Allergy and Anaphylaxis Safety Policy

July 2026

Status	Final
Area:	Statutory
Lead:	SLT Allergy Lead and School Office Manager
Date of Review:	July 2026
Date of Ratification:	8th October 2026
Schedule of Review	Annually
Next Review	June 2027
Published on the Website:	Yes

Allergy and Anaphylaxis Safety Policy - July 2026

Contents Page		
Section	**Description**	**Page No.**

Allergy and Anaphylaxis Safety Policy - July 2026

Section 1: Core Principles and Legal Framework

Statement of Intent

In line with Benedict's Law, Helena Romanes School (HRS) is completely committed to providing a safe, inclusive, and welcoming environment for all pupils, staff, and visitors living with severe allergies. Recognising that food allergies affect approximately 5–8% of UK children and that roughly 20% of severe allergic reactions occur within school environments, this policy establishes robust risk-mitigation measures and emergency response protocols. Severe reactions (anaphylaxis) progress rapidly, leaving a critical window of only 20–30 minutes to take life-saving action. Therefore, immediate administration of emergency adrenaline and dialling 999 are the operational baselines of this policy.

Statutory Compliance

This policy fulfils all requirements set forth by current national legislation and statutory guidance:

- **Section 34 of the Children's Wellbeing and Schools Act 2026:** Mandates that all academies, maintained schools, and pupil referral units establish, publish, and maintain an active allergy safety policy.
- **The Equality Act 2010:** Classifies severe, systemic allergies as a disability if they exert a substantial, long-term negative impact on a pupil's ability to conduct daily activities.
- **The Human Medicines (Amendment) Regulations 2017:** Legally permits schools to purchase and maintain "spare" emergency adrenaline devices to save lives, allowing administration to any individual showing signs of anaphylaxis regardless of prior diagnosis or explicit parental consent.
- **The Children Act 1989 (Section 3) & Education Act 2002 (Section 175):** Outlines the absolute duty of care to safeguard and promote the welfare of children.
- **The Health and Safety at Work etc. Act 1974 (Section 2):** Requires employers to take all reasonable steps to ensure staff are not exposed to health and safety risks.

Anaphylaxis always requires an emergency response.

Section 2: Medical Definitions: Allergy vs. Anaphylaxis

- **Allergy:** An immune system overreaction to an otherwise harmless substance. Mild to moderate symptoms can include itching, sneezing, watery eyes, or hives
- **Anaphylaxis:** A severe, systemic, and life-threatening allergic reaction. It typically affects the entire body within minutes of exposure to an allergen, though onset can sometimes be delayed by a few hours.

While an individual can technically be allergic to any protein substance, the most common high-potency triggers managed under this policy include:

- **Foods:** Peanuts, tree nuts, cow's milk/dairy, egg, sesame, wheat, fish, and shellfish.
- **Insect Stings:** Wasp and bee venom.
- **Medications:** Antibiotics and non-steroidal anti-inflammatory drugs like ibuprofen.
- **Environmental & Contact Materials:** Natural rubber latex, pollen, and animal dander.

Exclusionary Note: Conditions such as Coeliac disease and food intolerances present serious gastrointestinal or systemic symptoms that must be managed through strict dietary avoidance. However, because they do not pose an immediate risk of anaphylaxis, they fall outside the

operational scope of this emergency anaphylaxis policy. Similarly, while eczema and asthma frequently co-exist with allergies (the atopic triad), they are governed by separate medical condition policies.

Section 3: Roles and Responsibilities

Senior Leadership Team and Governing Body

- Drives the whole-school allergy awareness approach and incorporates systemic allergy risks into HRS's central risk register.
- Ensures that robust systems are in place to securely collect, compile, and share allergy data during enrolment and mid-term transitions.
- Mandates and tracks annual allergy awareness and emergency response training for all permanent, temporary, supply, coaching, and peripatetic staff.

Medical Room and First Aid Staff

- Maintains the active, centralised Allergy Register on Arbor, ensuring medical records are dynamically tied to class lists for instant teacher and cover staff visibility.
- Co-creates comprehensive Individual Healthcare Plans (IHPs) alongside parents, pupils, and healthcare professionals.
- Conducts formal monthly audits of all school-held spare adrenaline devices and pupil-specific emergency kits, cross-checking expiry dates and solution clarity.
- Ensures that every near miss or adverse reaction is logged internally, reviewed, and reported in accordance with RIDDOR regulations where applicable.

Catering Staff - Chartwells

- Maintains total compliance with Food Standards Authority allergen management regulations and the Food Information Regulations.
- Labels all Top 14 food allergens clearly on product packaging or centralised allergen information boards.
- Dynamically expands allergen information boards to display specific, non-Top 14 allergens known to cause anaphylaxis in current pupils, based on data provided by the Medical Room.
- Enforces rigorous cross-contamination barriers during food handling, storage, preparation, and meal service.

All School Staff

- Must review the Arbor dashboard prior to teaching any class to verify the allergy profiles of pupils in their immediate care.
- Must complete mandatory annual training to identify the signs of anaphylaxis and execute the emergency treatment protocol immediately.
- Must complete dedicated risk assessments for curriculum activities involving food (e.g., Food Technology, Science) or external excursions

Parents and Carers

- Must provide the school with up-to-date medical documentation and an authorised, clinically signed **Allergy Action Plan** (BSACI model preferred).

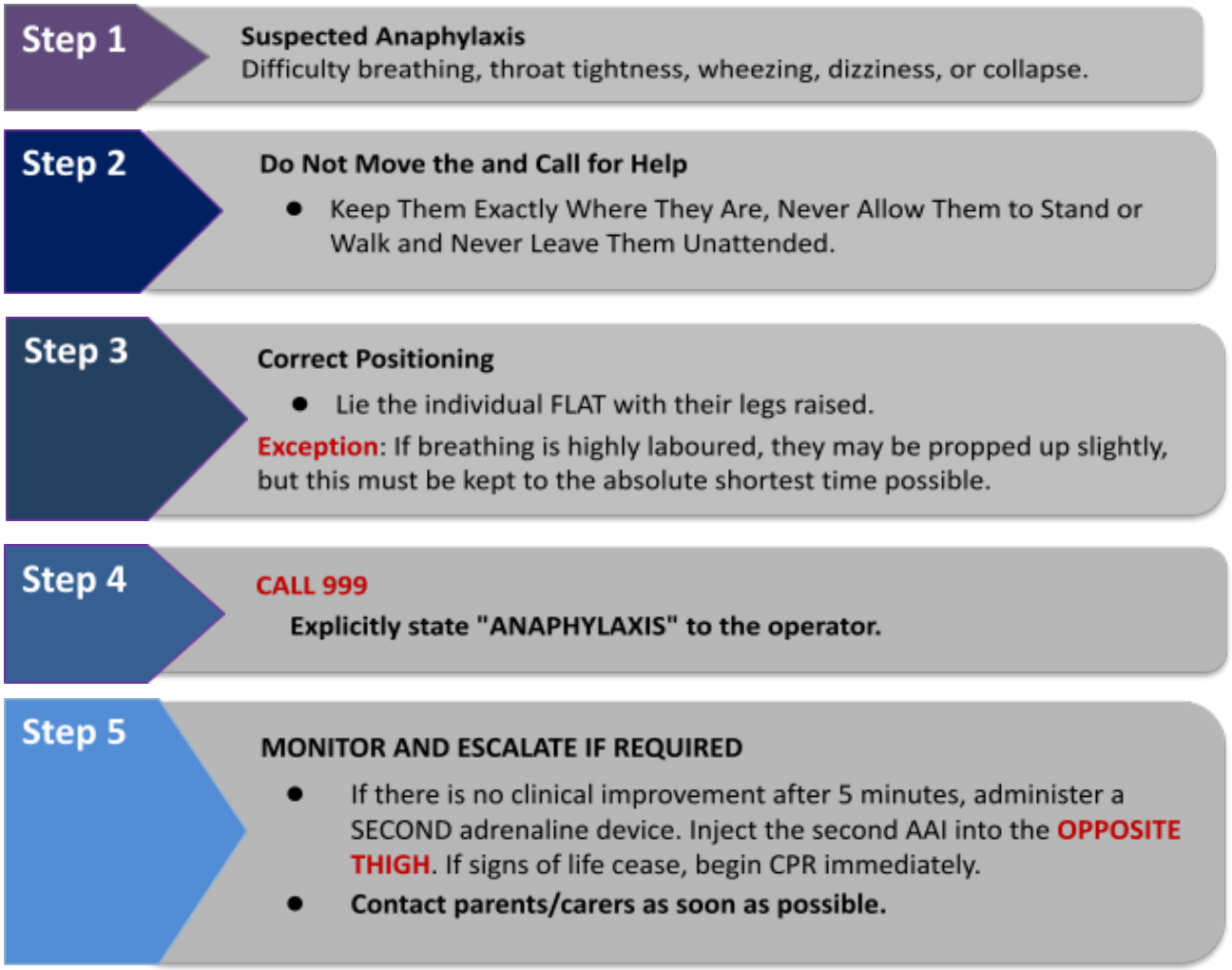
- Must supply the school with two in-date, unexpired Adrenaline Auto-Injectors (AAIs) or prescribed delivery devices.
- Must provide an annual update of the pupil's medical status and supply a current photograph for the Allergy Action Plan.

Pupils

- Must carry their two prescribed adrenaline devices at all times across all areas of the campus (including classrooms, playgrounds, lunch halls, and sports fields).
- Must proactively avoid known triggers, check allergen boards, and ask catering staff to confirm ingredients if selecting un-packaged items.
- Must never share, trade, or swap food items, containers, or utensils with peers.

Section 4: Emergency Management Protocol

As soon as anaphylaxis is suspected—even if the individual has no known history of allergies (under Benedict's Law)—staff must execute the following actions without a single moment of delay:



Critical Warning: Standing an individual up or forcing them into a chair during anaphylaxis can cause an immediate, catastrophic drop in blood pressure, leading to sudden cardiac arrest. All individuals treated for anaphylaxis **must** be transported to a hospital via ambulance for a minimum

of several hours of professional observation, ensuring protection against delayed secondary reactions.

Section 5: Risk Mitigation and Environmental Safety

Whole School Awareness

In alignment with expert clinical guidance from **Anaphylaxis UK**, HRS does not implement blanket bans on specific food groups (such as absolute "nut bans"). Total food bans are impossible to enforce completely and create a dangerous, false sense of security. Instead, safety is achieved through an active, aggressive Whole-School Awareness Approach.

School and Curriculum Control Measures

- **Curriculum Adaptation:** Departments must review lesson plans to remove or substitute target allergens from entire group activities if an at-risk pupil is enrolled in that class.
- **High-Risk Contexts:** Where an allergen cannot be removed from a practical space (e.g., a shared kitchen), food restrictions will be applied tightly to that specific room for the exact duration of the lesson.
- **Environmental & Animal Risks**: Activities involving live animals (e.g., Agricultural Science Units, therapy dogs) must be confined to clearly demarcated sones. Enhanced cleaning schedules and mandatory handwashing protocols are strictly enforced immediately following any animal or environmental exposure.
- **Community Controls:** External treats, birthday cakes, or unlabelled foods brought in by parents or peers are discouraged. Explicit staff authorisation and parental permission must be secured before any outside food is distributed to pupils.

Section 6: Medication Provision and Storage Controls

Individual Pupil Kits

Every pupil at risk of anaphylaxis must have **two** prescribed adrenaline devices available. For pupils not yet fully independent, emergency kits are stored in a centralised, completely unlocked location that is easily accessible to staff 24/7, including during wrap-around care. Individual storage containers must be clearly labelled with the pupil's name and photo, containing:

- Two prescribed AAIs or alternative delivery devices.
- A current clinical Allergy Action Plan.
- Prescribed antihistamines (tablets or syrup with a measuring spoon).
- A reliever asthma inhaler if the pupil has co-existing asthma.

School Owned Spare Emergency Kits

To provide secondary backup or to protect individuals experiencing an undiagnosed reaction for the first time under Benedict's Law, the school stocks corporate spare adrenaline devices.

- **Locations:** Emergency spare kits are permanently stationed in two distinct high-risk areas:
    - The Main Medical Room
    - The PE Department.

- **Storage Container Design:** To prevent critical delays during emergencies, spare kits are housed in distinctly coloured, high-visibility containers (e.g., bright orange, yellow, or red) and clearly labelled "Emergency Anaphylaxis Kit".

Safety Protocol: General first aid kits are standard green. Adrenaline kits must never use green containers. This visual separation ensures staff never confuse a time-critical anaphylaxis kit with standard first aid supplies containing bandages or plasters.

- **Hazardous Waste Disposal:** Used adrenaline devices must be deposited into a designated medical Sharps Box stored securely in the Medical Room, or handed directly to attending paramedics. The school maintains an active registration with the Local Authority for regular hazardous waste collection.

Section 7: Inclusion, Educational Trips and Visits

- **Total Inclusion**: No pupil will ever be excluded from an educational visit, sports fixture, or extracurricular activity due to an allergy medical profile
- **Pre-Departure Verification:** The trip leader must physically verify that the pupil is carrying their two prescribed adrenaline devices before the transport departs. If a pupil fails to produce their required medication at the point of departure, they will be barred from attending the excursion to protect their physical safety.
- **Spare Kit Allocation:** The trip leader must coordinate with the SLT Allergy Lead to assess whether a school-owned spare emergency kit should accompany the trip. Spare allocations will only be granted if on-site school stocks remain fully operational for the pupils remaining on school site.
- **Fixtures & Events:** When organising off-site athletic events or hosting fixtures, the PE department will notify the host or visiting school of any severe allergy profiles and coordinate safe catering logistics.

Section 8: Incident Reporting, Near Misses, and Lessons Learnt Reviews

HRS operates under a strict "No-Blame" learning culture regarding medical safety. Every adverse reaction or near miss (e.g., accidental exposure without symptoms, or catering ingredient labelling errors) must be registered immediately.

- **Reporting:** The event must be logged into Arbor and transmitted to the Trust Health & Safety Team within 24 hours.
- **Investigation:** A formal incident report will be drafted by the Medical Officer and SLT Lead to dissect the systemic cause of the exposure.
- **Review:** The pupil, parents, and involved staff will review the report together to contribute perspective and update the individual's IHP.
- **Statutory Escalation:** If a severe reaction is caused by unsafe food provided directly by the school's catering services, the school will report the incident directly to the Local Authority Environmental Health Team and submit a RIDDOR report if required by law.

Section 9: Safeguarding

Safeguarding Interventions

HRS recognises that a formal safeguarding referral may be necessary if an incident investigation highlights a pattern of medical neglect. This includes situations where parents repeatedly fail to provide essential, in-date emergency medication, or fail to disclose critical allergy diagnostics, placing the child at substantial risk of harm

Unacceptable Practice

Staff are strictly prohibited from engaging in practices that compromise student safety or dignity:

- **Never** prevent a student from accessing or administering their prescribed adrenaline or asthma inhaler anywhere on campus.
- **Never** assume that students with the same allergy profile require identical support or adjustments.
- **Never** assume older students or teenagers do not require staff supervision or intervention during an escalating reaction.
- **Never** ignore clinical medical evidence or the professional direction of healthcare practitioners.
- **Never** send a student who feels unwell to the Medical Room unescorted. In a suspected emergency, **the first aider and emergency equipment must travel to the child**.
- **Never** penalise a student's attendance record or exclude them from 100% attendance awards due to medical absences or hospital appointments.
- **Never** compel a parent to attend school or an external trip to administer medication as a condition of their child's participation.

Section 10: Mandatory Staff Training

All staff members must complete an annual training cycle that includes physical demonstration and assessment with trainer devices. This training curriculum strictly covers:

- Identifying the specific clinical differences between food allergy, food intolerance, and Coeliac disease.
- Recognising the mild, moderate, and severe ABC symptoms of anaphylaxis.
- Executing the emergency protocol, including proper patient positioning and calling emergency services
- Physical administration techniques for all major AAI brands (EpiPen, Jext) and alternative delivery formats (such as approved nasal adrenaline sprays)
- The system for logging near misses and reporting adverse food distribution incidents
- The psychological impacts of severe allergies, including proactive measures to monitor and prevent allergy-related bullying or isolation.

Section 12: Further Reading and Resources

- **Anaphylaxis UK:** for teachers by teachers, the one stop shop for all school allergy needs
  - https://www.anaphylaxis.org.uk/education
- **Allergy UK**
  - https://www.allergyuk.org/about-allergy/types-of-allergies
- **Allergy Safety in Schools July 2026**
  - https://www.gov.uk/government/publications/allergy-safety-in-schools
  - Guidance on the use of adrenaline auto-injectors in schools
- **Spare Pens in School Official Registry**
  - https://www.sparepensinschools.uk
- **The Benedict Blythe Foundation (Benedict's law)**
  - https://benedictblythe.com/benedicts-law
  - https://www.anaphylaxis.org.uk/education/benedicts-law
- **Food: Allergy Guidance for Schools**
  - https://www.gov.uk/government/publications/school-food-standards-resources-for-schools/allergy-guidance-for-schools
- **Allergy Guidance for Food Businesses**
  - https://www.gov.uk/government/publications/allergen-guidance-for-food-businesses