

# Wheelers Lane Primary School

## Whole-School Allergy Policy



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Lead Responsibility: Headteacher

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# 1. Statement of Intent

Wheelers Lane Primary School is committed to promoting a whole-school approach to health care, welfare, and wellbeing, ensuring the safe management of members of our school community who live with specific allergies. We believe that all allergies should be taken seriously and dealt with in a professional, proactive manner.

To fulfill our safety obligations and align fully with the robust safety requirements of Benedict's Law (and the subsequent Prevention of Future Deaths reports), this policy guarantees that every child with a diagnosed allergy is protected by a mandatory, legally compliant framework.

By our actions we will work proactively to:

- Minimize the risk of exposure within the school setting.
- Encourage age-appropriate self-responsibility and learned avoidance strategies.
- Maintain robust plans for an effective, immediate response to potential emergencies.
- Ensure total inclusivity for all pupils so they can play a full and active role in school life.

# 2. Equalities

## Equalities Statement

Our school actively supports pupils with medical conditions to participate fully and safely in all aspects of school life. Wheelers Lane Primary School will implement reasonable adjustments, backed by detailed risk assessments, in consultation with pupils, parents, and healthcare professionals to ensure complete inclusion.

# 3. Context

## Context & Benedict's Law Compliance

Food allergies affect around 5–8% of children in the UK, meaning most classrooms have at least one allergic pupil. Anaphylaxis is a potentially life-threatening reaction requiring an immediate emergency response.

In strict compliance with Benedict's Law and Section 100 of the Children and Families Act 2014, Wheelers Lane Primary School mandates:

1. Mandatory Individual Healthcare Plans (IHPs) and Allergy Action Plans (AAPs) for every child with a known food allergy.
2. School-funded spare Adrenaline Auto-Injectors (AAIs) held centrally for emergency use.
3. 100% Staff Training coverage to ensure any staff member can recognize symptoms and confidently administer an AAI.

## 4. Allergy Management Checklist

- ☐ Individual Healthcare Plan (IHP): Does every diagnosed child have a signed, up-to-date IHP?
- ☐ Allergy Action Plan (AAP): Is a completed AAP signed by a healthcare professional kept with the child's medication?
- ☐ Spare AAIs: Has the school purchased and safely stored a backup supply of spare emergency pens?
- ☐ Staff Training: Have all school staff completed allergy and anaphylaxis management training?
- ☐ Expiry Audits: Is there a strict termly schedule to check the expiry dates on both personal and spare AAIs?
- ☐ Risk Assessments: Have detailed risk assessments been completed for daily school life, catering, and extra-curricular activities/trips?

## 5. Roles and Responsibilities

### Headteacher

- Provide a safe, healthy, and inclusive environment free from allergy-related bullying.
- Ensure up-to-date medical details are sent to parents for review at the end of each school year and updated upon commencement of the new calendar year.
- Ensure a workable School Emergency Plan is active and known by all staff.
- Guarantee that up-to-date allergy information and pupil photographs are accessible to the catering teams.

### Member of Staff Responsible for Medical Needs (School Nurse / First Aid Lead)

- Lead on the procurement, auditing, and room-temperature storage of school spare AAIs.

- Ensure all student medications are stored in a rigid, clearly labelled box featuring the pupil's name and photograph.
- Conduct termly checks on medication expiry dates and notify parents when replacements are required.
- Coordinate with the Catering Manager to verify safe menu planning and cross-contamination barriers.

### All Staff

- Complete mandatory anaphylaxis training and know how to respond to an emergency.
- Be aware of the specific pupils in their care (including cover classes) who have known allergies.
- Ensure no food-allergic primary school child is given food treats (e.g., birthday parties) without explicit parental permission.
- Verify that pupils with prescribed AAls have their medication on hand before embarking on any school trip or off-site excursion.

### Parents & Carers

- Notify the school immediately of any diagnosed allergies or changes in condition.
- Provide a completed AAP signed by a medical professional and supply two in-date AAls of the correct dosage to the school.
- Educate their child on allergy self-management (e.g., not exchanging food).

## 6. Supply, Storage, and Care of Medication

- Depending on their level of understanding and competence, pupils will be encouraged to take responsibility for and to carry their own two AAls on them at all times (in a suitable bag/container).
- For younger children or those not ready to take responsibility for their own medication, there should be an anaphylaxis kit which is kept safely, not locked away and accessible to all staff.
- Medication should be stored in a suitable container and clearly labelled with the pupil's name.

The pupil's medication storage container should contain:

- Two AAls i.e. EpiPen® or Jext®
- An up-to-date allergy action plan
- Antihistamine as tablets or syrup (if included on allergy action plan)
- Spoon if required

- Asthma inhaler (if included on allergy action plan).
- It is the responsibility of the child's parents to ensure that the anaphylaxis kit is up-to-date and clearly labelled, however the School Nurse/SENCO/First Aider (delete or substitute as appropriate) will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.
- Parents can subscribe to expiry alerts for the relevant AAls their child is prescribed, to make sure they can get replacement devices in good time.

#### Older children and medication

- Older children and teenagers should, whenever possible, assume responsibility for their emergency kit under the guidance of their parents. However, symptoms of anaphylaxis can come on very suddenly, so school staff need to be prepared to administer medication if the young person cannot.

#### Storage

- AAls should be stored at room temperature, protected from direct sunlight and temperature extremes.

#### Disposal

- AAls are single use only and must be disposed of as sharps. Used AAls can be given to ambulance paramedics on arrival or can be disposed of in a pre-ordered sharps bin. Sharps bins to be obtained from and disposed of by a clinical waste contractor/specialist collection service/local authority (delete as appropriate).

#### Spare AAls

- Wheelers Lane have now legally purchased and stored two spare Adrenaline Auto-Injectors (AAls For children at risk of anaphylaxis). Immediate access to an AAI can be life-saving. While it's vital that families have their own prescribed AAls for their child, having spare AAls at school adds an extra layer of reassurance for everyone involved. It's a step towards creating a safer and more inclusive environment for children managing severe allergies.

## 7. Catering and Food Safety

- In line with the Food Information Regulations 2014, the school catering provider must map and display the "Top 14" allergens across all menu choices. Menus are published in advance on the school website.

- Pupil Identification: A photo-identification system of all children with severe food allergies is maintained dynamically within the school kitchen to ensure catering staff verify food choices safely.
- Cross-Contamination Avoidance: Kitchen staff must prepare allergen-safe meals first, utilizing dedicated, sanitized preparation areas and utensils cleaned thoroughly with warm, soapy water.
- Culture of Awareness vs. Blanket Bans: Rather than enforcing a false-security blanket ban on single ingredients, Wheelers Lane Primary School practices a whole-school allergy awareness culture. This ensures that education, robust hygiene, and defensive avoidance behaviors protect children against all potential allergens.

## 8. Emergency Response Protocols

### Recognizing Anaphylaxis (The ABC Symptoms)

If any of the following severe symptoms are present after allergen exposure, act immediately:

- Airway: Persistent cough, hoarse voice/cry, difficulty swallowing, or swollen tongue.
- Breathing: Difficult, noisy, or laboured breathing, wheezing, or gasping.
- Circulation: Persistent dizziness, pale or floppy presentation, sudden sleepiness, collapse, or loss of consciousness.

### Emergency Action Steps

1. Administer the AAI Without Delay: Inject the pupil's prescribed AAI (or the school spare if appropriate) into the upper, outer thigh. If in doubt, give the AAI—it will not cause harm. Note the exact time of administration.
2. Dial 999: State "ANAPHYLAXIS" clearly to emergency service operators.
3. Position the Pupil Correctly: Ensure the child lies flat immediately with their legs raised. If they are experiencing severe breathing difficulties, allow them to sit upright. DO NOT let them stand up or walk around under any circumstances.
4. Second AAI: If there is no improvement in symptoms after 5 minutes, administer a second AAI into the opposite outer thigh.
5. Continuous Care: Stay with the child constantly. If there are no signs of life, initiate CPR immediately and continue until ambulance paramedics take over. Use a spacer to administer 2 puffs of an asthma inhaler if the child is asthmatic, alert, and struggling to breathe.

## 9. Training

Staff at Wheelers Lane will complete annual training to ensure that they understand:

- the common allergens and triggers of allergy
- the signs and symptoms of an allergic reaction and anaphylaxis. Early recognition of symptoms is key, including knowing when to call for emergency services
- how to administer emergency treatment (including AAls) in the event of anaphylaxis
  - knowing how and when to administer the medication/device
- Measures to reduce the risk of a child having an allergic reaction e.g. allergen avoidance
- Knowing who is responsible for what
- Associated conditions e.g. asthma
- Managing Allergy Action Plans and ensuring these are up to date

## 10. Allergies and Bullying

Wheelers Lane Primary School will, under Section 100 of the Children and Families Act 2014, aim to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential. This links to the Behaviour and Anti-bullying Policy.

# Appendix 1 - Nut Aware Policy

Wheeler's Lane Primary School is committed to promoting a whole school approach to health care, welfare and wellbeing and the safe management of those members of our school community who live with specific allergies. We believe that all allergies should be taken seriously and dealt with in a professional and appropriate way.

## Aim

We are not a nut-free school but we aim to be as Nut Aware as we can. It is impossible to provide an absolute guarantee that no nuts will be brought onto the premises but we will strive to minimise this as much as we can.

This policy serves to set out all measures to reduce the risk to those children and adults who may suffer an anaphylactic reaction if exposed to nuts to which they are sensitive. The school aims to protect children who have allergies to nuts yet also help them, as they grow up, to learn to take responsibility and be aware of what foods they can eat, or where they may be put at risk.

## Responsibilities

- Parent responsibilities

On entry to the school, it is the parent/carer's responsibility to inform reception staff/ Phase Leader/SENCO/First Aider of any allergies. This information should include all previous severe allergic reactions, history of anaphylaxis and details of all prescribed medication.

Parents are to supply a copy of their child's Paediatric Allergy Action Plan (BSACI plans preferred) to school. If they do not currently have an Paediatric AAP this should be developed as soon as possible in collaboration with a healthcare professional e.g. Schools nurse/GP/allergy specialist.

Parents are responsible for ensuring any required medication is supplied, in date and replaced in line with current legislation.

Parents are requested to keep the school up to date with any changes in allergy management. The Paediatric AAP will be kept updated accordingly.

If required, meet with the Catering/Chef Manager to discuss any specific requirements relating to your child's allergy (information from these meetings will be recorded by the Catering/Chef Manager).

Be aware of the school Allergy Policy and any arrangements for managing children with allergies and at risk of anaphylaxis.

- Staff Responsibilities

Designated members of staff will complete anaphylaxis training, and training for the administration of AAI's. Training is provided for those staff on a yearly basis and on an ad-hoc basis for any new members of staff.

Staff must be aware of the pupils in their care (regular or cover classes) who have known allergies as an allergic reaction could occur at any time and not just at mealtimes. Any food-related activities must be supervised with due caution.

Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils with medical conditions, including allergies, carry their medication. Pupils unable to produce their required medication will not be able to attend the excursion.

School Nurse and First Aider will ensure that the up to date Paediatric Allergy Action Plan is kept with the pupil's medication.

Encourage self-responsibility and learned avoidance strategies amongst pupils living with allergies.

It is the parent's responsibility to ensure all medication is in date however the First Aider will check the medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.

First Aider keeps a register of pupils who have been prescribed an Adrenaline Auto Injector and a record of use of any AAI(s) and emergency treatment given.

Staff leading a school trip, excursion or off-site extra curricula activity must ensure they carry all relevant emergency supplies with them

- Pupil Responsibilities

Pupils are encouraged to have a good awareness of their symptoms and to let an adult know as soon as they suspect they are having an allergic reaction.

Pupils who are trained and confident (age appropriate) to administer their own auto-injectors will be encouraged to take responsibility for carrying them on their person at all times.

Be sure not to exchange food with others and take care to avoid any foods which may cause an allergic reaction.

Avoid eating anything with unknown ingredients.

As soon as they suspect they are experiencing signs of allergic reaction, tell an adult.

### Management

We ask that all members of the school community manage the day to day application of this policy in the following ways:

Parents and carers are requested NOT to send food to school that contains nuts. This includes all types of whole nuts, nuts as ingredients and any other food containing nuts.

Staff will be alert to any obvious signs of nuts being brought in, but they will not inspect all food brought into school.

Pupils that DO bring in food that does contain nuts or nut products will be asked to eat that food away from any child with a nut allergy and to wash their hands before going to play.

Pupils will be asked NOT to share food.

Designated members of staff are trained in understanding and dealing with Anaphylaxis (severe allergic reactions) and will use this training as the need arises.

### Catering

The school menu is available for parents to view on the school website and any enquiries should be directed to the Catering Manager/Supervisor.

The First Aider will inform the Catering Manager of pupils with food allergies.

The school adheres to the following guidance recommendations:

All catering staff will be trained via our CMC consultant in allergen awareness and labelling regulations.

As the Food Business Operator the school follows the Food Information Regulations 2014 which states that allergen information relating to the 14 allergens is available for all food products, this is managed on a day to day basis by the catering manager in school and supported by CMC systems.

The school will ensure that new labelling regulations for Pre Packed for Direct Sale items (PPDS) are adhered to, this is managed on a day to day basis by the catering manager in school and supported by CMC systems.

Some product ingredient lists contain precautionary allergen labelling, i.e. "May contain". It is down to individual preference whether pupils consume products labelled as 'may contain', and this should be included on the Individual Healthcare Plan. The catering team will mark these items on their Allergen Daily Matrix form.

The pupil should be taught to also check with catering staff, before purchasing food or selecting their lunch choice.

Food should not be given to primary school age food-allergic children without parental engagement and permission.

### Other School Based Activities

Use of food in crafts, cooking classes, science experiments and special events (e.g. fetes, assemblies, cultural events) needs to be considered and may need to be restricted/risk assessed depending on the allergies of particular children and their age.

In arts/craft, an appropriate alternative ingredient can be substituted (e.g. wheat-free flour for play dough or cooking). Consider substituting non-food containers for egg cartons,