University of Chichester Academy Trust

Allergy & Anaphylaxis Policy 2026-2027

Contents

1. Introduction
2. Purpose
3. Legislation & Guidance
4. Definitions
5. Roles & Responsibilities
6. Identification, Allergy Action Plans & IHCPs
7. Emergency Treatment & Management of Anaphylaxis
8. Supply, Storage & Care of Medication
9. Auto Adrenaline Injectors in School
10. Staff Training
11. Inclusion and Wellbeing
12. Catering
13. School Trips
14. Allergy Awareness
15. Links to Other Policies
16. Policy Approval
17. Useful Links
18. Appendices

    Appendix 1: Academy Specific Information

    Appendix 2: Further Information on Allergies Guidance

    Appendix 3: Anaphylaxis Guidance

    Appendix 4: IHCP Guidance

    Appendix 5: Trips Checklist for Staff

    Appendix 6: Catering Contractor Parent/Guardian Allergy Form

1. Introduction

1.1 Statement of Intent

The University of Chichester (Multi) Academy Trust (herein after referred to as "the Trust") is committed to ensuring the health, safety and welfare of all its employees, students, visitors and anyone else who may be affected by its activities. This Allergy & Anaphylaxis Policy outlines our commitment to promoting a whole school approach to the safe management of those members of our school community who live with specific allergies, in line with Benedicts Law, as set out in the Children & Wellbeing Bill 2026. This policy covers all academy activities which may encounter allergens, including in the classroom.

The Trust believes that all allergies should be taken seriously and dealt with in a professional manner and appropriate way. By our actions we will work proactively to:

- Minimise the risk of exposure to allergens within the school setting
- Encourage self-responsibility
- Learn avoidance strategies
- Have robust plans for an effective response to possible emergencies
- Ensure inclusivity for all pupils

Each academy within the Trust is required to adapt this policy to reflect their specific circumstances, within Appendix 1, and ensure that it is effectively implemented and reviewed annually.

1.2 Equality Statement

Section 100 of the Children and Families Act 2014 places a duty to make arrangements for supporting pupils at their academy with medical conditions (excepting those who are "young children" from birth until the 1st September following their fifth birthday and subject to the requirements of the EYFS).

However, the Trust is clear about the need to actively support all individuals within our settings with allergies to participate in school life.

Each academy within the Trust will consider what reasonable adjustments need to be made to enable these individuals to participate fully and safely in all aspects of school.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that individuals with allergies are included. In doing so, pupils and their parents, staff and any relevant healthcare professionals will be consulted.

1.3 Context

Allergies are increasing in both developed and developing countries, especially in children. The severity and complexity of allergies are also increasing. Allergies can be fatal, and an appropriate diagnosis is essential in parallel with the need for clear food labelling worldwide.

Around 5-8% of children in the UK live with a food allergy and most school classrooms will have at least one pupil with a severe allergy. These young people are at risk of anaphylaxis, a potentially life-threatening reaction which requires an immediate emergency response. 20% of severe allergic reactions to food happen whilst a child is at school, and these reactions can occur in children with no prior history of food allergy. It is essential that staff recognise the signs of an allergic reaction, symptoms and are able to manage it safely and effectively.

2. Purpose

This policy aims to:

- Comply with all relevant legislation, regulations and requirements
- Set out the Trust & academy's approach to allergy management, including reducing the risk of exposure, the proactive steps to keep pupils safe, awareness through pupil programmes within curriculum and the procedures in place in case of allergic reaction
- Make clear how the academies support pupils with allergies to ensure their wellbeing and inclusion
- Work with the catering provider/team to establish a robust process and documentation procedure
- Determine how staff will be trained in allergy awareness and emergency response, for both anaphylaxis and acute asthma
- State how the academies will identify the children and young people, staff and visitors with allergies (in particular food allergies and asthma)
- State how the academy will manage the risk of food allergy and provide clear information on allergens in food provided
- Identify how individuals at risk of anaphylaxis and/or asthma will have access to their prescribed adrenaline and/or asthma inhalers
- Detail how the academy will stock, store and use "spare" adrenaline devices and asthma inhalers, ensuring they remain in date
- Determine what arrangements and adjustments will be put in place to ensure children and young people with allergy are able to participate in visits and trips, and do so safely (including access to adrenaline where required)
- Provide guidance on how children and young people with allergy who require specific support arrangements will have them documented through an Individual Healthcare Plan (Appendix 4)

This policy applies to all members of the school community and will be shared on each academy website.

3. Legislation & Guidance

This policy is based on the Department for Education's guidance on allergies in schools and supporting pupils with medical conditions at school, the Department of Health and Social Care's guidance on using emergency adrenaline auto-injectors in schools, as well as the following legislation:

- Benedict's Law, as part of the Children's Wellbeing and Schools Bill 2026
- The Food Information Regulations 2014
- The Food Information (Amendment) (England) Regulations 2019
- The Human Medicines (Amendment) Regulations 2017
- Children's Act 1989
- Education Act 2002
- Early Years Foundation Stage (EYFS) Framework
- Equality Act 2010
- Health & Safety at Work Act 1974
- Health & Safety (First Aid) Regulations 1981

4. Definitions

Allergy – An allergy is a reaction of the body's immune system to substances that are usually harmless. The reaction can cause minor symptoms such as itching, sneezing or rashes, but in some instances can cause a much more serious reaction – anaphylaxis.

Allergen – An allergen is a substance that triggers an immune system response, which causes an allergic reaction in some people, even though it is usually harmless to others.

Anaphylaxis – Anaphylaxis is a serious, life-threatening allergic reaction. It is at the extreme end of the allergic spectrum. The whole body is affected within minutes of exposure to the allergen, but sometimes shows hours later, causes can include foods, insect stings & drugs.

Adrenaline Auto Injector (AAI) – A medical device designed for self-administration or by a responsible carer, to deliver a precise dose of epinephrine (adrenaline) to treat life-threatening allergic reactions or anaphylaxis, acting rapidly to relieve symptoms like breathing difficulties, throat swelling and low blood pressure.

Individual Health Care Plan (IHCP) – An IHCP is a collaborative document that allows families, healthcare professionals and schools to clarify a child or young person's medical needs. They provide correct, up to date information about how to manage that medical need whilst attending school.

Allergy Action Plan – An allergy action plan is a medical document that has been completed by an individual's health professional and not by a parent or teacher.

5. Roles & Responsibilities

The Trust and the academy take a whole-school approach to allergy awareness.

A whole school approach is a collaborative way of working towards a shared core value, in this instance allergy awareness. All members of the Trust's community should take into account the seriousness of allergies and make conscious decisions towards creating an environment that is safe for all users.

5.1 Role of the parent/guardians of a pupil with an allergy

It is the parent/guardian's responsibility to provide the school, in writing, all known allergies, any previous serious allergic reactions, history of anaphylaxis, and details of all prescribed medicine.

Parents are to supply a copy of their child's Allergy Action Plan, e.g. a BSACI (British Society of Allergy and Clinical Immunology) Plan, to ensure continuity, which includes:

- The allergen/s
- The nature of the allergic reaction (e.g. rash, breathing problems, swelling, anaphylactic shock)
- What to do in case of allergic reaction, including any medication to be used and how it is to be used
- Control measures – such as how the child can be prevented from getting into contact with the allergen

If a child has an allergy requiring an AAI, or a risk assessment deems it necessary, an IHCP will be completed and signed by the parent/carer alongside the academy and healthcare providers.

It is the responsibility of the parent/carer to provide the school with up to date medication/equipment, clearly labelled in a suitable container. For life saving medication like AAIs the child will not be allowed to attend school or events without it.

Parents/carers are also required to:

- Provide up to date emergency contact information
- Ensure that the contents of packed lunches and snacks are safe for the child to consume
- Check the appropriateness of the lunch menu on offer with the catering team
- Liaise with staff about appropriateness of snacks and food-related activities (e.g. cooking)
- Keep the school up to date with any changes in allergy management, which includes any changes in a child's medical condition and any updated medical information. The Allergy Awareness Plan will be kept updated accordingly
- Ensure their child brings their prescribed adrenaline home at the end of each day
- Inform the school allergy champions/lead if their child has had symptoms of/an allergic reaction whilst at home, that could have been due to an exposure at school due to delayed onset
- If an incident was to occur, contribute to discussions and reports regarding their child's allergen incident or near miss

The wearing of a medic-alert bracelet is allowed by the school, if parents request this.

5.2 Role of all other parents/carers

All parents should:

- Understand the risks and potential consequences of food allergens being brought into the academy
- Avoid bringing food into the setting outside of lunchboxes e.g. leaving snacks in their child's bag for breaktimes
- Clearly label all bottles, other drinks and lunch boxes provided for children with the name of the child for whom they are intended

Where food is not directly provided by the school (for example brought in as treats or to celebrate birthdays) permission should be sought in advance to ensure inclusion and safety for children with allergies, with full allergen detail provided on the sealed box.

5.3 Role of academy staff

All staff are responsible for familiarising themselves with the policy and adhering to the health & safety regulations regarding food and drink.

Staff are responsible for supporting in the effort to minimise the risk of exposure to known allergens and provide clear information on the allergens present in any food provided.

Staff are responsible for considering, reviewing and risk assessing activities within classroom settings and on external visits and trips to account for the possibility of allergen contact and cross-contamination in both airborne and contact forms.

Staff are responsible for enforcing the policy amongst pupils and ensuring allergy related bullying is tackled.

Staff are responsible for engaging with active anaphylaxis training drills twice a year, where a simulated case of anaphylaxis can be used to test staff response, without risk to an individual. In some cases, pupils and their friends may also be involved in the drill and the planning of this.

Staff are responsible for recording all allergen incidents and near misses to SmartLog. The Trust has a legal duty to notify external authorities when unsafe food has been supplied, as well as a moral duty to learn lessons from incidents and near misses. The allergen incidents and near miss reports should be shared with the child's parents/carers, the allergy lead, and Finance & Audit Committee.

Staff are also responsible for supporting a child or young person's wellbeing following an incident or near miss. The academy and its staff should consider its impact not only on the individual and their family, but also on those involved in responding and any children or young people who may have witnessed it.

5.4 Role of allergen champion/named allergy lead

Each academy must have a Named Allergy Lead within the Senior Leadership Team, as well as minimum two Allergen Champions.

The named allergy lead is listed on Appendix 1.

The named allergy lead should ensure lessons learnt from near misses and incidents are shared with all staff in meetings (not just teachers) and should use the opportunity to remind all staff of the importance of safely managing allergens, details of the allergy safety policy, whilst ensuring privacy of the individual in respected.

The named allergy lead should be responsible for ensuring all allergen incidents and near misses are recorded to SmartLog, including the results of any anaphylaxis drills conducted twice a year.

Leaders need to be aware of and engage with caterers to understand the controls in place to ensure that food service conforms with legislation.

The Finance & Audit Committee will ensure the academies:

- have arrangements in place for supporting children with allergies
- are actively managing the risks relating to allergies within the academies
- Review the policy annually and publish on the school website

5.5 Role of Pupils

Pupils have a responsibility to understand and be aware of their own symptoms relating to their allergens and to let an adult know as soon as they are become aware they may be having an allergic reaction or have come into contact with a known allergen.

Pupils will:

- Avoid trading and sharing food, food utensils or food containers
- Wash their hands after eating and dispose of food wrappers responsibly
- Not tease, threaten or deliberately expose an allergic student to a trigger – this will be treated as a safeguarding issue and with disciplinary measures
- Self-advocate, know their specific triggers, recognise their early symptoms and communicate issues or concerns to their teachers and peers
- Be responsible for their own medication and carry at all times, if deemed competent, including in emergency situations such as fire evacuation and other non-fire emergencies and taking it home with them at the end of each school day
- Support each other and be mindful of inclusivity and understanding different health conditions
- Engage in learning relating to allergy awareness and understand how to seek help in an emergency.

6. Identification, Allergy Action Plans & IHCPs

The academy will have a system in place to ensure all staff can identify individuals with allergies.

For all staff on site, there will be a copy of the individuals IHCP and allergy action plan, accessible in the relevant classrooms, medical room, main office, Arbor and staff room.

For the catering department, there will be:

- An up to date photograph of each pupil with an allergy
- A detailed list of relevant allergies for the pupil and;
- A coloured identification system indicated in Appendix 1

6.1 Allergy Action Plans

The allergy action plan will be issued by the individuals health care professional and will provide staff with everything they need to know about the allergen the child has, for instance:

- A photograph of the pupil
- The date of birth of the pupil
- The triggers
- The symptoms
- Medicines to be used (if required)
- Medical consent for staff to administer adrenaline in the event of an allergic reaction or anaphylaxis

6.2 IHCP

If it is clear that an allergy will require the academy or early years setting to put supportive measures in place, an Individual Health Care Plan should be drawn up which specifies the arrangements for all pupils with a known allergy.

This will be required if:

- They have an allergy which has a functional impact on them in the academy
- They are at risk of harm as a result of their allergy and;
- They require arrangements which are additional to or different from those made generally

The IHCP will be a more in-depth document which specifies:

- the known allergens
- Emergency contact details
- Information about what to do in an emergency
- How the allergy is managed
- what risk reduction measures are necessary
- whether they have been prescribed with adrenaline (including the medical and parental/guardian consent to use spare adrenaline devices where appropriate)

- Any reasonable adjustments

It should be updated every time an Allergy Action Plan has been reviewed and updated by Healthcare Professionals.

7. Emergency Treatment & Management of Anaphylaxis

If a child or young person experiences a life-threatening medical emergency, anyone – staff, volunteers or bystanders – may take reasonable action to save their life. The law recognises that rescuers act under extreme pressure. People who attempt to save a life in good faith are protected, even if an injury occurs whilst giving emergency care (e.g. broken ribs during CPR). This includes the administering of adrenaline when an individual is suffering anaphylaxis.

The academy should be reassured that mistakes, hesitation or imperfect technique do not amount to serious and wilful misconduct. The expectation is simply that staff act reasonably, to the best of their ability, in an emergency.

As soon as Anaphylaxis is suspected, adrenaline must be administered within 5 minutes of symptoms without delay.

Action should be taken as follows:

- Keep the child where they are, call for help and do not leave them unattended.
- Lie the child flat with legs raised.
- Use adrenaline auto-injector without delay and note the time given. AAIs should be administered into the muscle in the outer thigh. Always follow the instructions on the device
- Call 999 and state ANAPHYLAXIS – do not state allergic reaction
- If no improvement after 5 minutes, administer the second AAI.
- If no signs of life, immediately commence CPR.
- Call the parent/carer as soon as possible.

All pupils must go to hospital for observation after anaphylaxis even if they appear to have recovered as further reaction can occur after treatment.

8. Supply Storage & Care of Medication

Depending on the level of understanding and competence, pupils will be encouraged to take responsibility for, and to carry, their own two AAIs and asthma inhalers on them at all times (in a suitable bag/container), including during emergency drills and when travelling to and from school, to use when required. A central record will be held in the academy detailing which children have been prescribed adrenaline devices and an allergy action plan, and will be shared with relevant staff via physical documents, Arbor and the schools central SharePoint.

For younger children or those not ready to take responsibility for their own medications, their prescribed adrenaline devices will be kept in a suitable bag/container, which is labelled with their name and will be kept safely in their classroom, not locked away and accessible to all staff immediately. This will be taken by the Teacher/Teaching Assistant on emergency drills.

Individual prescribed medication should be stored in a suitable container and clearly labelled with the pupil's name. The pupil's medication storage container should contain:

- Two AAIs i.e. EpiPen or Jext
- An up to date allergy action plan
- Antihistamine as tablets or syrup (if included on allergy action plan)
- Spoon (if required)
- Asthma inhaler (if included on allergy action plan)

It is the responsibility of the child's parents/carers to ensure that the anaphylaxis kit the child carries is up to date and clearly labelled, however the nominated responsible person will check each child's medication carried on their persons on a termly basis and send reminders to parents/carers if medication is approaching expiry.

8.1 Spare AAIs

It is the Trust's legal responsibility to purchase and store two spare AAIs for children at risk of anaphylaxis for each academy. Immediate access to an AAI can be lifesaving and therefore spare devices will not be locked away. While it's vital that families have their own prescribed AAIs for their child if required, having spare AAIs at school adds an extra layer of reassurance for everyone.

The academy will ensure that spare adrenaline devices are kept within 5 minutes of every location on site and will ensure that academies with large sites and academies with more than one building have the appropriate dosage and quantity available.

Spare AAIs will be checked termly by the nominated responsible person and recorded to SmartLog.

8.2 Storage

AAIs should be stored at room temperature, protected from direct sunlight and temperature extremes.

Spare AAI's will be stored as listed in Appendix 1, ensuring they are not locked away or kept where access is restricted. Spare adrenaline devices will be stored in pairs, with any emergency asthma inhaler if applicable, with instructions for use, and will be clearly labelled as "Emergency Anaphylaxis Kit", to ensure there is no confusion with prescribed devices to an individual.

8.3 Disposal

AAIs are single use only and must be disposed of as sharps. Used AAIs can be given to ambulance paramedics on arrival or can be disposed of in a pre-ordered sharps bin. Sharps are disposed of at the location as listed in Appendix 1.

9. Auto Adrenaline Injectors in Schools

AAIs are available in different doses, depending on the manufacturer. The Resuscitation Council (UK) recommends that anaphylaxis is treated using age-based criteria, as follows:

- Children under 6 years: a dose of 150 microgram (0.15 milligram) of adrenaline is used (e.g. EpiPen Junior (0.15mg) or Jext 150 microgram device)
- Children aged 6-12 years: a dose of 300 microgram (0.3 milligram) of adrenaline is used (e.g. using an EpiPen (0.3mg) or Jext 300 microgram device)
- Children (and adults) aged 12+ years: a dose of 300 – 500 microgram of adrenaline is used (e.g. EpiPen (0.3mg) or Jext 300 microgram device)

The school will purchase and store EpiPen Junior (150 micrograms) for pupils under 6.

The school will purchase and store EpiPen (0.3mg) for pupils aged 6+.

The school will purchase and store EpiPen (0.3mg) for pupils and staff aged 11+.

10. Staff Training

The Named Allergy Lead and Allergen Champions (minimum 2) who are responsible for co-ordinating staff anaphylaxis training and the upkeep of the school's allergy and anaphylaxis policy are listed on Appendix 1.

New staff, supply and cover staff will receive a comprehensive induction covering the key elements of allergy awareness and emergency response training, as set out below, and all staff will complete mandatory online National College training at the start of every new academic year. All training will include:

- Allergy awareness, the risks it poses, how allergic reactions can occur and how to manage it
- Understanding that allergy includes multiple conditions including food (the difference between food allergy, intolerance and coeliac disease, including knowing the Top 14 allergens, as well as common allergies outside of the Top 14), asthma, eczema, hay fever and others, that can co-exist
- Knowing where to find information on the triggers of allergy
- Spotting the signs and symptoms of an allergic reaction and anaphylaxis, including knowing how to respond in an emergency: to call for emergency services, notifying the parents, locating and administering emergency treatment (including AAI's and asthma inhalers) in the event of anaphylaxis
- Understanding the impact on a child or young person's wellbeing
- Measures to reduce the risk of a child having an allergic reaction from coming into contact with their known allergens e.g. allergen avoidance, eliminating cross-contamination, understanding who is responsible for what, implementing safe practices
- In depth understanding of the pupils within their care who have known allergies

- Understand how to report an allergic reaction or anaphylaxis (both incident or near miss)
- Understand the academies allergy safety policy
- A practical session using a trainer device

Further training will also be provided for the Allergy Lead.

11. Inclusion & Wellbeing

Each academy must have a behaviour policy in place that includes measures to prevent all forms of bullying among pupils. All teachers, pupils and parents/guardians must be informed of the policy, and allergy bullying will be treated seriously as set out in the academy's Behaviour Policy.

Under Section 100 of the Children and Families Act 2014, the Trust and its academies are committed to ensuring that all children with medical conditions, including allergies are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

The Trust and its academies will be active in providing support, both in providing reassurance that steps are taken to minimise the risk of exposure to allergens and that robust measures are in place in the event of anaphylaxis.

This includes but is not limited to:

- Regular communication to children, young people, parents carers and staff about allergies, ensuring ongoing awareness and appreciation of the severity of the potential risks.
- Proactive engagement with new joiners with known allergies, setting out the academy's policy and the support available.
- Inviting 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 to help reduce anxiety and ensure everyone knows one another.
- Introducing "allergy champions" so they can share feedback and support new joiners or anxious children and young people
- Sourcing alternative ingredients for use in arts/crafts (e.g. wheat-free flour for play dough or cooking)
- Alternative food containers (e.g. egg cartons, yoghurt pots etc) for craft activities where cross contamination is possible
- Risk assessing cooking activities where unlabelled food may be present

12. Catering

All food businesses (including school caterers) must follow the Food Information Regulations 2014 which states that allergen information relating to the "Top 14" allergens must be available for all food products.

Where food is provided by the school, school staff will understand how to read labels for food allergens and instructed about measures to prevent cross-contamination during the handling, preparation and serving of food.

The school menu is available for parents/guardians to view in weekly/fortnightly/3-weekly advance with all allergens highlighted on the school website. Any changes or substitutions to this, must be highlighted to the Allergy Lead immediately and the needs and safety of individuals with allergens must be met.

The Allergy Lead will inform the Catering Manager/Cook and Catering Operations Manager of all pupils in the school with food allergies, regardless of whether they eat school meals.

External caterers will be informed of those individuals with allergies in the form of a photo of the individual and a list of their allergies (which must only face back of house due to sensitive nature of the data (GDPR)), as well as the adopted process for serving meals as listed in Appendix 1 and will adhere to this process.

Parents/guardians are encouraged to meet with the Catering Operations Manager from the onsite caterer and onsite Catering Manager/Cook to discuss their child's needs.

School caterers must provide information on food allergens to parent/guardians and menus must be listed on the academy website and have this available for the child to be able to check independently. Catering staff should be available to meet with parents/guardians to discuss provision of allergen safe meals.

12.1 Breakfast Clubs & After School Clubs

The Allergy Lead or Champions will inform the Breakfast/After School Club leader of all pupils in the school with food allergies, regardless of whether they eat school meals.

Children and young people with allergies, intolerances and coeliac disease should not be prevented from accessing free breakfast clubs or other extended school provisions as a result of their medical condition. Appropriate arrangements should be made to ensure they can participate safely and inclusively.

Breakfast & After School Club menus will be posted on the academy website indicating the allergens within.

Internally run Breakfast and After School Club staff will be included in the Staff Training programme and will therefore understand the key elements of allergy awareness and emergency response training.

Examples include:

- Preparing food for children with food allergies first
- Careful cleaning (using warm soapy water) of food preparation areas and utensils.

13. School Trips

The academy will conduct a risk assessment for any child or young person at risk of anaphylaxis taking part in a trip off premises as part of the School Trip assessment. Staff leading school trips will ensure all relevant emergency supplies for pupils with allergies is carried by the pupil before participating. Pupils unable to produce their required medication will not be able to attend the excursion. Under some circumstances the academy may wish to consider whether it is appropriate to take "spare" adrenaline devices in case of emergency use on some trips.

All the activities on the school trip should also be risk assessed by prior communication or visits to the venue to ensure they do not pose a threat to allergic pupils and alternative activities planned if necessary to ensure inclusion.

13.1 Overnight Trips

Overnight school trips are possible with careful planning. A meeting for parents/carers with the lead member of staff planning the trip should be arranged. Staff at the venue of an overnight school trip should be briefed prior to, and on arrival, regarding the children with allergies in attendance. Appropriate food may need to be arranged.

13.2 Sporting Excursions

The school will ensure that the PE teacher/s are fully aware of any children with allergies. The venue being visited will be notified that a member of the team has an allergy when arranging the fixture. If the other venue feels that they are not well-equipped enough to cater for any food-allergic child, the academy will arrange for the child to take alternative/their own food.

14. Allergy Awareness

The Trust and its academies support the approach advocated by Anaphylaxis UK, Allergy UK & other allergy charities towards nut bans/nut free schools.

The Trust and its academies advocate to adopt a whole school culture of allergy awareness and education and do not support a blanket ban on any particular allergen in any establishment, due to there being 14 major food allergens, as well as many other non-food allergens not listed within this.

This ensures teachers, pupils and all other staff are aware of what allergies are, the importance of avoiding allergens, the signs and symptoms and how to deal with allergic reactions and to ensure policies and procedures are in place to minimise risk.

15. Links to Other Policies

This policy links with the Trust and its Academies; Health & Safety Policy, First Aid Policy, Administration of Medicines Policy, Children with Medical Conditions Policy, Food Policy and Behaviour/Anti-Bullying Policy.

16. Policy Approval

This policy is a Trust wide policy and approved by the Finance and Audit committee. The policy has been adapted to reflect the academy context as listed in Appendix 1.

This policy is reviewed on an annual basis.

17. Useful Links

Anaphylaxis UK | Supporting people with serious allergies | Anaphylaxis UK
Allergy safety in schools statutory guidance
Allergy UK | National Charity
Natasha's Foundation
The Benedict Blythe Foundation Allergy & Education Foundation | Benedict Blythe Foundation
Guidance on the use of adrenaline auto-injectors in schools
Allergy Action Plans - BSACI

18 Appendices

Appendix 1: Academy Specific Information
Appendix 2: Further Information on Allergies Guidance
Appendix 3: Anaphylaxis Guidance
Appendix 4: IHCP Guidance
Appendix 5: Trips Checklist for Staff
Appendix 6: Catering Contractor Parent/Guardian Allergy Form