Bridgemere CE Primary School

Allergy Management Policy

‘I can do all things through Christ who strengthens me’

Philippians 4 v 13

Confirmation that the Allergy Management Policy has been discussed and approved by the Staff and Governing Body: September 2026

To be reviewed September 2027

Whole School Allergy Management Policy

Bridgemere CE is committed to providing a safe, inclusive, and supportive environment for all pupils, including those with allergies and medical conditions. This policy has been updated following publication of the Department for Education statutory guidance *Allergy safety in schools* in July 2026, introduced through Benedict's Law and effective from September 2026. It also reflects current expectations for Individual Healthcare Plans, whole-school training, incident recording, spare adrenaline auto-injectors and inclusive practice.

1. Introduction and Legal Framework

This policy sets out Bridgemere CE's commitment to providing a safe and inclusive environment for pupils with allergies. From September 2026, allergy safety is a statutory expectation for schools in scope, supported by the Department for Education's dedicated allergy safety guidance. This policy is intended to sit alongside, but remain separate from, the school's wider medical conditions policy.

1.1 Statutory Compliance:

- Department for Education statutory guidance *Allergy safety in schools* (published July 2026, effective September 2026), introduced through Benedict's Law.
- Children and Families Act 2014 (Section 100): Duty to support pupils with medical conditions.
- Schools Allergy Code
- Supporting Pupils with Medical Conditions December 2015: Statutory guidance for governing bodies of maintained schools and proprietors of academies in England.
- Confirmed Benedict's Law requirements: a dedicated allergy safety policy published on the school website, allergy safety training for all staff, Individual Healthcare Plans for pupils who require them, improved recording and learning from serious incidents and near misses, and emergency arrangements for adrenaline auto-injectors.
- Human Medicines Regulations 2017: Governing the use of emergency spare AAIs.
- The policy will be reviewed at least annually and sooner following any serious allergic reaction, near miss, change in statutory guidance, or significant operational change affecting allergy safety.
- Food Information Regulations 2014: Statutory allergen labelling requirements.

1.2 Whole-School Approach:

We adopt a whole-school approach to allergy management, ensuring that all members of the school community – pupils, parents, staff (teaching, support, catering, administrative), and visitors – understand their roles and responsibilities in reducing allergy risks and responding effectively to allergic reactions.

1.3 Aims:

- To minimise the risk of exposure to allergens for pupils with diagnosed allergies.
- To ensure that all staff are confident in recognising and responding to allergic reactions, including anaphylaxis.
- To promote an inclusive environment where pupils with allergies can participate fully in all school activities without feeling stigmatised.

- To establish clear procedures for communication, record-keeping, and emergency response.

2. Roles and Responsibilities

2.1 Governing Body:

- Has overall responsibility for ensuring the school meets its legal obligations regarding pupils with medical conditions, including allergies.
- Approves and regularly reviews this policy.
- Ensures adequate resources and training are provided for allergy management.

2.2 Headteacher:

- Responsible for the day-to-day implementation of this policy.
- Ensures all staff are aware of and adhere to the policy.
- Delegates responsibilities as appropriate, including appointing a named senior leader as Designated Allergy Lead. This role must not sit solely with the catering manager.
- Ensures effective communication with parents, staff, and external agencies.

2.3 Designated Allergy Lead (DAL): Ali Speed, Class Teacher and SENCo

- Oversees allergy management across the school.
- Acts as the primary point of contact for staff, pupils, and parents regarding allergies.
- Ensures allergy information is accurately recorded, kept up-to-date, and communicated to relevant staff.
- Coordinates and monitors allergy-related training for all staff.
- Manages the stock of school-held adrenaline auto-injectors (AAIs), including checking expiry dates.
- Reviews records of allergic reactions and near-misses, implementing learnings.
- Maintains a no-blame approach to incident learning, ensuring that serious incidents and near misses are recorded, reviewed and used to strengthen systems.

2.4 All Staff (Teaching, Support, Catering, Administrative, etc.):

- Must be aware of the school's allergy policy and their role in its implementation.
- Know which pupils in their care have allergies and the location of their medication/Individual Healthcare Plans (IHPs).
- Are able to recognise the signs and symptoms of allergic reactions and anaphylaxis.
- Know how to access and administer AAIs without delay if trained and required.
- Participate in allergy and anaphylaxis training and refresher drills.
- Report any concerns regarding allergy management or potential risks.

- Supervise children closely, especially during mealtimes (EYFS: sitting facing children to monitor for choking/allergic reactions)
- Reinforce good hand hygiene to prevent cross-contamination.

2.5 Parents/Carers:

- Provide the school with detailed and up-to-date information about their child's allergies, including triggers, symptoms, previous reactions, and prescribed medication (e.g., AAIs, antihistamines).
- Provide two in-date, clearly labelled AAIs and any other necessary medication with clear instructions.
- Inform the school immediately of any changes to their child's medical condition or medication.
- Work in partnership with the school to develop and review their child's IHP and Allergy Action Plan.
- Ensure their child understands their allergy to the best of their ability and encourages self-management appropriate to their age and development.
- Inform the school if their child will be attending an out-of-school activity or trip, ensuring medication and information are provided.

2.6 Pupils (age-appropriate):

- Understand their allergy and the importance of avoiding triggers.
- Know where their medication is kept (if old enough to carry it).
- Know who to tell if they feel unwell or believe they have had a reaction.
- Understand the importance of not sharing food.

3. Identification and Information Sharing

3.1 Admissions Process: The admissions team will gather initial information about any allergies or special dietary requirements during enrolment.

3.2 Initial Assessment and Information Gathering (EYFS focus): Before a child starts in the setting, parents/carers **must** be asked about their child's special dietary requirements, preferences, food allergies, and intolerances. This information **must** be shared with all relevant staff.

3.3 Allergy Register: The school will maintain a comprehensive and easily accessible allergy register for all pupils with diagnosed allergies, including:

- Pupil's name and photograph (with parental consent).
- Specific allergens.
- Symptoms of reaction.
- Location of medication.
- Key emergency contacts.

- Details of their Individual Healthcare Plan (IHP).

3.4 Communication: Relevant allergy information will be shared with all staff who have a direct responsibility for the pupil, including supply staff and those supervising out-of-class activities (e.g., PE, clubs, trips). This may include displaying photos and allergy information in designated staff-only areas (e.g., staff room, kitchen).

3.5 Confidentiality: Allergy information will be handled with appropriate confidentiality, shared only with those who need to know to ensure the pupil's safety.

4. Individual Healthcare Plans (IHPs) & Action Plans

4.1 Requirement: All pupils with a diagnosed allergy at risk of anaphylaxis (or where specified by a healthcare professional) will have an Individual Healthcare Plan (IHP). For EYFS settings, IHPs **must** be in place for children with known allergies and intolerances and kept updated.

4.2 Development: IHP's will be developed in partnership between the school (Designated Allergy Lead, relevant staff), parents/carers, and, where appropriate, the pupil and their healthcare professional (e.g., school nurse, GP, allergy specialist).

4.3 Content: The IHP will detail:

- The specific allergy/allergens.
- Recognised symptoms of a reaction (mild, moderate, severe).
- Steps to minimise exposure.
- Specific instructions for administering medication (e.g., AAI dosage, location, when to administer).
- Emergency contacts and procedures (who to call, when to call 999).
- Any other relevant information (e.g., asthma management, which can impact allergy severity).

4.4 Allergy Action Plans: Where a pupil has an AAI prescribed, a clear, written Allergy Action Plan (e.g., the BSACI plan, if provided by parents from their allergy practitioner/doctor) will be attached to or incorporated into the IHP. This will include a photograph of the pupil and clear instructions for emergency management.

4.5 Review: IHPs and Allergy Action Plans will be reviewed at least annually, or sooner if there are any changes to the pupil's condition, medication, or school circumstances (e.g., starting a new key stage, new diagnosis).

5. Medication Management

5.1 Provision: Parents are responsible for providing the school with two in-date, clearly labelled AAI's and any other prescribed allergy medication (e.g., antihistamines).

5.2 Storage:

- All medication will be stored in an easily accessible, unlocked, and clearly designated location known to relevant staff.
- Medication will be kept out of sight and reach of children (especially in EYFS settings).
- For older pupils capable of self-carrying, their AAI may be kept with them, with appropriate oversight and agreement outlined in their IHP.

- Medication must be taken on all off-site activities and trips.

5.3 Expiry Dates: The Designated Allergy Lead will maintain a register of all AAI's, including brand, dose, and expiry dates, and will notify parents well in advance when replacement medication is needed. A system for alerts will be in place.

5.4 School-held Spare Adrenaline Devices: In line with the July 2026 *Allergy safety in schools* guidance and the Human Medicines (Amendment) Regulations 2017, the school will hold spare adrenaline auto-injectors/adrenaline devices (AAIs/ADs) on site for emergency use. The Regulations permit spare adrenaline devices to be used for the purpose of saving a life, including where a child, young person or individual presents for the first time with anaphylaxis due to an unrecognised allergy.

- If the child, young person or individual has their own prescribed adrenaline devices, these should be used in the first instance.
- If the child, young person or individual does not have prescribed adrenaline devices, or if their prescribed devices are not available or misfire, the school-held spare adrenaline devices may be used without delay.
- The school will seek advance consent from parents/carers, or from the young person where appropriate, for use of spare adrenaline devices. However, the Regulations do not require prior consent for spare devices to be used in an emergency. In an emergency, anyone may take reasonable action to save a life without checking whether prior consent has been given, so treatment is not delayed.
- Spare adrenaline devices are in addition to pupils' prescribed devices and must be available quickly during the school day and during any school-arranged activity where pupils are under the school's care.
- Spare adrenaline devices will be stored securely but not locked away in a way that delays access. Their location will be known to all relevant staff and included in staff induction, allergy awareness training, emergency drills and the school's allergy safety training records.

6. Risk Reduction Strategies

6.1 Catering and Food Management:

- All school food providers (in-house or external caterers) will comply with the Food Information Regulations 2014, providing clear allergen information for all food served.
- Detailed allergen matrices will be available and regularly updated.
- Catering staff will receive specific training on allergen awareness, cross-contamination prevention, and emergency procedures.
- Individual dietary requirements for pupils with allergies will be communicated to catering staff well in advance.
- Specific measures to prevent cross-contamination will be in place (e.g., dedicated preparation areas, colour-coded equipment, separate serving procedures).
- **EYFS specific:** School will use different serving methods for children with allergies.

6.2 Classroom and Curriculum Activities:

- Staff will consider food allergies when planning activities involving food (e.g., cooking lessons, science experiments, art projects, rewards). Non-food alternatives will be offered.
- Parents will be informed in advance of any planned food-related activities to discuss safe participation.
- The sharing of food in school is strongly discouraged. The school will promote an allergy-aware approach rather than relying on blanket “allergen-free” or “nut-free” assurances, which can create a false sense of security.
- Birthdays and celebrations will be managed sensitively, with a preference for non-food treats or school-provided safe alternatives, agreed with parents.

6.3 School Trips and Out-of-School Activities:

- Edsential Evolve assessment for all trips, out-of-school activities and after school clubs will explicitly address allergy management, including medication, trained staff, and emergency procedures.
- All relevant allergy information and medication will accompany the pupil on trips.
- Staff leading trips will be fully briefed on pupils' allergies and emergency protocols.

6.4 Third Party Providers on site

All third-party providers (including external curriculum coaches) must formally agree to adhere to the school’s Allergy & Anaphylaxis Policy as a condition of their site-use agreement.

- The school will ensure that providers have access to the Individual Healthcare Plans (IHPs) for all pupils in their care.

Providers must handle this medical data in accordance with GDPR but ensure it is immediately accessible to all "frontline" club staff during the session.

- External providers must provide evidence that their staff have received accredited anaphylaxis training within the last 12 months.
- Before a club commences, the provider's Lead First Aider must be briefed by the school's Allergy Lead on the location of the School's Spare AAI Kits and the emergency protocol**.**
- Wraparound care must operate a Nut-Aware (or allergen-specific) environment. All snacks provided must be checked against the allergy profiles of the children attending that specific session.
- External providers must submit a specific risk assessment for any activity involving food (e.g., Food Tech Club or Decorating Biscuits) for approval by the Headteacher.

6.5 Environment:

- Regular cleaning routines will be in place to minimise allergen residues on surfaces.
- Encourage pupils to wash hands before and after eating.
- While we cannot guarantee an allergen-free environment, we aim to minimise risk through robust management, clear communication and an allergy-aware culture.

6.6 Weaning (EYFS specific):

- Staff must recognise that allergies can occur at any time, especially when weaning.
- Settings must support weaning in stage-appropriate ways, working closely with parents to ensure food is prepared suitably to prevent choking and using textures eaten at home. School ensures new allergens are introduced by parents first.
- Staff must sit facing children when they are eating to monitor for choking and allergic reactions.

7. Training and Paediatric First Aid

7.1 Whole-Staff Training: All staff will receive allergy safety training at induction and at least annually. This includes teaching, support, catering, administrative, site, lunchtime, wraparound and relevant temporary or supply staff.

- Understanding common allergens and allergic reactions.
- Recognising the signs and symptoms of anaphylaxis.
- Knowledge of the school's allergy policy and emergency procedures.
- Understanding the importance of administering AAI's without delay.

7.2 Anaphylaxis Training: Staff training will cover recognition of allergic reactions and anaphylaxis, risk reduction, emergency communication, the location and use of prescribed and spare AAIs, and the requirement to act without delay. Staff working directly with pupils at risk of anaphylaxis will receive additional practical instruction appropriate to the AAI devices held on site.

7.3 Refresher Training: Training will be refreshed annually, or more frequently where required, including when new staff join, a pupil's needs change, a serious incident or near miss occurs, or statutory guidance is updated. Emergency response drills will be used to test procedures and identify improvement actions.

7.4 Paediatric First Aid (PFA) & Mealtimes: In accordance with the EYFS framework, a staff member holding a valid Paediatric First Aid qualification will be present during all mealtimes. This staff member is trained to recognise the symptoms of allergic reactions and anaphylaxis and is certified as competent in the administration of adrenaline auto-injectors (AAI's).

7.5 Emergency Response Drills: In line with the Schools Allergy Code and Statutory Guidance (2026), the school will conduct regular anaphylaxis emergency drills to ensure all staff can fulfil their legal duty to respond to a medical emergency within five minutes. These exercises test the school's internal communication systems, the speed of retrieving both the pupil's prescribed AAI and the school's Spare emergency kit, and the accuracy of the emergency 999 protocol.

8. Emergency Procedures

Emergency principle: Anaphylaxis is a medical emergency and can be fatal. Staff must act immediately, place the child, young person or individual flat with legs raised where possible, bring adrenaline devices to them, administer adrenaline as soon as possible and within five minutes, call 999 and request an ambulance, and monitor continuously until handed over to emergency services.

8.1 Recognition: All staff will be trained to recognise mild to moderate allergic reactions and the signs of anaphylaxis, including breathing difficulty, persistent cough, wheeze, throat tightness, swelling of the tongue or throat, hoarse voice, collapse, becoming pale or floppy, confusion, drowsiness, or a sudden deterioration after exposure to a known or suspected allergen.

8.2 Immediate Action: IF IN DOUBT, GIVE ADRENALINE

- **IF IN DOUBT, GIVE ADRENALINE.**
- Bring the child, young person or individual's prescribed adrenaline devices and the school-held spare adrenaline devices to them. They must not be taken to where the devices are stored.
- Administer adrenaline as soon as possible and within five minutes. Do not wait to contact emergency services before administering adrenaline.
- If the child, young person or individual has their own prescribed adrenaline devices, these should be used in the first instance.
- If they do not have prescribed adrenaline devices, or if their prescribed devices are not available or misfire, use the school-held spare adrenaline device without delay.
- Immediately call 999 and request an ambulance. State clearly: "anaphylaxis". Give the school name, exact location, access point, pupil's age, symptoms, allergen if

known, time adrenaline was given, and whether a second adrenaline device is available.

- Lay the pupil flat with legs raised where possible. If breathing is difficult, allow them to sit with legs outstretched. If unconscious, place them in the recovery position. Do not allow the pupil to stand or walk.
- Keep the pupil still, warm and under continuous observation. Do not move them unless required for immediate safety.
- Send another member of staff to meet the ambulance and guide emergency services to the pupil. Ensure the pupil's IHP, Allergy Action Plan, medication record and used AAI device are available for handover.
- If symptoms do not improve after 5 minutes, or symptoms return, administer a second AAI using another device. Continue to follow 999 instructions.
- Any pupil who receives adrenaline must be transferred to hospital by ambulance for further observation, even if symptoms appear to improve.
- Parents/carers should be contacted as soon as practicable, but this must not delay administering adrenaline, using a spare adrenaline device where needed, or calling 999.
- Record the time symptoms started, the time each AAI was given, the device used, the staff involved, the 999 call time, ambulance arrival time, and the handover information provided.

8.3 Emergency Handover: The member of staff leading the response will give emergency services the pupil's details, known allergens, symptoms, time of exposure if known, medication administered, time of each AAI dose, relevant medical history including asthma, and a copy of the IHP or Allergy Action Plan.

8.4 Record Keeping and Post-Incident Review: All allergic reactions, use of medication, AAI administration, serious incidents and near misses will be recorded in detail and reported. The Designated Allergy Lead will review each record promptly, identify lessons learnt, update risk controls where needed, check whether training or IHPs require revision, and report themes to senior leaders and governors. Parents/carers will be informed of any reaction involving their child.

8.5 Restocking and Debrief: Following any emergency use of an AAI, the school will ensure replacement devices are obtained promptly, used devices are handed to ambulance staff or disposed of safely, staff involved are debriefed, and any pupil or staff wellbeing support needs are considered.

9. Partnership with Parents and External Agencies

9.1 Open Communication: We are committed to open and ongoing communication with parents regarding their child's allergy management.

9.2 Healthcare Professionals: We will work collaboratively with healthcare professionals (GPs, school nurses, allergy specialists) to ensure IHPs are accurate and appropriate.

9.3 Information Sharing: With parental consent, relevant medical information will be shared with other professionals involved in the child's care.

10. Monitoring and Review

- This policy will be reviewed at least annually by the Governing Body and the Designated Allergy Lead.
- The effectiveness of the policy and procedures will be monitored through:
    - Regular staff training evaluations.
    - Review of incident reports and near miss events.
    - Feedback from parents, pupils, and staff.
    - Compliance with updated guidance from the Department for Education and other relevant bodies.

This standalone allergy safety policy will be made publicly available on the school's website and communicated to staff, parents, pupils and relevant third-party providers.

Appendix 1: Running an Anaphylaxis Drill

To run an effective drill under the 2026 Benedict's Law standards, you need to treat it exactly like a fire drill: unannounced (or semi-announced), timed, and reviewed.

The goal is to move from knowing what to do to doing it under stress. Here is a step-by-step guide to running a professional Code Blue drill.

Phase 1: The Setup (Preparation)

Before you start, ensure you have the necessary dummy equipment, so you don't accidentally discharge a real AAI.

- Select a Patient: Use a staff member or a manikin. (Do not use a student for the first few drills).
- Equipment: Use Trainer Pens (EpiPen/Jext/Emerade trainers) that have no needle or medicine.
- Scenario Card: Create a card that says: *"Pupil is clutching throat, coughing, and has hives after eating a biscuit. They are becoming drowsy."*

Phase 2: The Drill (Action)

Pick a high-risk time, such as lunchtime or PE, when staff are spread out.

1. **The Trigger:** Hand the Scenario Card to a staff member (e.g., a Lunchtime Supervisor). Start your stopwatch
2. **The Alarm:** The staff member must shout the school's emergency code (e.g., CODE BLUE - HALL!) or use the internal radio/intercom.
3. **The Response:**
    - **Staff A** stays with the Patient and keeps them in the correct position (sitting on the floor with legs raised or lying flat if feeling faint).
    - **Staff B** runs to the medical point to retrieve the Pupil's AAI and the School's Spare AAI kit.
    - **Staff C** simulates the 999 call (calling a designated *operator* in the school office).
4. **The Administration:** Staff B returns. Staff A (or B) demonstrates using the trainer pen on the Patient's outer thigh, holding it for the correct count (usually 10 seconds for most devices).
5. **The Handover:** The drill ends when the Office Staff arrives with the Pupil's Individual Healthcare Plan (IHP) and a mock Emergency Log to record the time of the injection.

Phase 3: Drill Review (Recorded)

Under the new 2026 guidelines, you are looking for these specific benchmarks:

Benchmark	**Success Criteria**
Response Time	Was the AAI at the scene in **under 2 minutes**?
Positioning	Was the patient kept still? (Moving an anaphylactic patient can be fatal).
Communication	Did the office know exactly where to send the Ambulance?
The Second Pen	Did staff remember to bring the *second* backup pen in case the first failed?

Appendix 2: Anaphylaxis Drill Recording Template (2026 Standard)

Drill Date:		
Scenario Location:	**(***e.g., Playground/Canteen)*	
Key Performance Indicator (KPI)	**Target**	**Actual Time / Result**
Symptom Recognition	Immediate	
Code Blue / Alarm Raised	< 30 Seconds	
AAI Retrieval (Pupil or Spare)	< 2 Minutes	
Simulated Administration	Correct Technique	(Pass/Fail)
999 Call Simulation	Follows Protocol	(Pass/Fail)

Record Staff Involved:

Name	Role

Observations & Bottlenecks: *(e.g., "The key to the medical cabinet was with a staff member on break," or "The spare AAI was located quickly but the IHP was hard to read.")*

Action Plan: *(e.g., "Duplicate key to be placed in the school office," or "IHPs to be printed in larger font and color-coded.")*