



Allergy and Anaphylaxis Safety Policy

Implementing New DfE Statutory Guidance & Benedict's Law 2026

Date of Policy: 18/05/2026

Review Date: June/July 2027

Designated Allergy Lead (Senior Leader) Paul Douglass

Named Allergy Governor: Paul Sharkey????

1. Policy Statement & Core Values

Sandal Primary School is committed to providing a safe, inclusive, and welcoming environment for all pupils, including those living with mild, moderate, and life-threatening allergies.

In accordance with the 2026 statutory framework, this policy aims to minimize the risk of accidental allergen exposure, ensure rapid and competent emergency response, and prevent the social stigmatization or segregation of pupils with food allergies.

We adopt a whole-school "**Allergy-Aware**" approach rather than declaring a "Nut-Free" environment, recognizing that absolute bans can create a false sense of security and fail to protect pupils with non-nut allergies.

2. Roles and Responsibilities

2.1 The Governing Body & Named Governor

- Ensure the school meets its statutory responsibilities under the Children and Families Act 2014 and the latest DfE guidelines.
- Appoint a **Named Allergy Governor** to provide oversight, champion allergy safety, and review incident and "near-miss" data to drive policy improvement.

2.2 The Headteacher & Designated Allergy Lead (Senior Leader)

- Ensure this dedicated policy is fully implemented, reviewed annually, and published publicly on the school website.
- Oversee whole-workforce training compliance.
- Ensure robust systems are in place for catering, individual care tracking, and emergency supply procurement.

2.3 All School Staff (Teaching and Support)

- Complete mandatory annual allergy and anaphylaxis training.
- Be able to recognize the signs of an allergic reaction and anaphylaxis.
- Know the location of emergency medication and be prepared to administer an AAI immediately in a time-critical emergency.
- Enforce a strict "**no food-sharing**" rule in classrooms and communal spaces.

2.4 Parents and Carers

- Notify the school immediately upon enrolment (or post-diagnosis) of any allergies, detailing the allergen, history of reactions, and required treatment.
 - Provide the school with two in-date, prescribed Adrenaline Auto-Injectors (AAIs) alongside any supplementary antihistamines.
 - Collaborate with the school and healthcare professionals to formulate and sign off on the pupil's **Individual Healthcare Plan (IHP)**.
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3. Identification and Individual Healthcare Plans (IHPs)

- **Mandatory IHPs:** An IHP is required for every pupil with a known allergy requiring active management, regardless of whether a formal clinical diagnosis has been finalized.
 - **Content:** Each IHP must feature an attached clinical allergy action plan, explicit details of the allergen, symptoms of past reactions, named trained staff, adjustments for school trips, and emergency contact details.
 - **Review:** IHPs will be reviewed at least annually or immediately following an allergic reaction or change in the pupil's medical status.
 - **Information Sharing:** Multi-layered identification practices will be used. At least two identification methods (e.g., a catering photo register and digital medical alerts on the school's database) will be utilized to share a pupil's allergy status discreetly with relevant staff.
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4. Risk Reduction and Food Management

4.1 School Catering

- The school catering team will maintain full, up-to-date allergen logs for all meals in compliance with food labelling regulations.
- If a menu item or product substitution occurs, cross-referencing against the pupil allergy register must take place immediately.
- Pupils with severe allergies will eat alongside their peers to maintain inclusivity, utilizing structural risk controls (e.g., designated clean prep areas, separate serving utensils) rather than social segregation.

4.2 Classrooms, Activities, and Handwashing

- Food-based crafts, science experiments, or rewards must be vetted by the Designated Allergy Lead to ensure they do not introduce allergens.
- Strict handwashing routines (using soap and water, as alcohol hand gels do not remove food proteins) will be enforced for all pupils before and after mealtimes.

4.3 School Trips and Wraparound Care

- Risk assessments for off-site visits must explicitly account for pupils with allergies.
 - A minimum of one staff member trained in administering AAI must accompany the trip.
 - The pupil's personal AAI, alongside a school backup emergency kit, must travel with the designated trip lead.
 - Third-party providers of breakfast/after-school clubs must be supplied with relevant IHPs and have staff trained to the school's standard.
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5. Medication and Emergency Protocols

5.1 Storage of Medication

- **Personal AAIs:** Pupils' prescribed AAIs must not be locked away in a manner that delays access. They must be easily accessible to staff within 5 minutes from anywhere on the school site.
- **Spare Emergency AAIs:** In line with 2026 DfE expectations, the school stocks generic "spare" AAIs purchased from a pharmacy. These serve as a backup if a pupil's device fails or if a child experiences an unexpected, first-time anaphylactic reaction.
- **Expiry Tracking:** The Designated Allergy Lead will operate a monthly audit system to check the expiry dates and storage temperatures of all personal and spare AAIs.

5.2 Emergency Response Procedure (Anaphylaxis Protocol)

In the event of a suspected severe allergic reaction:

1. **Do not move the pupil.** Keep them lying flat with their legs raised (or sitting up if breathing is difficult). Moving them can cause a fatal drop in blood pressure.
2. **Administer the AAI immediately** into the outer thigh if there are signs of anaphylaxis (e.g., swelling of the airway, difficulty breathing, wheezing, dizziness, or loss of consciousness). **Seconds count.**
3. **Dial 999** for an ambulance and state "**Anaphylaxis.**"
4. Note the time of injection. If symptoms do not improve after 5 minutes, administer a **second AAI** (either the child's second device or the school spare).
5. Contact the parents/carers.

Crucial 2026 Update: Staff are trained to act on clinical need. In an emergency involving a child with no prior history of allergies or an unsigned consent form, staff should administer the school's spare emergency AAI immediately if anaphylaxis is suspected.

6. Mandatory Staff Training

- **Scope:** All school personnel—including teaching staff, teaching assistants, lunchtime supervisors, administrative staff, and caretakers—must complete high-quality, annual allergy and anaphylaxis training.
- **Competencies:** Training must cover allergen avoidance strategies, symptom recognition (mild vs. severe), time-critical emergency response, correct usage of varying AAI brands, and post-incident care.
- **Practical Element:** Staff must practice using dummy/trainer AAI devices to build practical competency and confidence.

7. Incident Recording, Reporting, and Learning

- Every allergic reaction, "near-miss" (e.g., an allergen accidentally served but caught before consumption), or administration of medication must be formally recorded.
- The report must document: what happened, where, why, the timeline of the staff response, emergency services involvement, and the clinical outcome.
- All reports will be shared immediately with the parents and reviewed by the Headteacher and Named Allergy Governor.
- A mandatory debriefing and "lessons learnt" process will follow every incident to identify gaps and update school risk assessments accordingly.

8. Bullying and Wellbeing

- The school recognizes that children with allergies can be vulnerable to targeted bullying, exclusion, or anxiety.
- Allergy-related bullying, such as threatening a pupil with an allergen, will be treated as a severe disciplinary matter under the school's Anti-Bullying Policy.
- The school will use PSHE lessons and assemblies to foster a supportive, empathetic culture where allergy safety is understood by all pupils.

Signed (Headteacher): _____

Signed (Chair of Governors): _____

Date Approved: _____