Elworth C of E Primary School

Allergy and Anaphylaxis Policy

Compliant with Benedict's Law & the Department for Education's Statutory Guidance (2026)

Date	Review date	Coordinator	Nominated Governor
September 2026	September 2027	Sarah Buckley	Barrie Pitt

The School Vision statement: *'Love God, Love Learning, Love one another' (Matt 20:22-24)*

1. Statement of Intent

At **Elworth CE Primary School**, we believe that every pupil has the right to a safe, supportive, and fully inclusive learning environment. In accordance with **Benedict's Law** (introduced under the *Children's Wellbeing and Schools Act 2026*), this stand-alone policy sets out our mandatory procedures for managing food, insect, and environmental allergies. Our priority is to minimise the risk of allergen exposure, proactively identify at-risk pupils, and ensure a rapid, coordinated emergency response in the event of anaphylaxis.

2. Key Roles & Responsibilities

To ensure a whole-school approach to allergy safety, roles and responsibilities are delegated as follows:

Role	Key Responsibilities under Benedict's Law
Headteacher	Retains ultimate statutory responsibility for school compliance. Ensures policy implementation and secures funding for mandatory staff training and spare emergency medication.
SLT Allergy Lead	**Sarah Buckley**. Coordinates annual policy reviews, maintains the central Allergy Register, audits/replies to expired AAIs, oversees individual healthcare plans (IHPs), and leads near-miss investigations.
All School Staff	Completes mandatory annual allergy and anaphylaxis training.
Catering Team	Maintains strict allergen control in the kitchen. Reviews daily menus against the pupil Allergy Register and ensures clear ingredient labeling and allergen cross-contamination safeguards.

3. Individual Healthcare Plans (IHPs)

Every pupil with a diagnosed allergy or documented reaction history must have an **Individual Healthcare**

Plan (IHP) in place.

1. **No Diagnosis Required:** In accordance with statutory guidance, a formal clinical diagnosis is not required to trigger an IHP if the child is at functional risk. A parent's written declaration or clinical history is sufficient.
2. **Mandatory Details:** Each IHP must list specific triggers, mild/moderate symptoms, severe symptoms, prescribed emergency dosages, emergency contact details, and where medication is kept.
3. **Annual Review:** The SLT Allergy Lead will review all IHPs at the start of each academic year, or immediately following any allergic episode or changes in medical advice.

4. Emergency Adrenaline Auto-Injectors (AAIs)

To eliminate delays in administering life-saving medication, the school maintains two categories of AAIs:

4.1 Prescribed AAIs

Pupils prescribed AAIs must have **two in-date devices** on school premises at all times. For primary pupils, these are stored in a clearly labeled, unlocked medical box in the pupil's classroom, ensuring they are accessible within seconds.

4.2 Spare Emergency AAIs

Under Benedict's Law, the school holds a separate stock of spare, non-prescribed emergency AAIs. These are kept in a central, unlocked location in the staff room.

4.3 The Five-Minute Rule

All AAIs must be stored and mapped geographically across the school site to guarantee that a device can be retrieved and administered to a pupil within 5 minutes of a reaction's onset, regardless of their location on school grounds.

5. Emergency Protocol for Anaphylaxis

In the event of a suspected severe allergic reaction, staff must act instantly according to the following protocol:

- **Do Not Move the Pupil:** Keep them where they are. Do not allow them to stand or walk, as this can cause a fatal drop in blood pressure. If they are struggling to breathe, sit them up slightly. If they feel faint or dizzy, lay them flat with legs raised.
- **Administer AAI Immediately:** If severe symptoms (e.g., swelling of throat, difficulty breathing, persistent coughing, wheezing, or loss of consciousness) are present, administer the pupil's prescribed AAI into the outer mid-thigh. Note the exact time of administration.
- **Call 999:** Dial 999 and state **"ANAPHYLAXIS"** clearly to the operator. Request an ambulance immediately.
- **Second AAI Administration:** If there is no improvement in the pupil's condition after 5 minutes, administer a second AAI (using their spare or the school's emergency spare AAI) into the opposite thigh.
- **Notify Contacts:** Contact the parent/carer using the emergency numbers listed on the child's IHP.

6. Inclusion and Risk Management

Our school believes in proactive inclusion. All children with allergies will be fully and safely integrated into school activities:

- **Trips and Extracurriculars:** Risk assessments for off-site visits must document specific measures for allergic pupils. A designated, trained staff member will carry the pupil's prescribed AAIs.
- **Mealtimes:** Lunchtime supervisors will be briefed on pupil allergies. Inclusive seating arrangements will be managed sensitively to avoid isolating or stigmatising any child.
- **Nut-Aware:** We operate a whole-school nut aware policy which means no nuts, sesame, or nut-based products are permitted on site in packed lunches or snacks.

7. Staff Training & Competency

Annual, mandatory allergy awareness and anaphylaxis training is a legal requirement under Benedict's Law:

- **Audience:** All staff likely to be on-site with pupils—including teachers, teaching assistants, administrative staff, lunchtime supervisors, cleaners, and after-school club staff—must complete certified training.
- **Frequency:** Training must be refreshed annually.

8. Incident and "Near-Miss" Reporting

We maintain a proactive safety culture through transparent reporting:

- **Reporting:** Every incident requiring the administration of an AAI, as well as "near-misses" (e.g., accidental allergen exposure where no reaction occurred), must be logged in the school's accident book and reported to the SLT Allergy Lead.
- **Debrief:** The Headteacher and SLT Allergy Lead will conduct a formal debrief following any incident to identify procedural adjustments and prevent future risk.

This policy is to be read in conjunction with the school's medication policy.