Marlpool Federation of schools

Standalone Whole-School Allergy & Anaphylaxis Safety Policy

In Compliance with Benedict's Law & DfE Statutory Guidance

Whole School Allergy Policy	
Effective From:	September 7th 2026
Last Reviewed:	July 2026
Next Review Date:	July 2027
Accountable Senior Leader:	Vickie Rock
Designated Allergy Governor:	Callum Collins

Context

Food allergies are a growing, complex health challenge affecting approximately 5% to 8% of children in the UK—meaning virtually every classroom will have at least one allergic pupil. For these children, exposure can trigger anaphylaxis, a rapid and potentially life-threatening allergic reaction. Crucially, 20% of severe food-related allergic reactions happen while a child is at school, and these incidents can occur in pupils with no prior history of a diagnosed allergy.

Under Benedict's Law, alongside existing statutory duties to support pupils with medical conditions, schools must ensure robust, proactive safeguards are in place. This policy outlines our commitment to maintaining up-to-date allergy registers, ensuring widespread staff training in recognising symptoms, and establishing immediate, effective emergency response protocols to protect every child in our care.

1. Policy Statement and Core Philosophy

Marlpool Federation of schools is committed to providing a safe, inclusive, and welcoming learning environment. We recognise that food allergies and anaphylaxis represent a chronic and potentially life-threatening medical condition.

In accordance with Benedict's Law, this school rejects a "reactive-only" approach to allergy management. Instead, this policy establishes a rigorous, whole-school preventative system combined with a robust emergency framework. We ensure that our staff are proactively trained,

individual healthcare plans are strictly maintained, and emergency response protocols are clear, ensuring that pupils with allergies are systematically protected every day

2. Roles, Governance, and Accountability

The Governing Body

Holds overall legal accountability for the policy. Their role is to:

- Ensure adequate resources and training are allocated for robust allergy management.
- Monitor policy effectiveness and ensure allergy safety information is accessible to parents/carers.

Headteacher

Holds operational accountability for creating a safe, inclusive environment. Their role is to:

- Ensure a workable School Emergency Plan is in place and integrate allergy awareness into the school curriculum.
- Oversee robust data-sharing systems so up-to-date allergy information is seamlessly communicated across teaching, administrative, and catering teams.
- Ensure adequate risk assessments are completed for all school trips and off-site activities.

Named Senior Allergy Lead

The designated Senior Leader who oversees day-to-day allergy management. Their role is to:

- Maintain identical, up-to-date Individual Healthcare Plans (IHPs) and Allergy Action Plans (AAPs), cross-checking any parental updates with healthcare professionals.
- Audit and manage medication: ensuring pupil-owned AAIs and the school's spare emergency AAIs are in-date, correctly stored (accessible, secure, but **not** locked away), and safely disposed of when expired.
- Coordinate training records and lead a mandatory "lessons learned" review following any allergic incident or near-miss.

All Staff

Every adult employed by or working regularly within the setting holds a fundamental duty of care. In compliance with **Benedict's Law**, all staff must:

- Complete mandatory training in allergy awareness, symptom recognition, and the administration of an Adrenaline Auto-Injector (AAI).
- Know the precise location of pupil medication and the school's spare emergency AAIs, maintaining vigilance across all environments (including cover classes and dining areas).
- Act immediately in an emergency: call emergency services, state "anaphylaxis," and administer an AAI if a severe reaction is suspected (even in pupils with no prior history).
- Integrate allergy awareness, allergen-avoidance strategies, and anti-bullying messages into the classroom culture.
- Rigorously supervise any food-related curriculum activities, ensuring strict allergen safety in storage and preparation.
- **For Off-site Trips:** Ensure trip leads carry all relevant emergency supplies. Verify that pupils with prescribed allergies have their required medication on their person, or in the care of a trip leader, before departure; pupils without their medication will not be permitted to attend.

Parents / Carers

Partnership with families is vital to maintaining a safe environment. Parents and carers are required to:

- Promptly notify the school of any diagnosed allergies or changes to their child's medical status.
- Provide an official Allergy Action Plan (AAP) completed by a healthcare professional, and collaborate with the school to establish an Individual Healthcare Plan (IHP) if required.
- Supply the school with two in-date, correctly dosed AAIs, tracking expiry dates and replacing medications immediately upon expiration or use.
- Educate their child on allergy self-management, including allergen avoidance, reading labels, recognising symptoms, and the importance of immediately alerting an adult if they feel unwell.
- Coordinate directly with the school's catering team regarding any specific dietary requirements or meal provisions.

Pupils

Pupils are encouraged and supported to take active, age-appropriate responsibility for their safety. They are expected to:

- Develop a clear understanding of their specific triggers and symptoms, and openly share this awareness with peers to foster a supportive environment.
- Strictly avoid exchanging food, trading snacks, or consuming items with unknown ingredients.
- Check food labels carefully and refuse any food if they are uncertain of its contents.
- Know exactly where their medication is stored or, if age-appropriate and agreed upon, take full responsibility for carrying their AAIs on their person at all times.
- Notify the nearest adult immediately at the very first sign of a suspected allergic reaction.
- With the agreement of the pupil and their parents, close friends and peers may be given age-appropriate guidance on how to spot an allergic emergency and quickly call for adult help. Peer awareness will always be managed sensitively to foster a supportive environment without replacing official staff emergency protocols

3. Individual Healthcare Plans (IHPs) & Pupil Data

- **Mandatory IHP:** Every pupil with a diagnosed allergy requiring active management must have a robust Individual Healthcare Plan (IHP) or statutory Allergy Action Plan.
- **Collaborative Creation:** IHPs are co-produced alongside parents/guardians and relevant clinical healthcare professionals. They must outline explicit triggers, a history of past symptoms, required daily adjustments, and the child's exact medication profile.
- **Prompt Implementation:** For mid-year admissions or sudden new diagnoses, allergy safeguards and IHPs must be implemented immediately upon notification.
- **Transitions:** The Senior Allergy Lead will ensure a seamless transfer of detailed medical data and care plans whenever a student transitions to a new teacher or another school.
- **Staff & Visitor Allergy Register:** The setting maintains a secure, dedicated record of known severe allergies for staff members and regular visitors to ensure emergency support covers everyone on site
- **Special Category Data:** A pupil's health and allergy information is classified as Special Category Data under UK GDPR. While the school has a clear lawful basis to share necessary health data for safety purposes, information will only be shared on a strict need-to-know basis. This ensures pupil privacy and protects children from feeling singled out or embarrassed

4. Proactive Allergen Avoidance & Risk Mitigation

The school implements strict environmental controls to prevent cross-contamination and accidental ingestion across all daily activities:

- **The Dining Hall & Catering:** Our catering team maintains an up-to-date allergen matrix for all ingredients. Staff enforce strict handwashing routines before and after eating, and a "no food sharing" rule is strictly maintained from early years onwards.
- **Classrooms & Curriculum:** The use of primary food allergens (such as nuts, dairy, or sesame) is strictly prohibited in science experiments, arts and crafts, and reward systems. Where any food tasting or the use of cooking ingredients is required, staff check IHPs to avoid children with allergies coming into contact with any allergens.
- **School Trips & Out-of-Bounds Environments:** A specific allergy risk assessment must be cleared by the Senior Allergy Lead prior to any educational visit. Staff leading the trip must carry the student's prescribed AAIs as well as a pair of school spare AAIs.
- **Non-food allergies:** Where individuals have known allergies to airborne or contact allergens, reasonable measures will be implemented to minimize exposure risk across all school spaces.
- **Specialist Activities & Animals:** Staff planning any activities involving craft materials, science experiments, food preparation, or live animals must consider potential allergen risks during the planning phase

5. Mandatory Staff Training and Competency

Whole-Staff Requirement

Allergy awareness and emergency anaphylaxis training is compulsory for all school personnel (including teachers, teaching assistants, lunchtime supervisors, administrative staff). Mandatory annual training applies to all pupil-facing personnel, including permanent staff, supply teachers, agency workers and regular volunteers. Non-pupil-facing contractors (e.g., builders, electricians) are exempt. Cover and supply staff must receive an allergy briefing as part of their day-one induction. Staff training will explicitly cover the distinctions between food allergy, coeliac disease, and food intolerance, as well as how co-existing conditions (e.g. asthma) interact.

Core Curriculum

In alignment with statutory guidance, our training framework covers the following essential pillars:

- **Risk Reduction & Avoidance:** Identifying common allergens and implementing preventative control measures in classrooms and dining spaces.
- **Symptom Recognition:** Distinguishing between mild allergic reactions and the early signs of life-threatening anaphylaxis, including understanding associated risks like asthma.
- **Emergency Response:** Clear execution of the school's emergency plan, knowing when and how to contact emergency services, and mandatory incident recording.
- **Care Plan Management:** Understanding individual Allergy Action Plans (AAPs) and Healthcare Plans (IHPs).

Practical Assessment & Competency

Training cannot be completed solely via text or video modules. Staff must complete a multi-layered verification process:

- **Hands-on Deployment:** Staff must practically demonstrate their ability to successfully deploy an Adrenaline Auto-Injector (AAI) using physical training devices representing different brands.

Frequency

Staff must complete allergy training annually. Training records and staff competency are formally audited by the Senior Allergy Lead annually. Post-incident "lessons learned" reviews are utilised to immediately refresh targeted staff training where required

6. Management and Storage of Allergy Medication & Spare AAIs

Pupil-Owned Emergency Kits

Depending on their age, competence, and individual risk assessments, pupils are encouraged to take responsibility for and carry their own emergency kits. For younger pupils, or those not yet ready to self-manage, individual kits must be stored in a designated, centrally accessible, and unlocked location. Each individual kit must be stored in a rigid, clearly labeled container containing:

- Two in-date Adrenaline Auto-Injectors (AAIs) of the correct prescribed dosage.
- The pupil's current, up-to-date Allergy Action Plan (AAP).
- Prescribed antihistamines and/or an asthma inhaler (if specified on the AAP).

Note: While parents hold primary legal responsibility for ensuring these kits are up-to-date, the school will conduct formal, termly audits of pupil medication and issue reminders ahead of any expiry dates.

School Stock Provision (Spare Emergency AAIs)

In compliance with statutory requirements, the school maintains an independent stock of emergency spare AAIs. These do not belong to any individual child and serve as a critical back-up. To ensure clarity and reduce the risk of confusion during an emergency, the school stocks a single brand of AAI device across its emergency kits.

Storage Framework and Environmental Controls

All allergy medication—both pupil-owned and school spare stock—is stored under strict conditions:

- **Accessibility:** Stored in central staff locations (e.g., the school office or staff room). They must be instantly accessible to all staff at all times and **never** locked away.
- **Environmental Controls:** Kept at a stable room temperature, protected from direct sunlight, and kept out of the reach of children.
- **Dose Security:** Spare AAIs are stored in pairs to guarantee a secondary dose is immediately available if symptoms do not improve after 5 minutes.

Emergency Administration Protocol

- **Prescribed Users:** Spare school devices will be deployed immediately if a pupil's personal AAI fails, is missing, or if a secondary dose is required before emergency services arrive. Written parental consent is securely logged alongside their IHP for this purpose.
- **Universal Emergency Use (No Prior History):** In full alignment with Benedict's Law, if any un-prescribed individual (student, staff member, or visitor) manifests unambiguous signs of anaphylaxis, a spare school AAI will be administered immediately. Staff will call 999, state *"anaphylaxis,"* and follow emergency service instructions.

Disposal of Used Devices

AAIs are single-use medical devices. Once deployed, the time of administration must be noted. The used injector must be handed directly to ambulance paramedics upon arrival or safely disposed of in a designated clinical sharps bin.

Spare reliever inhalers

Emergency anaphylaxis kits will contain or be stored with spare salbutamol inhalers and spacers alongside spare AAIs. These will be audited regularly to ensure they remain in-date and ready for use.

Daily Commute & Transport

Protocols are established for pupils to safely transport their prescribed devices home at the end of the school day for their commute, with routine checks to confirm devices return to school each morning and remain valid

7. Emergency Response Protocol

In the event of a suspected severe allergic reaction:

1. **Do Not Move the casualty:** Keep the individual completely flat with their legs raised (or sitting upright with legs extended if breathing is intensely compromised). **Never allow them to stand, walk, or change positions quickly.**
2. **Administer Adrenaline Immediately:** If signs of anaphylaxis are present, deploy the child's prescribed adrenaline device or the school's spare AAI into the outer mid-thigh without delay.
3. **Call 999:** Summon an emergency ambulance immediately. Inform the operator explicitly that a person is suffering from **"ANAPHYLAXIS"**.
4. **Track Time:** Note the exact minute of injection. If clinical indicators fail to improve after 5 minutes, deploy a second AAI into the opposite thigh or give a child's second prescribed nasal adrenaline device.

8. Incident Recording, Review, and Incident Learning

- **Mandatory Logging:** Every serious allergic reaction and "near-miss" (e.g., a child almost accidentally served an incorrect allergen meal) must be formally documented using the school's statutory Incident Log.
- **Review:** Following any incident, the Accountable Senior Leader and the Designated Allergy Governor will conduct a thorough procedural evaluation to pinpoint structural flaws.
- **Refinement:** The policy, environmental risk assessments, and catering frameworks will be immediately updated based on lessons learned to prevent future gaps in safety.
- **Post-School Reporting Mechanism:** Symptoms of an allergen exposure during the school day may sometimes only become apparent after a pupil returns home. Parents, carers, or healthcare professionals can submit a formal report of any suspected school-based exposure or "near miss" to the Senior Allergy Lead to ensure a thorough investigation and review

9. Pupil Wellbeing & Anti-Bullying

- **Addressing Anxiety:** The school recognises that managing severe allergies and the constant risk of anaphylaxis can be a major source of anxiety for pupils and their families. Staff will actively promote a supportive environment to protect pupils' mental health and confidence.
- **Inclusive Practices:** Risk management strategies must focus on safety without isolating or segregating allergic pupils during meals, trips, or school activities.
- **Zero Tolerance for Bullying**: Any deliberate exposure to allergens, teasing, exclusion, or threats involving a pupil's medical condition will be treated as serious bullying and handled immediately under the school's Anti-Bullying Policy

Signed:

_____ (Headteacher)

_____ (Chair of Governors)

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