WHOBERLEY HALL
PRIMARY SCHOOL

Allergy Safety Policy 2026 to 2027

Date of Policy: September 2026 | **Review Frequency:** Annually | **Next Review Due:** September 2027

1. Introduction & Purpose

Our school is committed to meeting the requirements of Benedict's Law and creating a safe, inclusive environment for all pupils with allergies. We recognise that allergies can be life-threatening and will take all reasonable steps to reduce risk, ensure staff are appropriately trained, maintain emergency medication, and work in partnership with parents, carers and healthcare professionals to support children with allergies.

This policy sets out our commitment to providing an allergy-aware environment to protect and include all children, staff, and visitors. This policy is written in strict compliance with the DfE Statutory Guidance: Allergy Safety in Schools (July 2026) issued under the Children and Families Act 2014 and the Children's Wellbeing and Schools Act 2026. It operates alongside our wider policy for Supporting Pupils with Medical Conditions.

2. Roles & Responsibilities

- **Governing Body:** Exercises ultimate oversight, ensuring the policy is published on the school website and that allergy risks are actively managed on the school's risk register.
- **Designated Allergy Safety Lead (Senior Leadership Team – Rachel Davis, Assistant Headteacher):** Drives the implementation of this policy, coordinates annual staff training, and oversees incident reviews. This responsibility is never delegated to the catering manager.
- **Rachel Davis – Assistant Headteacher / EYFS Leader & EYFS Staff:** Ensure active supervision of eating and safe, separate food handling during complementary feeding or weaning phases.
- **Catering Team:** Maintains strict cross-contamination controls, handles statutory allergen labeling compliance, and assists with mealtime identification protocols.

3. Identification & Individual Healthcare Plans (IHPs)

1. Information Gathering: Parents must state all known allergies, food intolerances, or dietary preferences on the enrollment/registration forms before a child starts at the school or nursery.

2. IHP Implementation: Any child whose allergy requires active support or adjustments will receive an Individual Healthcare Plan (IHP).

3. Action Plans: Medical Allergy Action Plans (e.g., BSACI templates) and Asthma Action Plans must be completed by a healthcare professional, signed by parents, and permanently attached to the child's IHP.

4. Allergy Register: Controlled, staff-only visible lists featuring children's up-to-date photographs and specific allergen triggers will be placed in the school kitchen, staff room, and relevant nursery/school classrooms.

4. Risk Minimisation Strategies

Food Provision & Mealtimes

- **Allergy Aware Environment:** We do not operate a 'nut-free' policy, as this creates a false sense of security. Instead, we practice strict 'allergy awareness' regarding all 14 regulated allergens.
- **Inclusion:** Children with food allergies will never be segregated or forced to sit at separate tables during lunch.
- **Food Sharing Ban:** A strict rule of 'no food trading, sharing, or utensil swapping' is enforced across the nursery and primary classrooms.

Classroom, Arts, & Nursery Activities

- **Nursery Eating Supervision:** Within the Early Years Foundation Stage (EYFS) setting, a staff member holding a valid Paediatric First Aid certificate will always be present in the room during snacks and meals. Children must remain in direct line of sight.
- **Curriculum Materials:** Staff must check packaging and labels before curriculum activities.
- **Play dough:** Store-bought or homemade play dough must use wheat-free flour if a child has a wheat allergy/coeliac disease.
- **Craft glues:** Ensure glues do not contain hidden milk, wheat, or soya bases.
- **Junk modeling:** Reused food containers (e.g., egg cartons, milk bottles) are prohibited unless explicitly verified as free from the relevant student's allergen.
- **Nature/Outdoor play:** Bird feed containing nuts/sesame or sandpits that present contact hazards must be risk-assessed or modified for the whole group.

5. Medication Storage & Access

- Pupils at risk of anaphylaxis must have two prescribed adrenaline devices (AAIs or nasal sprays) on site at all times.
- **No Locked Storage:** Emergency medications are never locked away or hidden in restricted administrative offices. They are stored out of children's reach but are instantly accessible to staff in central, unlocked locations.
- **Accessibility Limit:** Adrenaline must be close enough to hand that it can be brought to the child and administered within 5 minutes of the first sign of a severe reaction.

6. School 'Spare' Emergency Medication

In accordance with the Human Medicines (Amendment) Regulations, this school stocks unprescribed 'spare' Adrenaline Auto-Injectors (AAIs) to be used if a child's device misfires, is missing, or if a child suffers their first sudden anaphylactic reaction.

We hold the required spare kits, purchased in pairs and stored at room temperature:

- **Under 6 Years Old (Nursery & Reception):** One pair of 150-microgram AAIs (e.g., EpiPen Junior / Jext 150).
- **Over 6 Years Old (Years 1 to 6):** One pair of 300-microgram AAIs (e.g., EpiPen / Jext 300).

Note: Advance parental consent for spare devices is sought during enrollment, but in a life-threatening scenario, emergency administration will proceed immediately without delay to save a life.

7. Emergency Response Protocol (Anaphylaxis)

If a child shows signs of anaphylaxis (Airway, Breathing, or Circulation difficulties), follow these steps immediately:

> 1. IMMEDIATELY LAY THE CHILD FLAT WITH LEGS RAISED (If breathing is highly distressed, allow to sit)
>
> 2. ADMINISTER ADRENALINE WITHOUT DELAY (< 5 MINUTES) (Use child's prescribed AAI first; use school spare if prescribed device is missing or misfires)
>
> 3. DIAL 999 IMMEDIATELY FOR AN AMBULANCE (State 'ANAPHYLAXIS' to the operator)

> 4. STAY WITH THE CHILD. DO NOT LET THEM STAND UP. (If no improvement after 5 mins, give 2nd AAI)

Important: Emergency services must be dialed, and parents notified. Any individual administered adrenaline must be taken to the hospital via ambulance for a minimum of 4 hours of observation.

Staff Reassurance: Life-saving law protects staff acting in good faith. Hesitation or imperfect injection technique does not constitute wilful misconduct. If in doubt, always give adrenaline.

8. Staff Training & Drills

- **Annual Allergy Awareness:** All permanent, temporary, supply, and catering staff receive mandatory, comprehensive allergy awareness and emergency response training at least annually.
- **Training Content:** Covers distinguishing food allergies from intolerances/coeliac disease, recognizing anaphylaxis, reading labels, and safe physical administration of AAIs and new nasal sprays.

9. Trips & External Visits

A specific allergy risk assessment must be carried out by teaching staff before any school trip or external nursery visit. The child's prescribed medication, their clinical Allergy Action Plan, and a designated staff member trained in AAI administration must accompany the child on the trip.

10. Incident Recording & Near Misses

Every allergic reaction or 'near miss' (e.g., a child almost being served an incorrect meal) must be recorded using the school's internal logging systems, reported to parents and governors, and investigated. The Designated Allergy Lead will review the timeline within 48 hours to update this policy or specific IHPs to prevent future occurrences.

Signed: _____ (Headteacher)

Signed: _____ (Designated Allergy Safety Lead)

Signed: _____ (Chair of Governors)