



'Loving, Learning, Living as we journey together to enable everyone to flourish'

Felton C of E Primary School

Whole-School Allergy and Anaphylaxis Safety Policy

(Compliant with Benedict's Law & DfE Statutory Guidance)

Date to be reviewed: _____

Signed by:

E. Lucas
_____ Headteacher

Date: _____

S. Johnson
_____ Chair of
governors

Date: _____

This policy has been adopted by the Governors, in consultation with the headteacher and teaching staff. It was approved by governors in Summer 2027 and will be reviewed every Annually (Mandatory) & Following any incident/near-miss

Statement of Intent

Felton C of E Primary School strives to ensure the safety and wellbeing of all members of the school community. Guided by our Christian ethos of care, community, and inclusion, this policy must be adhered to by all staff members, parents, and pupils to minimize the risk of anaphylaxis occurring at school or during school activities.

The school will work in partnership with parents to identify allergens, assess risk, and put appropriate control measures in place so that pupils with allergies can attend school safely and participate fully in school life.

The school cannot guarantee a completely allergen-free environment. However, the school will take all reasonable steps to minimize exposure to allergens, promote awareness and self-management where appropriate, and ensure that robust emergency procedures are in place for both known and unexpected allergic reactions.

In compliance with **Benedict's Law**, the school maintains this policy as a dedicated, standalone allergy safety policy, separate from its wider policy on supporting pupils with medical conditions, due to the specific and life-threatening risks associated with anaphylaxis.

1. Legal Framework & Related Policies

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

- **Children and Families Act 2014** (Section 100: Duty to support pupils with medical conditions)
- **The Human Medicines (Amendment) Regulations 2017** (Permitting schools to purchase spare Adrenaline Auto-Injectors without a prescription)
- **The Food Information (Amendment) (England) Regulations 2019 (Natasha's Law)** (Mandatory ingredient and allergen labelling on Prepacked for Direct Sale food)
- **Department of Health: *Guidance on the use of adrenaline auto-injectors in schools***
- **Children's Wellbeing and Schools Act 2026**
- **DfE: *Allergy safety in schools*** (Statutory guidance under Benedict's Law)
- **DfE: *Supporting pupils at school with medical conditions***

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

2. Definitions & Medical Symptoms

- **Allergy:** A condition in which the body has an exaggerated response/hypersensitivity to a substance.
- **Allergen:** A normally harmless substance that triggers an allergic reaction in a susceptible person.
- **Allergic Reaction:** The body's response to an allergen, identified by (but not limited to):
 - Hives, generalized flushing, itching, or tingling of the skin
 - Tingling or burning sensation in and around the mouth
 - Swelling of the throat, mouth, or face
 - Feeling wheezy, abdominal pain, rising anxiety, nausea, or vomiting
 - Alterations in heart rate or feeling of weakness
- **Anaphylaxis:** A sudden, severe, and potentially life-threatening allergic reaction involving Airway, Breathing, and/or Circulation problems. Skin symptoms may not always be present. Symptoms include:
 - Persistent cough, throat tightness, or change in voice (hoarse/croaky)
 - Wheezing (whistling noise due to a narrowed airway) or noisy/difficult breathing
 - Difficulty swallowing or speaking, chest tightness, or swollen tongue
 - Feeling dizzy, faint, suddenly becoming sleepy, unconscious, or collapsing
 - **For infants and primary pupils:** Becoming pale or floppy

3. Roles and Responsibilities

The Governing Body is responsible for:

- Ensuring statutory policies, plans, and procedures are in place and sufficient to minimize risks for pupils with allergies.
- Ensuring the school's approach accounts for the individual needs of each pupil and that allergy risks are included on the **School Risk Register** and actively managed.
- Ensuring all staff receive allergy and anaphylaxis training at least annually.
- Monitoring the effectiveness of this policy and reviewing it annually, as well as immediately following any serious incident or near-miss.

The Headteacher (Named Allergy Lead) is responsible for:

- Serving as the Named Senior Leader responsible for allergy safety and full policy implementation across the school.
- Ensuring parents are informed of their responsibilities regarding their child's allergies.
- Ensuring all relevant risk assessment (including food preparation and off-site visits) are carried out and controls are implemented.
- Ensuring all staff are provided with comprehensive information regarding allergic reactions, precautions, and emergency response procedures.
- Overseeing catering and kitchen standards to ensure full compliance with allergen laws.
- Maintaining the Register of AAls, overseeing spare AAI protocols, and managing emergency kits.

All Staff Members are responsible for:

- Completing the **National College Certificate in Allergy & Anaphylaxis Awareness** annually.
- Being familiar with and implementing pupils' Individual Healthcare Plans (IHPs) and BSACI Allergy Action Plans.
- Responding immediately and appropriately in the event of a medical emergency.

- Reinforcing hygiene practices, monitoring food supplied in school, and strictly enforcing the "no food sharing" rule.

Kitchen Staff / Catering Lead are responsible for:

- Monitoring the food allergen log and allergen tracking information for completeness.
- Ensuring practices comply with Natasha's Law (PPDS labelling) and reporting non-conforming packaging or supplier issues.
- Recording non-conformity in an allergen incident log and acting to minimize recurrence.
- Displaying/providing clear information on the 14 major allergens present in any food served.

Parents / Carers are responsible for:

- Notifying the school of their child's allergens, reaction symptoms, medication instructions, and control measures.
- Keeping the school up to date with medical information and providing written doctor instructions.
- Providing advance consent for the use of spare AAIs (or updating non-consent in writing to the Headteacher).
- Supplying **two** in-date, prescribed AAIs to the school before term starts or prior to expiration.

Pupils are responsible for:

- Refraining from trading or sharing food, drink, or utensils with peers.
- Avoiding foods they know they are allergic to or foods with unknown ingredients.
- Informing a staff member immediately if they feel they are experiencing an allergic reaction or have been exposed to an allergen.

4. Identifying Individuals & Healthcare Plans (IHPs)

The school maintains an accurate record of all individuals with allergies.

- **IHP Requirements:** Where a pupil requires an IHP, key information will be captured alongside a **BSACI Allergy Action Plan**. A formal medical diagnosis will **not** be required before emergency risk arrangements are put in place. IHPs include:
 - Emergency contacts and an up-to-date photograph
 - Known allergens and routes of exposure (ingested, inhaled, absorbed)
 - Prescribed AAI details (make, dosage) and attached Asthma Plan (if applicable)
 - Prior consent status for spare AAIs and emergency salbutamol inhalers
- **Timelines:** Plans for new intake pupils are established before the term begins. For mid-term admissions, arrangements are finalized within **two weeks**. Staff and visitor allergies are logged upon arrival/commencement of work.
- **Storage & Privacy:** Pupil allergy lists are maintained in secure, staff-only areas where food is served or handled (e.g., staffroom, kitchen prep area).

5. Managing Exposure to Allergens

Food Allergies & Natasha's Law

- **Identification at Mealtimes:** At least two methods of identification (e.g., photo registers, kitchen logs, discreet identifiers) are used to identify pupils with dietary requirements. Pupils are never segregated from peers.
- **Cross-Contamination Controls:** Kitchen staff follow strict preparation routines to eliminate allergen transfer. Ingredients are verified whenever menus or suppliers change.
- **Food Brought from Home:** Clear labelling of lunchboxes/bottles is encouraged. Food sharing or trading is strictly prohibited. Food brought in for celebrations must be pre-approved by the Headteacher.

Environmental, Classroom & Animal Risks

- **Environmental:** Reasonable steps (monitoring pollen/dust, IHP controls) are taken for contact or airborne allergens.
- **Curriculum Activities:** Staff review craft, science, D&T, and cooking activities for allergen risks and select alternative materials so pupils with allergies are never excluded.

External Visits & Trips

- Risk assessments are completed for all off-site visits, addressing catering safety, venue risk, and emergency access.
- Prescribed AAls, spare AAls, and trained staff accompany the group. If a venue cannot guarantee safe food, pupils bring an approved packed lunch.
- Designated adults are assigned to support pupils with severe allergies where necessary.

6. Food Allergen Labelling (Natasha's Law)

In line with the Food Information (Amendment) (England) Regulations 2019, all food prepared on-site classed as **Packed for Direct Sale (PPDS)** (e.g., packed lunches for trips, sandwiches, salad pots) must display:

1. The name of the food item.
 2. Full ingredients list with any of the **14 major allergens** emphasized in **bold**, *italics*, or high-contrast colour:
 - Cereals containing gluten (wheat, rye, barley, oats, spelt)
 - Crustaceans, Molluscs, Fish, Eggs, Peanuts, Soybeans, Milk, Nuts, Celery, Mustard, Sesame seeds, Sulphur dioxide/sulphites (>10mg/kg), Lupin.
- **Tracking & Logs:** Supplier allergen information is logged upon delivery and monitored weekly by the Catering Lead. Unlabelled or incorrectly labelled items are immediately removed and safely disposed of.

7. Emergency Adrenaline Auto-Injectors (AAls)

- **Prescribed AAls:** Pupils prescribed AAls must keep **two** in-date devices at school. Depending on age/competence, devices are either carried by the pupil or kept in an unlocked, central, clearly marked box accessible within **5 minutes** (never locked in cupboards or offices).
- **Spare School AAls:** Under the Human Medicines (Amendment) Regulations 2017, the school holds unassigned emergency spare AAls. Spare AAls are used if:

- A pupil's prescribed device is missing, unusable, or fails.
- A pupil with a known food allergy (assessed as lower risk) experiences anaphylaxis.
- Anyone experiences a first-time, life-threatening anaphylactic reaction on school grounds (Regulation 238 life-saving exemption).
- **Storage & Checks:** AAI's are stored in pairs at room temperature away from direct sunlight. The Headteacher conducts termly checks on expiry dates, stock levels, and sharps bin disposal. Used AAI's are handed to paramedics upon arrival.

8. Access to Spare AAI's & Parental Consent

- **Consent Register:** The school maintains a **Register of AAI's** listing pupils with medical/parental authorization for spare AAI usage. This register is updated annually by the Headteacher and placed in every classroom.
- **Emergency Life-Saving Action:** While advance parental consent is routinely sought on IHPs, **the absence of prior written consent will NOT prevent or delay the administration of a spare AAI in an emergency.** Where anaphylaxis is suspected, any staff member may take reasonable action to save a life.

9. Emergency Anaphylaxis Response Procedure

If severe anaphylaxis is suspected, staff must act immediately:

1. **Reassure & Position:** Keep the pupil calm. Lie them flat with legs raised. If breathing is difficult, allow them to sit upright. **NEVER allow them to stand or walk.**
2. **Administer AAI:** Inject the prescribed AAI (or school spare) into the outer mid-thigh.
3. **Call 999:** Call 999 immediately, ask for an ambulance, and state "**ANAPHYLAXIS**".
4. **Second Dose:** If there is no improvement after **5 minutes**, administer a second AAI in the opposite thigh.
5. **Contact Parents:** Notify parents/carers immediately after emergency services have been called.
6. **Log Event:** Complete an AAI Usage Log recording time, location, medication administered, administrator name, and second-dose details.

10. Staff Training & Policy Monitoring

- **Mandatory Accreditation:** All school staff (teaching, administrative, midday supervisors, and site staff) must complete the **National College Certificate in Allergy & Anaphylaxis Awareness** annually.
- **Onboarding:** New, temporary, or supply staff are briefed on IHPs, AAI storage locations, and emergency protocols during induction.
- **Incident Review & Risk Register:** Every allergic incident or near-miss is investigated by the Headteacher to update school risk assessments, review protocols, and inform the Governing Body.