STOUR VALE ACADEMY TRUST

ALLERGY SAFETY POLICY

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1. Introduction and Core Principles

In line with Benedict's Law, The Wordsley School is committed to providing a safe, inclusive, and welcoming environment for all children, young people, staff, and visitors with allergies. Recognising the serious and potentially life-threatening risk posed by anaphylaxis, this dedicated policy establishes robust risk-mitigation measures and emergency response protocols. We have adapted it from a version written and reviewed by Anaphylaxis UK, who have worked with the Department for Education on creating the Allergy Safety in Schools statutory guidance.

'Schools' are understood to be schools and settings. Where 'Headteacher' is referenced, Nursery Manager or Centre Manager is also implied.

Allergy is a spectrum of different allergic diseases. Reactions occur when a susceptible person is exposed to something (an 'allergen') they are allergic to. Asthma, food allergy, eczema and seasonal rhinitis (hay fever) are all forms of allergy.

Anaphylactic reactions usually begin within minutes of being in contact with the allergen i.e. eating a trigger food, though can occur several hours later (i.e. allergy to Mammalian meat). Anaphylaxis involves difficulty in breathing and affects the heart rhythm. In extreme cases there could be a dramatic fall in blood pressure leading to collapse.

Once started, anaphylaxis reactions progress quickly. Investigations into fatal anaphylaxis show that there is only a 20-30 minute window of opportunity during which steps can be taken to prevent death – therefore giving emergency adrenaline **immediately** and calling Emergency Services (999) is crucial. **Anaphylaxis always requires an emergency response.**

Anaphylaxis can occur without any other signs (such as a skin rash) being present. **Always consider anaphylaxis in someone with a known food allergy who has sudden difficulty in breathing.** Giving adrenaline in this context is very safe and may be lifesaving.

The most common causes of 'whole-body' allergic reactions – including anaphylaxis – are:

- foods (e.g. peanuts, tree nuts, cow's milk/dairy foods, egg, wheat, fish/shellfish and sesame);
- insect stings (e.g. bee, wasp);
- medication (e.g. antibiotics, pain medicines such as ibuprofen);
- latex (e.g. rubber gloves, balloons, swimming caps).

Even for food allergy, the vast majority of anaphylaxis reactions require the person to have eaten the food, although less serious allergic reactions can happen through skin or other contact. Anaphylaxis reactions due to skin contact are very rare. Students who have a skin reaction need monitoring for at least an hour.

We have a whole-school awareness approach, because it ensures all staff and students are aware of what allergies are, the importance of avoiding individuals' allergens, the signs and symptoms, how to deal with allergic reactions and to ensure procedures are in place to minimise risk of exposure.

Coeliac disease and food intolerance can present symptoms which are similar to those of food allergy; it is important that Coeliac disease and food intolerance be managed through dietary avoidance, but these conditions do not pose a risk of anaphylaxis and so they are not within this allergy safety policy.

Eczema, asthma and allergies sometimes occur together – known as the atopic triad. It is important that these are managed well in order to keep the individual healthy. Asthma training is needed by all first aiders as a minimum and an individual's asthma care plan needs to be included with their individual healthcare plan.

We understand that severe allergies are included in the Equality Act 2010. The act considers a person disabled if they have a physical or mental impairment that has a substantial and long-term negative effect on their ability to carry out normal daily activities. Seasonal rhinitis (such as hay fever) is explicitly excluded from the definition of disability, unless it aggravates the effect of another health condition.

2. Emergency Treatment and Management of Anaphylaxis

What to look for:
Symptoms usually come on quickly, within minutes of exposure to the allergen.

Mild to moderate allergic reaction symptoms may include:

- a red raised rash (known as hives or urticaria) anywhere on the body
- a tingling or itchy feeling in the mouth
- swelling of lips, face or eyes
- stomach pain or vomiting
- mild throat tightness
- sudden change in behaviour

These symptoms are treated with antihistamines.

More serious symptoms are often referred to as the ABC symptoms and can include:

- **AIRWAY** – swelling in the throat, tongue or upper airways (tightening of the throat, hoarse voice, difficulty swallowing).
- **BREATHING** – sudden onset wheezing, breathing difficulty, noisy breathing, persistent cough.
- **CIRCULATION** – dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness.

The term for this more serious reaction is anaphylaxis. In extreme cases there could be a dramatic fall in blood pressure. The person may become weak and floppy and may have a sense of something terrible happening. This may lead to collapse and unconsciousness and, on rare occasions, can be fatal.

As soon as anaphylaxis is suspected, adrenaline must be administered without delay.
Action:

- Keep the individual where they are, call for help and do not leave them unattended.
- **LIE individual FLAT WITH LEGS RAISED** – they can be propped up if struggling to breathe but this should be for as short a time as possible.
- **USE ADRENALINE DEVICE WITHOUT DELAY** and note the time given. AAIs should be given into the muscle in the outer thigh or nasal into the nostril. Specific instructions vary by brand – always follow the instructions on the device.
- CALL **999** and state **ANAPHYLAXIS (ana-fil-axis).**
- If no improvement after 5 minutes, administer second adrenaline device.
- If no signs of life commence CPR.
- Call parent/carer as soon as possible.

Whilst you are waiting for the ambulance, keep the individual where they are. Do not stand them up, or sit them in a chair, even if they are feeling better. This could lower their blood pressure drastically, causing their heart to stop.

All individuals must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can recur after treatment.

3. Minimising Risk and Exposure to Allergens

Minimising risk and the exposure to allergens is central to ensuring that individuals with allergies are safe from harm. Even a small amount of allergen can cause a reaction. Any food can cause a reaction with serious consequences for the individual and we will only eliminate a food following a risk assessment supported by medical advice when necessary. Where a food is restricted, this will be to the smallest area for the time necessary; for example, the cooking room for the duration of the lesson when the student with allergy is cooking. Blanket bans, especially to nuts, create a false sense of security. Whilst there are 14 key food allergens that cause over 90% of reactions, any food can cause a reaction.

We are allergy aware ensuring that the staff and students are actively aware of the risk posed by allergens, take steps to minimise the risk of exposure and have robust emergency response plans in place.

We complete a school-wide allergy risk assessment that seeks to minimise the risks of exposure to known allergens. The risk assessment will include:

- Identifying the food used within the curriculum and making adaptations to remove allergens that pose a risk for the whole group not just the student who has the allergy.
- Conducting specific risk assessments to manage the risks of exposure to allergens in individuals when planning external visits or trips.
- Identifying measures to manage risks of exposure to a food allergen through food brought in by others (for example, parents, students, staff).
- Identifying measures to manage the risks of exposure to a food allergen through food provided by the school or setting.
- Putting in reasonable measures to manage the risk of individuals being exposed to allergens where they have a known allergy to airborne or contact allergens.
- Identifying non-food allergens within the environment and making adaptations to remove/reduce allergens that pose a risk; for example, therapy or school dogs would require enhanced cleaning and limiting to specific areas, hygiene measures after students have worked with the therapy dog.

We will ensure that allergy is included in specific school risk assessments to identify risks and plan control measures to minimise the risk of exposure.

We will ensure that the risk of exposure is minimised by:

- Providing whole-school staff allergy training every year.
- Educating students through regular whole-school updates or messages.
- Communicating with all visitors, temporary staff and cover staff that they will be teaching a student with an allergy and ensuring that the member of staff has been trained in allergy and anaphylaxis emergency response.
- Working closely with parents/carers and health professionals to understand the student's allergy.
- Monitoring this policy to ensure that the agreed practices are implemented.

- Establishing and maintaining high hygiene standards amongst staff, students and visitors.
- Giving regular reminders to parents/carers relating to food items which are brought onto site.
- Adding posters and information around site, to reinforce the message of allergy awareness.

4. Food Provision and Catering

We will manage the risk of food allergy and provide clear information on allergens in food provided by:

- Ensuring the contract with the school catering company is compliant with the Food Standards Authority allergen management regulations.
- Ensuring school caterers provide information on food allergens to parents/carers and have this available for the students to check independently.
- Providing students' allergen information to the caterers in a timely manner to ensure that students can eat safely.
- Enabling parents/carers to liaise with the School Catering Manager.
- Identifying students with allergies at point of service by photo report at till points and students awareness of their own allergies.
- Ensuring that food is always labelled as unlabelled food poses a potentially greater risk of allergen exposure than packaged food with precautionary ('may contain') labelling suggesting a risk of contamination with allergen. This applies to foods used within the classroom curriculum (e.g. cooking) as well as that from the school kitchen or canteen.

When staff provide food for the students, they receive additional training to ensure they understand how to read labels for food allergens and how to prevent cross-contamination during the handling, preparation and serving of food.

Parents and carers will receive regular communication explaining that there may be occasions where food which is not directly provided by the school (for example brought in as treats or to celebrate birthdays) may be brought into school. Any concerns should be raised in the student's IHP or with the Allergy Lead or member of staff in advance. A record of parental concerns will be logged and shared with staff. This will also include intolerances and religious observations to food items.

These procedures apply to school-led breakfast and after-school provision. Where this is provided by a third party, we ensure that this policy is shared and the third-party provider meets the same procedures.

Ensuring that PTA events, as best practice, follow FSA (Food Standards Agency) legislation for food labelling, creating allergen matrices as necessary. Ensuring that PTA members who are serving food have a basic awareness of allergen management (signpost to free FSA training).

Students eligible for benefits-based Free School Meals are entitled to their free school meal entitlement. School will work with parents/carers to determine the best way of ensuring that students receive their meal.

5. Medication and Adrenaline Devices (ADs)

People at risk of anaphylaxis are prescribed two adrenaline devices. They should carry at least one of their devices with them at all times. This includes the journey to and from:

- school
- the classroom

- lunch area
- playground
- sports field
- when on visits or trips

Serious anaphylaxis is a time-critical situation; delays in administering adrenaline have been associated with fatal reactions. An adrenaline device needs to be administered within 5 minutes, so if the adrenaline device cannot be with them in the classroom, it should be stored in an appropriate central location that is unlocked and accessible at all times (including during wrap around care).

Adrenaline devices must be stored at room temperature (in line with manufacturer's guidelines) and not be exposed to extremes of heat. They should not be refrigerated or left in direct sunlight.

Some students may be prescribed 'non-injectable adrenaline devices' (nasal sprays), which will be referenced in their Individual Healthcare Plans. The IHPs will also reference the training required for administering those devices.

Spare Adrenaline Devices

The Human Medicines (Amendment) Regulations 2017 permit 'spare' adrenaline devices to be used for the purpose of saving a life. This might be, for example, a child presenting for the first time with anaphylaxis due to an undiagnosed allergy.

We hold spare adrenaline devices for use in emergency situations. These are not a replacement for a student's own adrenaline device. Students prescribed adrenaline are expected to have their own adrenaline devices with them at school for use in an emergency.

We hold:

Three pairs of spare devices at 0.3mg

These are located in:

Reception
Staff Room
PE Office

They are stored in red colour pouches and labelled 'Epipen Inside'.

The Lead First Aider is responsible for checking that adrenaline devices are in date and remain clear (not cloudy) on a monthly basis. They will secure replacements one month before the current adrenaline device expires.

Adrenaline devices that are used will be disposed of in a sharps box, kept in the first aid room or given to the paramedic. Adrenaline devices that are out of date or where the adrenaline has degraded will be taken to a pharmacy to be disposed of. In order to receive a sharps box the school should register with the Local Authority, which will collect it.

In the event of anaphylactic reaction:

- Adrenaline should be administered as soon as possible, within five minutes. **Do not wait** to contact the emergency services before administering adrenaline.
- The child, young person or individual should not be moved. Adrenaline devices should be brought to them (whether their own prescribed ADs or 'spare' ADs).
- If the child, young person or individual **has their own prescribed adrenaline devices**, these should be used in the first instance.
- If the child, young person or individual **does not have prescribed adrenaline devices**, 'spare' adrenaline devices can be used.
- If the child, young person or individual's **prescribed adrenaline devices are not available or misfire**, 'spare' adrenaline devices can be used.
- If the individual has serious allergy and asthma and there is any doubt if they are presenting with anaphylaxis or having an asthma attack always administer the adrenaline first.

The Human Medicines (Amendment) Regulations 2017 do not require consent to have been obtained for 'spare' adrenaline devices to be used. In an emergency situation anyone may take reasonable action to save a life without checking whether prior consent has been given.

6. Student self-management

Depending on their level of understanding and competence, students will be encouraged to take responsibility for and to always carry at least one of their two adrenaline devices on them in a suitable bag/container.

Older students and teenagers should, whenever possible, assume responsibility for their emergency kit under the guidance of their parents. However, symptoms of anaphylaxis can come on **very suddenly**, so school staff need to be prepared to administer medication if the young person cannot.

7. Staff Training and Emergency Response

All staff, including teaching staff, support staff, catering staff and others who may oversee students, including at breakfast or after-school clubs, will be trained in allergy awareness and emergency response. The school is responsible for ensuring that supply, cover, coaching, peripatetic staff have received allergy awareness training annually.

Stour Vale Academy Trust staff will, as a minimum, complete online training. The content needs to include:

- Allergy awareness, the risks it poses, how allergic reactions occur and how to manage them
- Allergy includes multiple co-existing conditions: asthma, eczema, hay-fever
- Understand the difference between food allergy, intolerance and coeliac disease
- That a student can be allergic to any food, not just the top 14 allergens
- Know the symptoms of allergic reactions and how to treat
- Know the symptoms of anaphylaxis and how to treat
- How to administer adrenaline
- Understand their responsibilities in risk reduction to ensure that students are prevented from coming into contact with their allergens
- Understand the impact that allergy can have on a student's wellbeing

Stour Vale Academy Trust staff will also have regular local briefings which will focus on:

- Locations of spare adrenaline devices including asthma inhaler
- How to report an allergic reaction including:
  - Mild to moderate
  - Anaphylaxis
  - Near miss/incident
- Understanding the school's allergy safety policy and:
  - How to check if a student is on the record of those with a known allergy
  - How to use an allergy or asthma action plan
  - How to recognise and eliminate examples of unacceptable practice as described in government guidance

8. Emergency preparedness

We will annually hold a practice response to anaphylaxis, review how the practice went and update policy and procedures. Details of this practice will be discussed at the Health and Safety Committee and will be shared with Governors and the Central Team.

Regular briefings will take place with staff as noted above.

We will communicate key messages regarding risk reduction leading up to festivals, trips and end of term celebrations.

During fire drills and lockdown practices, we will ensure that a student's adrenaline device is with them. Should a real evacuation happen, the student may have to go home without adrenaline if this has not been taken out during a fire evacuation.

Students should have at least one of their adrenaline devices with them at all times. Should the school or site remain out of bounds, parents will be informed that their child is carrying only one of their devices, as it may not have been possible to access the other device during the emergency. Guidance should be given to parents about seeking advice from medical professionals for replacement devices.

9. Roles and Responsibilities

Allergy lead and local governing body
The local governing body is responsible for ensuring that the school's policy sets out the arrangements to reduce the risk of individuals coming into contact with their known allergens and sets out the emergency response plan for cases of anaphylaxis. The local governing body monitors the implementation of this policy and receives updates in the Headteacher's report at each meeting. We have a named governor who liaises with the allergy lead and reports to the meetings.

We include the risks pertaining to students and staff with allergy on the school's risk register.

We have a named member of the senior leadership team who is responsible for allergy safety, which includes driving the implementation of the allergy safety policy and contributing to the review of the policy.

The Named Allergy Lead is: Lesley Sherry

The allergy lead is responsible for:

- systems to collect allergy information during the enrolment process, ensuring that this information is shared with catering. Outside of the normal admission point, ensures that information is shared with staff and catering teams as soon as possible but within two weeks of the student starting
- holding a register of students and staff with allergies including whether they hold adrenaline and whether they have an allergy action plan
- ensures that systems are robust for the identification of students at mealtimes
- communication about:
    - the policy
    - the students who are on the register of those with allergies
    - the importance of recording and reporting near misses and incidents
- communication with:
    - governors, to provide updates about policy implementation
    - Health and Safety and Designated Safeguarding Leads, to keep allergy safety as part of their roles
    - Trust Estates and Health and Safety Lead, where outside agencies – such as Health and Safety Executive (HSE), if a report under RIDDOR is needed – are consulted with
    - caterer: the procedures in the kitchen and the procedures for ensuring that students with allergies are provided with a safe meal
    - parents/carers, to enable them to contribute to the drafting of IHPs (Individual Healthcare Plans) and to request allergy action plans when appropriate
    - parents/carers, to support a whole-school approach to allergies, including intolerances and or religion observations linked to food, in advance of events or celebrations where food may be handed out
    - students, to develop an understanding of allergy through information through regular whole school messages and updates
- spare adrenaline devices and making sure these are checked and in date, with replacements being secured before the current ones expire
- that IHPs are created and shared
- training:
    - ensuring that all staff receive annual training and that allergy is included in induction even for short-term members of staff
    - ensures that all staff have the opportunity to practise with trainer adrenaline devices at least annually

If the allergy lead is supported by a medical officer, lead first aider or school nurse, the above can be amended to reflect who is responsible for which aspects.

All Staff:
Responsible for:

- understanding their role in implementing this policy, recognising signs of allergic reactions, and acting swiftly in an emergency
- supporting the creation of student IHPs
- implementing student IHPs
- creating an inclusive curriculum, where adaptations are made, where necessary, to minimise risk
- completing risk assessments for curriculum activities involving food, and for trips and visits including sporting events
- building proactive relationships with parents/carers
- reporting near misses and incidents

Parents:
Responsible for:

- adhering to this policy
- providing school with the information they need to create individual health care plans
- updating school when reactions happen outside of school or there are any changes to the student's allergy and its management
- ensuring that the student always has in-date medication with them at school
- reporting to the school any allergies, intolerances or religious observations linked to food, prior to events or celebrations where food may be handed out

10.Identification of Individuals with Allergies

Admissions Data Collection: We collect detailed medical information from parents/carers regarding known allergies, dietary restrictions, and treatment histories prior to admission. Google forms are sent to parents of all new admissions which includes requests for information on all known medical conditions. The responses are reviewed by the Lead First Aider who contacts parents, and if necessary the school nurse, to get further information, discuss any specific requirements and receive copies of relevant Health Care plans.

Information Sharing: This policy adheres to the principles under data protection law. Data protection law does not prevent the sharing of a student's health information (special category data). Relevant information is securely compiled and shared as necessary in a controlled and proportionate way with teaching staff, support staff, supply cover, and catering teams while maintaining appropriate data privacy. For further information please review the Trust's data protection policy published on its website.

Transition: Allergy information and existing care plans are shared as part of a student's transition. We will request allergy information from the previous school or setting and will consider whether any of the arrangements are suitable to implement. We will work with parents/carers and the student if appropriate to write a new IHP. Staff will provide information about students for transition visits ahead of a formal move. During primary school transition visits the transition team request all medical information for all new students. The information is shared with the Lead First Aider who compares the data with information from the parent admission forms. Any information that differs from the admission forms are investigated and parents / school nurse contacted as necessary.

Additional students on site: Any non-Stour Vale Academy Trust students who attend a Stour Vale Academy Trust setting on a managed move or as part of offsite direction, or for any other reason. Information relating to allergies and medical information will be obtained from the 'sending school' before they commence their placement. Information relating to allergies and/or medical information for any Stour Vale Academy Trust student who is being educated at a non-Stour Vale Academy Trust school. Information is requested from the previous setting as part of the admission process.

Staff: Pre-employment questionnaires will ask whether new starters have any allergies. If an allergy is declared, there will be a discussion and action plan created to ensure that the member of staff has a safe working environment. On receipt of the Health Clearance report declaring an allergy the Allergy Lead will be notified and provided with a copy of the report. The Allergy Lead will then make contact with the new starter and arrange a meeting prior to their start date for a discussion and the creation of the action plan. This plan will then be shared with all relevant staff in preparation for their start date.

Visitors and regular volunteers: Where visitors will be provided food, they will be asked about allergies ahead of their visit. If an allergy is declared, the allergy lead will be notified, and this information will be communicated as necessary to ensure that the visitor or regular volunteer has a safe working environment. Where visitors or regular volunteers attend site, but food will not be offered, a poster in the school reception will note how and to whom they can report their allergies. They will notify the receptionist who will in turn call for the allergy lead or Lead First aider to have a discussion with the visitor. Any required information will be shared with all relevant staff.

11.Student Individual Healthcare Plans (IHPs) and Allergy Action Plans

Allergy action plans

- These are clinical documents that are created by a GP / allergy nurse or allergy clinic. They detail the student's allergy and medication.
- These contain parent/carer contact details and must be signed by the parent/carer as this is the parental authority to administer medication including the administration of spare adrenaline devices.
- These will only be updated by the medical professional following a review of the student's allergy management; this could be annually or 5 yearly. Parents/carers or school need to update the photo of the student annually so that the student is recognisable.

Allergy action plans are issued for students who have an IgE (immunoglobulin E) food allergy and often a venom allergy that could lead to anaphylaxis. They are not issued for all allergies. Students with non-IgE allergies don't experience anaphylaxis and so an allergy action plan is not issued.

Individual Healthcare Plans (IHPs)

Individual healthcare plans are an essential communication tool that provide clarity about the arrangements which need to be in place to ensure that a student is fully included in the life of the school. They will identify exact risk-mitigation measures that need to be followed.

IHPs are school-owned documents that are co-created by school, parents/carers and students.

They should include any advice received from health professionals. If there is no advice of this kind, school nurses can be asked to provide information and support if required.

Where a child has an allergy action plan and/or an asthma plan, this must be included with the IHP.

It is good practice to review IHPs annually or when staff change; however, they must be reviewed if an incident or near miss occurs. They need to be brought to the attention of supply or cover staff and be passed on during transition to a new school.

We will ensure that:

- students with an allergy action plan and/or an asthma plan have an individual healthcare plan
- students without an allergy action plan or asthma plan but who have an allergy that needs active management over and above what other students need, will have an individual healthcare plan
- individual healthcare plans are created whilst students are waiting for a diagnosis

12. School Trips and External Visits

We ensure that students with allergies are fully included in every trip, sporting event, or extracurricular activity. A risk assessment addressing allergen exposure in each activity, emergency medication, transport, and proximity to local emergency care will be undertaken with control measures identified. In order to ensure that the student is safe and included, alternative activities will be planned. This will include the safe storage of adrenaline for the duration of the school trip.

Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all students have their medication, including adrenaline devices, with them before departure. Students unable to produce their required medication will not be able to attend the excursion.

In conjunction with the allergy lead, the trip leader will review the risk assessment to determine whether the school's spare adrenaline devices should be taken on the trip. We will provide additional spare adrenaline devices should the risk assessment for the trip deem it necessary to take them ensuring that students remaining in school still have access to spare adrenaline devices should the need arise.

We will notify the host school, when arranging a sporting fixture, that a member of the team has an allergy. When a sports tea is provided, the students' school will ensure the students' allergies are communicated and appropriate food is provided.

13.Serious Incidents and 'Near Misses'

We seek to learn lessons and address any issues which a confirmed incident or near miss have identified, so that students are better protected in the future. Staff should feel confident to speak up if they believe an error or mistake has been made. Being open allows valuable lessons to be learnt and prevents errors being repeated.

In rare circumstances an incident or near miss may raise concerns about an individual's conduct or fitness to practice. Where an individual's action may have been reckless, wilfully neglectful or malicious, the Trust's Disciplinary Policy may be followed.

We are aware, when an incident occurs, that materials such as residues of food consumed or handled or samples of fluids may constitute evidence, which may need to be seized and retained.

We use our online Health and Safety system to record allergic reactions (incidents) and near misses (e.g., accidental exposure without reaction, or labelling errors) immediately. The incident or near miss will be reviewed and a report written. All incidents, near misses and investigations will be notified to the Central Team. Support will be provided by the Executive Leader for the school, the Trust Estates and Health and Safety Lead or the Chief Operations Officer.

We will share the key findings of the investigation with the student's parents/carers, the student and the individual involved. They should be given the opportunity to discuss what happened and to contribute their views to the consequent lessons learned review. We will confirm what has been learned from the incident and outline any actions taken as a result. The student's IHP will be updated if necessary.

If unsafe food was supplied by the school operating as a food business, the incident must be reported to the local authority environmental health team.

14. Wellbeing and Support

We make allergy safety a priority and actions to ensure that students are included and safe are embedded into the school's culture. Students with allergy become anxious as a result of the risk of exposure to allergens and the potential for anaphylaxis, which may be compounded by living with difficult-to-control asthma or eczema.

We:

- regularly communicate to students, parents/carers and staff about allergies, ensuring ongoing awareness and appreciation of the severity of the potential risks
- include allergy and anaphylaxis in whole-school messages and updates
- plan school celebrations, rewards and communal events inclusively from the outset to eliminate social isolation
- involve students and staff with allergies in developing and reviewing the policy and procedures for allergy management
- understand that allergy bullying is extremely serious and actively monitor, prevent and address any stigmatisation or bullying directed at individuals due to their allergies or dietary constraints
- may, if deemed appropriate, invite new joiners with allergies to have a tour of the kitchen and canteen so they can meet staff and get used to the mealtime environment which may help to reduce anxiety and enable staff to identify students with allergies in the dining hall
- have proactive engagement with new joiners with known allergies, setting out the school's policies and the support available

Safeguarding:

We recognise that a safeguarding referral may be needed if an incident highlighted concerns that the child or young person might be at an increased risk of being neglected, abused or exploited by persons inside or outside of their family unit because of their medical condition. This might occur where relevant information about a child or young person's medical condition is not provided to a school, college or setting, or where they are repeatedly sent without essential medication, thereby putting the individual at risk.

15. Policy Review and Publication

This policy is published on the school website and is reviewed at least annually, or more frequently in response to local incident trends or updated statutory guidelines.

16. Linked Policies

Stour Vale Academy Trust Safeguarding and Child Protection Policy
Stour Vale Academy Trust Early Years Policy
Stour Vale Academy Trust Educational Visits Policy
Stour Vale Academy Trust First Aid Policy
Stour Vale Academy Trust Health and Safety Policy
Stour Vale Academy Trust School Food Policy
Stour Vale Academy Trust Data Protection Policy
The Wordsley School Supporting Pupils with Medical Conditions Policy *[to be replaced by Stour Vale Academy Trust Supporting Children and Young People with Medical Conditions and Allergy Policy in autumn 2026]*

The Wordsley School Special Educational Needs and Disability Policy
The Wordsley School Equality Information and Objectives Statement for Publication (Public Sector Equality Duty)

Further reading:

Anaphylaxis UK: for teachers by teachers, the one stop shop for all school allergy needs: https://www.anaphylaxis.org.uk/education

Allergy UK: https://www.allergyuk.org/about-allergy/types-of-allergies

Allergy Safety in Schools July 2026: https://www.gov.uk/government/publications/allergy-safety-in-schools

Guidance on the use of adrenaline auto-injectors in schools

Spare Pens in School: https://www.sparepensinschools.uk

Benedict's law:
https://benedictblythe.com/benedicts-law
https://www.anaphylaxis.org.uk/education/benedicts-law

Food:
Allergy Guidance for Schools:
https://www.gov.uk/government/publications/school-food-standards-resources-for-schools/allergy-guidance-for-schools
Allergy Guidance for food businesses: https://www.gov.uk/government/publications/allergen-guidance-for-food-businesses

17.Statutory Duties

The duties under Section 34 of the Children's Wellbeing and Schools Act 2026 place a requirement on Academies to have allergy safety policies, publish them and keep them under review.

The duty of care under section 3 of the Children Act 1989 for any person with the care of a child to do all that is reasonable for the purposes of safeguarding or promoting the welfare of the child;

The duties to safeguard and promote the welfare of pupils and students under sections 20 and 175 of the Education Act 2002, the Education (Independent School Standards) Regulations 2014 (and associated statutory guidance Keeping Children Safe in Education) and the Non-Maintained Special Schools (England) Regulations 2015;

The duty of the employer under section 2 of the Health and Safety at Work etc Act 1974 to take reasonable steps to ensure that employees are not exposed to risks to their health and safety;

The duties under the Equality Act 2010 to provide equality of opportunity for all, including those who are disabled.

The Special Educational Needs and Disability (SEND) SEND code of practice: 0 to 25 years.

The Early Years Foundation Stage (EYFS) statutory framework.