

Northowram Primary School

Allergy & Anaphylaxis Safety Policy



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Introduction

This policy has been introduced to reflect the Department for Education's Allergy safety in schools statutory guidance (July 2026) and the allergy safety duties introduced by section 34 of the Children's Wellbeing and Schools Act 2026. These provisions are sometimes referred to publicly as "Benedict's Law".

The Act creates the statutory duty; the DfE guidance explains how schools should fulfil that duty. The school will have regard to the guidance and will record a clear reason for any departure from it.

1. Policy statement

Northowram Primary School is committed to ensuring that pupils with allergies are safe, included and able to participate as fully as possible in school life. Allergy is a medical condition and, for some pupils, exposure to an allergen can result in a rapidly progressing and potentially fatal anaphylactic reaction. The school will take reasonable and proportionate steps to identify allergy-related risks, minimise exposure to known allergens, ensure appropriate individual arrangements are in place, and respond rapidly and effectively to allergic reactions and anaphylaxis.

This policy applies to pupils with diagnosed or suspected allergy where support or risk-management arrangements are required. It also sets out the school-wide arrangements needed because a first allergic reaction can occur in school and because all staff must be able to recognise and respond to anaphylaxis.

2. Legal and guidance framework

Children and Families Act 2014, section 100, concerning arrangements for supporting pupils with medical conditions.

Children's Wellbeing and Schools Act 2026, section 34, which introduces statutory allergy safety duties, including the requirement for an allergy safety policy to be reviewed at least annually and published.

Department for Education, Allergy safety in schools statutory guidance, July 2026.

Supporting pupils with medical conditions at school statutory guidance, as applicable.

Human Medicines (Amendment) Regulations 2017, which permit schools in England to obtain spare adrenaline auto-injectors (AAIs) without a prescription for emergency use.

Equality Act 2010 and the school's duties to promote equality and avoid discrimination.

Keeping Children Safe in Education 2026, where relevant to safeguarding, information sharing and pupil welfare.

Food allergen and food safety legislation applying to school food provision.

This policy should be read alongside the school's Medical Needs Policy, First Aid Policy, SEND/Inclusion Policy, Safeguarding and Child Protection Policy, Behaviour Policy, and Data Protection/Privacy arrangements.

3. Aims

Identify pupils with allergies and understand the arrangements required to keep them safe and included:

- ensure pupils and staff who require additional or different support have an Individual Healthcare Plan (HCP)
- ensure prescribed adrenaline devices are rapidly accessible at all times
- maintain appropriate spare Adrenaline Auto Injectors (AAIs) explain what this is for emergency use
- ensure all staff who may be present when pupils are on site receive regular allergy awareness and emergency-response training
- minimise exposure to known allergens through proportionate risk controls, including food and allergens used in curriculum activities
- enable pupils with allergy to participate fully in lessons, play, clubs, trips, residential, sporting activities and wider school life
- promote wellbeing and address bullying, stigma or unnecessary restriction linked to an allergy
- record, report and learn from serious incidents and near misses
- communicate this policy clearly to staff, pupils and parents/carers and publish it on the school website

4. Scope

This policy applies across the whole school and to all school activities, including the classroom, EYFS provision, dining areas, playground, sports fields, forest school, clubs, trips, residential and other off-site activities.

It applies to pupils, staff, supply and agency staff, volunteers and regular visitors who have a pupil-facing role. Catering staff and staff working in breakfast/after-school provision are included. Contractors without a pupil-facing role are not expected to undertake the annual allergy training, but must follow site and safeguarding arrangements.

5. Roles and responsibilities

Role	Responsibilities
Governing Body – Allergy Governor: Louise Lee	Appoint a named governor for allergy and anaphylaxis. Ensure the school has an allergy safety policy; review it at least annually; monitor implementation and learning from incidents; ensure appropriate resources for training, medication and risk management.
Headteacher	Lead implementation; ensure the policy is published and communicated; oversee allergy register/HCP arrangements; ensure training, spare AAls, emergency procedures and incident review arrangements are effective.
Pastoral Manager	Maintain records and checks for prescribed and spare medication; ensure emergency equipment is accessible and in date; coordinate HCPs implementation and staff access to essential information.
All staff	Complete required allergy awareness training; know how to access essential allergy information; follow HCPs and healthcare-professional action plans; minimise avoidable exposure; respond immediately to suspected anaphylaxis; report incidents and near misses.
Teachers / activity leaders	Consider allergy risk when planning lessons and activities, including cooking, science, art/craft, PE, music, animals, educational visits and special events; make suitable alternatives available where necessary.
Catering provider / food staff	Provide accurate allergen information; maintain ingredient information; manage cross-contamination risks; communicate with the school and parents/carers as required; follow food safety legislation and agreed procedures. In addition to annual allergy and anaphylaxis training, catering staff are required to complete additional FSA training every 2 years.
Parents/carers	Provide accurate and current information, healthcare-professional action plans and prescribed medication; inform school promptly of changes; work with school on HCPs and risk-management arrangements.
Pupils	Where developmentally appropriate, learn how to manage their allergy safely, seek help promptly and follow school rules about food, medicines, hand hygiene and inclusion.

6. Identification and information sharing

Information about allergy's will be collected through admission information, parent/carer communication, healthcare documentation, annual data collection sheets and ongoing reviews. The school will maintain an up-to-date allergy register and ensure that staff who need the information can access it promptly and discreetly.

A pupil does not need a formal clinical diagnosis before the school considers supportive arrangements where an allergy is suspected and there is a credible risk of harm.

Where clinical advice is available, the school will follow it. School staff are not expected to make clinical diagnoses or clinical judgements.

Relevant staff will have access to essential information about allergens, symptoms, emergency medication and actions to take through the sharing of HCP.

Information will be shared on a need-to-know basis and handled as a special category health data. The school will balance confidentiality with the need to keep pupils safe.

Information will be updated when circumstances change and at least annually as part of the HCP review process.

Where food is prepared, brought in or handled, it is good practice to keep an accessible staff-only list, including photographs and known allergens where appropriate, to support safe identification.

7. Healthcare Plans (HCPs)

An HCP will be used where a pupil's allergy has a functional impact at school, creates a risk of harm, and requires arrangements that are additional to or different from the arrangements made generally. An HCP is not a clinical document: it records the school's arrangements and signposts to the current healthcare-professional plans that staff must follow.

An HCP will normally include or refer to:

- the pupil's known or suspected allergy and relevant triggers
- the arrangements required to minimise exposure
- the signs and symptoms staff should recognise
- the current Allergy Action Plan and/or Asthma Action Plan issued by the healthcare professional, where applicable
- prescribed medicines, consent arrangements, doses required and where medication is stored
- how rapid access to adrenaline will be maintained
- arrangements for lessons, food, play, clubs, PE, visits and residentials
- named staff and the roles they undertake
- how information is communicated to relevant staff
- the arrangements for emergency response and contact with parents/carers
- any reasonable adjustments needed to ensure inclusion and wellbeing

HCPs will be developed in collaboration with the pupil (where appropriate), parents/carers and relevant healthcare professionals. They will be reviewed at least annually and sooner following a significant change, updated clinical advice, a serious incident or near miss, or a change in the pupil's circumstances.

8. Minimising exposure to allergens

The school will use reasonable, proportionate and individualised controls. The aim is to reduce risk without unnecessarily excluding pupils from ordinary school experiences.

- Food provided by school or caterers will have clear allergen information and ingredient information will be available.
- The Catering Manager will engage with suppliers to understand their allergen and cross-contamination controls.
- Staff handling food will understand how to read allergen labels and prevent cross-contamination.
- Food brought into school by families, including birthday treats, will be managed in accordance with the pupil's allergy arrangements. Parents/carers may be asked to seek prior agreement where food is being brought in for a group activity or celebration.
- Pupils will not be permitted to trade or share food, utensils or food containers.
- Bottles, lunch boxes and other food/drink items for pupils with food allergy will be clearly labelled with the pupil's name.
- Lessons and activities involving food, cooking, craft materials, science, animals or other potential allergens will be risk assessed where relevant and safe alternatives used where needed.
- Unlabelled food will not be used where allergen safety cannot be established.
- Where an allergen is present in an activity, the school will seek an alternative that enables the pupil to participate alongside peers rather than excluding the pupil.
- Reasonable controls will be considered for contact or airborne allergens, including animals, latex, dust, pollen or other known triggers.
- Handwashing and appropriate cleaning will be promoted, particularly before and after eating and food-related activities.

Northowram Primary School does not operate a blanket 'nut-free' or other blanket food-ban policy as this is out of their control, but does issue advice to parents / carers about not bringing in known allergens. Any specific restriction will be considered on the basis of identified risk and proportionate controls.

9. Allergy awareness, wellbeing and bullying

Allergy management is not only a medical issue. The school will promote a culture in which pupils with allergy are treated with dignity and are able to participate without unnecessary barriers.

All staff will receive allergy awareness training at least annually, including recognition and emergency response for anaphylaxis and acute asthma.

Training will cover permanent staff, temporary/supply staff, agency staff, peripatetic staff, catering staff, regular volunteers and staff overseeing breakfast/after-school provision.

The school will include age-appropriate allergy awareness within pupil education where appropriate, with particular attention to reducing stigma and bullying.

Any bullying, deliberate allergen exposure, unsafe food sharing or misuse of another pupil's medication will be addressed under the school's Behaviour and Anti-Bullying arrangements and may be treated as a serious safeguarding concern where appropriate.

Pupils with an allergy will not routinely be required to be accompanied by a parent/carer in order to participate in trips or activities. The school will make appropriate arrangements so that they can participate safely.

The views and experiences of pupils with allergy and their families will be considered when reviewing arrangements.

10. Prescribed adrenaline devices

Pupils at risk of anaphylaxis who have been prescribed an adrenaline device must have rapid access to their prescribed device(s) at all times. Current clinical advice recommends that people at risk of anaphylaxis carry two adrenaline devices because a second dose may be required.

Devices will be stored in an appropriate central location that is unlocked and accessible at all times.

Prescribed devices must be available during lessons, lunchtime, playtimes, PE, sports, clubs, visits, residentials and travel to/from school arrangements as applicable.

The school will maintain a record of prescribed adrenaline devices and Allergy Action Plans.

Parents/carers will be asked to ensure devices remain in date and are replaced promptly when required.

A copy of the current Allergy Action Plan should be kept with the medication where practicable.

11. Spare adrenaline auto-injectors (AAIs)

Northowram Primary School will maintain spare AAIs for emergency use in accordance with the DfE guidance and the legal framework. Spare AAIs are not a replacement for pupils' own prescribed devices.

For a primary school, the DfE guidance indicates one pair of spare AAIs for children under 6 years (150 micrograms) and one pair for individuals over 6 years (300 micrograms). The school will maintain the appropriate stock for its pupil population and review this when age/dosage requirements change.

- Spare AAIs will be stored in pairs.
- Spare AAIs will be clearly labelled as emergency stock and kept in a safe, central location that is accessible at all times and not locked away.

The school will ensure spare AAIs can be brought to any location where they may be required within five minutes. The school will review whether more than one emergency location is necessary because of site layout.

AAIs will be stored at room temperature in line with manufacturer instructions, protected from extremes of heat and direct sunlight, and not refrigerated.

Expiry dates and condition will be checked routinely and recorded.

Used or expired AAI's will be disposed of safely in accordance with manufacturer guidance and applicable arrangements for medicines/sharps.

Spare AAI's may be used in an emergency where a pupil or other individual is experiencing anaphylaxis and does not have their prescribed device, or where prescribed devices are unavailable or have misfired.

Advance parental consent for use of spare AAI's will be sought as good practice, but emergency action will not be delayed while checking consent.

12. Emergency response: suspected anaphylaxis

Anaphylaxis is a medical emergency. Staff must act immediately and follow the pupil's Allergy Action Plan where available.

Recognise the signs of anaphylaxis: airway problems such as throat/tongue swelling or difficulty swallowing; breathing problems such as wheeze, difficulty breathing, persistent cough or noisy breathing; or circulation problems such as dizziness, confusion, pallor, collapse or loss of consciousness. A skin rash does not have to be present.

Administer adrenaline as soon as possible, aiming for within five minutes. Do not wait to call 999 before giving adrenaline.

Use the pupil's own prescribed adrenaline device in the first instance where available. If it is unavailable or has misfired, use a suitable spare AAI.

Call 999 immediately and state 'anaphylaxis'.

Place the pupil flat with legs raised and do not allow them to stand or walk. Follow the emergency position guidance in the individual Allergy Action Plan and current emergency guidance.

Remain with the pupil and monitor them continuously. Send another adult to obtain the emergency medication and to meet the ambulance if possible.

If symptoms have not improved after 5 minutes and a second adrenaline device is available, a second dose may be required in accordance with the emergency plan/training.

Contact parents/carers as soon as practicable without delaying emergency treatment.

Record the incident and complete the school's serious incident/near-miss review process.

Following the incident, review the HCP, risk assessment, medication arrangements and relevant school procedures, conduct a debrief with staff to identify any learning, implement lessons learned, communicating this with staff.

Important: staff should not rely on the presence of a known allergy, the absence of a rash, or certainty about allergen exposure before considering anaphylaxis. Where anaphylaxis is suspected, adrenaline should not be delayed.

13. Mild to moderate allergic reactions

Where a pupil has symptoms of a mild to moderate allergic reaction without airway, breathing or circulation involvement, staff will follow the pupil's HCP and healthcare-professional Allergy Action Plan. Where medication such as an antihistamine has been prescribed, it will be administered in accordance with the school's medication procedures and the individual plan.

The pupil will not be left unattended.

Parents/carers will be contacted in accordance with the individual plan and the seriousness of the reaction.

The pupil will be observed in a safe place for at least 60 minutes because an allergic reaction can progress to anaphylaxis.

If symptoms progress to airway, breathing or circulation involvement, the emergency anaphylaxis procedure above will be followed immediately.

14. Educational visits, residentials and off-site activities

A specific risk assessment will be completed for pupils at risk of anaphylaxis on trips and visits.

The pupil's prescribed adrenaline devices must accompany them.

At least one member of supervising staff trained in allergy awareness and emergency response must be present and able to administer adrenaline.

Emergency arrangements, travel time, access to emergency services, venue arrangements and catering must be considered.

Spare AAIs may be taken on appropriate trips where this is considered necessary, but this must not compromise the spare stock retained on school premises.

Pupils with allergy will be enabled to participate as fully as possible. A parent/carer will not be required to accompany their child solely because of allergy unless there is a clear, individualised reason that cannot reasonably be met through the school's arrangements.

Residential and extended activities will consider allergy management across all meals, snacks, accommodation, activities and travel.

15. Catering and food provision

The school will work closely with its catering suppliers to ensure compliance with food allergen requirements and to provide safe, inclusive meals.

Ingredient and allergen information will be available to parents/carers and, where appropriate, to pupils so they can check it independently.

The catering team will be able to discuss allergen-safe provision with parents/carers.

Product and ingredient changes will be checked before provision.

Cross-contamination controls will be implemented in preparation, cooking, storage and service.

Where food is provided by families for celebrations or classroom activities, the school will manage this through its risk assessment and allergy arrangements.

The school will support medically required dietary needs and avoid unnecessary exclusion from shared experiences.

16. Serious incidents and near misses

Allergy-related serious incidents and near misses will be taken seriously. A near miss may include accidental exposure, unsafe food provision, medication being unavailable or out of date, a delay in access to adrenaline, or another event that could reasonably have resulted in harm.

Incidents and near misses will be recorded promptly using the school's agreed recording system.

Parents/carers will be informed and their account of an incident will be considered, including where the impact becomes apparent after the pupil has returned home.

The Headteacher or delegated senior leader will review what happened, including whether the school's arrangements were followed and whether they were adequate.

Where appropriate, the governing body will be informed and any statutory reporting requirements will be met.

The review will identify lessons identified and actions, with owners and timescales.

Relevant HCPs risk assessments, training, food controls or this policy will be amended where necessary.

The school will ensure that learning from incidents is shared appropriately without unnecessarily disclosing sensitive personal information.

17. Communication and publication

This policy will be published on the school website.

The policy will be made generally known to staff and parents/carers.

At least annually, the school will raise awareness of the policy with staff and pupils and parents/carers.

All staff will be expected to understand the policy as part of annual allergy awareness training.

Information about individual pupils will be shared only with those who need it to keep the pupil safe and included.

Pupils and families will be given clear information about who to contact if allergy circumstances change.

18. Monitoring, review and governance

The Headteacher will monitor the implementation of this policy through training records, allergy register and HCPs checks, medication expiry checks, incident and near-miss records, educational visit arrangements and feedback from pupils and parents/carers.

The policy will be reviewed at least annually.

The policy will be reviewed sooner following a serious incident, significant near miss, change in legislation/guidance, or significant change to the school's allergy arrangements.

The governing body will approve the policy and monitor its implementation.

Any decision to depart from DfE statutory guidance will be documented with a clear and justifiable reason.

Appendix 1 – Staff emergency check list

SUSPECT ANAPHYLAXIS? ACT FAST.

1. Give adrenaline immediately – aim for within 5 minutes.
2. Do not wait for 999 before giving adrenaline.
3. Use the pupil's own device first; use a suitable spare AAI if needed.
4. Call 999 – say “anaphylaxis”.
5. Keep the pupil flat with legs raised; do not let them stand or walk.
6. Stay with the pupil and monitor continuously.
7. Give a second dose after 5 minutes if symptoms persist and a second device is available, in line with training/plan.
8. Contact parents/carers.
9. Record, report and review the incident/near miss.

All staff must complete the school's allergy awareness and emergency-response training. This check list does not replace the pupil's current Allergy Action Plan or staff training.

Appendix 2 – Minimum annual compliance check

Check	Evidence	Completed / date
Policy reviewed and approved	Governing body record / published policy	
Policy published on website	Website link / publication record	
Allergy training completed	Training record for relevant staff	
Allergy register current	Register reviewed	
<u>HCPs</u> current	<u>HCPs</u> and attached clinical action plans	
Prescribed adrenaline checked	Medication audit	
Spare AAls stocked in pairs and in date	Emergency medication audit	
Emergency access tested within 5 minutes	Site check / drill or assurance check	
Food allergen arrangements reviewed	Catering assurance / menu and ingredient checks	
Trips/residential arrangements checked	Risk assessments	
Incidents and near misses reviewed	Incident log / actions	
Pupil wellbeing and bullying arrangements reviewed	Behaviour/pastoral records / pupil voice	