Liscard Primary School Allergy Policy

Status: Stand-Alone Policy (Statutory)
Effective Date: September 2026
Review Frequency: Annually

1. Introduction, Scope, and Legal Framework

The safety, inclusion, and well-being of all pupils at Liscard Primary School are paramount. This policy has been established in strict accordance with the statutory guidance *"Allergy safety in schools"* (Department for Education, July 2026), commonly known as **Benedict's Law** (enacted under Section 72 of the Children's Wellbeing and Schools Act 2026). This legislation transitions allergy safety in educational settings from optional "best practice" to a mandatory, statutory duty.
In alignment with Benedict's Law, this is a **stand-alone policy**. It is not folded into a general medical conditions policy. It is published publicly on the school's website and is actively reviewed and updated at least once a year, or immediately following any significant allergy-related incident.

Policy Aims:

- To establish a robust, whole-school approach to managing and preventing allergic reactions and anaphylaxis.
- To ensure all pupils at risk of anaphylaxis or severe allergic reactions are identified and supported by a specific Individual Healthcare Plan (IHP) or Allergy Action Plan (AAP) (this is provided by health staff).
- To ensure 100% of staff likely to be on site with children are trained to recognise symptoms and act decisively in an emergency.
- To maintain and safely manage unassigned (emergency) Adrenaline Auto-Injectors (AAIs) on the school premises.
- To guarantee the absolute inclusion of pupils with allergies in all curriculum activities, school trips, and social mealtimes.

2. Roles and Governance

Benedict's Law requires clear, active leadership to oversee allergy safety, incident reporting, and compliance. The following named individuals hold specific responsibilities:

- **Named Senior Leadership Team (SLT) Lead for Allergy Safety:** Leanne Quarry Ellis (SLT) alongside Rachel Squirrell (SENDco) are responsible for overseeing the day-to-day implementation of this policy, ensuring staff training compliance, maintaining the allergy register, and leading investigations into any allergy incidents or near misses.
- **Named Governor for Allergy Safety:** Charlotte Lee is responsible for monitoring compliance on behalf of the Governing Body and ensuring allergy safety remains integrated into the school's wider safeguarding audits.
- **Operational Compliance Team:** Site Managers Shaun Stewart and Julie Gorst are responsible for checking the expiry dates of all emergency unassigned AAI stock on a monthly basis and securing immediate replacements.

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3. What is an Allergy and Anaphylaxis?

An allergy is the response of the body's immune system to normally harmless substances (allergens), such as pollens, foods, or insect stings. In allergic individuals, the immune system identifies the allergen as a 'threat' and releases chemicals such as histamine, causing swelling, inflammation, and itching.
Allergic reactions typically occur rapidly (within minutes of exposure), though slower reactions can occur. While most reactions are mild to moderate, severe cases can trigger **anaphylaxis**—a systemic, life-threatening allergic reaction that can lead to airway obstruction, circulatory collapse, and death if not treated immediately with adrenaline.

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4. Common Allergens and Preventative Strategies

4.1 Key Allergens

The school is aware of potential allergens, which include:

- **Foods:** Peanuts, tree nuts (e.g., cashews, almonds, walnuts), cow's milk, eggs, fish, shellfish, wheat, sesame, and soy.
- **Environmental:** Pollens (seasonal hay fever), moulds, and house dust mite proteins.
- **Animals:** Furry or hairy animals (e.g., dogs, cats, rabbits, horses).
- **Insects:** Wasp and bee stings.
- **Other:** Certain medications, latex, and specific craft materials.

4.2 "Nut-Aware" and Allergen Minimisation Environment

- **Nut-Aware Environment:** Liscard Primary School operates a strict "nut-aware" policy. Parents and staff are prohibited from bringing nuts or products containing nuts onto school premises (e.g., in packed lunches or snacks). While the school cannot guarantee a completely allergen-free environment, proactive measures are taken to minimise exposure.
- **Catering Standards:** School catering staff receive specialist allergen training. Strict protocols are in place for food preparation, cross-contamination avoidance, and food service. Complete ingredient and allergen labelling is maintained for all school meals in accordance with food regulations.
- In addition to this all children with an allergen will wear a yellow rubber band so that catering staff can easily identify them and then refer to their allergy card which contains all allergen information about the child.
- **Classroom & Craft Activities:** Teachers must cross-reference the school's Allergy Action plans and booklet before planning activities involving food, sensory play, or bringing animals into the classroom.

4.3 Active Inclusion and Anti-Bullying

- **Guaranteed Inclusion:** In accordance with Benedict's Law, no child with an allergy will be excluded from any school activity, curriculum lesson, trip, or mealtime due to their condition. Staff must actively adapt environments and activities to make them safe and inclusive. Pupils with allergies must never be segregated or made to feel isolated during mealtimes.
- **Anti-Bullying Integration:** Targeting, teasing, or bullying a pupil because of an allergy is a severe safeguarding violation. Any such behaviour will be handled with zero tolerance under the school's Anti-Bullying and Safeguarding policies.

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5. Individual Care Plans and Documentation

For every pupil with a diagnosed allergy (or those where reasonable adjustments are required), the following documents are mandatory and must be kept up to date:

- **Individual Healthcare Plan (IHP):** A comprehensive, statutory document detailing the pupil's medical history, triggers, control measures, daily care, and emergency contacts. *Note: In line with Benedict's Law, a formal medical diagnosis is not strictly required to implement an IHP if a pupil is at functional risk of harm from an allergen in the school setting.*
- **Allergy Action Plan (AAP):** A concise, colour-coded emergency first-aid document. It must be completed and signed by a healthcare professional, outlining the precise

sequence of emergency actions to take, including when and how to administer an AAI. It is the parents' responsibility to provide the school with an updated copy.
- **The School Allergy Booklet:** A central register compiling the medical needs, photos, and triggers of all allergic pupils, shared with teaching, catering, and playground supervisory staff.

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6. Signs and Symptoms of an Allergic Reaction

Symptoms can range from mild/moderate to severe (anaphylaxis). All staff are trained annually to recognize these signs immediately:

Mild to Moderate Symptoms	Severe Symptoms (Anaphylaxis)
• **Skin:** Nettle rash (hives), swelling of the face, lips, or eyes, localized itching. • **Gastrointestinal:** Abdominal pain, nausea, vomiting, diarrhoea. • **Respiratory/Other:** Sneezing, runny or congested nose, itchy eyes, ears, throat, or mouth.	• **Airway/Breathing:** Persistent cough, hoarse voice, difficulty swallowing, swollen tongue, throat tightness, noisy breathing (wheeze or stridor). • **Circulation:** Dizziness, feeling faint, pale/blue skin, floppy appearance, loss of consciousness, or collapse. • **Cognitive:** Sudden confusion, extreme agitation, or a sense of "impending doom".

A pupil displaying ANY Airway, Breathing, or Circulation (ABC) symptom as listed above is experiencing ANAPHYLAXIS and requires immediate administration of an Adrenaline Auto-Injector (AAI).

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7. Emergency Protocols

7.1 Protocol for Mild to Moderate Reactions

1. **Reassure:** Stay calm and immediately reassure the pupil. Do not leave them unattended.
2. **Locate and Follow Plan:** Immediately retrieve the pupil's IHP/AAP and follow the specified steps.
3. **Administer Treatment:** If prescribed in the pupil's AAP, administer an oral

antihistamine and/or inhaler.

4. **Continuous Observation:** Keep the pupil under continuous adult supervision for at least one hour, as mild symptoms can rapidly escalate to anaphylaxis.
5. **Notify:** Contact the pupil's parents/carers to inform them of the reaction and treatment given and record the reaction on medical tracker.

7.2 Protocol for Severe Reactions (Anaphylaxis)

Anaphylaxis is an absolute medical emergency. Action must be taken without a second's delay. Any staff member present is expected to act immediately:

1. **Administer AAI:** Immediately inject the pupil's own named AAI into the outer mid-thigh (through clothing if necessary), noting the exact time of administration. (instructions are always on the side of the autoinjector pen for reference. Ensure you hear the click as you administer, hold for 10 seconds, massage area for 10 seconds). Record the time the adrenaline is given.
    - If the pupil's own AAI is missing, broken, out of date, or fails to fire, retrieve and administer the school's unassigned emergency stock AAI immediately.
    - Never move the child from the room the medical incident is taking place in. Remove all the other children around them. If it happens in the lunch hall at lunchtime then ring the fire alarm to evacuate the other children).
2. **Call Emergency Services:** Dial **999** immediately (this must be done from the classroom or nearest phone, not by the office staff). State clearly that a pupil is suffering from **"Anaphylaxis"** and that **"Adrenaline has been administered"**. Give the operator the school's name and postcode: CH45 7NQ
3. **Positioning:**
    - Help the pupil to lie down flat with their legs raised (if they are conscious).
    - If they are struggling to breathe, allow them to sit up slightly, but **do not** let them stand up, walk, or be held upright, as this can cause sudden, fatal drops in blood pressure.
    - If they are unconscious, place them in the recovery position.
4. **Second Dose:** If there is no clinical improvement or if symptoms worsen after **5 minutes**, administer a second AAI dose (using the pupil's second named pen or a second school emergency stock pen) into the opposite outer thigh.
5. **Continuous Monitoring:** Monitor airway and breathing. Be prepared to perform CPR if necessary.
6. **Transfer of Care:** Hand over all used AAI devices to the ambulance crew upon arrival, noting the times they were administered. Inform the Head Teacher and contact the parents/carers immediately. Record incident on medical tracker.

8. Adrenaline Auto-Injector (AAI) Management

8.1 Prescribed (Pupil's Own) AAIs

- **Storage and Accessibility:** Prescribed AAIs must be stored in an unlocked, clearly labelled box within the pupil's classroom. For pupils in Key stage 2, AAIs must be kept in a designated over-the-shoulder bag provided by the school, which the pupil carries to PE, playtimes, lunchtimes, and school trips. For pupils in EYFS and KS1, a designated member of staff (with a named backup) is responsible for transporting the bag to all off-site or outdoor activities (break and lunch times).

- **Expiry Date Auditing:** The designated class teacher, in coordination with the allergy safety lead, will audit pupil-specific AAIs monthly. Parents/carers are legally responsible for supplying two in-date, functional AAIs to the school.

8.2 School-Owned Unassigned (Emergency) AAIs

In accordance with Benedict's Law and the Human Medicines (Amendment) Regulations 2017, Liscard Primary School stocks emergency, unassigned AAI devices on-site to act as a life-saving safety net.

- **Usage Criteria:** These spare pens may be used for any pupil with a known allergy whose own prescribed AAI is unavailable, expired, or faulty, OR for any pupil experiencing anaphylaxis for the first time (undiagnosed).
- **Availability Standard:** Under statutory requirements, spare emergency AAIs must be physically stored in a location that guarantees they can be retrieved and administered anywhere on the school grounds within **5 minutes**.
- **Emergency Stock Locations:** Emergency AAIs are stored in:
    - Location 1: [in Allergy kit box outside the gym/canteen entrance)
- **Stock Controls:** Site managers Shaun Stewart/Julie Gorst and Elaine Rooney conduct monthly audits to check the physical condition, storage temperature, and expiry dates of all unassigned stock, ordering replacements immediately when devices are within 1 month of expiry or have been used.

9. Mandatory Staff Training and Drills

- **Whole-School Training Mandate:** In compliance with Benedict's Law, allergy and anaphylaxis training is 100% compulsory for ALL personnel who are likely to be on-site with children. This includes teaching staff, support assistants (TA's), PE

coaches, administrative staff, lunchtime supervisors, catering personnel and caretakers.

- **Training Scope:** Training must be refreshed annually and cover:
  - Recognising early signs of reactions and symptoms of anaphylaxis.
  - Emergency response procedures and dialing 999.
  - Hands-on practice using AAI trainer devices.
  - Allergen cross-contamination prevention and risk-minimization strategies.
- **Anaphylaxis Drills:** Under the direction of the SLT/Allergy Leads, the school will conduct termly emergency anaphylaxis drills to test response times, procedures, 5-minute AAI accessibility, and staff communication protocols.

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10. Incident Reporting, "Near Misses", and Lessons Learned

Benedict's Law places a strict statutory emphasis on robust incident recording and continuous organisational learning. The school operates a formal protocol to capture and analyse every allergy-related event:

- **Recording Requirements:** Every allergic reaction (mild, moderate, or severe), every emergency administration of adrenaline, and every "near miss" (e.g., an allergen-containing food item almost served to an allergic pupil, or a missing/expired AAI) must be documented immediately on the school's internal incident reporting system and shared with a member of the allergy team.
- **Review Process:** Following any reaction or near miss, the SLT Allergy Lead will lead a comprehensive review within **48 hours** of the incident. This investigation will analyse the root cause, review the response of staff, check the efficacy of the IHP/AAP, and identify practical changes to prevent recurrence.
- **Communication & Updates:** Outcomes of the investigation, including "lessons learned," will be communicated directly to all relevant staff, shared with the Governing Body, and used to update the pupil's IHP/AAP and the school-wide risk assessments.