and are not LCE Academy school sites.

9 Training and competence

All staff present when pupils are on site, including temporary, agency, administrative, premises, transport and catering staff where relevant, receive induction and at least annual allergy awareness training. It covers prevention, the register and individual plans, symptoms, emergency action, calling 999, device locations, inclusion, incident and near-miss reporting and educational visits.

Awareness may be delivered internally by a competent lead using current DfE material. Staff expected to assist with or administer an adrenaline device complete practical instruction and scenario rehearsal with documented competence. The record identifies trainer, content, date, participants, observed practice, limitations and refresher date. A pupil-specific briefing is completed before that pupil attends.

10 Incidents, near misses and safeguarding

Every allergic reaction, medication error, emergency-device use and relevant near miss is reported immediately to Ryan Osbaldeston and Sam Gray and recorded securely. Parents or carers are informed. Leaders review the plan, food or environmental controls, staff response, equipment and information sharing, and record actions, owners and deadlines. Serious events are reported under any applicable safeguarding, health and safety, RIDDOR, food-safety, insurance or regulatory requirement.

A medical condition may also create a safeguarding concern. Deliberate exposure, withholding medication, bullying, neglect of a plan or repeated failure to act is referred to the DSL. CPOMS records pupil safeguarding information where relevant but does not replace the medical incident record.

11 Information, publication and complaints

The policy is available to pupils, parents, staff and inspectors in an accessible form and is published after proprietor approval. Relevant individual information is shared on a need-to-know basis and handled under the Data Protection, Privacy and Information Governance Policy. A parent may use the Complaints Policy, but a complaint never delays emergency, safeguarding or regulatory action.

12 Assurance and review

Ryan Osbaldeston checks the allergy register, current plans, medication and spare-device logs, training and competence records, visit controls, incidents and near misses at least termly. Sam Gray records action closure and provides assurance to Krystian Liptrot. The school completes and records an anaphylaxis scenario test before pupils are admitted and at least annually thereafter, and repeats it after a material weakness.

The policy is reviewed annually in July and after a serious incident, near miss, statutory change or identified weakness. The next scheduled document review is July 2027. Before admission, the Headteacher signs off the current allergy register and plans, named deputy, staff competence, medication and device stock, check logs, emergency posters, 999 procedure and scenario record. Any incomplete control prevents the affected pupil or activity from starting until it is safe.



Authoritative sources

DfE: Allergy safety in schools, July 2026: <https://www.gov.uk/government/publications/allergy-safety-in-schools>

DfE and DHSC: Supporting pupils at school with medical conditions.

DHSC: Guidance on the use of adrenaline auto-injectors in schools.

DfE: Keeping Children Safe in Education 2026: <https://www.gov.uk/government/publications/keeping-children-safe-in-education--2>