

# Allergy Policy

THE  TRUST

| Version | Date        | Action |
|---------|-------------|--------|
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|         |             |        |
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## 1. TRUST STATEMENT AND INTRODUCTION

As an Academy Trust comprising three primary schools and one infant school, the Beam Trust recognises its legal, moral, and operational duties to safeguard and promote the welfare of all pupils, staff, and visitors. Under Section 34 of the Children's Wellbeing and Schools Act 2026, widely known as Benedict's Law, which amends Section 100 of the Children and Families Act 2014, all schools must have a dedicated, localised, and actively reviewed Allergy Safety Policy.

This policy operates as a practical, day-to-day roadmap for each specific school site within the Beam Trust. It is designed to run alongside, but distinct from, our broader Supporting Pupils with Medical Conditions Policy, ensuring absolute clarity and immediate compliance with national standards.

## 2. LEGAL FRAMEWORK AND STATUTORY COMPLIANCE

This policy is built upon and complies with the following statutory requirements and legal precedents:

- **Benedict's Law (The Children's Wellbeing and Schools Act 2026 - Section 34):**  
Mandating the creation, regular review, and publication of dedicated standalone school allergy safety policies, staff training, and emergency AAI access.
- **The Children's Wellbeing and Schools Act 2026 (Section 34):**  
Mandating the creation, regular review, and publication of dedicated school allergy safety policies.
- **The Children and Families Act 2014 (Section 100):** Placing a statutory duty on governing bodies to make arrangements for supporting pupils at school with medical conditions.
- **The Equality Act 2010:** Prohibiting discrimination and requiring reasonable adjustments for disabled individuals. Under this Act, **severe allergies are legally recognised as a disability** (established via case law: *Wheeldon v Marston's plc ET/1313364/2012*). Note: Seasonal hay fever (allergic rhinitis) is explicitly excluded from this definition unless it directly aggravates another condition such as asthma.
- **The Human Medicines (Amendment) Regulations 2017:** Permitting schools in England to purchase "spare" Adrenaline Auto-Injectors (AAIs) without a prescription for emergency use.
- **The Human Medicines Regulations 2012 (as amended in 2014):**  
Permitting schools to buy emergency asthma reliever inhalers (salbutamol) without a prescription.

- **The Food Information Regulations 2014 & Natasha's Law (2021):** Governing allergen information and pre-packed for direct sale (PPDS) food labelling requirements.
- **The Health and Safety at Work etc. Act 1974** and the **Common Law Duty of Care**.

### **3. SCOPE, OUT-OF-SCOPE CONDITIONS, AND THE ALLERGY SPECTRUM**

To ensure operational clarity, this policy explicitly defines what conditions are covered and how the broader spectrum of hypersensitivities is managed across our Trust.

#### **What is In-Scope**

- **Food Allergies:** Immediate hypersensitivity reactions to foods (e.g., top 14 allergens, peanuts, tree nuts, milk, eggs, fish, sesame, wheat), which carry the risk of rapid progression to systemic anaphylaxis.
- **Insect Sting Allergies:** Reactions to wasp or bee stings.
- **Latex and Contact Allergens:** Reactions to materials such as rubber gloves, balloons, or specific chemicals.

#### **What is Out-of-Scope (Managed via Medical Conditions Policy)**

- **Coeliac Disease & Food Intolerances:** Coeliac disease is an autoimmune condition triggered by gluten, and food intolerances are non-immune digestive difficulties (e.g., lactose intolerance). Neither can cause anaphylaxis. Therefore, they are excluded from this Allergy Policy and are managed strictly through dietary avoidance under our wider Medical Conditions Policy.

#### **The Broader Allergy Spectrum & Support Measures**

Our schools support the full spectrum of allergic conditions, implementing practical accommodations where required:

- **Skin Allergies (Eczema / Contact Dermatitis):** Accommodations include avoiding abrasive materials (such as sand pits containing triggers), managing delayed reactions, and permitting the use of specific, parent-supplied emollients or hypoallergenic soaps.
- **Contact/Aeroallergens (Hay Fever / Animal Fur / Danders):** Managing seasonal rhinitis via the administration of prescribed or approved eye drops and nasal sprays. Explicit avoidance measures are put in place if school pets are present or when organizing petting zoo trips.

- **Non-Allergic Systemic Hypersensitivity / MCAS:** Rare conditions such as Mast Cell Activation Syndrome (MCAS) require an individualized medical letter and protocol from a specialist healthcare professional.

#### 4. THE CRITICAL ASTHMA LINK

The National Child Mortality Database (NCMD) report on asthma and anaphylaxis highlights a critical safety fact: all children who died from anaphylaxis and had known allergies were also diagnosed with asthma.

- **Highest Risk Recognition:** Pupils with dual diagnoses of food allergy and asthma are identified as being at the highest risk of severe, life-threatening reactions.
- **Dual-Access Emergency Storage:** To combat this risk, every school within the Beam Trust keeps its emergency unprescribed salbutamol inhalers and spacers physically stored alongside the spare AAIs to ensure immediate dual-access during an emergency.

#### 5. ROLES, RESPONSIBILITIES AND ACCOUNTABILITY

Accountability is vital across our multi-academy Trust.

- **Trust Board:** Retains overall legal responsibility for the implementation of this policy across all 4 schools within the Beam Trust.
- **Designated Allergy Lead (SLT):** Each of the 4 schools within the Trust has a named member of the Senior Leadership Team acting as the Designated Allergy Lead, responsible for driving policy implementation, staff training oversight, and annual reviews. *(Local school operational inserts must list the specific SLT name here).*
- **Designated Allergy Governor:** A designated member of the governing body oversees allergy safety monitoring as an aspect of good practice and robust challenge. *(Local school operational inserts must list the specific Governor name here).*
- **All Staff:** All permanent, temporary, supply, peripatetic staff, and regular volunteers present when pupils are on-site must complete annual allergy awareness and emergency response training.

#### 6. SCHOOL-SPECIFIC OPERATIONAL SETUPS

| School Name                        | Type    | Designated Allergy Lead (SLT) | Designated Allergy Governor | AAI Spare Pairs Held & Dosages      | Exact Location of Spare AAI's & Asthma Kit (Must be Unlocked & Reachable Within 5 Mins) | Active MIS System Used (SIMS / Arbor / Cypad) |
|------------------------------------|---------|-------------------------------|-----------------------------|-------------------------------------|-----------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>Thelwall Infant School</b>      | Infant  | Alison Rostron                | ???                         | 1 Pair (150mcg - Junior)<br>1 Adult | on the wall in the main School Office                                                   | Arbor                                         |
| <b>Oughtrington Primary School</b> | Primary | Valerie Forrest               | Wesley Tensel               | 1 Pair (150mcg) & 1 Pair (300mcg)   | on the wall in the main School Office                                                   | Arbor                                         |
| <b>Statham Primary School</b>      | Primary | Jane Rooney                   | Lyndsey Booth               | 1 Pair (150mcg) & 1 Pair (300mcg)   | In the school office                                                                    | Arbor                                         |
| <b>Ravenbank Primary School</b>    | Primary | Jill Sach                     | Cass Bloxsom                | 1 Pair (150mcg) & 1 Pair (300mcg)   | In the school office                                                                    | Arbor                                         |

### The 5-Minute Rule & Storage Mandates

- **No Locking:** Emergency spare AAIs and asthma inhalers can never be locked away or kept in restricted offices where staff cannot reach them immediately. They must be reachable within **5 minutes** from anywhere on site.
- **Pairs Requirement:** Spares must always be stocked and stored in pairs so that a second backup dose is instantly ready if required.
- **Dosage Bands:** Infant schools' stock 150mcg devices (e.g., EpiPen Junior, Jext 150); junior/primary settings stock both 150mcg and 300mcg devices (e.g., EpiPen, Jext 300) to cater for children under and over 6 years of age.

## 7. IDENTIFICATION, RECORDS, AND INFORMATION SHARING

- **Data Management:** All pupil medical data must be tracked using each school's active Management Information System (MIS)—specifically aligned to our active system configuration.
- **Individual Healthcare Plans (IHPs):** Any pupil with an allergy that has a functional impact, poses a risk of harm, or requires differential arrangements must have an IHP. Clinically issued Allergy Action Plans (e.g., BSACI plans) and Asthma Action Plans must be attached directly to the pupil's IHP, be easily accessible at all times, reviewed on a timely basis and identify key adults to support differentiated needs.
- **Special Category Data:** Health data is classified as special category data under UK GDPR. It must be shared on a strict need-to-know basis (such as with catering teams, class teachers, and lunchtime supervisors via secure staff-only notices) while balancing safety with the pupil's dignity to prevent embarrassment or stigmatisation.

## 8. MANAGING RISKS: FOOD PROVISION, ENVIRONMENT AND ACTIVITIES

- **Catering & Kitchen Integration:** School caterers must provide clear allergen information covering the 14 legally mandated allergens under the Food Information Regulations. Catering staff must engage with parents of children with severe food allergies.
- **No Segregation:** Children with food allergies must never be segregated from their peers at mealtimes (e.g. forced to sit at a separate table). They must enjoy meals safely alongside classmates.
- **"Allergy-Aware" vs. "Nut-Free" Policies:** the Beam Trust enforces an "allergy-aware" environment rather than a blanket "nut-free" policy. Blanket bans create a false sense of security; active risk management, strict no-trading/no-sharing rules, and comprehensive staff vigilance are far more effective.
- **Curriculum & Extra-Curricular Adaptation:** Staff planning lessons involving food, crafts, science, or music must assess allergen risks.
  - *Playdough and craft materials:* Avoid standard wheat-based doughs or milk/soya glues unless certified allergen-free; use alternative non-food containers instead of egg cartons or yoghurt pots which risk cross-contamination.
  - Teachers to plan according to the needs of children in their class.

## 9. EMERGENCY RESPONSE: ANAPHYLAXIS AND ASTHMA ATTACKS

In an emergency, staff must act without hesitation. Mistakes, hesitation, or imperfect technique do not amount to misconduct; staff are protected when acting reasonably to save a life.

### The Anaphylaxis Emergency Protocol (The 5-Minute Rule)

1. **Recognize Signs:** Look for ABC symptoms—Airways (throat tightening, swelling tongue), Breathing (wheezing, persistent cough), Circulation (dizziness, pale clammy skin, confusion, loss of consciousness). Note: Anaphylaxis can occur without skin rashes.
2. **Bring Medicine to Patient:** Never let a person having anaphylaxis stand or walk. Bring the medication and help to them.
3. **Positioning:** Lie the person flat with legs raised. If breathing is severely compromised, allow them to sit up.
4. **Administer Adrenaline:** Use the pupil's prescribed AAI or nasal device first. If unavailable, misfiring, or if symptoms appear in an undiagnosed individual, use the school's spare AAI immediately. Do not delay.
5. **Call 999:** Immediately dial 999, request an ambulance, and state "ANAPHYLAXIS". Parents to be called.
6. **Second Dose:** If there is no improvement after **5 minutes**, administer a second dose using the second device of the pair.
7. **Post-Reaction Monitoring:** Stay with the individual. Anyone experiencing an anaphylactic reaction must be monitored for at least 60 minutes post-administration, as secondary delayed waves can occur.

## 10. SCHOOL TRIPS AND EXTERNAL VISITS

- **Risk Assessments:** Comprehensive risk assessments must be completed well in advance for any pupil at risk of anaphylaxis participating in off-site visits or residential trips.
- **Medication Access:** The pupil's prescribed adrenaline devices must accompany them at all times, managed by designated, trained staff members. Pupils must never be barred from trips due to their medical condition.

## 11. SERIOUS INCIDENTS, "NEAR-MISSES", AND LESSON LEARNING

- **Mandatory Recording & Reporting:** Any allergic reaction, acute incident, or "near-miss" must be formally recorded on the school incident log, reported immediately to parents/carers, and submitted to the Trust Board and local Governing Body of the school.

- **Immediate Review Trigger:** Every serious incident or near-miss will automatically trigger an immediate review of the school's risk assessments, IHP protocols, and operational workflows to ensure lessons are learned and embedded Trust-wide.

## **12. TRAINING AND REVIEW SCHEDULE**

- **Annual Staff Training:** All eligible staff must undergo annual allergy awareness and emergency response training covering recognition, risk reduction, AAI usage, and asthma management. Induction training must be provided immediately for new joiners, supply staff, and agency personnel.
- **Policy Review Cycle:** This policy must be formally reviewed by the Beam Trust at least **annually**, or immediately following any significant incident or near-miss.