For this we stand:
to search for truth;
to live in love;
to grow together.

"Speaking the truth in love, we will grow to become in every respect the mature body of him who is the head, that is Jesus Christ"

Ephesians 4

BISHOP WORDSWORTH'S SCHOOL

ALLERGY SAFETY POLICY
(DRAFT – pending approval by the Governing Body)

Definitions:

1. 'Parent(s)' includes guardian(s) or any person who has parental responsibility for the student or who has care of them.

2. 'Is to', 'are to' and 'must' are obligatory. 'Should' is not obligatory but is good practice and is to be adhered to unless non-compliance can be justified.

GENERAL

3. This Policy will be delivered within the context of Bishop Wordsworth's School's (the School's) ethos statements and its selective status.

4. This Policy is written in accordance with:

a. Section 100 of the Children and Families Act 2014, as amended by section 34 of the Children's Wellbeing and Schools Act 2026.

b. Department for Education, Allergy safety in schools: statutory guidance for governing bodies of maintained schools and proprietors of academies in England (July 2026).

c. Department for Education, Supporting pupils at school with medical conditions (statutory guidance).

d. The Equality Act 2010, the Human Medicines Regulations 2012 and applicable food information law.

5. The Governing Body must have regard to the statutory guidance and is responsible for ensuring that an allergy safety policy is in place and implemented.

ALLERGY DEFINITIONS

6. Allergy is an immune system reaction to a substance that is normally harmless. Allergic conditions include food allergy, asthma, eczema, hay fever and allergies to medicines, insect venom, animals, latex and other contact or airborne allergens. More than one allergic condition may co-exist.

7. Anaphylaxis is a severe and potentially life-threatening allergic reaction. It may involve the airway, breathing or circulation, with or without skin or mucosal changes. Adrenaline is the first-line treatment for anaphylaxis.

8. A food allergy is different from coeliac disease and food intolerance. These conditions may nevertheless require individual arrangements to keep a student safe and included.

9. An Individual Healthcare Plan (IHP) records additional or different arrangements required to support a student with allergy. An Allergy Action Plan or Asthma Action Plan is a clinical plan issued by a healthcare professional and is to be attached to, or referenced in, the IHP.

POLICY PRINCIPLES

10. The School aims to create an allergy-aware culture in which students with allergy are safe, included and able to participate fully in education, trips, sport and wider school life.

11. The School cannot guarantee an allergen-free environment. It will identify known risks, take reasonable and proportionate measures to reduce exposure, prepare for emergencies and avoid giving false reassurance through blanket claims such as 'nut free'.

12. Students will be supported to manage any allergies with increasing independence, according to their age, maturity and clinical advice. Responsibility for emergency preparedness remains with the School while students are in its care.

13. Allergy-related anxiety and bullying, including deliberate exposure or threats of exposure to an allergen, will be taken seriously and addressed under the School's safeguarding, behaviour and anti-bullying arrangements.

ROLES AND RESPONSIBILITIES

14. The Governing Body is to monitor implementation of this Policy, receive assurance about training, risk controls, incidents and near misses, and direct improvement where necessary.

15. A named member of the Senior Leadership Team is to hold overall responsibility for allergy safety, drive implementation and lead or contribute to review.

Named SLT allergy safety lead: Zoe Lambard, Assistant Headteacher & DSL

16. The SENDCo, with oversight of the Designated Safeguarding Lead, is responsible for coordinating the development and review of IHPs, in partnership with students, parents, relevant healthcare professionals and appropriate School staff.

17. All staff are responsible for understanding this Policy, completing required training, checking relevant allergy information before supervising students, reducing avoidable exposure and acting promptly in an emergency.

18. Parents are responsible for providing accurate, current information; supplying prescribed medication and clinical Action Plans; checking expiry dates; replacing medication after use or before expiry; and notifying the School promptly of changes.

19. Students are expected, according to their competence, to follow their IHP and Action Plan, carry or access medication as agreed, avoid known allergens, tell an adult immediately if symptoms occur and not share medication. The School also discourages the sharing of food.

ALLERGY AWARENESS AND EMERGENCY RESPONSE TRAINING

20. All staff present when students are scheduled to be on site are to receive allergy awareness and emergency response training at least annually. This includes permanent and temporary staff, supply teachers, peripatetic staff, agency workers, regular volunteers, catering staff and staff supervising breakfast or after-school activities.

21. New staff are to receive allergy safety information through induction before undertaking unsupervised pupil-facing duties. The School is to make appropriate arrangements to confirm that supply and cover staff understand emergency procedures and can access essential information.

22. Allergy training is to cover:

a. allergy, how reactions occur, the risks posed and how they are managed;

b. the range of allergic conditions and the distinction between food allergy, coeliac disease and food intolerance;

c. where to find information about individual triggers, IHPs and Action Plans;

d. the range of symptoms of allergic reactions and how to recognise anaphylaxis;

e. calling 999, summoning School assistance and informing parents;

f. where prescribed and spare emergency medication is located and how it is accessed;

g. how to administer an adrenaline auto-injector (AAI) and use an emergency asthma reliever inhaler and spacer;

h. the need to give adrenaline without delay where anaphylaxis is suspected, and then follow the emergency procedure;

i. the impact of allergy on wellbeing and the School’s approach to inclusion and bullying;

j. staff responsibilities for reducing exposure to known allergens; and

k. how to record and report an allergic reaction, serious incident or near miss.

23. Awareness training does not replace any separate clinical competency, governance or delegation arrangements required for a student who needs individual healthcare support.

IDENTIFYING AND RECORDING ALLERGY

24. The School will seek information about allergies, known triggers, medication and Action Plans through admission and transition processes, annual data checking, direct notification from students and parents, liaison with previous settings and, where appropriate and with consent, healthcare professionals.

25. The School will maintain an accurate record of students with known allergy, including their allergens, prescribed medication, whether they carry an AAI, and whether they have an IHP, Allergy Action Plan and/or Asthma Action Plan.

26. Staff and visitors are expected to disclose any allergy information that is necessary for their safety while on site or taking part in School activities.

27. Relevant information is to be updated promptly when the School is notified of a change and reviewed at least annually. Staff supervising a student must be able to identify and access the information they need before lessons, activities, cover duties, visits or trips.

INDIVIDUAL HEALTHCARE PLANS

28. A student should have an IHP for allergy where the allergy has a functional impact in School, places the student at risk of harm, and requires arrangements additional to or different from those made generally.

29. The IHP is to be developed with the student's best interests in mind and in partnership with the student, parents, relevant healthcare professional, SENCo and other appropriate staff. If no clinical advice is available, the School will use the best reliable information available while continuing to seek appropriate advice.

30. The IHP is to record, as applicable:

a. the allergy, known allergens, usual signs and symptoms, and co-existing conditions such as asthma;

b. the student's prescribed medication, dose, device, location, storage and expiry arrangements;

c. the student's Allergy Action Plan and/or Asthma Action Plan;

d. measures to minimise exposure, including food, airborne and contact risks;

e. reasonable adjustments and support for educational, social and emotional needs;

f. what the student can manage independently and what monitoring is required;

g. what constitutes an emergency and the actions to take, including calling 999 and contacting parents;

h. who is to provide support, required training and cover arrangements;

i. which staff need access to the information and how confidentiality will be respected;

j. arrangements for food provision, lessons, practical activities, sport, examinations, clubs and unstructured times;

k. arrangements for visits, trips, residentials and transport;

l. contingency arrangements for missing, expired or used medication; and

m. review arrangements.

31. IHPs are to be reviewed at least annually and sooner following a change in need or medication, a new Action Plan, an allergic reaction, a serious incident or near miss, or evidence that existing arrangements are not effective.

MINIMISING THE RISK OF EXPOSURE

32. The School will take reasonable and proportionate measures to reduce the risk of individuals coming into contact with their known allergens, while recognising that risk cannot be eliminated completely.

33. Food supplied by or on behalf of the School is to be managed in accordance with food information law. Catering arrangements are to provide accurate allergen information, manage cross-contact risks, enable students to ask questions and escalate uncertainty rather than guess.

34. Food brought into School by students, parents, staff or visitors must not be shared where this would create an avoidable allergy risk. Staff organising food-based events, rewards, sales or celebrations are to identify allergens and plan controls in advance.

35. Reasonable controls for known airborne or contact allergens may include cleaning, ventilation, handwashing, alternative materials, seating or room arrangements, restrictions targeted to a defined activity or area, and supervision appropriate to the individual risk.

36. Staff planning science, art, design and technology, food preparation, music, sport, animal-related or other practical activities are to consider allergen exposure as part of planning and risk assessment. Suitable substitutions or adjustments are to be made where required.

37. Students should wash hands with soap and water before and after eating where this is relevant to risk. Hand sanitiser is not a reliable method of removing food allergens.

PRESCRIBED ADRENALINE AND OTHER EMERGENCY MEDICATION

38. Students prescribed AAIs must have rapid access to them at all times. Arrangements must allow adrenaline to be brought to the person experiencing anaphylaxis within five minutes, including in dining areas, playgrounds, sports facilities and on visits or trips.

39. Where a student is assessed as competent, they will normally carry their prescribed AAI and other emergency medication. The IHP will specify any additional School-held device and arrangements for students who do not self-carry.

40. Prescribed medication must be in date, clearly labelled and stored as directed. It must not be locked away or kept somewhere inaccessible in an emergency.
Parents remain responsible for supplying and replacing prescribed devices and providing an up-to-date Action Plan.

41. The School will keep a record of students provided with prescribed AAIs and Action Plans. Arrangements for taking devices home, including for the journey home, will be specified in the IHP.

SCHOOL SPARE ADRENALINE DEVICES

42. The School will hold spare AAIs for emergency use in accordance with the Human Medicines Regulations and current Department of Health and Social Care guidance. A spare AAI may be used for a person experiencing anaphylaxis where the legal conditions for use are met.

43. Spare AAIs are to be stocked and stored in pairs, readily accessible, not locked away, clearly labelled as School emergency medication and kept separate from medication prescribed to a named person. Appropriate dosage strengths will be held for the School population.

Locations of spare AAI pairs/emergency anaphylaxis kits:
2 x AAI in Reception (these will be moved to the Staff Room if reception is closed whilst students are on site)
1 x AAI in the Pavillion at the School Field, Britford Lane
1 x AAI to be taken to the Cathedral during year group or whole school services.

44. The location and number of kits are to ensure that a pair can be brought to any part of the site within five minutes. Each kit should include instructions and may also include the School's spare salbutamol inhaler and spacers where these are held.

45. The lead receptionist will check spare AAIs and spare salbutamol inhalers at least monthly and after use, recording quantity, condition and expiry dates. Used or expired

AAIs are to be replaced promptly and disposed of safely as sharps through an approved route.

EMERGENCY RESPONSE

46. If anaphylaxis is suspected, staff must act immediately. The emergency procedure at Annex A is to be followed alongside the individual's Action Plan. If in doubt, give adrenaline; delay is more dangerous than unnecessary administration.

47. A person having an allergic reaction must not be left alone or allowed to stand or walk. Staff are to call 999, state 'anaphylaxis', give adrenaline promptly, summon the School's emergency kit and inform school reception, who will inform parents. A second AAI is to be given after five minutes if there is no improvement or symptoms recur, in line with current emergency guidance.

48. If the person has asthma and allergy and is having sudden breathing difficulty after possible allergen exposure, adrenaline is to be given first, followed by the reliever inhaler if available.

49. Any person treated for anaphylaxis must be transferred to hospital by ambulance, even if they appear to recover. A member of staff will accompany a student if a parent is not present and remain until responsibility is transferred appropriately.

VISITS, TRIPS AND ACTIVITIES OFF SITE

50. Students with allergy are to be enabled to participate in visits and trips safely. Planning is to include an individual risk assessment where a student is at risk of anaphylaxis and any necessary reasonable adjustments.

51. The visit leader is to confirm before departure that required medication is present, in date and immediately accessible; copies of relevant IHPs and Action Plans are available; food and accommodation risks have been checked; emergency communications and local medical arrangements are understood; and staff able to administer adrenaline are present.

52. A student at risk of anaphylaxis must have their own prescribed AAI devices with them. Appropriate spare School devices should also accompany the group where permitted and practicable. A student must not be excluded solely because of allergy where reasonable measures can enable safe participation.

SERIOUS INCIDENTS AND NEAR MISSES

53. All allergic reactions, administrations of adrenaline, significant exposure events and near misses are to be recorded promptly and reported to the named LT allergy safety lead. Parents are to be informed on the same day.

54. Students, parents and healthcare professionals may report an incident identified only after the student has left School. Such reports are to be recorded and reviewed in the same way as incidents identified on site.

55. The School will make any required reports to the appropriate bodies, including the Health and Safety Executive, local authority, Food Standards Agency or relevant food enforcement authority, healthcare professionals, safeguarding partners and insurers, according to the nature of the incident.

56. The named lead is to ensure a proportionate review identifies what happened, why controls did or did not work, actions required, responsible persons and timescales. Learning is to inform IHPs, risk assessments, training, catering arrangements and this Policy. Support will be offered to affected students and staff.

INFORMATION SHARING AND CONFIDENTIALITY

57. Health information is special category personal data. The School will hold, use and share it only where there is a lawful basis and condition for processing, and in accordance with its data protection and records management policies.

58. Information necessary to protect a student is to be shared with staff who need it, including relevant teaching, pastoral, catering, cover, first aid and visit staff. Sharing will be controlled, accurate, current and respectful, avoiding unnecessary public identification or embarrassment.

59. The student and parents are to be involved in decisions about wider awareness, including whether friends should know how to seek help. Peer awareness does not replace trained adult emergency response.

UNACCEPTABLE PRACTICE

60. The School will not:

a. prevent a student from accessing prescribed emergency medication when needed;

b. delay adrenaline while waiting for a parent, senior colleague or healthcare professional;

c. send a student experiencing a reaction to obtain medication or help alone;

d. assume that a previously mild reaction means a future reaction will be mild;

e. require parents to attend School routinely to provide support that the School should reasonably arrange;

f. penalise a student for allergy-related absence or create unnecessary barriers to participation;

g. single out, shame or tolerate bullying of a student because of allergy; or

h. describe the School as allergen-free or rely on a blanket ban as a substitute for individual risk management.

AWARENESS, MONITORING AND REVIEW

61. This Policy is to be published on the School website, made available in hard copy on request and brought to the attention of staff through annual training and induction. Allergy safety will be reinforced with students through age-appropriate education and communications.

62. The Governing Body, advised by the Leadership Team, will review this Policy at least annually and sooner where incidents, near misses, changes in law or guidance, or evidence from students, parents or staff indicate that revision is needed.

63. If, during the currency of this Policy, legislation or statutory guidance changes in a way that adds to, modifies or conflicts with its provisions, the Policy is to be read and applied so far as necessary to remain compliant pending formal review.

ANNEX A TO
ALLERGY SAFETY POLICY
EMERGENCY RESPONSE TO SUSPECTED ANAPHYLAXIS

A1. Recognise possible anaphylaxis. Symptoms may include sudden breathing difficulty, wheeze, persistent cough, throat or tongue swelling, difficulty swallowing, hoarse voice, dizziness, collapse, confusion, pale or floppy appearance, or rapidly worsening symptoms. Skin signs may be absent.

A2. Give an adrenaline auto-injector without delay if anaphylaxis is suspected. Use the person's own device first if immediately available; otherwise use an appropriate School spare device where legally permitted. Follow the device instructions.

A3. Call 999 and state 'anaphylaxis'. Give the School name, exact location and access instructions. Send someone to meet the ambulance and another person to bring the second AAI/emergency kit.

A4. Position the person safely: lie them flat with legs raised; if breathing is difficult, allow them to sit with legs outstretched; place an unconscious person in the recovery position; hold a young child flat. Do not allow them to stand or walk.

A5. Give a second AAI after five minutes if there is no improvement or symptoms recur. If asthma symptoms are present, use the reliever inhaler after adrenaline. Begin CPR if the person becomes unresponsive and is not breathing normally.

A6. Contact parents, keep observing the person and note the times and sites of injections. Give used devices to the ambulance crew. The person must go to hospital by ambulance even if they recover.

A7. After the incident, replenish equipment, complete records, inform the named lead, review the IHP and controls, and provide appropriate wellbeing support.