WHERWELL PRIMARY SCHOOL

Let's love to learn and thrive together.

Allergy Safety Policy

Date Agreed	Agreed By	Next review date
October 2026	Governing Body	October 2027

1. Introduction and Purpose

This policy has been developed in accordance with Benedict's Law, new legislation introduced as part of the Children's Wellbeing and Schools Act 2026, which requires all schools in England to put safety measures in place to protect pupils with allergies.

This policy outlines our approach to:

- Identifying and supporting pupils with allergies
- Minimising the risk of exposure to allergens
- Responding effectively in emergency situations
- Creating an allergy-aware culture across our school

2. Roles and Responsibilities

2.1 Named Senior Leader for Allergy Safety

The admin officer is the school allergy lead in conjunction with the headteacher

and they are responsible for:

- Day-to-day implementation of this policy and annual review
- Maintaining records of pupils with allergies

- Coordinating staff training
- Ensuring Individual Healthcare Plans are in place and up to date
- Liaising with parents and healthcare professionals
- Reporting incidents to the Governing Board allergy safety lead
- Ensuring the correct spare Adrenaline Auto-injector pens are in place and monitored for expiry

2.2 Governors

The Governing Board will:

- Ensure this policy is readily accessible to parents and staff
- Publish this policy on the school's website
- Make the policy available in hard copy on request
- Monitor compliance across the school
- Review the policy at least annually

2.3 All Staff

All staff have a responsibility to:

- Attend annual allergy awareness training
- Understand and implement this policy
- Know how to respond in an emergency
- Be aware of which pupils have allergies
- Report any incidents or near misses

3. Culture

3.1 Allergy Awareness Training

Who receives training: All staff present during times when pupils are scheduled to be on site will receive allergy awareness training at least annually. This includes:

- Permanent teaching and support staff
- Temporary staff
- Peripatetic staff

- Agency workers
- Catering staff
- Staff who oversee breakfast and after-school clubs

This does not include contractors carrying out work with no pupil-facing role (e.g. builders, electricians, maintenance personnel).

Induction arrangements:

- All new staff will receive allergy awareness training as part of their induction, where ever possible, before they work directly with pupils
- Arrangements for training of supply and cover staff will be confirmed with their company/provider to confirm they have received allergy awareness training

Training content: Staff training will cover how to use adrenaline auto-injectors (AAIs) in an emergency, as any delay in giving adrenaline can be fatal. Benedict's law (allergy safety requirements).

All staff training will ensure staff:

- Have an awareness of allergy, the risks it poses, how allergic reactions can occur and how to manage it
- Understand that allergy includes multiple conditions (food allergy, asthma, eczema, hay fever, insect bites, others), which can co-exist
- Understand the difference between food allergy, coeliac disease and food intolerance
- Know where to find information on allergy triggers
- Can identify the range of symptoms of allergic reactions
- Understand and can recognise anaphylaxis
- Know how to respond in an emergency, including:
    - Calling emergency services and informing parents
    - How to locate and administer emergency medication (adrenaline for anaphylaxis, asthma reliever inhaler for an asthma attack)
    - How to use AAI devices in an emergency (whether prescribed to a given person or the school's "spare" adrenaline devices)

- Understand the impact allergy can have on a child or young person's wellbeing
- Understand this allergy safety policy
- Know how to check whether an individual is on the record of those with known allergy and how to use an Allergy or Asthma Action Plan
- Understand their responsibilities in reducing the risk of individuals with known allergy coming into contact with their known allergens
- Understand how to report an allergic reaction or case of anaphylaxis (whether an incident or a "near miss")

Training: National College or accredited training e.g. Winterbury training

Record keeping: The school allergy lead will maintain a record of all staff who have completed allergy awareness training, including dates of completion.

3.2 Wellbeing Support

We recognise that the risk posed by allergy and the possibility of anaphylaxis can be a significant cause of anxiety for pupils and their families.

Supporting pupil wellbeing:

- Pupils with allergies will have regular check-ins with their designated member of staff such as class teacher or support staff
- We will work with pupils and parents to develop strategies to manage anxiety
- Pupils will be encouraged to speak to a trusted adult if they feel worried
- We will refer pupils to additional support services where appropriate (e.g. school ELSA, CAMHS)

Creating an inclusive environment: We will ensure pupils with allergies feel included by teaching pupils about allergies and normalising them through RSHE lessons and assemblies. Allergy awareness: involving our community. We will adapt activities and celebrations so that all pupils can participate safely.

Preventing bullying: We recognise that pupils with allergies may be bullied on account of their allergy. Allergy awareness: involving our community. We will:

- Include allergy awareness in our anti-bullying work
- Make it clear that bullying related to allergies is unacceptable

- Take swift action if bullying occurs
- Encourage pupils to report any concerns

4. Minimising Risk

We are a nut free school but know that there are many other allergens.

4.1 General Risk Management

Staff planning responsibilities: All staff planning activities must consider the risk of exposure to allergens, for example in:

- Craft activities (e.g. using food items, glue containing allergens)
- Science experiments (e.g. using milk, eggs)
- Music activities (e.g. instruments made from natural materials)
- Cooking activities
- Activities involving animals
- Outdoor learning (e.g. risk of bee/wasp stings, contact with plants)

Before any activity, staff will:

1. Check the allergy register to identify pupils with allergies in the group
2. Review the pupils' Individual Healthcare Plans
3. Assess the risks of allergen exposure
4. Adapt the activity to make it safe for all pupils, or provide suitable alternatives
5. Communicate with parents if necessary

4.2 Food Allergy Management

Food provided by the school: Our catering team will:

- Maintain detailed records of ingredients and allergens in all food provided
- Provide clear allergen information for all meals and snacks and communicate these with the school and parents
- Follow strict procedures to prevent cross-contamination

- Have separate preparation areas and equipment for allergen-free food where possible using a different colour tray (orange).
- Ensure all catering staff are trained in allergen awareness and food safety

Allergen information will be available:

- On menus (both online and in hard copy)
- At the point of service in the dining hall
- On request from the catering team

Food brought in by others: We will:

- Communicate our allergen-aware approach to parents, pupils and staff through e.g. letters, website, assemblies
- Ask parents to inform us of ingredients in food brought in for celebrations or events
- Educate pupils about the importance of not sharing food
- Implement handwashing before and after eating
- Have designated eating areas to contain allergen exposure

Specific measures:

- Birthday treats: We ask parents to discuss food treats with the class teacher in advance
- Fundraising events: All food sold at school events must have clear allergen labelling
- Packed lunches: We ask parents to avoid including common allergens where possible and to ensure pupils wash hands after eating

4.3 Airborne and Contact Allergens

Where pupils have known allergies to airborne or contact allergens (e.g. pollen, pet dander, latex), we will:

- Document these in the pupil's Individual Healthcare Plan
- Put reasonable measures in place to manage the risk of exposure
- Consider ventilation and air quality
- Use alternative materials where possible (e.g. latex-free gloves)

- Communicate with parents about managing exposure during high pollen seasons

4.4 Risk Assessments for Visits and Trips

For any pupil at risk of anaphylaxis taking part in a trip off the premises, we will:

1. Conduct a specific risk assessment considering:

- The location and activities planned
- Proximity to emergency medical services
- Allergen risks at the venue (e.g. food available, animals present)
- Access to the pupil's prescribed adrenaline device
- Staff trained to administer adrenaline

2. Ensure:

- The pupil has their own adrenaline device with them at all times
- At least one staff member trained to administer adrenaline accompanies the group
- The venue is informed of the pupil's allergy
- Emergency contact details are readily available

3. Communicate with parents about:

- The risk assessment findings
- Arrangements to keep their child safe
- Any adjustments needed

Day trips: Allergen Risk Assessment will form part of the risk assessment.

Residential trips: Allergen Risk Assessment will form part of the risk assessment and include medication storage and mealtimes

5. Individual Children and Young People

5.1 Identification of Pupils with Allergies

Information gathering: We will gather information about pupils' allergies from:

- Admission forms completed by parents
- Previous schools/early years settings
- Parents (through regular updates)
- Healthcare professionals
- The pupils themselves (age-appropriate)

Timing:

- Before the pupil starts at the school
- At the beginning of each academic year
- Whenever a new allergy is diagnosed
- When there are changes to existing allergies

The allergy register: The school allergy leads (the Headteacher and Admin Officer) – – will maintain a central register of all pupils with allergies, including:

- Pupil name and photo
- Year group and class
- Known allergens
- Severity of allergy
- Whether they have been prescribed an AAI
- Location of their prescribed medication
- Date of last update
- Link to their Individual Healthcare Plan

Access to information: To make allergy information easily accessible to staff, we will include it in our Staff Shared Teachers pool, Arbor and have a copy in the main office and kitchen, ensuring this information is only visible to staff members, not to pupils or visitors.

5.2 Individual Healthcare Plans (IHPs)

Who needs an IHP:

A pupil will have an Individual Healthcare Plan if:

- They have an allergy which has a functional impact on them in school
- 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

This includes pupils who:

- Are at risk of anaphylaxis
- Require prescribed medication
- Need specific adjustments or support

IHP content:

- Each IHP will set out:
- The pupil's specific allergens
- Symptoms of an allergic reaction for this pupil
- Emergency procedures
- Medication details (including location and how to administer)
- Arrangements for activities, trips and mealtimes
- Staff responsibilities
- Contact details for parents and healthcare professionals

Allergy Action Plans: Where a pupil has an Allergy Action Plan and/or Asthma Action Plan issued by a healthcare professional, the IHP will refer to or attach it. Whenever an updated Action Plan becomes available, the pupil's IHP will be reviewed to incorporate it.

Development and review: IHPs will be developed in partnership with:

- The pupil (where appropriate)
- Parents/carers
- The school allergy leads

- Relevant teaching and support staff
- Healthcare professionals (where appropriate) IHPs will be reviewed:
- At least annually
- When there are changes to the pupil's condition
- After any incident or near miss
- Before residential trips or significant activities

Storage and access:

- Original IHPs will be stored in our school office
- Copies will be kept in the classroom, staff room, and with the pupil's medication in the first aid box in the classroom
- All relevant staff will have access to IHPs
- IHPs will be stored securely in line with data protection requirements

5.3 Prescribed Adrenaline Devices

Rapid access: Pupils who are prescribed adrenaline devices must have rapid access to their devices at all times. In a case of anaphylaxis, adrenaline should be administered within five minutes.

Storage locations:

Prescribed AAIs will be stored:

- In or near each of the classroom in a medical cabinet and the school office has a duplicate device for immediate access
- In a location that is not locked and is known to all staff
- In a location that allows the device to be brought to the pupil within 5 minutes

During activities:

- PE/sports: AAIs will be taken to the sports field/hall by the supervising teacher
- Playtime: AAIs will follow the local risk assessment
- Off-site visits: AAIs will be carried by the trip leader and the pupil (where appropriate)

Checking expiry dates:

- The school allergy lead will check expiry dates of all prescribed AAIs half termly
- Parents will be notified at least one month before an AAI expires
- If an AAI expires and has not been replaced, parents will be contacted immediately
- Pupils will not be excluded from school if their AAI has expired, but parents will be reminded of the importance of providing in-date medication

Record keeping:

We will maintain records of:

- Which pupils have been provided with prescribed AAIs
- The expiry dates of all AAIs
- When AAIs are taken home and returned
- When parents are notified about expiring AAIs

6. School-Wide Policies

6.1 "Spare" Adrenaline Auto-Injectors

We stock "spare" adrenaline auto-injectors (AAIs) for use in emergency situations. Benedict's law

When spare AAIs will be used: Spare AAIs will be used when:

- A pupil is having anaphylaxis and their prescribed AAI is not immediately available
- A pupil is having anaphylaxis and has not previously been diagnosed with an allergy
- A staff member or visitor is having anaphylaxis
- A prescribed AAI has been used and a second dose is needed

Storage of spare AAIs: We will ensure no pupil is more than five minutes from adrenaline devices. Spare AAIs will be stored in a pair in the following locations:

Primary location: in the school office

Storage requirements:

- Spare AAIs must be readily accessible and not locked away
- Devices will be stored in pairs so a second dose is immediately available if needed
- Devices will be clearly labelled as "SPARE - EMERGENCY USE ONLY" to avoid confusion with prescribed devices
- Storage locations will be clearly signposted and known to all staff

Emergency anaphylaxis kit contents: Each kit will contain:

- 2 x spare AAI devices (appropriate dosage)
- Instructions for use
- Spare asthma reliever inhaler and spacer
- List of pupils with known allergies (for reference only - spare AAIs can be used for anyone)
- Emergency contact numbers

Dosage: We will stock spare AAIs in the following dosages:

- 0.3mg for pupils or adults 30kg/4.5 stones or more
- 0.15mg for pupils less than 30kg

Checking expiry dates:

- The office team lead will check expiry dates of spare AAIs half-termly
- A record of checks will be maintained
- Devices will be replaced at least one month before expiry

Replacing spare AAIs: When spare AAIs are used or go out of date:

- They will be replaced immediately
- Used AAIs will be disposed of safely (as they contain a needle) by returning to a pharmacy
- The school admin Officer will ensure replacement devices are ordered promptly

6.2 Spare Asthma Reliever Inhalers

We also stock spare asthma reliever inhalers for emergency use, stored in the front office drawers. These will be managed in the same way as spare AAIs.

7. Visits and Trips

Please see section 4.4 above for detailed procedures for risk assessments and arrangements for visits and trips.

Summary of key requirements:

- Specific risk assessment for each pupil at risk of anaphylaxis
- Pupil's prescribed AAI must accompany them
- At least one trained staff member must accompany the group
- Venue must be informed of allergies
- Emergency procedures must be clearly communicated to all staff on the trip

8. Serious Incidents and "Near Misses"

8.1 What to Report

We will record and report:

- Any allergic reaction that occurs on school premises or during school activities
- Any case of anaphylaxis
- Any "near miss" where a pupil was exposed to their allergen but did not have a reaction
- Any incident where emergency medication was administered
- Any incident where emergency services were called

8.2 Immediate Response

When an incident occurs:

1. Provide immediate first aid/emergency response

2. Call emergency services if needed (999)
3. Contact parents immediately
4. Inform the school allergy leads
5. Complete an incident report form on the same day

8.3 Incident Report Form

The incident report form will capture:

- Date, time and location of incident
- Name of pupil/person affected
- Description of what happened
- Allergen involved
- Symptoms observed
- Actions taken (including medication administered)
- Who was present
- Outcome
- Whether emergency services were called
- Whether parents were informed

8.4 Reporting to Parents Parents will be informed:

- Immediately by phone if their child has had an allergic reaction
- In writing within 24 hours with full details of the incident
- Of any changes to be made to their child's IHP as a result

8.5 Reporting to the Governors

The school allergy leads will report all incidents and near misses to the Governor allergy safety lead within 48 hours.

8.6 Learning from Incidents

After any incident or near miss:

- The school allergy leads will review what happened
- The pupil's IHP will be reviewed and updated if necessary
- Staff involved will be debriefed
- Any necessary changes to procedures will be identified and implemented

- Lessons learned will be shared with all staff
- The incident will be considered in the annual policy review

8.7 Record Keeping

All incident reports will be stored securely and retained in line with our data retention policy.

9. Information Sharing

9.1 Data Protection

A pupil's health information is considered special category data under UK GDPR, which means it has additional legal protections. We will:

- Only share health information when necessary
- Share information in a controlled and respectful way
- Avoid unnecessary sharing that could embarrass pupils
- Maintain pupil confidence in staff

9.2 Who Needs to Know

Information will be shared with:

- All teaching staff who work with the pupil
- Support staff who work with the pupil (e.g. LSAs, lunchtime supervisors)
- The catering team
- Office staff who may need to respond in an emergency
- Supply and cover staff (on a need-to-know basis)
- Trip leaders and volunteers for off-site visits

Information will NOT be routinely shared with:

- Other pupils (unless the pupil and parents give permission)
- Contractors with no pupil-facing role
- Visitors to the school

9.3 Consent

We will seek consent from parents and pupils (where age-appropriate) for:

- Sharing information about their allergy with other pupils (e.g. in assemblies or RSHE)
- Details of the allergy in communal staff areas with a photo kept in a pack
- Sharing information with external organisations (e.g. trip venues)

9.4 Transferring Information

When a pupil transfers to another school:

- We will share the pupil's IHP and allergy information with the new school
- We will obtain parental consent before sharing
- Information will be transferred securely
- We will confirm receipt with the new school

10. Awareness of the Allergy Safety Policy

10.1 Publication

This policy will be:

- Published on our website
- Available in shared online area under policies
- Included in the staff handbook
- Shared with all new staff during induction

10.2 Staff Awareness

All staff will:

- Have access to a copy of this policy
- Discuss the policy during annual allergy awareness training
- Be expected to read and understand the policy
- Sign to confirm they have read and understood the policy

10.3 Parent and Carer Awareness

We will raise awareness of our allergy safety approach with parents through:

- Letters at the start of each academic year
- Information on the school website
- Newsletters

10.4 Pupil Awareness

We will educate pupils about allergies through RSHE lessons and assemblies to help them understand what allergies are and why it's important to know about them.

Pupils will learn:

What an allergy is

- The importance of handwashing before handling food
- Not to share food
- What to do if a friend is having an allergic reaction

Involving pupils with allergies:

Where pupils with allergies feel comfortable, we will involve them in educating their classmates about allergies. This will only happen with the permission of the pupil and their parents.

Resources: We will use age-appropriate resources from organisations such as:

- Anaphylaxis UK
- Allergy UK
- St John's Ambulance
- Spare Pens in Schools

11. Emergency Procedures

11.1 Recognising Anaphylaxis

Anaphylaxis is a severe allergic reaction that can be life-threatening. Signs include:

- Difficulty breathing/wheezing
- Swelling of the tongue or throat

- Difficulty swallowing
- Dizziness or feeling faint
- Skin reactions (hives, redness, swelling)
- Abdominal pain, nausea or vomiting
- Sudden feeling of anxiety
- Collapse or unconsciousness

11.2 Emergency Response for Anaphylaxis If you suspect anaphylaxis:

1. **Act immediately -** do not wait to see if symptoms improve
2. **Lie the person down** (unless they're having difficulty breathing, in which case let them sit up)
3. **Use the AAI immediately**:
    - Use the pupil's prescribed AAI if available (bring both)
    - If not available, use a spare AAI from the emergency kit (bring both)
    - Follow the instructions on the device
4. **Call 999** and say "anaphylaxis" (pronounced ana-fill-axis)
5. **Contact parents**
6. 7. **If no improvement after 5 minutes, give a second AAI** (use the second device from the pair)
7. **Stay with the person** until the ambulance arrives
9. **Send the used AAI(s) with the ambulance crew**
10. **Complete an incident report form**

Do not:

- Leave the person alone
- Sit them upright if they feel faint (this can be dangerous)
- Assume symptoms will improve without treatment **11.3 Emergency**

Response for Other Allergic Reactions For mild to moderate allergic reactions:

1. Remove the allergen if possible
2. Give antihistamine if prescribed in the pupil's IHP
3. Monitor the pupil closely
4. Contact parents
5. If symptoms worsen, follow anaphylaxis procedure
6. Complete an incident report form

12. Related Policies

This policy should be read in conjunction with:

- Supporting Pupils with Medical Conditions Policy
- First Aid Policy
- Health and Safety Policy
- Safeguarding Policy
- Educational Visits Policy
- RSHE Policy

13. Further Information and Support

For staff:

- School allergy leads
- All school staff

For parents:

- Allergy UK: www.allergyuk.org
- Anaphylaxis UK: www.anaphylaxis.org.uk
- The Allergy Team: www.theallergyteam.com
- Natasha's Foundation: Natasha's Foundation