Kingfisher Schools Trust

Allergy Safety Policy

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1.0 Introduction

In line with Benedict's Law, Kingfisher Schools Trust are 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, each Kingfisher school will keep a dedicated Allergy Safety Policy which will establish robust risk-mitigation measures and emergency response protocols, local to each site. The school Allergy Awareness Policy will be adapted from a centrally provided template to ensure compliance.

2.0 Aims

To minimise the risk of any individual suffering an allergic reaction whilst at school or attending any school related activity.

To ensure staff are properly prepared to recognise and manage allergic reactions should they arise.

3.0 Allergies and Anaphylaxis

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.

Sir John Leman High School has a whole school awareness approach, because it ensures all staff and students are aware of what allergies are, the importance of avoiding the individuals' allergens, signs

and symptoms, details on how to deal with allergic reactions and ensures 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 is 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 staff and an individual's asthma care plan needs to be included with their individual healthcare plan. These conditions are not included in this allergy safety policy.

Sir John Leman High School understands 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.

4.0 Emergency Treatment and Management of Anaphylaxis

4.1 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.

4.2 In the event of anaphylactic reaction:

- 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, within five minutes** and note the time given.
- Do not wait to contact the emergency services before administering adrenaline.
- 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.
- 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.
- Call parent/carer/next of kin 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.

4.3 Minimising Risk and Exposure to Allergens

Minimising risk and 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.

Sir John Leman High School will only eliminate a food following medical advice. Where a food is restricted, this will be to the smallest area and for the shortest 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.

Sir John Leman High School is allergy aware ensuring that all staff and students are actively aware of the risks posed by allergens, take steps to minimise the risk of exposure and have robust emergency response plans in place.

Sir John Leman High School completes 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 adaptions 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.
- Identify measures to manage risks of exposure to a food allergen through food brought in by others (for example, parents, students, staff).
- Identify measures to manage the risks of exposure to a food allergen through food provided by the school, college 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 adaptions 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

Sir John Leman High School will ensure that allergy is included in school risk assessments to identify risks and plan control measures to minimise the risk of exposure.

Sir John Leman High School will ensure that the risk of exposure is minimised by

- All school staff allergy training every year.
- Educating students through awareness assemblies and within PSHE.
- 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.

4.4 Food Provision and Catering:

Sir John Leman High School will manage the risk of food allergy and provide clear information on allergens in food provided by:

- Ensure 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.
- Provide student's allergen information to the caterers in a timely manner to ensure that students can eat safely.
- Enabling parents/carers to liaise with the catering company or school chef.
- Identify students with allergies at point of service by information showing on their catering account, which is visible at each till.
- Ensure 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.
- Teach students the reasons why they must not share food, trade food or share utensils or food containers.

When staff provide food for 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.

Where food is not directly provided by the school (for example brought in as treats or to celebrate birthdays) parent/carer permission will be sought in advance to ensure inclusion and safety for students with allergies.

These procedures apply to school led breakfast and after school provision. Where this is provided by a third party, Sir john Leman High School ensures that this policy is shared and the third-party provider meets the same procedures.

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.

5.0 Medication and Adrenaline Devices (ADs)

People at risk of anaphylaxis are prescribed two adrenaline devices which they should carry 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 outcomes. An adrenaline device needs to be administered within 5 minutes, so if the adrenaline device cannot be with them in the classroom, the adrenaline device 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.

5.1 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.

Sir John Leman High School holds 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.

Sir John Leman High School holds:

4x EpiPen autoinjectors 300mcg/0.3ml

These are located in:

2x Back office, behind reception.

2x Food Technology office.

They are stored in orange colour containers and labelled 'Emergency Anaphylaxis Kit'

The school allergy lead 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.

The monthly adrenaline device check will be scheduled on Smartlog to ensure compliance.

Adrenaline devices that are used will be disposed of in a sharps box, or given to a 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 be collected by them.*

The Human Medicines (Amendment) Regulations 2017 do not require consent to have been obtained for "spare" adrenaline devices to be used. It can be good practice for the school, college or setting to obtain advance consent from parents or the young person for "spare" adrenaline devices to be used,

so that in an emergency, consent can be assumed to be in place. However, in an emergency situation anyone may take reasonable action to save a life without checking whether prior consent has been given.

5.2 Student Self-Management:

Depending on their level of understanding and competence, students will be encouraged to take responsibility for and to always carry their own 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.

6.0 Allergy Awareness Training

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.

All Kingfisher schools will use the National College to provide annual allergy awareness training which is compliant with Benedict's Law: Allergy and Anaphylaxis .

All new staff will complete the National College allergy awareness training at induction, with- in the first two weeks of working for the trust.

7.0 Emergency Response Preparedness:

Throughout the year staff will be reminded of key aspects of the policy such as:

- how to find out who has an allergy
- the storage of spare adrenaline
- practice with adrenaline trainer devices

Sir John Leman High School will communicate key messages regarding risk reduction leading up to events, trips and end of term celebrations.

During fire drills and lockdown practices, Sir John Leman High School 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. Sir John Leman High School will take one 'Emergency Anaphylaxis Kit' out for all evacuations.

8.0 Reporting of Incidents and Near Misses:

Sir John Leman High School approaches serious incidents and "near misses" in a "no blame" spirit, seeking to learn lessons and address any issues which the incident identified, so that students are better protected in the future.

Sir john Leman High School is 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.

All serious allergy incidents will be reported using Evolve Accident Book. Serious allergy incidents include all occasions of anaphylaxis or other reaction which cause serious harm and/or impact breathing, this includes all incidents where medical support is required.

A near miss is an incident which does not injure but has the potential to cause serious harm. A near miss could be caused by an error or a procedural matter. All near misses will be reported on Evolve Accident Book.

Following a report of either a near miss or serious allergy incident, an investigation and review of school procedures will be actioned by the Headteacher, reporting findings to Kingfisher Schools Trust Director of Estates & Operations and via Evolve Accident Book.

Sir John Leman High School will share the report with the student's parents/carers, the student or individual involved. They should be given the opportunity to discuss what happened and to contribute their views to the consequent lessons learned review. Sir John Leman High School will confirm what it has learned from the incident and outline any actions it is taking as a result. The student's IHP will be updated if necessary.

9.0 Roles and Responsibilities:

9.1 The Trust Board will:

- Ensure that a compliant allergy safety policy is in place for the trust
- Delegate responsibility to headteachers to ensure this policy is followed at their school

Matters relating to allergies are reported to the Resources Committee at termly committee meetings.

9.2 The Head teacher will:

Ensure this template policy is tailored to their school

Ensure this policy is implemented and followed at all times

Manage school budgets to ensure resources are available to support allergy management

Appoint a senior staff member into the role of school allergy lead

Ensure staff complete annual allergy awareness training

9.3 School Allergy Lead

The member of school senior leadership team, who is responsible for the implementation and review of this policy is Amber Parrott, Deputy headteacher and DSL.

The School Allergy Lead is responsible for:

School systems to collect allergy information during the enrolment process, ensuring that this information is shared with catering.

- Outside of the normal admission round, ensuring 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.
- Ensuring that systems are robust for the identification of students at mealtimes.
- Completion and annual review of school allergy risk assessment.
- Revision of risk assessment following allergy incident.
- Communication about:
    - the policy and revision
    - the students who are on the register and their allergies
    - the importance of recording and reporting near misses and incidents
- Communication with:
    - governors to provide updates about the policy implementation.
    - Kingfisher Schools Trust Director of Estates and Operations to report on incidents or near misses.
    - designated Safeguarding Leads to keep allergy safety as part of their roles.
    - outside agencies such as Health and Safety Executive (HSE) if a report under RIDDOR is needed (RIDDOR reporting is carried out centrally).
    - caterer; the procedures in the kitchen and the procedures for ensuring that the students with allergies are provided with a safe meal.
    - parents/carers to enable them to input into IHPs (Individual Healthcare Plans) and to request allergy action plans when appropriate.
    - students to develop an understanding of allergy through information assemblies and workshops, participating in awareness days and weeks
- Spare adrenaline devices and making sure these are checked and in date, with replacements being secured before the current ones expire
- IHPs are created and communicated
- Providing a termly allergy safety report to the local H&S group which will be shared with trust board, via the Resources Committee
- Training
    - ensuring that all staff complete annual training and that allergy is included in induction even for short term members of staff.

This SLT member will be supported by Sir John Leman High School's First Aid Lead.

9.4 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 the students IHP
- Implementing the students IHP
- Creating an inclusive curriculum
- Curriculum adaptation to minimise risks
- Completing risk assessments for, curriculum activities involving food, trips and visits including sporting events
- Building proactive relationships with parents/carers
- Reporting near misses and incidents

9.5 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 any changes to the student's allergy and its management.
- Ensuring that the student always has in date medication with them at school.

10.0 Identification of Individuals with Allergies

Admissions Data Collection: Sir John Leman high School collects detailed medical information from parents/carers regarding known allergies, dietary restrictions, and treatment histories prior to admission.

Information Sharing: UK GDPR 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 way with teaching staff, support staff, supply cover, and catering teams while maintaining appropriate data privacy. This is done through: SharePoint

Transition: Allergy information and existing care plans are shared as part of a student's transition. Sir John Leman High School will request allergy information from the previous school or setting and will consider whether any of the arrangements are suitable to implement. Sir John Leman High

School 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.

Staff: Staff allergy information is collected through the pre-employment medical questionnaire. Where an allergy is declared, the Allergy Lead conducts a workplace risk assessment and agrees reasonable adjustments.

Visitors and regular volunteers: Visitors and regular volunteers are asked about allergies when booking their visit. Where an allergy is declared, the Allergy Lead ensures safe working arrangements and communicates emergency procedures.

11.0 Allergy Action Plans and Student Individual Healthcare Plans (IHPs)

11.1 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 mediation 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 Immunoglobulin E Antibody (IgE) 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.

11.2 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. It will identify exact risk-mitigation measures that need to be followed.

Individual Healthcare Plans 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 from health professionals, information and support can be requested of the school nurses if this is needed.

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.

Sir John Leman High School 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 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

12.0 School Trips and External Visits

Sir John Leman High School ensures that students with allergies are fully included in every trip, sporting event, or extracurricular activities. 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 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. Sir John Leman High School will provide additional spare adrenaline devices should the risk assessment for the trip deem necessary to take them, ensuring that students remaining in school still have access to spare adrenaline devices should the need arise. Spare AAIs will only be taken off site when additional devices remain on site to maintain emergency cover.

Sir John Leman High School will notify the host school, when arranging a sporting fixture, that a member of the team has an allergy. When food is to be provided, the students' school will ensure the students' allergies are communicated and appropriate food is provided.

13.0 Wellbeing and Support

At Sir John Leman High School allergy safety is a priority and actions to ensure that students are included and safe are embedded into the school's culture. Students with allergies 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.

Sir John Leman High School:

- regularly communicates to students, parents and staff about allergies, ensuring ongoing awareness and appreciation of the severity of the potential risks
- includes allergy and anaphylaxis lessons during assembly, tutor time or in PSHE
- plans school celebrations, rewards, and communal events inclusively from the outset to eliminate social isolation
- involves students and staff with allergies in developing and reviewing the policy and procedures for allergy management

- understands that allergy bullying is extremely serious and actively monitors, prevents, and addresses any stigmatisation or bullying directed at individuals due to their allergies or dietary constraints
- invites 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
- has proactive engagement with new joiners with known allergies, setting out the school, college or setting's policies and the support available

14.0 Safeguarding

Sir John Leman High School recognises that a safeguarding referral may be needed if an incident highlighted concern 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.

15.0 Unacceptable practice

Sir John Leman High School staff are clear about what constitutes unacceptable practice and are committed to ensuring that only good practice occurs. Should unacceptable practice occur the school will follow its own procedures to identify and address this using staff conduct policies.

Examples of unacceptable practice include (but are not limited to):

- preventing children and young people from easily accessing and administering their medication in line with what is agreed in their Individual Healthcare Plan (for example prescribed adrenaline devices and asthma reliever inhalers) when and where necessary;
- assuming that every child with the same condition requires the same support;
- assuming that older children and young people do not require support related to their allergy, even if they are able to take increasing responsibility for its management;
- ignoring the views of the child or young person or their parents or carer;
- ignoring medical evidence or the opinion and advice of healthcare professionals;
- assuming that a child or young person does not have an allergy because they do not yet have a diagnosis, for example while medical investigation is under way;
- sending a child or young person who becomes unwell to a school office or medical room without suitable supervision. In the case of an emergency or suspected emergency (for example anaphylaxis) help should come to the child or young person;
- penalising children or young people for their attendance record if their absences are related to their medical condition, e.g. hospital appointments and health management. This includes

excluding children and young people from rewards for 100% attendance where their non-attendance is the result of a medical condition. This should be reflected in attendance policies;

- requiring parents / carers (or otherwise making them feel obliged) to attend the school, college or setting to administer medication or provide medical support to their child; or
- preventing children and young people from participating or creating unnecessary barriers to them participating in any aspect of school, college or setting life, including external visits and trips, e.g. by requiring parents to accompany the child.

16.0 Policy Review and Publication

This policy is published openly on the school website and is reviewed at least annually, or more frequently in response to a local incident or following updated DfE statutory guidelines or clinical recommendations.

17.0 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

Statutory Duties:

The duties under Section 34 of the Children's Wellbeing and Schools Act 2026 place a requirement on LA-maintained schools, Academies and PRUs 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.

Links with other policies available on Sir John Leman High School's website. Sir John Leman High School - School Policies

- Safeguarding
- Behaviour
- Anti-bullying
- SEND