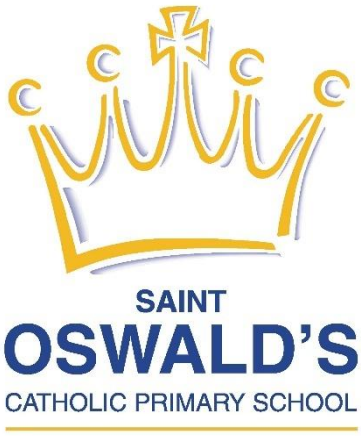
St Oswald's Catholic Primary School



Primary School Anaphylaxis and Allergy Management Policy

Including Benedict's Law Requirements (England, 2026)

Anaphylaxis and Allergy Management Policy		
Approved by	Board of Governors	September 2026
Next Review Due	September 2027	

1. Policy Statement

St Oswald's Catholic Primary School is committed to providing a safe, inclusive and supportive environment for all pupils, including those with food allergies, insect venom allergies, medication allergies, latex allergies and other allergy-related medical conditions.

The school recognises that allergies can be life-threatening and that anaphylaxis is a medical emergency requiring immediate treatment.

This policy aims to:

- Safeguard pupils with allergies.
- Promote allergy awareness across the school community.
- Reduce the risk of allergen exposure.
- Ensure rapid and effective emergency responses.
- Support pupils to participate fully in school life.
- Meet statutory responsibilities under UK equality, health and safety, safeguarding and medical conditions legislation.
- Comply with the principles and requirements of Benedict's Law, which requires schools to have a published allergy policy, staff training, spare adrenaline auto-injectors (AAIs), and individual allergy care plans.

2. Legal and Regulatory Framework

This policy is informed by:

- Children and Families Act 2014
- Equality Act 2010
- Health and Safety at Work etc. Act 1974
- Supporting Pupils with Medical Conditions at School (DfE)
- SEND Code of Practice
- Human Medicines (Amendment) Regulations 2017
- Keeping Children Safe in Education
- Benedict's Law and accompanying statutory allergy guidance for schools in England.

3. Scope

This policy applies to:

- Pupils
- Staff
- Volunteers
- Governors
- Contractors
- Visitors
- Before and after-school clubs
- Educational visits
- School transport
- School events

4. Definitions

Allergy

An immune system response to a substance that is normally harmless.

Allergen

A substance capable of triggering an allergic reaction.

Examples include:

- Milk
- Egg
- Peanut
- Tree nuts
- Sesame
- Wheat
- Soya
- Fish
- Shellfish
- Insect stings
- Latex
- Certain medications

Anaphylaxis

A severe and potentially fatal allergic reaction requiring immediate medical treatment.

5. Benedict's Law Requirements

The school will ensure compliance with the four core elements of Benedict's Law:

A. Whole School Allergy Policy

The school will:

- Maintain and publish this policy.
- Review the policy annually.
- Make the policy available on the school website.
- Share the policy with parents, staff and governors.

B. Staff Training

All staff will receive annual allergy awareness and anaphylaxis training via Schoot updated training course covering Benedict's Law from 1st September 2026.

Training will include:

- Recognising allergic reactions.
- Recognising anaphylaxis.
- Use of adrenaline auto-injectors.
- Emergency procedures.
- Risk reduction measures.
- Record keeping.
- Educational visit requirements.

C. Spare Emergency Medication

The school will maintain:

- At least two spare in-date AAIs.
- Medication stored in the main school reception area, unlocked, at room temperature, outside of Deputy Headteacher's office, next to defibrillator – these are completely accessible very quickly.
- Regular expiry date monitoring.
- Emergency medication available on trips and visits.

D. Individual Healthcare Plans

All pupils diagnosed as being at risk of anaphylaxis must have:

- Individual Healthcare Plan (IHP)
- Allergy Action Plan
- Emergency medication
- Annual review or sooner if required.

6. Roles and Responsibilities

Governing Body

The Governing Body will:

- Ensure policy implementation.
- Monitor compliance.
- Allocate appropriate resources.
- Ensure annual review.

Headteacher

The Headteacher will:

- Lead implementation.
- Ensure staff training.
- Ensure risk assessments are completed.
- Ensure adequate staffing and emergency preparedness.

Medical Conditions Lead SLT – Mrs Orwin Headteacher

The Senior Leadership Team Medical Conditions Lead (Mrs Orwin) will:

- Maintain allergy register via Arbor.
- Monitor medication expiry dates.
- Coordinate care plans.
- Organise training.
- Liaise with parents and healthcare professionals.

All Staff

All staff must:

- Read this policy.
- Attend mandatory training.
- Know allergy procedures.
- Recognise symptoms.
- Act immediately in emergencies.
- Never dismiss concerns about allergic reactions.

Parents/Carers

Parents must:

- Inform school of allergies.
- Provide medical evidence where available.
- Supply prescribed medication.
- Update school regarding changes.
- Participate in care plan reviews.

Pupils

Pupils will be encouraged to:

- Understand their allergies.
- Report concerns immediately.
- Avoid sharing food.
- Carry medication where appropriate.

7. Allergy Register

The school will maintain a central allergy register via Arbor containing:

- Pupil name
- Photograph
- Allergens
- Severity level
- Medication prescribed
- Emergency contacts
- Healthcare plan location

The register will be accessible to relevant staff while complying with GDPR.

8. Individual Healthcare Plans (IHPs)

Every pupil at risk of anaphylaxis will have an IHP.

The plan will include:

- Medical diagnosis
- Allergens
- Symptoms
- Medication requirements
- Emergency procedures
- Contact details
- Educational visit requirements
- Meal arrangements

Plans will be reviewed:

- Annually
- Following hospital admission
- Following an allergic reaction
- When medical advice changes

9. Prevention and Risk Reduction

Food Management

The school will:

- Promote a "no food sharing" culture.
- Encourage handwashing before and after meals.
- Ensure cleaning procedures remove allergen residues.
- Consider allergy risks when planning activities.

The school recognises that complete allergen bans may not eliminate risk and therefore focuses on risk management and awareness. The school is moving away from misleading "nut-free" claims in favour of a robust, proactive "allergy-aware**"** risk-management culture.

School Meals

The catering provider will:

- Maintain allergen information via Cypad supplied directly from Arbor.
- Follow food safety legislation.
- Prevent cross-contamination.
- Communicate menu changes.

Individual arrangements may be made for pupils with severe allergies.

Classroom Activities

Staff must assess allergy risks before:

- Cooking activities
- Food tasting
- Art activities using food products
- Science experiments

Alternative materials will be provided where necessary.

Animals

Before introducing animals into school:

- Risk assessments will be undertaken.
- Parents of allergic pupils consulted.
- Alternative arrangements considered.

Outdoor Learning

Staff will assess risks from:

- Bee and wasp stings
- Plants
- Environmental allergens

10. Educational Visits

A specific allergy risk assessment will be completed for every visit involving a pupil with allergies.

The visit leader must ensure:

- Medication accompanies the pupil.
- Spare AAIs are available.
- Staff understand emergency procedures.
- Emergency contacts are available.
- Food arrangements are checked in advance.

11. Recognition of Anaphylaxis

Symptoms may include:

Mild to Moderate Symptoms

- Itching
- Rash
- Hives
- Tingling lips
- Swelling

Severe Symptoms

- Difficulty breathing
- Wheezing
- Persistent cough
- Hoarse voice
- Difficulty swallowing
- Collapse
- Loss of consciousness

Anaphylaxis can occur rapidly and symptoms may vary between individuals.

12. Emergency Response Procedure

If anaphylaxis is suspected:

Step 1

Administer adrenaline auto-injector immediately.

Do not delay treatment.

Step 2

Call 999.

State:

"Anaphylaxis – adrenaline has been administered."

Step 3

Contact parents/carers.

Step 4

Monitor airway, breathing and circulation.

Step 5

If symptoms persist after 5 minutes and another AAI is available, administer a second dose.

Step 6

A member of staff must accompany the pupil to hospital.

Step 7

Complete incident reporting procedures.

No-Blame Near-Miss Framework. Any close calls (e.g., a kitchen or classroom labelling error that is caught before consumption) must be formally recorded in the statutory Accident Book so systemic errors can be audited.

Evidence from Benedict Blythe's case highlighted that delays in recognising symptoms and administering adrenaline can have fatal consequences.

13. Storage of Medication

Medication will be:

- Easily accessible unlocked next to the defibrillator outside of the Deputy Headteacher's office.
- Clearly labelled with appropriate age related AAIs.
- Stored according to manufacturer instructions.
- Checked monthly for expiry dates.

Emergency medication locations are known by all staff.

14. Training Requirements

Training will occur:

- On induction.
- Annually.
- Following significant policy changes.
- Following serious incidents.

Training records will be maintained via Schoot.

Training will include practical AAI administration.

15. Anti-Bullying and Inclusion

Allergy-related bullying will not be tolerated.

Examples include:

- Threatening exposure to allergens.
- Food-related teasing.
- Excluding pupils due to allergies.

Such behaviour may be treated as a safeguarding concern.

16. Communication

The school will communicate allergy information appropriately to:

- Staff
- Catering teams
- Supply staff
- Volunteers
- Educational visit providers
- Children

Confidentiality and GDPR requirements will be respected.

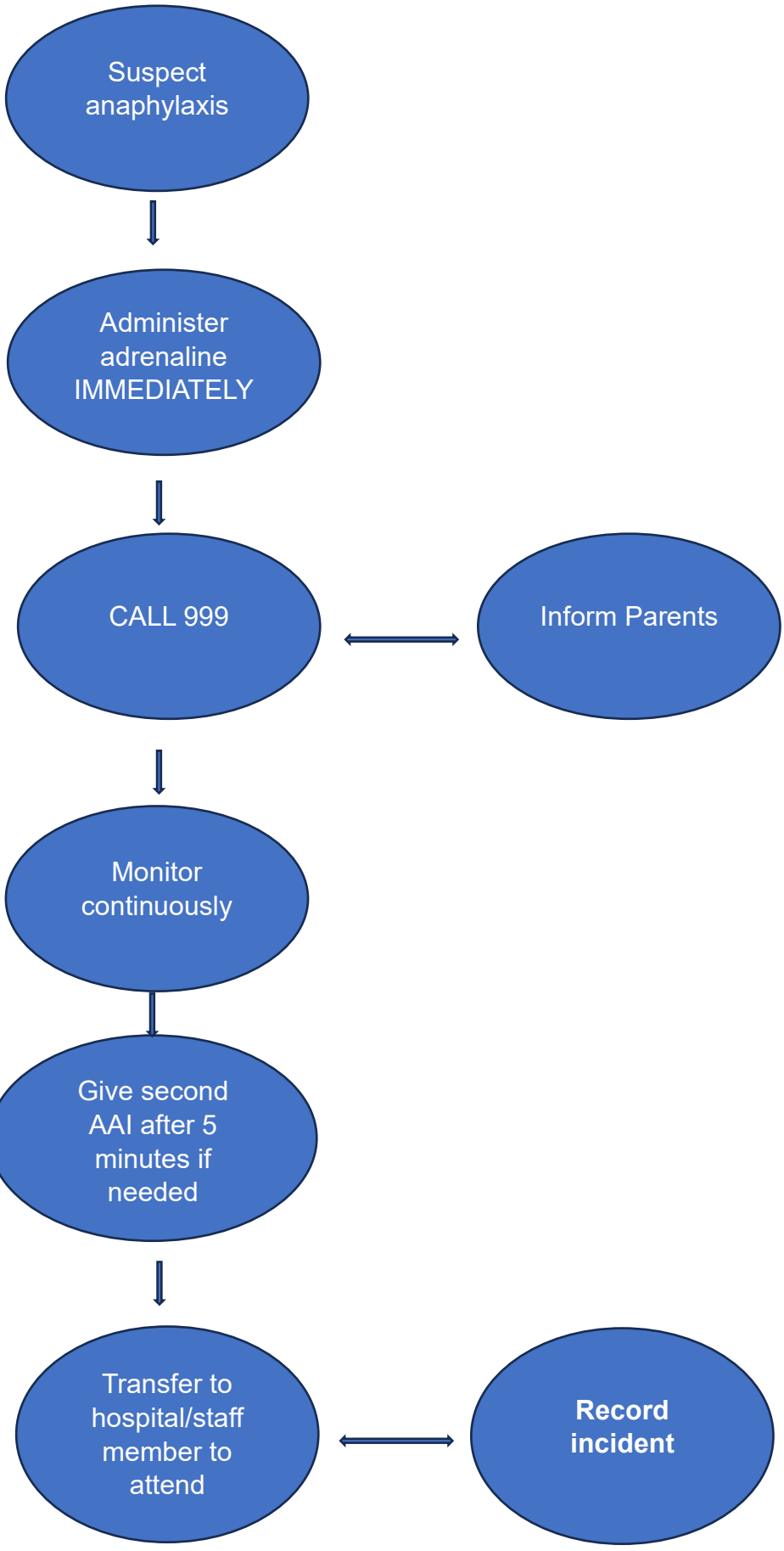
17. Monitoring and Review

The school will review:

- All allergic incidents.
- Near misses.
- Training records.
- Healthcare plans.
- Risk assessments.
- No-Blame Near-Miss Framework. Any close calls (e.g., a kitchen or classroom labelling error that is caught before consumption) must be formally recorded in the statutory Accident Book so systemic errors can be audited.

Annual reports will be provided to governors.

Appendix A – Emergency Anaphylaxis Flowchart



Appendix B–

St Oswald's Catholic Primary School

NAME – Individual Healthcare Plan for allergy

Date of birth:	Current photo
Year / class:	
Emergency contacts:	
Staff who need to be aware:	

Allergy:

Note what allergy the child or young person has.

Note any known allergens.

Note whether the child or young person is likely to be aware that they are having an allergic reaction and whether they can alert others.

How the allergy is managed:

Note any care or action plans or prescribed medication issued by healthcare professionals.

If the allergy can be partly or wholly managed by practical adjustments (for example avoidance of known allergens), note them here.

Note the extent to which the child or young person is able to take responsibility for managing their allergy.

Impact on education:

Indicate the potential harm which might come to the child or young person if their allergy is not managed properly.

Indicate how the allergy may impact on the child or young person's learning.

Indicate how the allergy may impact on the child or young person's emotional wellbeing.

If relevant, note any interaction between allergy and SEN.

Arrangements for support:

Give details of the specific support or adaptations which the school, college or early years setting will put in place, within its educational remit.

Outline measures to reduce the risk of contact with known allergens.

Give details of the specific support or adaptations to manage food allergy at meal and snack times.

Note arrangements for maintaining educational progress where absence or missed learning occurs due to allergy.

Visits and trips:

Give details of any arrangements or procedures which may be required for school trips or other activities outside of the normal timetable that will ensure the child can participate.
Note any requirement for a risk assessment and prompts for specific issues which should be considered.

Emergency response: *Where an Action Plan issued by a healthcare professional covers emergency response, refer to it and ensure it is attached.* *Otherwise summarise the signs or symptoms which would indicate an emergency.* *Set out what to do in an emergency, including whom to contact.* *If relevant, note where "spare" adrenaline devices are located.*	
Last discussed with parents:	**Date**
Issued by:	**Date**:
Next planned review:	**Date**:

NAME – Individual Healthcare Plan for allergy **Annex: Medication needed while in school / college / setting**	
Non-prescription medication: *Record any non-prescription medication (e.g. oral antihistamines) which the child or young person may require to manage their allergy in the education setting* *Note whether it is emergency medication; where the medication is stored; and how and when the child or young person may need access* *Note whether parental consent has been given for the allergy medication to be administered, and the date of consent.*	
Parental consent:	**Date**:
Prescription medication: *Record any prescription medication for allergy prescribed by a healthcare professional (e.g. adrenaline).* *Note whether it is emergency medication; where the medication is stored; and how and when the child or young person may need access.* *Note whether parental consent has been given for the allergy medication to be administered, and the date of consent.*	
Prescribed by:	**Date**:
Parental consent:	**Date**:
Use of "spare" adrenaline devices: *Note whether parental consent has been given to administer adrenaline (e.g. using "spare" adrenaline devices) in an emergency.*	
Parental consent:	**Date**:
Use of "spare" salbutamol inhaler: *If relevant (i.e. the child or young person is prescribed an asthma reliever inhaler), note whether consent has been given to use a "spare" salbutamol reliever inhaler.*	
Parental consent:	**Date**:

NAME – Individual Healthcare Plan for allergy **Annex: Care or Action Plans issued by healthcare professionals**	
Allergy / Asthma Action Plan: *Attach any Action Plan to the IHP for use in an emergency.* *Note which healthcare professional issued the plan, their role and the date issued.*	
Issued by:	**Date**:
Care Plan: *Note where any relevant care plan can be found.* *Note what staff are responsible for delivering / supporting delivery of the care plan.* *Note which healthcare professional issued the plan, their role and the date issued.*	
Date:	**Date**: