Allergy Safety Policy

Approved by:	Full Governing Body
Date:	November 2026
Review:	November 2027
Signed:	Chair: Mr. Phil Wears / Mrs Samina Kosar

Allergy Policy – 2026 - 2027

Introduction and Core Principles

In line with Benedict's Law, at Reddal Hill Primary School, we 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, this dedicated policy establishes robust risk-mitigation measures and emergency response protocols.

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. Pupils who have a skin reaction need monitoring for at least an hour.

Reddal Hill Primary School has a whole school awareness approach, because it ensures all pupils and staff are aware of what allergies are, the importance of avoiding the 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 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. This is 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 covered by this allergy safety policy.

Reddal Hill Primary 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.

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. Adrenalin Auto Injectors (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.

Minimising Risk and Exposure to Allergens

Reddal Hill Primary School is an allergy-aware school and is committed to creating a safe, inclusive environment by promoting awareness of allergies and taking reasonable steps to minimise the risk of allergic reactions. 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. Reddal Hill Primary School will only eliminate a food following a risk assessment, supported by medical advice, when necessary.

Reddal Hill Primary School is allergy-aware ensuring that the staff and pupils 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.

Reddal Hill Primary 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 pupil 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, pupils, 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 pupils have worked with the therapy dog.

Reddal Hill Primary School will ensure that allergy is included in all school risk assessments to identify risks and plan control measures to minimise the risk of exposure.

Reddal Hill Primary School will ensure that the risk of exposure is minimised by

- All school staff completing allergy training every year;
- Educating pupils through allergy awareness assemblies, within PSHE and wider curriculum lessons;
- Educating PTAs (Parent Teacher Associations) about school expectations for allergy management;
- Communicating with all visitors, temporary staff and cover staff that they will be teaching a pupil 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 pupil's allergy;
- Monitoring this policy to ensure that the agreed practices are implemented;
- Establishing and maintaining high hygiene standards amongst staff, pupils and visitors.

Food Provision and Catering:

Reddal Hill Primary School 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 pupils to check independently;
• Providing pupil's allergen information to the caterers in a timely manner to ensure that pupils can eat safely;
• Enabling parents/carers to liaise with the catering company or school chef;
• Identify pupils with allergies, at point of service, by the allergy badges they are wearing and the individual dietary requirement profiles completed by the catering team;
• 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 that from the school kitchen or canteen;
• Teach pupils not to food share, trade food or share utensils or food containers and clearly explain the reasons why.

Additional food hygiene training is provided to ensure staff understand how to read labels for food allergens and how to prevent cross-contamination during the handling, preparation and serving of food.

In line with our school's Food and Nutrition Policy, **pupils are not permitted to bring any food items to share for birthdays or other celebrations**. This is to protect pupils and staff with allergies and to ensure consistent food safety practices. Instead, at Reddal Hill, we invite pupils to wear their own clothes to school on their birthday (or the closest school day if it falls during a weekend or holiday) as a fun and inclusive way to celebrate. Individual birthdays will be celebrated in class, and pupils will receive a birthday certificate.

These procedures apply to school led breakfast and after school provision.

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).

Pupils 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 pupils receive their meal.

Medication and Adrenaline Devices (ADs)

People at risk of anaphylaxis are prescribed two adrenaline auto-injectors, which should always be readily available to them. An adrenaline device must be easily accessible throughout the school day, including in

the classroom, lunch area, playground, during PE lessons, on educational visits and trips, and at break and lunchtime. They should also be available during the journey to and from school. Parents/carers are responsible for ensuring that their child has access to their prescribed an adrenaline device when travelling to and from school, while the school will ensure that an adrenaline device remains accessible during the school day and on school-led activities.

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, the adrenaline device should be stored in an appropriate central location that is always unlocked and accessible (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.

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.

Reddal Hill Primary School holds spare adrenaline devices for use in emergency situations. These are not a replacement for a pupil's own adrenaline device. Pupils prescribed adrenaline are expected to have their own adrenaline devices with them at school for use in an emergency.

2 x 0.15mg EpiPen Junior
2 x 0.3mg EpiPen

These are located in the main office.

They are stored in a wall mounted container and labelled 'Emergency Anaphylaxis Kit'.

The Lead First Aider is responsible for checking that adrenaline devices are in date and remain clear (not cloudy) monthly. 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 medical 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 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 adrenaline devices or 'spare' adrenaline devices).
- 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. 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.

Pupil self-management:

Depending on their level of understanding and competence, pupils 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.

Staff Training and Emergency Response

All staff, including teaching staff, support staff, catering staff and others who may oversee pupils 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.

Training will be delivered online or face to face and will 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 pupil 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 locate and administer adrenaline or an asthma inhaler;
    - All adrenaline devices should be used to train with as the pupil may have different ones to the spare adrenaline;
- How to report an allergic reaction including;
    - Mild to moderate o Anaphylaxis
    - Near miss/incident;
- Understand their responsibilities in risk reduction to ensure that pupils prevented from coming into contact with their allergens;
- Understand the impact that allergy can have on a pupil's wellbeing;
- Understand the school's allergy safety policy and;
    - How to check if a pupil is on the record of those with a known allergy;
    - How to use an allergy or asthma action plan.

Emergency Preparedness

Reddal Hill Primary School will annually hold a practice response to anaphylaxis, review how the practice went and update policy and procedures.

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.

Reddal Hill Primary School will communicate key messages regarding risk reduction leading up to festivals, trips and end of term celebrations.

During fire drills and lockdown practices, Reddal Hill Primary School will ensure that a pupil's adrenaline device is with them, if it is immediately accessible and by doing so, does not delay a prompt evacuation. Office staff will collect the Emergency Anaphylaxis Kit upon leaving the building.

Roles and Responsibilities:

Allergy Lead and Governing Body:

The governing body are responsible for ensuring that the school's policy sets out the arrangements to reduce the risk of individuals encountering their known allergens and sets out the emergency response plan for cases of anaphylaxis. The governing body will monitor this policy with it being a standing agenda item at meetings.

The named Allergy Governor, Mrs. Ali, works in partnership with the Allergy Lead, Mrs. Beard, and Lead First Aider, Mr. Beard, to monitor the implementation of this policy and reports regularly to the Health and Safety Governors on allergy management and associated health and safety matters.

Reddal Hill Primary School includes the risks pertaining to pupils and staff with allergy on the school's risk register.

Reddal Hill Primary School has 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 Allergy Lead is supported by the Lead First Aider.

The Allergy Lead is responsible for:

- Systems to collect allergy information during the admission process, ensuring that this information is shared with catering. Outside of the normal admission point, ensures that information is shared staff and catering teams as soon as possible but within two weeks of the pupil starting;
- Holding a register of pupils 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 pupils at mealtimes;
- Communication about:
    - The policy;
    - The pupils 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 the policy implementation;
    - Health and Safety and Designated Safeguarding Leads to keep allergy safety as part of their roles;
    - Parents/carers to enable them to input into IHPs (Individual Healthcare Plans) and to request allergy action plans when appropriate;
    - Pupils to develop an understanding of allergy through information assemblies and workshops, participating in awareness days and weeks;
- that IHPs are created and communicated;
- 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 practice with trainer adrenaline devices at least annually but ideally a few times a year.

The Lead First Aider will:

- Monitor spare adrenaline devices, monthly, and making sure these are checked and in date, with replacements being secured before the current ones expire;
- Develop, maintain, review and share the whole-school Allergy Risk Assessment to ensure that staff are informed of allergy-related risks and the measures in place to mitigate them;
- Develop, maintain, review and share the whole-school Food and Preparation risk Assessment to ensure that staff are informed of allergy-related risks and the measures in place to mitigate them;
- Communication with:
    - Outside agencies such as Health and Safety Executive (HSE) if a report under RIDDOR is needed;
    - The catering team about the procedures in the kitchen and the procedures for ensuring that the pupils with allergies are provided with a safe meal.

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 pupils IHP;
- Implementing the pupil's IHP;
- Creating an inclusive curriculum;
- Curriculum adaptation to minimise risks;
- Completing risk assessments 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 any changes to the pupil's allergy and its management;
- Ensuring that the pupil always has in date medication with them at school.

Identification of Individuals with Allergies

Admissions Data Collection: Reddal Hill Primary School collects detailed medical information from parents/carers regarding known allergies, dietary restrictions, and treatment histories prior to admission as part of our admission process including admission meetings, home visits and transition meetings.

Information Sharing: UK GDPR does not prevent the sharing of a pupil'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 Arbor.

Transition: Allergy information and existing care plans are shared as part of a pupil's transition. Reddal Hill Primary School will request allergy information from the previous school or setting and will consider whether any of the arrangements are suitable to implement. Reddal Hill Primary School will work with parents/carers and the pupil if appropriate to write a new IHP. Staff will provide information about pupils for transition visits ahead of a formal move.

Staff: As part of the recruitment process, all prospective employees will be asked to disclose any allergies or relevant medical conditions through a confidential pre-employment questionnaire. This information is collected to enable the school to identify any health and safety risks and make reasonable adjustments where required.

Where an allergy is declared, the information will be reviewed by an appropriate member of staff, and a discussion will take place with the employee to understand their individual needs and any potential risks within the workplace. An individual action plan and, where necessary, a risk assessment will be developed to identify appropriate control measures, emergency procedures, and any reasonable adjustments required to support the employee's safety and wellbeing.

The information will only be shared with those who need to know in order to implement the agreed safety measures and respond appropriately in an emergency. The action plan will be reviewed regularly and updated if the employee's circumstances, medical needs, or working environment change. Information relating to allergies will be stored and managed in accordance with data protection requirements and the school's confidentiality procedures.

Visitors and Regular Volunteers: Visitors and regular volunteers will be asked about any allergies prior to their visit or commencement of their role or when signing in at the main school office. If an allergy is declared, the Allergy Lead / Lead First Aider will be notified and will discuss the individual's needs to identify any potential risks within the school environment. Appropriate measures may include informing relevant staff of the allergy and emergency procedures, identifying and avoiding known allergens where reasonably practicable, ensuring access to any prescribed medication, agreeing safe arrangements for activities, meals, and educational visits, and implementing any necessary risk assessments or reasonable adjustments. This information will be communicated on a need-to-know basis to ensure that the visitor or volunteer can participate safely whilst maintaining appropriate confidentiality.

Pupil 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 pupil'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 pupil's allergy management, this could be annually or 5 yearly. Parents/carers or school need to update the photo of the pupil annually so that the pupil is recognisable.

Allergy action plans are issued for pupils who have an IgE food allergy and often a venom allergy that could lead to anaphylaxis. They are not issued for all allergies. Pupils 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 pupil 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 pupils.

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.

Reddal Hill Primary School will ensure that:

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

School Trips and External Visits

Reddal Hill Primary School ensures that pupils 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 pupil 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 and a copy of each Individual Health Plan. Trip leaders will check that all pupils have their medication including adrenaline devices with them before departure. Pupils unable to produce their required medication will not be able to attend the excursion.

In conjunction with the Allergy Lead and the Evolve Lead, the trip leader will review the risk assessment to determine whether the school's spare adrenaline devices should be taken on the trip. Reddal Hill Primary School will provide additional spare adrenaline devices should the risk assessment for the trip deem necessary to take them ensuring that pupils remaining in school still have access to spare adrenaline devices should the need arise.

Reddal Hill Primary School will notify the host school, when arranging a sporting fixture, that a member of the team has an allergy. When a sports meal is provided, the pupils' school will ensure the pupils' allergies are communicated and appropriate food is provided.

Serious Incidents and 'Near Misses'

Reddal Hill Primary 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 pupils are better protected in the future.

Reddal Hill Primary 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.

Reddal Hill Primary School uses the MySandwell, Accident and Reporting 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.

Reddal Hill Primary School will share the report with the pupil's parents/carers, the pupil 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. Reddal Hill Primary School will confirm what it has

learned from the incident and outline any actions it is taking as a result. The pupil'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.

Wellbeing and Support

At Reddal Hill Primary School, allergy safety is a priority and actions to ensure that pupils are included and safe are embedded into the school's culture. Pupils 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.

Reddal Hill Primary School

- Regularly communicates with pupils, parents and staff about allergies, ensuring ongoing awareness and appreciation of the severity of the potential risks;
- Includes allergy and anaphylaxis lessons during assembly, in PSHE or the wider curriculum;
- Plans school celebrations, rewards, and communal events inclusively from the outset to eliminate social isolation;
- Involves pupils 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;
- Promotes "allergy champion" roles for staff and pupils (not just within the catering team) who act as a point of contact for pupils and staff with allergies, they can share feedback and support new joiners or anxious pupils;
- 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 pupils 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.

Safeguarding

Reddal Hill Primary School recognises that a safeguarding referral may be needed if an incident highlighted a 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.

Unacceptable Practice

Reddal Hill Primary 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.

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 local incident trends or updated statutory guidelines.

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-allergy-guide/school-food-standards-allergy-guide

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 pupils 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.