Wreake Valley Academy

Allergen and Anaphylaxis Policy

Date of Review	April 2026
Updated	September 2026
Date of next Review	April 2027

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Statement of intent

Wreake Valley strives to ensure the safety and wellbeing of all members of the school community. For this reason, this policy is to be adhered to by all staff members, parents and students, with the intention of minimising the risk of anaphylaxis occurring whilst at school.

In order to effectively implement this policy and ensure the necessary control measures are in place, parents are responsible for working alongside the school in identifying allergens and potential risks, in order to ensure the health and safety of their children.

The school does not guarantee a completely allergen-free environment; however, this policy will be utilised to minimise the risk of exposure to allergens, encourage self-responsibility, and plan for an effective response to possible emergencies.

The school is committed to providing an inclusive environment in which students with allergies and associated conditions, including allergy-related asthma, can participate fully and safely in all aspects of school life. The school also recognises the importance of supporting students' wellbeing and will take reasonable steps to prevent bullying, discrimination or unnecessary exclusion related to allergies or medical conditions.

Definitions

For the purpose of this policy:

Allergy – is a condition in which the body has an exaggerated response to a substance. This is also known as hypersensitivity.

Allergen – is a normally harmless substance that triggers an allergic reaction for a susceptible person.

Allergic reaction – is the body's reaction to an allergen and can be identified by, but not limited to, the following symptoms:

- Hives
- Generalised flushing of the skin
- Itching and tingling of the skin
- Tingling in and around the mouth
- Burning sensation in the mouth
- Swelling of the throat, mouth or face
- Feeling wheezy
- Abdominal pain
- Rising anxiety
- Nausea and vomiting
- Alterations in heart rate
- Feeling of weakness

Anaphylaxis – is also referred to as anaphylactic shock, which is a sudden, severe and potentially life-threatening allergic reaction. This kind of reaction may include the following symptoms:

- Persistent cough
- Throat tightness
- Change in voice, e.g. hoarse or croaky sounds
- Wheeze (whistling noise due to a narrowed airway)
- Difficulty swallowing/speaking
- Swollen tongue
- Difficult or noisy breathing
- Chest tightness
- Feeling dizzy or faint
- Suddenly becoming sleepy, unconscious or collapsing
- [EYFS and primary schools] For infants and younger students, becoming pale or floppy

Asthma – condition affecting the airways which can cause coughing, wheezing, chest tightness and difficulty breathing. Asthma is commonly associated with allergies, and breathing difficulties during an allergic reaction may indicate anaphylaxis and must be treated as a medical emergency.

Roles and responsibilities

The Trust board is responsible for:

- Ensuring that policies, plans, and procedures are in place to support students with allergies and those who are at risk of anaphylaxis and that these arrangements are sufficient to meet statutory responsibilities and minimise risks.
- Allocating an allergy governor with relevant training to support the school.
- Ensuring that the school's approach to allergies and anaphylaxis focusses on, and

accounts for, the needs of each individual student.
- Ensuring that staff are properly trained to provide the support that students need, and that they receive allergy and anaphylaxis training at least annually.

The headteacher is responsible for:

- The development, implementation and monitoring of this policy and related policies.
- Ensuring that parents are informed of their responsibilities in relation to their child's allergies.
- Ensuring that all relevant risk assessments, e.g. to do with food preparation, have been carried out and controls to mitigate risks are implemented.
- Ensuring that all staff members are provided with information regarding allergic reactions and anaphylaxis, including the necessary precautions and how to respond.
- Ensuring that catering staff are aware of students' allergies and act in accordance with the school's policies regarding food and hygiene, including this policy.
- Ensuring appropriate arrangements are in place to identify and manage allergy-related risks involving staff, volunteers and visitors, particularly where food is provided.

The allergy safety lead is responsible for:

- Overseeing the implementation of this policy and ensuring compliance with relevant guidance.
- Overseeing allergy registers, Individual Healthcare Plans (IHPs), staff training, AAI management, and acting as the main contact.

The following staff member is the responsible allergy safety lead:

Rachael Boyall
Operations Manager

The School Operations Manager along with the Admin Assistant are responsible for:

- Ensuring that there are effective processes in place for medical information to be regularly updated and disseminated to relevant staff members, including supply and temporary staff.
- Seeking up-to-date medical information about each student via a medical form sent to parents on an annual basis, including information regarding any allergies.
- Contacting parents for required medical documentation regarding a student's allergy.

All staff members are responsible for:

- Attending and completing relevant training regarding allergens and anaphylaxis.
- Being familiar with and implementing students' individual healthcare plans (IHPs) as appropriate.
- Responding immediately and appropriately in the event of a medical emergency.
- Ensuring they receive relevant allergy information before supervising students or undertaking activities involving food.
- Reinforcing effective hygiene practices, including those in relation to the management of food.
- Monitoring all food supplied to students by both the school and parents.
- Ensuring that students do not share food and drink in order to prevent accidental contact with an allergen.
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The kitchen manager is responsible for:

- Monitoring the food allergen log and allergen tracking information for completeness.
- Reporting any non-conforming food labelling to the supplier, where necessary.
- Ensuring the practices of kitchen staff comply with food allergen labelling laws and that training is regularly reviewed and updated.
- Recording incidents of non-conformity, either in allergen labelling, use of ingredients or safe staff practice, in an allergen incident log.
- Acting on entries to the allergen incident log and ensuring the risks of recurrence are minimised.
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Kitchen staff are responsible for:

- Ensuring they are fully aware of the rules surrounding allergens, the processes for food preparation in line with this policy, and the processes for identifying students with specific dietary requirements.
- Ensuring they are fully aware of whether each item of food served contains any of the main 14 allergens, as is a legal obligation, and making sure this information is readily available for those who may need it.
- Ensuring that the required food labelling is complete, correct, clearly legible, and is either printed on the food packaging or attached via a secure label.
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All parents are responsible for:

- Notifying the school of their child's allergens, the nature of the allergic reaction, what medication to administer, specified control measures and what can be done to prevent the occurrence of an allergic reaction.
- Keeping the school up to date with any changes to allergy diagnosis, medication, treatment plans or emergency arrangements.
- Providing the school with written medical documentation, including instructions for administering medication as directed by the child's doctor.
- Raising any concerns they may have about the management of their child's allergies with the classroom teacher.
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All students are responsible for:

- Ensuring that they do not exchange food with other students.
- Avoiding food which they know they are allergic to, as well as any food with unknown ingredients.
- Notifying a member of staff, to the best of their ability, if they believe they are having an allergic reaction or have come into contact with an allergen, even if the cause is unknown.

Food allergies

Parents will provide the school with a written list of any foods that their child may have an adverse reaction to, as well as the necessary action to be taken in the event of an allergic reaction, such as any medication required.

Information regarding all students' food allergies will be collected, indicating whether they consume a school dinner or a packed lunch, and this will be passed on to the school's catering

service.

The school will work with parents and catering providers to ensure suitable food options are available for students with medically diagnosed allergies and dietary requirements.

The school will ensure that appropriate systems are in place to enable catering and relevant staff to identify students with dietary requirements safely while protecting students' dignity and avoiding unnecessary identification.

When making changes to menus or substituting food products, the school will ensure that students' special dietary needs continue to be met by:

- Checking any product changes with all food suppliers
- Asking caterers to read labels and product information before use
- Using the Food Standards Agency's allergen matrix to list the ingredients in all meals.
- Ensuring allergen ingredients remain identifiable.

Kitchen staff will have a full list of allergens and will avoid using them within the menu where possible.

Where meals include allergens or traces of allergens, staff will use clear and fully visible labels, in line with this policy, to denote the allergens of which consumers should be aware.

The school will make appropriate arrangements to meet medically identified dietary requirements, including food allergies, food intolerances and coeliac disease.

The school recognises that these conditions are different. Food allergy involves an immune response and may result in anaphylaxis. Food intolerance does not cause anaphylaxis. Coeliac disease is an autoimmune condition and is not a food allergy or food intolerance.

Arrangements for individual students will reflect their diagnosed condition and any associated healthcare requirements.

- The school will have appropriate arrangements in place to enable catering staff to identify students with allergies and dietary requirements safely. The identification system used will be appropriate to the school's circumstances and will take account of students' privacy and dignity.
- All food tables will be disinfected before and after being used.
- Anti-bacterial wipes and cleaning fluid will be used.
- Boards and knives used for fruit and vegetables will be a different colour to the rest of the kitchen knives in order to remind kitchen staff to keep them separate.
- Any sponges or cloths that are used for cleaning will be colour-coded according to the areas that they are used to clean, e.g. a red sponge for an area which has been used for raw meat, to prevent cross-contamination.
- There will be a set of kitchen utensils that are only for use with the food and drink of the students at risk.
- There will also be a set of kitchen utensils with a designated colour. These utensils will be used only for food items that contain bread and wheat related products.
- Food items containing bread and wheat will be stored separately.

- The chosen catering service of the school is responsible for ensuring that the school's policies are adhered to at all times, including those in relation to the preparation of food, taking into account any allergens.
- Learning activities which involve the use of food, such as food technology lessons, will be planned in accordance with students' IHPs, taking into account any known allergies of the students involved.

Food allergen labelling

The school will adhere to allergen labelling rules for pre-packed food goods, in line with the Food Information (Amendment) (England) Regulations 2019, also known as Natasha's Law.

The school will ensure that all food is labelled accurately, that food is never labelled as being clear of an ingredient unless staff are certain that there are no traces of that ingredient in the product, and that all labelling is checked before being offered for consumption.

Food goods classed as 'pre-packed for direct sale' (PPDS) will clearly display the following information on the packaging:

- The name of the food
- The full ingredients list, with ingredients that are allergens emphasised, e.g. in bold, italics, or a different colour

The school will ensure that allergen traceability information is readily available. Allergens will be tracked using the following method:

- Allergen information will be obtained from the supplier and recorded, upon delivery, in a food allergen log stored in the kitchen
- Allergen tracking will continue throughout the school's handling of allergen-containing food goods, including during storage, preparation, handling, cooking and serving
- The food allergen log will be monitored for completeness on a weekly basis by the kitchen manager
- Incidents of incorrect practices and incorrect and/or incomplete packaging will be recorded in an incident log and managed by the kitchen manager

Declared allergens

The following allergens will be declared and listed on all PPDS foods in a clearly legible format:

- Cereals containing gluten and wheat, e.g. spelt, rye and barley
- Crustaceans, e.g. crabs, prawns, lobsters
- Nuts, including almonds, hazelnuts, walnuts, cashews, pecan nuts, Brazil nuts and pistachio nuts
- Celery
- Eggs
- Fish
- Peanuts
- Soybeans

- Milk
- Mustard
- Sesame seeds
- Sulphur dioxide and sulphites at concentrations of more than 10mg/kg or 10mg/L in terms of total sulphur dioxide
- Lupin
- Mollusks, e.g. mussels, oysters, squid, snails

The above list will apply to foods prepared on site, e.g. sandwiches, salad pots and cakes, that have been pre-packed prior to them being offered for consumption.

Food goods with incorrect or incomplete labelling will be removed from the product line, disposed of safely and no longer offered for consumption.

Any abnormalities in labelling will be reported to the kitchen manager immediately, who will then contact the relevant supplier where necessary.

Changes to ingredients and food packaging

The school will ensure that communication with suppliers is robust and any changes to ingredients and/or food packaging are clearly communicated to kitchen staff and other relevant members of staff.

Following any changes to ingredients and/or food packaging, all associated documentation will be reviewed and updated as soon as possible.

Animal Allergies

The Animals in School risk assessment will be always adhered to.
Students, staff, volunteers and visitors with known allergies to specific animals will have restricted access to those that may trigger a response.

In the event of an animal on the school site, staff members will be made aware of any students, staff, volunteers and visitors to whom this may pose a risk and will be responsible for ensuring that the individual does not come into contact with the specified allergen.

The school will ensure that any student or staff member who comes into contact with the animal washes their hands thoroughly to minimise the risk of spreading allergens.

Where antihistamine medication forms part of an individual's healthcare arrangements, it will be stored and administered in accordance with the school's medication policy.

Seasonal and environmental allergies

- Seasonal and environmental allergies include reactions to pollen, grass, plants and insect stings.

- Precautions regarding the prevention of seasonal allergies include ensuring that grass within the school premises is not mown whilst students are outside.
- Students with severe seasonal allergies will be provided with an indoor supervised space to spend their break and lunchtimes in, avoiding contact with outside allergens.
- Staff members will monitor pollen counts, making professional judgement as to whether the student should stay indoors.
- Students will be encouraged to wash their hands after playing outside.
- Students with known seasonal allergies are encouraged to bring an additional set of clothing to school to change into after playing outside, with the aim of reducing contact with outdoor allergens, such as pollen.
- Staff members will be diligent in the management of wasp, bee and ant nests on school grounds and in the school's nearby proximity, reporting any concerns to the site manager.
- The site manager is responsible for ensuring the appropriate removal of wasps, bee and ant nests on and around the school premises.
- Where a student with a known allergy is stung or bitten by an insect, medical attention will be given immediately.

Adrenaline auto-injectors (AAIs)

Students who suffer from severe allergic reactions may be prescribed AAI for use in the event of an emergency.
Under The Human Medicines (Amendment) Regulations 2017 the school is able to purchase AAI devices without a prescription, for emergency use on students who are at risk of anaphylaxis, but whose device is not available or is not working.
The school will purchase spare AAIs from a pharmaceutical supplier, such as the local pharmacy.

The school will submit a request signed by the headteacher to the pharmaceutical supplier when purchasing AAIs, which outlines:
- The name of the school.
- The purposes for which the product is required.
- The total quantity required.

The headteacher, in conjunction with the school allergy safety lead, will decide which brands of AAI to purchase.

Where possible, the school will hold one brand of AAI to avoid confusion with administration and training; however, subject to the brands students are prescribed, the school may decide to purchase multiple brands.
The school will purchase AAIs in accordance with age-based criteria, relevant to the age of student a t risk of anaphylaxis, to ensure the correct dosage requirements are adhered to. These are as follows:
- For students under 6: 0.15 milligrams of adrenaline
- For students aged 6-12: 0.3 milligrams of adrenaline
- For students aged 12+: 0.3 or 0.5 milligrams of adrenaline

Spare AAIs are stored as part of an emergency anaphylaxis kit, which includes the following:
- Spare AAIs, held in pairs and in appropriate strengths for the students the school supports

- Instructions on how to use the device(s)
- Instructions on the storage of the device(s)
- Manufacturer's information
- A checklist of injectors, identified by the batch number and expiry date, alongside records of monthly checks
- A note of the arrangements for replacing the injectors
- A copy of, or access to, the Register of AAIs for students known to be at risk of anaphylaxis
- An administration record

Spare AAIs are not located more than 5 minutes away from any point on the school site. The emergency anaphylaxis kit(s) can be found at the following locations:

- Medical room – ground floor
- Reception – round floor

All staff have access to the school's spare AAI devices. These are stored out of reach of students but are not locked away or otherwise stored in a way that would delay access in an emergency.

All spare AAI devices will be clearly labelled to avoid confusion with any device prescribed to a named student.

All AAI devices will be stored at room temperature in line with the manufacturer's guidelines and protected from direct sunlight and extreme temperatures.

The following staff members are responsible for maintaining the emergency anaphylaxis kit(s):

- Lucy Lawton
- Selina Thraves
- Rachael Boyall
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The above staff conduct a monthly check of the emergency anaphylaxis kit(s) to ensure that:

- Spare AAI devices are present and have not expired.
- Replacement AAIs are obtained when expiry dates are approaching.

The following staff members are responsible for overseeing the protocol for the use of spare AAIs, its monitoring and implementation, and for maintaining the Register of AAIs: Selina Thraves/Rachael Boyall

Any used or expired AAIs are disposed of after use in accordance with manufacturer's instructions.

Used AAIs may also be given to paramedics upon arrival, in the event of a severe allergic reaction, in accordance with this policy.

A sharps bin is utilised where used or expired AAIs are disposed of on the school premises. Where any AAIs are used, the following information will be recorded on the AAI Record:

- Where and when the reaction took place
- How much medication was given and by whom

Access to spare AAIs

A spare AAI can be administered as a substitute for a student's own prescribed AAI where their own device is not immediately available, has expired, is not working or cannot be administered correctly or where an individual doesn't currently have a prescribed AAI or known allergy

Where possible, the school will obtain advance parental consent for the use of a spare AAI as part of the development or review of a student's IHP. Where consent has been provided, this will be recorded within the student's IHP. Where an IHP is not in place due to the allergy being unknown, consent will not be required to administer the AAI and will be administered without delay.

The school will maintain a Register of AAIs containing relevant information about students known to be at risk of anaphylaxis, including:

- Name of student
- Class
- Known allergens
- Risk factors for anaphylaxis
- Relevant medical information
- Whether advance parental consent has been received
- AAI dosage requirements, where known

The register will be reviewed at least annually and updated whenever the school is informed of a change to a student's allergy, treatment, medication or other relevant circumstances.

Advance parental consent is good practice but is not a legal requirement for the emergency administration of a spare AAI. In a life-threatening emergency, staff will not delay the administration of adrenaline in order to check whether prior parental consent or medical authorisation has been obtained and will administer it immediately in line with their training and arrange for the emergency services to be called.

Information contained within the Register of AAIs will be readily accessible to staff who require it for the safety and care of students. It will be stored and shared in accordance with the school's data protection arrangements.

School trips

The headteacher will ensure a risk assessment is conducted for each school trip to address students with known allergies attending. All activities on the school trip will be risk assessed to see if they pose a threat to any students with allergies and alternative activities will be planned where necessary to ensure the students are included.

The school will speak to the parents of students with allergies where appropriate to ensure their co-operation with any special arrangements required for the trip.
A designated adult will be available to support the student at all times during a school trip.

If the student has been prescribed an AAI, at least one adult trained in administering the device will attend the trip. The student's medication will be taken on the trip and stored securely.

Where prescribed emergency medication is unavailable before departure, the school will undertake an individual risk assessment with parents before deciding whether it is safe for the student to participate.

A member of staff will be assigned responsibility for ensuring that the student's medication is carried at all times throughout the trip.

Spare AAIs will be taken on the trip and will be readily accessible at all times for use in an anaphylaxis emergency, including where an individual has not previously been diagnosed with an allergy or prescribed an AAI.

Where the venue or site being visited cannot be assured appropriate food can be provided to cater for students' allergies, the students will take their own food, or the school will provide a suitable packed lunch.

Medical attention and required support

Once a student's allergies have been identified, a meeting will be set up between the student's parents, the relevant classroom teacher, the school allergy safety lead and any other relevant staff members, in which the student's allergies will be discussed and a plan of appropriate action/support will be developed.

All medical attention, including that in relation to administering medication, will be conducted in accordance with the Administering Medication Policy and the Supporting Students with Medical Conditions Policy.

Parents will provide the school allergy safety lead with any necessary medication, ensuring that this is clearly labelled with the student's name, class, expiration date and instructions for administering it.

Where a student's prescribed life-saving medication, such as an AAI, is unavailable, the school will assess the individual circumstances and take appropriate action to manage the student's safety including the use of a spare AAI, and then seek advice from healthcare professionals where appropriate.

Any specified support which the student may require will be outlined in their IHP. IHPs will be reviewed at least annually and whenever there is a change in the student's allergy, treatment, medication or circumstances.

Lucy Lawton/Selina Thraves/Rachael Boyall is responsible for working alongside relevant staff members and parents in order to develop IHPs for students with allergies, ensuring that any necessary support is provided, and the required documentation is completed, including risk assessments being undertaken.
Rachael Boyall has an overall responsibility for ensuring that IHPs are implemented, monitored

and communicated to the relevant members of the school community.

Staff training

All staff who are present when students are on the school premises will receive appropriate allergy awareness and emergency response training, relevant to their role. This includes permanent, temporary and supply staff, relevant agency and peripatetic staff, lunchtime supervisors, administration and catering staff, staff supervising wraparound provision, and regular volunteers.

All staff will receive allergy awareness training at least annually, with additional or updated training provided where required, including following significant changes to guidance, an identified training need, a serious allergic reaction or a near miss.
Training will ensure that staff:

- Understand allergies, anaphylaxis, food intolerance and coeliac disease, and can recognise the signs and symptoms of an allergic reaction.
- Understand the relationship between allergies, asthma and anaphylaxis and the need for an immediate response to breathing difficulties or suspected anaphylaxis.
- Understand the potential impact of allergies on students' wellbeing and the importance of preventing allergy-related bullying, discrimination and unnecessary exclusion.
- Know where emergency medication is located and how to access it without delay.
- Know how to administer an AAI and summon emergency assistance, and understand that emergency treatment must not be delayed.
- Understand the school's arrangements for emergency asthma inhalers and spacers where these are held.
- Be familiar with students' IHPs and the relevant provisions of this policy, as appropriate to their role.

Staff with additional allergy-management responsibilities will receive appropriate role-specific training. Relevant catering staff will receive additional training in allergen management, food labelling, prevention of cross-contact and applicable PPDS requirements.

Mild to moderate allergic reaction

Mild to moderate symptoms of an allergic reaction include the following:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour
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If any of the above symptoms occur in a student, the nearest adult will stay with the student and refer to their IHP to determine appropriate next steps.

- The student's parents will be contacted as soon as practicable if the student suffers a mild to moderate allergic reaction or if any medication has been administered.
- Should the reaction progress into anaphylaxis, the school will act in accordance with this

policy. Where the student is required to go to the hospital, an ambulance will be called.

Emergency asthma inhalers and asthma action plans

The school recognises the link between allergies and asthma and the increased risk where both conditions are present.

Where the school holds emergency asthma reliever inhalers and spacers, these will be stored in a clearly identified and readily accessible location, where appropriate alongside or close to the school's emergency anaphylaxis equipment. Staff will know where they are located and how to access them.

Emergency inhalers and spacers will be stored, checked and used in accordance with applicable guidance and the school's Asthma Policy. Staff will follow individual Asthma Action Plans where applicable.

Managing anaphylaxis

In the event of suspected anaphylaxis:

- Respond immediately. Keep the student as still as possible. Lay them flat with their legs raised where appropriate. If they are having difficulty breathing, allow them to sit up with their legs extended. Do not allow them to stand or walk.

- Administer an AAI without delay. Use the student's own AAI if immediately available and appropriate; otherwise, a spare AAI may be used. Do not delay treatment while waiting for a designated member of staff, parental consent, medical authorisation or contact with parents.

- Call the emergency services immediately. Other staff should assist where available, including notifying the headteacher and contacting the student's parents.

- Stay with the student, monitor their condition and keep them appropriately positioned until the emergency services arrive. If their condition deteriorates, update the emergency services.

- If there is no improvement after five minutes, administer a second dose of adrenaline using another AAI, if available.

- If the student stops breathing, a suitably trained member of staff will administer CPR.

Where a student with no previous allergy diagnosis or prescribed AAI develops signs or symptoms suggesting anaphylaxis, staff will treat this as a medical emergency. An AAI may be administered where appropriate and the emergency services contacted immediately; treatment will not be delayed while seeking consent or medical authorisation.

On arrival, emergency services will be informed of any known allergens or suspected cause and

the time and number of AAI doses administered. Used AAIs will be given to paramedics.

Staff will keep the area calm and give the student appropriate space and reassurance. A member of staff will accompany the student to hospital in the absence of their parents; where the student is taken by ambulance, two members of staff will accompany them.

Information sharing and data protection

Information about students' allergies, medical conditions, medication and healthcare arrangements is special category personal data and will be handled in accordance with applicable data protection legislation, the school's Data Protection Policy and relevant privacy notices.

Relevant information will be shared with staff who need it to protect a student's health, safety and wellbeing, including those responsible for supervision, emergency response, food preparation or serving, and implementation of IHPs.

Allergy and medical information, including registers and IHPs, will be kept secure, accurate and up to date, with access limited to those who reasonably require it. Emergency information will remain readily accessible to appropriate staff where necessary to protect life.

Information will not be displayed or shared more widely than necessary. The school will balance the need to manage allergy-related risks effectively with students' privacy, dignity and individual circumstances.

Monitoring and review

This policy is published on the school website, available on request, and covered through staff induction and annual training.
The headteacher is responsible for reviewing this policy annually.
Any concerns will be reported to the headteacher immediately.
Allergic reactions, serious incidents and near misses will be recorded, reviewed and used to identify improvements to allergy safety arrangements.

This policy has been developed with regard to the Department for Education's statutory guidance *Supporting students at school with medical conditions* and *Allergy safety in schools*, together with relevant medicines, food safety and data protection legislation and guidance.