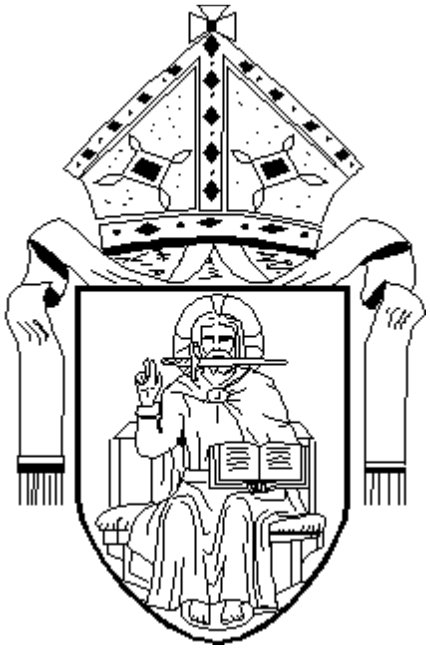
St Paul's C of E Primary School



Allergen and Anaphylaxis Policy

September 2026

Including Benedict's Law (Children's Wellbeing and Schools Act 2026) and the DfE's Allergy Safety in Schools statutory guidance (July 2026)

Policy relevant for: All staff, parents, pupils, Governors and visitors

Key Person responsible for this policy: Laura Stansfield

Date this policy was approved by the Full Governing Body: September 2026

Date this policy needs to be reviewed: September 2028

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Statement of intent

Allergy is increasingly common in childhood. Around 2 to 5% of children in the UK live with a food allergy, and most school classrooms will have at least one allergic pupil. Anaphylaxis, a severe, life-threatening allergic reaction, can occur in someone with no prior history of allergy. Around 20% of serious allergic reactions to food occur whilst a child is at school.

This policy has been developed in accordance with Benedict's Law (the Children's Wellbeing and Schools Act 2026), which requires all schools in England to have a whole-school allergy policy, trained staff, access to emergency adrenaline auto-injectors (AAIs), and individual allergy action plans for pupils with a diagnosed allergy. These requirements come into force from September 2026.

This policy draws on the BSACI (British Society for Allergy and Clinical Immunology) Model Policy for Allergy Management at School (Version 2.1, 2024), developed with Anaphylaxis UK, Allergy UK, and the Medical Conditions in Schools Alliance, with support from the Department for Education.

St Pauls C of E Primary School 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 pupils, governors and visitors, with the intention of minimising the risk of anaphylaxis occurring whilst at school. Pupils with allergies will feel safe, supported and not disadvantaged in any way whilst taking part in school life. It applies to all pupils in all year groups across the 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.

Our school recognises that allergy is a serious but manageable condition, and we welcome all pupils with allergies. We aim to support these children in participating fully in school life by ensuring:

- We maintain an up-to-date allergy register
- We have a current, published allergy and anaphylaxis policy
- We have a named allergy lead
- All pupils with diagnosed allergies have an individual BSACI Allergy Action Plan on file
- We hold a stock of spare in-date adrenaline auto-injectors (AAIs) on site
- All staff receive annual allergy awareness and emergency response training
- We promote allergy awareness among pupils, parents and staff

1. Scope

This policy applies to:

- All pupils at St Pauls C of E Primary School, including those with known allergies and those who develop an allergic reaction for the first time whilst at school
- All members of school staff, including teaching staff, support staff, catering and administrative staff, caretakers and minibus drivers
- Supply staff, volunteers and visitors on the school site
- All school activities including off-site trips, sporting events, residential visits and wraparound care

2. Legal framework

This policy has due regard to all relevant legislation and guidance including, but not limited to, the following:

Legislation / Guidance	Relevance to this policy
Benedict's Law (Children's Wellbeing and Schools Act 2026)	Requires whole-school allergy policies, annual staff training, emergency AAI provision, and individual allergy action plans for all schools in England from September 2026
DfE: Supporting Pupils with Medical Conditions (2015)	Places a legal duty on schools to support pupils with medical conditions; requires Individual Healthcare Plans
Human Medicines (Amendment) Regulations 2017	Permits schools to purchase AAIs without a prescription for use in emergencies on any person
Equality Act 2010	Allergy may constitute a disability; schools must make reasonable adjustments and must not discriminate
Health and Safety at Work Act 1974	Requires governing bodies to ensure safe systems of work, including adequate first aid provision
BSACI Model Policy for Allergy Management at School (v2.1, 2024)	Sets out clinical best practice standards for allergy management in schools
NICE Clinical Guideline CG116	Food allergy in children and young people assessment and diagnosis
Allergy Safety in Schools DfE statutory guidance (July 2026)	Sets out in detail what schools' allergy safety policies, staff training, spare AAI provision and Individual Healthcare Plans should contain

And in addition:

- Children and Families Act 2014

- The Food Information (Amendment) (England) Regulations 2019 (Natasha's Law)
- Department of Health 'Guidance on the use of adrenaline auto-injectors in schools'
- This policy will be implemented in conjunction with the following school policies and documents:
- Health and Safety Policy
- Administering Medication Policy
- Supporting Pupils with Medical Conditions Policy
- Educational Visits and School Trips Policy
- Allergen and Anaphylaxis Risk Assessment
- Caterlink Food Allergy Policy

3. 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
- For infants and younger pupils, becoming pale or floppy

Benedict's Law - From September 2026, Benedict's Law means new requirements around allergy management will apply to all schools and maintained nurseries in England. The aim of Benedict's Law is to create a consistent framework for managing allergies in schools and to improve the prevention of, and response to, life-threatening allergic reactions. Named after five-year-old Benedict Blythe who, In December 2021, suffered a fatal anaphylactic reaction after accidental exposure to cow's milk protein at his primary school in Lincolnshire.

Coeliac Disease - an autoimmune disease affecting the digestive system that makes a person have an adverse reaction to gluten (NHS definition).

Intolerance – A food intolerance differs from an allergy. It means that people have difficulty digesting certain foods or ingredients in foods. It is not usually serious but can make people feel unwell (NHS definition).

4. Roles and responsibilities

The governing board is responsible for:

- Ensuring that policies, plans, and procedures are in place to support pupils with allergies and those who are at risk of anaphylaxis and that these arrangements are sufficient to meet statutory responsibilities and minimise risks.
- Ensuring that the school's approach to allergies and anaphylaxis focusses on, and accounts for, the needs of each individual pupil.

- Ensuring that staff are properly trained to provide the support that pupils need, and that they receive allergy and anaphylaxis training **at least annually**.
- Monitoring the effectiveness of this policy and reviewing it on an annual basis, and after any incident where a pupil experiences an allergic reaction.

The Deputy Headteacher (with oversight from the Headteacher) is responsible for:

- Ensuring that at least one named Allergy Lead is a member of, or reports directly to, the senior leadership team, with clear responsibility for implementation and review of allergy safety arrangements
- 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 designated first aiders are trained in the use of adrenaline auto-injectors (AAIs) and the management of anaphylaxis.
- 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 pupils' allergies and act in accordance with the school's policies regarding food and hygiene, including this policy.

The Office team 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 pupil via a medical form sent to parents on an annual basis, including information regarding any allergies and asthma.
- Contacting parents for required medical documentation regarding a pupil's allergy.

All staff members are responsible for:

- Attending relevant training regarding allergens and anaphylaxis.
- Knowing where AAI's are stored and be trained to administer them.
- Being familiar with and implementing pupils' individual healthcare plans (IHCPs) as appropriate.
- Responding immediately and appropriately in the event of a medical emergency.
- Reinforcing effective hygiene practices, including those in relation to the management of food.
- Monitoring all food supplied to pupils by both the school and parents.
- Ensuring that pupils do not share food and drink in order to prevent accidental contact with an allergen.

- Considering allergic triggers when planning lessons, activities and events.

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.

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 pupils 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.
- Reporting to the kitchen manager if food labelling fails to comply with the law.
- Ensuring that substitute ingredients are not added to dishes served to pupils with known allergies without appropriate checks being conducted.

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 their child's medical information. Parents must provide a current, signed BSACI Allergy Action Plan completed by their child's healthcare professional.
- Ensuring their child's prescribed AAIs are in date and available in school at all times.
- Providing written consent for the use of a spare AAI.
- Raising any concerns they may have about the management of their child's allergies with the classroom teacher.
- Notifying the school promptly of any changes to their child's allergy, medication or emergency contacts.

All pupils are responsible for:

- Knowing where their emergency medication is kept and how to access it.
- Ensuring that they do not exchange food with other pupils.
- Avoiding food which they know they are allergic to, as well as any food with unknown ingredients.
- Telling a trusted adult immediately in the event they believe they are having an allergic reaction, even if the cause is unknown, or they have come into contact with an allergen.

5. 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 pupils' food allergies will be collated, indicating whether they consume a school dinner or a packed lunch, and this will be passed on to the school's catering service.

Staff allergies will be recorded in a log and reviewed dynamically and at least annually. This will be stored securely on the single central record (SCR) Details of medications needed in the event of allergic reaction will also be held.

When making changes to menus or substituting food products, the school will ensure that pupils' 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.

To ensure that catering staff can appropriately identify pupils with dietary needs, pupils will use purple trays that denote they have a food allergy. Trays will be prepared separately, covered in foil and labelled. The Kitchen manager will hand the tray to the member of staff responsible for the child and double check it conforms to the child's IHCP. A laminated allergy menu will be provided for both members of staff to refer to as a cross check procedure.

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 pupils 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 pupils' IHPs, considering any known allergies of the pupils involved. Teachers will plan and deliver inclusive lessons which do not marginalise or discriminate children will allergies. The mental health of these children will be considered when planning activities. Where appropriate, parents will be involved in providing safe foods.

6. 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 'free from' 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.

The relevant staff, e.g. kitchen staff, will be trained prior to storing, handling, preparing, cooking and/or serving food to ensure they are aware of their legal obligations. Training will be reviewed on an annual basis, or as soon as there are any revisions to related guidance or legislation.

Food labelling

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, oats. Includes foods made from them such as bread, pasta and baked goods
- Crustaceans, e.g. crabs, prawns, lobsters
- Nuts, including almonds, hazelnuts, walnuts, cashews, pecan nuts, brazil nuts and pistachio nuts
- Celery: Celery including the stalks, leave, seed and celeriac
- Eggs: Eggs and food containing egg, such as cakes, mayonnaise etc.
- Fish: All types of fish
- Peanuts: Peanuts (sometimes called groundnuts) and foods made from them
- Soybeans: Soya/soy including foods such as edamame beans, tofu, soy milk or other processed products
- Milk: Cows milk and dairy products such as cheese, yoghurt, cream, butter
- Mustard: Mustard seeds, mustard powder
- Sesame seeds: Sesame seeds and foods made from sesame such as tahini and some hummus
- Sulphur dioxide and sulphites at concentrations of more than 10mg/kg or 10mg/L in terms of total sulphur dioxide (Preservatives used in some foods and drinks.)
- Lupin (A legume related to peas. Lupin seeds can be ground into flour and used in baked products)
- Molluscs, 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.

Kitchen staff will be vigilant when ensuring that all PPDS foods have the correct labelling in a clearly legible format, and that this is either printed on the packaging itself or on an attached label. 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.

The kitchen manager will be responsible for monitoring food ingredients, packaging and labelling on a weekly basis and will contact the supplier immediately in the event of any anomalies.

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.

7. Animal allergies

Pupils 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 pupils to whom this may pose a risk and will be responsible for ensuring that the pupil does not come into contact with the specified allergen.

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

Staff are aware that 'spare' antihistamines must NOT be administered for the following reasons:

- Piriton would not be deemed the most appropriate first medication given to a child in an emergency situation due to its potential sedative effect which may mask other symptoms.
- In the case of anaphylaxis, as Piriton is an oral medication there is a risk of choking due to restricted airway.

Notwithstanding the two previous bullet points, in the event that there is an instruction from a 999 call handler to administer an antihistamine, only where the school holds it for that named child and where consent has been gained can it be administered. The instruction of a 999 call handler does not take the place of a prescription or parental consent.

8. Seasonal allergies

The term 'seasonal allergies' refers to common outdoor allergies, including hay fever and insect bites.

Precautions regarding the prevention of seasonal allergies include ensuring that grass within the school premises is not mown whilst pupils are outside.

Pupils 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 a professional judgement as to whether the pupil should stay indoors.

Pupils will be encouraged to wash their hands after playing outside.

Pupils with known seasonal allergies are encouraged to bring an additional set of clothing to school to change in to 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 wasp, bee and ant nests on and around the school premises.

Where a pupil with a known allergy is stung or bitten by an insect, medical attention will be given immediately. (See above re 'spare' antihistamines.

9. Individual Allergy Action Plans

Under Benedict's Law and in line with BSACI best practice, every pupil with a diagnosed allergy must have an individual Allergy Action Plan in place. The BSACI Allergy Action Plan is the recommended document for this purpose and is available free of charge at: www.bsaci.org/resources/allergy-action-plans

The Allergy Action Plan:

- Is a medical document that must be completed by the pupil's healthcare professional (GP, allergy nurse, pediatrician or allergist)
- Provides medical authorisation for school staff to administer AAIs in an emergency, including the school's spare AAI
- Includes the pupil's known allergens, current prescribed medication and step-by-step emergency instructions
- Functions as the pupil's Individual Healthcare Plan where allergy is the primary medical need
- Will be treated as, or incorporated into, an Individual Healthcare Plan where the allergy has a functional impact on the pupil, creates a risk of harm, or requires arrangements that are additional to or different from those normally provided

Plans must be reviewed and re-signed by a healthcare professional at least annually, or sooner if the child's condition changes, and shared with all relevant staff.

Where a child's allergy has only recently been diagnosed or an Allergy Action Plan is awaited, the school should not wait before putting interim safeguards in place.

Contact parents to agree interim arrangements until the formal plan is received.

10. Adrenaline auto-injectors (AAIs)

Pupils who suffer from severe allergic reactions may be prescribed an 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 pupils 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.

A template letter is available at: https://www.sparepensinschools.uk/wp-content/uploads/2018/03/To-be-completed-on-headed-school-paper.docx

The Headteacher/Deputy Headteacher, in conjunction with the school nurse, 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 pupils 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 pupils at risk of anaphylaxis, to ensure the correct dosage requirements are adhered to. These are as follows:

- For pupils under age 6: 0.15 milligrams of adrenaline (150mcg)
- For pupils aged 6-12: 0.3 milligrams of adrenaline (300 mcg)

ANNUAL PRACTICAL TRAINING IS REQUIRED. BOTH AAIs CONTAIN THE SAME AMOUNT OF ADRENALINE BUT ARE ADMINISTERED SLIGHTLY DIFFERENTLY.

11. Access to spare AAIs

A spare AAI can be administered as a substitute for a pupil's own prescribed AAI, if this cannot be administered correctly, without delay.

Spare AAIs are only accessible to pupils for whom medical authorisation and written parental consent has been provided – this includes pupils at risk of anaphylaxis who have been provided with a medical plan confirming their risk, but who have not been prescribed an AAI.

Consent will be obtained as part of the introduction or development of a pupil's IHCP.

If consent has been given to administer a spare AAI to a pupil, this will be recorded in their IHCP.

The school uses a register of pupils (Register of AAIs) to whom spare AAIs can be administered – this includes the following:

- Name of pupil
- Class
- Known allergens
- Risk factors for anaphylaxis
- Whether medical authorisation has been received
- Whether written parental consent has been received

- Dosage requirements

Parents are required to provide consent on an annual basis to ensure the register remains up-to-date.

Parents can withdraw their consent at any time. To do so, they must write to the headteacher.

Julie Stingone/Menna Jones check the register is up-to-date on an annual basis.

Menna Jones will also update the register relevant to any changes in consent or a pupil's requirements.

Copies of the register are held in each classroom, which are accessible to all staff members.

Spare AAIs are stored as part of an emergency anaphylaxis kit, which includes the following:

- One or more AAIs
- 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 list of pupils to whom the AAI can be administered
- An administration record to include date and time of administration
- A salbutamol inhaler and spacer in case of concurrent asthma diagnosis - for adjunctive treatment only. Wheeze during anaphylaxis should be treated with adrenaline first; salbutamol must not be used as an alternative to, or delay, administration of the adrenaline auto-injector.

Spare AAIs are not located more than five minutes away from where they may be required. The emergency anaphylaxis kit(s) can be found at the following location:

- In the first aid room in green back marked 'Emergency Anaphylaxis kit'
- They are stored in pairs according to dosage
- All staff have access to AAI devices, but these are out of reach and inaccessible to pupils – AAI devices are **not** locked away where access is restricted.

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

In line with manufacturer's guidelines, all AAI devices are stored at room temperature in line with manufacturer's guidelines, protected from direct sunlight and extreme temperature.

Where prescribed devices need to be taken home, for example at weekends, holidays or between split settings, this must be agreed with parents and recorded so that staff can confirm devices are available when the pupil is on site.

Spare AAIs may be used on any individual, including a child with no prior allergy diagnosis, if they are having a suspected anaphylactic reaction and a prescribed device is unavailable.

In such circumstances, administering adrenaline is **always** appropriate. **The consequences of not acting are more serious than acting.**

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

Julie Stingone

Menna Jones

The above staff members 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: **Office team/Julie Stingone**.

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

Used AAIs must 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. This is stored in the medical room.

12. Classroom and Social Activities

Parents of pupils with allergies will be consulted before food-based activities, celebrations or events.

Pupils with allergies will not be unnecessarily excluded from activities. Reasonable adjustments and suitable alternatives will be provided to enable them to participate safely alongside their peers.

Allergy safety arrangement applies to school-organised activities and provision delivered on the schools' behalf. Where activities, catering or wrap around provision are delivered by a third party, the school will ensure that relevant allergy information and emergency arrangement are communicated and that responsibilities are agreed in advance.

Food brought into school by parents, pupils or staff for sharing - including parties, bake sales, curriculum activities or fundraising events – presents an additional risk because ingredients and possible allergen cross contamination may not be reliably verified. Such food must be managed in accordance with the school agreed arrangement. E.g. must be agreed in advance where allergy risk is present and must be accompanied by clear allergen information; Pupils with food allergies must not be offered unlabeled or uncertain food.

Children are not permitted to bring in cakes/treats on their birthday. This is communicated to staff and children and families.

13. School Trips

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

The school will speak to the parents of pupils with allergies where appropriate to ensure their co-operation with any special arrangements required for the trip/residential visit.

If the pupil has been prescribed an AAI, at least one adult trained in administering the device will attend the trip. The pupil's medication will be taken on the trip and stored securely – if the pupil does not bring their medication, they will not be allowed to attend the trip.

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

Two spare AAIs will be taken on the trip and will be easily accessible at all times.

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

The venue will make a copy of their allergy policy available to the school at the time of booking. Catering providers for residential or overnight trips will be informed of all relevant allergies in advance. Where food is provided by an external venue or catering provider, suitable arrangements must/should be confirmed in advance, rather than assumed from notification of the allergy alone.

Staff leading activities, including sports coaching and PE, are aware of which pupils have allergies including asthma. Staff are aware that some allergic reactions can be brought on by exercise.

Emergency procedures are understood by all accompanying adults

14. Medical attention and required support

The Headteacher and Deputy Head are responsible for working alongside relevant staff members and parents in order to develop IHCPs for pupils with allergies, ensuring that any necessary support is provided and the required documentation is completed, including risk assessments being undertaken.

All medical attention, including that in relation to administering medication, will be conducted in accordance with the Administering Medication Policy and the Supporting Pupils with Medical Conditions Policy. Any specified support which the pupil may require will be outlined in their IHCP.

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

Pupils will not be able to attend school or educational visits without any life-saving medication that they may have, such as AAIs.

All members of staff involved with a pupil with a known allergy are aware of the location of emergency medication and the necessary action to take in the event of an allergic reaction.

AAIs will be stored in the child's class in their medical bags. These bags will be taken to PE and when accessing the Art room and computer suite.

All staff members providing support to a pupil with a known medical condition, including those in relation to allergens, will be familiar with the pupil's IHCP.

The Headteacher has overall responsibility for ensuring that IHCPs are implemented, monitored and communicated to the relevant members of the school community.

15. Staff training

Under Benedict's Law, all school staff present when pupils are scheduled to be on site must receive annual allergy awareness and emergency response training. This includes permanent, temporary, supply, peripatetic, agency, catering, wraparound care staff and regular volunteers. Contractors with no pupil-facing role, such as ad hoc maintenance workers, are not expected to complete full allergy training but must follow site safety instructions.

The school will arrange specialist training annually (or when a new member of staff joins) where a pupil in the school has been diagnosed as being at risk of anaphylaxis.

The relevant staff, e.g. kitchen staff, will be trained on how to identify and monitor the correct food labelling and how to manage the removal and disposal of PPDS foods that do not meet the requirements set out in Natasha's Law.

The relevant members of staff will be trained on how to consistently and accurately trace allergen-containing food routes through the school, from supplier delivery to consumption.

Designated staff members will be taught to:

- Recognise the range of signs and symptoms of severe allergic reactions.
- Respond appropriately to a request for help from another member of staff.
- Recognise when emergency action is necessary.
- Administer AAIs according to the manufacturer's instructions.
- Make appropriate records of allergic reactions.

All staff members will:

- Have read this policy.
- Be trained to recognise the range of signs and symptoms of an allergic reaction. (By completing the National College training on Allergens and Anaphylaxis and for Allergen lead, additional Local Authority Training).
- Recognise allergy as a group of conditions, including food allergy, asthma, eczema, hay fever and other allergic conditions, and how these may co-exist.
- Know the difference between food allergy, coeliac disease and food intolerance.

- Understand how quickly anaphylaxis can progress to a life-threatening reaction, and that anaphylaxis can occur with prior mild to moderate symptoms.
- Understand that AAIs should be administered without delay as soon as anaphylaxis occurs, including calling 999.
- Understand how to check if a pupil is on the Register of AAIs.
- Understand how to access AAIs, store and administer AAIs.
- Understand who the designated allergen leads are and how to access their help.
- Understand how allergy can affect pupils' wellbeing, inclusion, participation and confidence in school.

Training requirement	Standard
All staff	Annual allergy awareness training, including recognition of anaphylaxis and emergency response
Designated first aiders and allergy leads	Annual AAI administration training, delivered either face-to-face or via video guidance, with hands-on practice using trainer pens for each device type held in school
Catering staff	Allergen awareness training covering the 14 major allergens, cross-contamination and labelling
New and supply staff	Allergy briefing on first day covering known pupils and emergency procedures

Training records will be maintained by the school and reviewed annually.

Within Sussex comprehensive Asthma and Allergy training is provided free of charge via the School Health Services Training | East Sussex

16. 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

If any of the above symptoms occur in a pupil, the nearest adult will stay with the pupil and refer to their IHP to determine appropriate next steps.

The pupil's parents will be contacted immediately if a pupil suffers a mild to moderate allergic reaction, and if any medication has been administered.

In the event that a pupil without a prescribed AAI, or who has not been medically diagnosed as being at risk of anaphylaxis, suffers an allergic reaction, a designated staff member will contact the emergency services and seek advice as to whether an AAI should be administered. An AAI will not be administered in these situations without contacting the emergency services.

For mild to moderate allergy symptoms, the pupil's IHP will be followed and the pupil will be monitored closely to ensure the reaction does not progress into anaphylaxis.

Should the reaction progress into anaphylaxis, the school will act in accordance with this policy. Where the pupil is required to go to the hospital, an ambulance will be called.

17. Managing anaphylaxis

In the event of anaphylaxis, the nearest adult will lay the pupil flat on the floor and raise their legs. They must try to ensure the pupil suffering an allergic reaction remains as still as possible; if the pupil is feeling weak, dizzy, appears pale and is sweating their legs will be raised. A designated staff member will be called for help and the emergency services contacted immediately. The designated staff member will administer an AAI to the pupil. Spare AAIs will only be administered if appropriate consent has been received.

Where there is any delay in contacting designated staff members, the nearest staff member will administer the AAI.

If necessary, other staff members may assist the designated staff members with administering AAIs.

A member of staff will stay with the pupil until the emergency services arrive – the pupil will remain lying flat and still. If the pupil's condition deteriorates after initially contacting the emergency services, a second call will be made to ensure an ambulance has been dispatched.

The headteacher will be contacted immediately, as well as a suitably trained individual, such as a first aider.

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

If there is no improvement after five minutes, a further dose of adrenaline will be administered using another AAI, if available.

In the event that a pupil without a prescribed AAI, or who has not been medically diagnosed as being at risk of anaphylaxis, suffers an allergic reaction, a designated staff member will contact the emergency services and seek advice as to whether an AAI should be administered. An AAI will not be administered in these situations without contacting the emergency services.

A designated staff member will contact the pupil's parents as soon as is possible.

ANAPHYLAXIS IS A MEDICAL EMERGENCY: USE THE ADRENALINE AUTO-INJECTOR WITHOUT DELAY.

Anaphylaxis may occur WITHOUT skin symptoms. ALWAYS consider anaphylaxis in a child with known food allergy who has sudden difficulty breathing.

IF IN DOUBT: GIVE ADRENALINE.

Upon arrival of the emergency services, the following information will be provided:

- Any known allergens the pupil has
- The possible causes of the reaction, e.g. certain food
- The time the AAI was administered – including the time of the second dose, if this was administered

Any used AAIs will be given to paramedics.

Staff members will ensure that the pupil is given plenty of space, moving other pupils to a different room where necessary.

Staff members will remain calm, ensuring that the pupil feels comfortable and is appropriately supported.

A member of staff will accompany the pupil to hospital in the absence of their parents.

If a pupil is taken to hospital by ambulance, two members of staff will accompany them.

A copy of the Register of AAIs will be held in each classroom for easy access in the event of an allergic reaction.

Following the occurrence of an allergic reaction, the SLT, in conjunction with the school nurse, will review the adequacy of the school's response and will consider the need for any additional support, training or other corrective action.

18. Inclusion, Wellbeing and Anti-Bullying

Allergy can significantly affect a child's quality of life and emotional wellbeing. This school is committed to ensuring allergic pupils are fully included in school life and are not stigmatised.

Allergy bullying, including deliberately exposing a child to an allergen, threatening to do so, or using their allergy to exclude or mock them, will be treated as a serious safeguarding matter and dealt with under the school's Anti-Bullying Policy.

Under the Equality Act 2010, a child's allergy may constitute a disability if it has a substantial and long-term effect on their day-to-day activities. The school must make reasonable adjustments accordingly. We aim to support these children in participating fully in school life.

Risk reduction measures will be proportionate to the individual pupil's allergy and agreed through their individual health care wherever

19. Unacceptable Practice

The following practices are not acceptable and must not occur in relation to a pupil's allergy:

- Preventing a pupil from easily accessing their medication, including their prescribed AAI
- Ignoring the views of the pupil or their parents or carers
- Ignoring medical evidence or the opinion and advice of healthcare professionals
- Assuming that every pupil with an allergy requires the same support

- Assuming that older pupils do not require support, even where they are taking increasing responsibility for managing their own allergy
- Assuming that a pupil does not have an allergy because they do not yet have a formal diagnosis, for example while medical investigation is under way
- Sending a pupil home frequently, or excluding them from normal school activities or extracurricular activities (including lunch), for reasons associated with their allergy
- Sending a pupil who becomes unwell to the school office or medical room without suitable supervision; in an allergic emergency, help must come to the pupil rather than the other way round
- Penalising a pupil's attendance record where absence is related to their allergy, including excluding them from attendance rewards
- Requiring parents or carers to attend school, or otherwise making them feel obliged to attend, in order to administer medication or provide medical support to their child
- Preventing a pupil from participating, or creating unnecessary barriers to participating, in any aspect of school life, including external visits and trips, for example by requiring a parent to accompany the child

20. Record Keeping and Post-Incident Procedures.

Following any allergic reaction at school, the school will:

- Complete a written incident record on the day of the event, including the suspected trigger, symptoms observed, treatment given and the time of each action
- Inform parents and emergency contacts immediately
- Ensure the pupil is seen by a healthcare professional following any episode of anaphylaxis
- Review the pupil's Allergy Action Plan following any reaction
- Report the incident under RIDDOR if appropriate
- Record and review near misses, including situations where exposure was avoided or emergency medication was almost needed, to identify lessons learned and improve procedures.
- Replace any AAI used and record the replacement in the emergency kit log

All incident records will be retained in accordance with the school's data retention policy.

21.Monitoring and review

The headteacher is responsible for reviewing this policy annually.

Reviews will take account of any allergic incidents and near misses, identify lessons learned, and update procedures where needed. The policy will also be reviewed following any significant allergic incident, a change in legislation or guidance, or a material change in the school's pupil population.

The effectiveness of this policy will be monitored and evaluated by all members of staff. Any concerns will be reported to the headteacher immediately.

Following each occurrence of an allergic reaction, this policy and pupils' IHCPs will be updated and amended as necessary.

This policy will be published on the school's website in accordance with the requirements of Benedict's Law.

Policy Sign-Off

Approved by	[Name and role]
Date approved	
Named Allergy Lead 1	Laura Stansfield Acting Headteacher
Named Allergy Lead 2	Julie Stingone Acting Deputy Headteacher

Appendix A

Pupil allergy declaration form

Name of pupil			
Date of birth		**Year group**	
Name of GP			
Address of GP			

Nature of allergy	
Severity of allergy	

Symptoms of an adverse reaction	
Details of required medical attention	
Instructions for administering medication	
Control measures to avoid an adverse reaction	

Appendix B

Spare AAIs Consent Form

I understand that the school may purchase spare AAIs to be used in the event of an emergency allergic reaction. I also understand that, in the event of my child's prescribed AAI not working, it may be necessary for the school to administer a spare AAI, but this is only possible with medical authorisation and my written consent.

In light of the above, I provide consent for the school to administer a spare AAI to my child.

Yes	☐	**No**	☐

Name of parent	
Relationship to child	
Contact details of parent	
Parental signature	

Appendix C

USEFUL RESOURCES AND FURTHER INFORMATION

Resource	Where to find it
BSACI Allergy Action Plans (all device types)	www.bsaci.org/resources/allergy-action-plans
BSACI Model Policy for Allergy at School (v2.1)	www.bsaci.org/resources/model-policy-for-allergy-management-at-school
Spare AAIs in Schools : template letter	www.sparepensinschools.uk
Anaphylaxis UK : AllergyWise for Schools training	www.anaphylaxis.org.uk
Allergy UK : school resources	www.allergyuk.org
Benedict's Law guidance : Anaphylaxis UK	www.anaphylaxis.org.uk/education/benedicts-law
DfE: Supporting Pupils with Medical Conditions	www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3
NICE CG116: Food allergy in children and young people	www.nice.org.uk/guidance/cg116

Appendix D

Emergency Quick-Reference Card: EpiPen/Jext Administration and Anaphylaxis Response

This quick-reference card is based on the BSACI Allergy Action Plan (EpiPen version, October 2024). It is intended as a staff reference only and does not replace the individual child's Allergy Action Plan. Print and laminate, keep a copy with the emergency AAI and at each first aid station.

© BSACI 10/2024. Adapted for staff reference. Available at: www.bsaci.org/resources/allergy-action-plans

STEP 1 — MILD OR MODERATE REACTION	
Signs	Swollen lips, face or eyes Itchy or tingling mouth Hives or itchy skin rash Abdominal pain or vomiting Mild throat tightness Sudden change in behaviour
Action	Stay with the child and call for help Give antihistamine as specified in the child's Allergy Action Plan (If vomited, can repeat the antihistamine dose) Phone parent or emergency contact **Do NOT give a shower or bath to relieve itching : this can worsen the reaction** WATCH CLOSELY, if any sign of anaphylaxis appears, move immediately to Step 2

STEP 2 — SIGNS OF ANAPHYLAXIS : ACT IMMEDIATELY IF ANY OF THESE ARE PRESENT	
Airway (A)	Persistent cough · Hoarse voice · Difficulty swallowing · Swollen tongue
Breathing (B)	Difficult or noisy breathing · Wheeze · Chest tightness
Consciousness (C)	Persistent dizziness · Pale or floppy · Suddenly sleepy · Collapse
Note	Anaphylaxis may occur WITHOUT skin symptoms. ALWAYS consider anaphylaxis in a child with known food allergy who has sudden difficulty breathing. If wheezy due to an allergic reaction: GIVE ADRENALINE FIRST, then give asthma reliever inhaler via spacer if prescribed.

	IF IN DOUBT : GIVE ADRENALINE

STEP 3 — HOW TO USE AN EPIPEN®	
1	**PULL OFF the blue safety cap and grasp EpiPen** *Remember: "Blue to sky, orange to the thigh"*
2	**Hold the leg still and PLACE the orange end against the mid-outer thigh** *Can be given through one layer of clothing*
3	**PUSH DOWN HARD until a click is heard or felt and hold for 3 seconds** *Remove EpiPen and note the time*

STEP 3 — HOW TO USE A JEXT® ADRENALINE PEN	
1	**GRASP Jext in your dominant hand with your thumb closest to the yellow cap, then PULL OFF the yellow safety cap** *Do not put your thumb or hand over the black tip end*
2	**Hold the leg still and place the black tip against the outer thigh at a right angle (90°)** *Can be given through clothing*
3	**PUSH THE BLACK TIP FIRMLY into the outer thigh until a click is heard or felt and hold firmly in place for 10 seconds** *Remove Jext, massage the injection site for 10 seconds, and note the time*

STEP 4 — AFTER GIVING ADRENALINE ⚠ CALL 999	
999	DIAL 999 IMMEDIATELY and say ANAPHYLAXIS ("ANA-FIL-AX-IS"). You can dial 999 from any phone, even with no credit.

Position	LIE the child flat with legs raised. If having difficulty breathing, allow them to sit up slightly. Do NOT stand them up.
Stay **Parents**	STAY with the child until the ambulance arrives. Keep them lying down, even if things seem to be getting better. Phone parent or emergency contact.
2nd dose	If NO IMPROVEMENT after 5 minutes, give a SECOND dose using a second device if available,
CPR	Commence CPR if there are no signs of life.
Hospital	A member of staff MUST accompany the child in the ambulance and remain until a parent or carer arrives. Medical observation in hospital is always required after anaphylaxis, even if the child appears to recover. Symptoms can return hours later (biphasic reaction).

Source: BSACI Allergy Action Plan (EpiPen version, October 2024). © BSACI 10/2024. Available at: www.bsaci.org/resources/allergy-action-plans