Loving to Learn; Learning to love like Jesus

Allergy and Anaphylaxis Safety Policy

Status	DRAFT
Operational Date	01.09.26
Date for approval by Governors	08.09.26
Next review *(Mandatory annual review under Benedict's Law)*	2027
Agreed by Committee	Finance
Catering Liaison Lead	School Kitchen Catering Manager

1. Statement of Intent and Legal Framework

St. Monica's Catholic Primary School is committed to providing a safe, fully inclusive, and allergy-aware learning environment for all pupils. This standalone policy operates strictly in accordance with Section 100 of the Children and Families Act 2014, the Food Information Regulations 2014, and the **DfE Statutory Guidance on Allergy Safety in Schools**.

This document satisfies the explicit legal mandates of **Benedict's Law**, requiring a standalone allergy policy published openly on our school website, enforcing documented staff competencies, and establishing clear emergency response workflows.

This policy does not stand in isolation; it must be read and applied in direct conjunction with the master **St. Monica's Policy on Supporting Pupils at School with Medical Conditions and Health Needs**. The overarching administrative procedures, staff liability insurance protections, and data retention rules established in the master policy govern our entire approach to allergy management.

2. Definitions and Clinical Risk Indicators

- **Allergy:** An adaptive immune system reaction to typically benign proteins (allergens) such as nuts, dairy, egg, or insect stings.
- **Anaphylaxis:** A severe, rapid, life-threatening systemic allergic reaction requiring immediate emergency medical intervention.
- **Primary Emergency Signs (Red Flags):** Any clinical compromise affecting the **A**irway (swelling of the tongue/throat, hoarse voice, difficulty swallowing), **B**reathing (persistent wheezing, stridor, tight chest), or **C**irculation (clammies, dizziness, pale skin, blue lips, collapse, loss of consciousness).

3. Individual Allergy Action Plans (BSACI Framework)

Every pupil identified by a clinician as having a high-risk allergy must have a formal **BSACI (British Society for Allergy and Clinical Immunology) Allergy Action Plan** hosted on site.

- **Clinical Authority:** These plans are official medical documents completed directly by the child's GP, consultant, or clinical allergy team in tandem with parents; school staff will not alter these plans independently.
- For the avoidance of doubt, St. Monica's Catholic Primary School is strictly prohibited from authorising, completing, or inventing a child's BSACI Allergy Action Plan; this remains the exclusive legal responsibility of the pupil's registered clinical medical team.
- **Legal Status:** Under national frameworks, a signed BSACI plan functions directly as an integrated Individual Healthcare Plan (IHCP) and contains explicit parental and clinical consent to administer prescribed and generic school emergency medication.
- **Live Register Access:** Laminated colour copies of these plans, including the pupil's photograph, are stored securely within the classroom medical folders, the main school office, and displayed confidentially on the kitchen allergen board.

4. Risk Mitigation across School Settings

A. School Kitchen and Canteen Protocols

- **Nut-Aware Environment:** St. Monica's operates a strict nut-aware campus rule. Bulk loose nuts, peanut butter snacks, and nut-based oils are completely prohibited from school-directed provision or packed lunches.
- **Cross-Contamination Safeguards:** The catering team utilizes color-coded preparation boards and dedicated cooking utensils exclusively for pupils with food allergies.
- **Kitchen Photo-Charts:** The kitchen features confidential, laminated photo identification charts matching children to their specific allergens to prevent cross-contamination during service.
- **No-Food-Sharing Mandate:** A strict "no food sharing" and "no utensil swapping" policy is enforced across all key stages during lunchtimes and breaks.

B. Classroom, Lunchtime, and Off-site Activity Controls

- **Curriculum Adaptations:** Prior to any food technology, cooking classes, or science practicals, the class teacher must vet the ingredient manifest against the room’s allergy tracker.
- **School Trips and Residentials:** A detailed individual risk assessment must be logged for any pupiled excursion. Class teachers must carry a mobile-accessible copy of the child’s BSACI plan and verify that **two in-date personal Adrenaline Auto-Injectors (AAIs)** travel with the child at all times.

5. Management of Adrenaline Auto-Injectors (AAIs)

A. Prescribed Personal AAIs

- **Immediate Access:** Children must have immediate, restriction-free access to their prescribed emergency medication. Devices must **never be locked inside a cupboard or office vault**.
- **Classroom Storage:** Personal AAIs must be held in a clearly labelled, high-level, unlocked container within the child's primary classroom medical zone.

B. Statutory Spare Emergency AAIs

- **Procurement:** Under national school exemptions, St. Monica's directly purchases generic, spare backup AAIs from a pharmaceutical supplier without an individual prescription.
- **Usage Safeguards:** These spare devices are kept centrally in the **Main School Office Medical Cabinet**. They act strictly as backup supplies and can be legally deployed on any pupil whose personal pen fails, is empty, or whose signed BSACI plan gives backup authority.
- **Accountability Checks:** The Designated Medical Administrator conducts a formal audit on the **first working day of each month**, recording device tracking metrics, safety shield integrity, and active expiry dates on our register.

6. Emergency Anaphylaxis Response Checklist

If a pupil displays signs of anaphylaxis, any staff member present must initiate this protocol instantly:

1. **Administer the AAI immediately:** Do not hesitate. Inject into the outer mid-thigh muscle (through clothing if necessary) and note the exact timestamp.
2. **Dial 999:** State *"Anaphylaxis emergency"* and request a paramedic crew. Deliver our emergency location data: **St. Monica's Catholic Primary School, St. Monica's Close, Warrington, WA4 3AW**.
3. **Emergency Route Instruction:** Dispatch a free staff member immediately to the **corner of the church car park** to clear the entrance gate and guide incoming emergency vehicles directly onto the school grounds.
4. **Position the Casualty:** Keep the pupil flat on their back with their legs raised to support circulation. If they are experiencing severe airway distress, allow them to sit upright slightly, but **do not make them stand up or walk under any circumstances**, as this can cause sudden cardiac collapse.
5. **Secondary Dose Protocol:** If the pupil's symptoms fail to improve or deteriorate significantly after **5 minutes**, administer a second in-date AAI pen into the opposite thigh.

7. Staff Training and Incident Recording

- **Whole-School Awareness:** All school staff (including teachers, teaching assistants, lunchtime supervisors, and administrative personnel) must complete mandatory allergy awareness and AAI deployment training annually. This is delivered via our verified, accredited iHasco online training platform.
- **New Starters:** All temporary or mid-term staff appointments must receive allergy training during their initial week-one induction cycle.
- **Data Integration and Traceability:** Every instance of an allergic reaction or an adrenaline auto-injector deployment must be logged systematically on **CPOMs** within 24 hours. A comprehensive post-incident review must be completed by the Headteacher to verify protocol execution and apply lessons learned.

Appendix A: BSACI Allergy Action Plan Protocol

1. Statutory Status of the Document

St. Monica's Catholic Primary School utilizes the standardized **British Society for Allergy and Clinical Immunology (BSACI) Paediatric Allergy Action Plans** as our official framework.

- This plan is a formal medical document that **must be completed by a qualified medical professional**. School personnel are strictly prohibited from altering or creating these forms independently.
- Once signed by a clinician and parent, this document carries full medical authorization for school staff to administer prescribed medication and utilize the school's emergency generic/spare Adrenaline Auto-Injectors (AAIs).
- Under Department for Education (DfE) guidelines, a valid BSACI plan serves as the pupil's formal **Individual Healthcare Plan (IHCP)** for their allergy.

2. Location and Access to Active Plans

Every pupil on our Medical Register with a diagnosed high-risk food or insect allergy must have their specific, signed BSACI plan stored in the following locations:

1. **The Classroom Medical Folder:** Stored in an unlocked, clearly labelled folder accessible to the class teacher, support assistants, and supply teachers.
2. **The Main Office Hub:** Filed alongside their personal, prescribed backup Adrenaline Auto-Injectors (AAIs).
3. **The Kitchen Allergen Board:** A confidential colour copy featuring the child's photograph is displayed inside the catering team food prep area to prevent cross-contamination.

3. The Three Official Form Formats

Staff must familiarize themselves with the three distinct layouts issued by the NHS, depending on the child's specific device prescription:

- **The EpiPen Plan (Green Header):** Features explicit visual and text instructions tailored for the deployment of an EpiPen device.
- **The Jext Plan (Purple Header):** Features explicit visual instructions tailored for the deployment of a Jext device.
- **The "No AAI" Plan (Orange Header):** Issued for children with mild-to-moderate allergies who require oral antihistamines but have not been prescribed an adrenaline pen.

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4. Standard Treatment Framework (For Staff Reference Only)

Every official BSACI plan follows a strict, color-coded emergency hierarchy which staff must execute instantly:

Stage 1: Mild-to-Moderate Symptoms (Yellow Zone)

- **Signs:** Swollen lips, face, or eyes; itchy/tingling mouth; hives, welts, or red itchy skin rash; abdominal pain or vomiting.
- **Action:**
  1. Locate the child's specific medication container.
  2. Administer the prescribed dose of **oral antihistamine** instantly.
  3. Contact the parents immediately to inform them of the reaction.
  4. Monitor the child continuously—**do not leave them unattended**. If symptoms progress to the Red Zone, execute Stage 2 immediately.

Stage 2: Severe Anaphylaxis Symptoms (Red Zone - Medical Emergency)

- **Signs:**
  a. **A**irway distress (persistent cough, hoarse voice, swollen tongue/throat);
  b. **B**reathing difficulty (wheezing, stridor, continuous gasping);
  c. **C**irculation failure (dizziness, pale/floppy child, loss of consciousness).
- **Action:**
  1. **Inject the Adrenaline Auto-Injector (AAI) immediately** into the outer mid-thigh. Note the exact timestamp.
  2. **Dial 999** and state *"Anaphylaxis emergency"*.
  3. Send a runner to clear the **church car park gate entrance** for the ambulance.
  4. Lay the child flat with legs raised. Do not allow them to stand up or walk.
  5. If there is no improvement after **5 minutes**, administer the child's second backup AAI pen.