Crown Meadow First School and Nursery

Allergy and Anaphylaxis Policy

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(Chair of Governors)

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(Head Teacher)

This policy is reviewed at least annually by the governing body and SLT and was
Last reviewed on date: **October 2026**
Next review date: **October 2027**

Author/s	H Allan
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Date of next review	October 2027
Purpose	To minimise the risk of any pupil suffering a serious allergic reaction whilst at school or attending any school-related activity. To ensure staff are properly prepared to recognise and manage serious allergic reactions should they arise.
Links with other policies	Safeguarding

The named staff members responsible for coordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy are:

Rebecca Hanson
Anita Heath
Lucy Hicks
Hilary Allan

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1. Introduction

From September, all schools, colleges and early years settings are required to have and publish a dedicated allergy safety policy, which will need to be reviewed at least annually.

The policy should, due to updates in the law, set out:

• How the school will identify children and young people with allergies and minimise the risks of exposure to known allergens, including food

• How staff will be trained in allergy awareness and emergency response

• How individuals at risk of anaphylaxis will have access to their prescribed adrenaline devices, alongside "spare" adrenaline devices

• How children and young people with allergies will be able to participate in visits and trips

• How Individual Healthcare Plans will capture specific arrangements (including any Allergy Action Plan and/or Asthma Plan)

• How the wellbeing and inclusion of children and young people with allergies will be promoted

The change in the law now requires Individual Healthcare Plans

Individual Healthcare Plans will set out what needs to be done to support a specific child or young person with an allergy, how, when and by whom, including in an emergency. They should be developed in collaboration with the child or young person and their parents, if appropriate, taking account of any advice received from healthcare professionals.

The is a new requirement for the recording of incidents or "near misses"

Where serious incidents or "near misses" occur involving a child or young person with an allergy, the incident should be recorded, reported to the child or young person's parents and the governing body alongside any statutory reporting.

Following investigation, lessons should be learned from any serious incident or "near miss", prompting a review of the relevant policies and arrangements.

What is Benedict's Law?

Benedict's Law is the name given to a set of reforms that make allergy safety a formal, whole-school responsibility in England, rather than a matter of individual school policy. It was introduced through section 34 of the Children's Wellbeing and Schools Act 2026, which received Royal Assent on 29 April 2026. Section 34 amends section 100 of the Children and Families Act 2014, the existing law that requires schools to support pupils with medical conditions, by adding a specific duty to have, publish and keep under review an allergy safety policy.

On 6 July 2026, the DfE published the statutory guidance that sits underneath this duty: *Allergy Safety in Schools*. This is the first time allergy safety has been given its own statutory framework, separate from the wider guidance on supporting pupils with medical conditions

What is an allergy?

An allergy is a reaction of the body's immune system to substances that are usually harmless. The reaction can cause minor symptoms such as itching, sneezing or rashes but

sometimes causes a much more severe reaction called anaphylaxis.

Anaphylaxis is a serious, life-threatening allergic reaction. The whole body is affected often within minutes of exposure to the allergen, but sometimes it can be hours later. Causes can include foods, insect stings, and drugs.

Most healthcare professionals consider an allergic reaction to be anaphylaxis when it involves difficulty breathing or affects the heart rhythm or blood pressure. Anaphylaxis symptoms are often referred to as the ABC symptoms (**Airway, Breathing, Circulation**).

It is possible to be allergic to anything which contains a protein; however, most people will react to a fairly small group of potent allergens.

Common UK Allergens include (but are not limited to):-
peanuts, tree nuts, sesame, milk, egg, fish, Latex, insect venom, pollen and animal dander.

This policy sets out how Crown Meadow First School and Nursery will support pupils with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in school life.

2. Role and responsibilities

Parent Responsibilities

- On admittance to the school, it is the parent's responsibility to inform reception staff (Anita Heath) of any allergies. This information should include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication.
- Parents are to supply a copy of their child's Allergy Action Plan (BSACI plans preferred) to school. If they do not currently have an Allergy Action Plan this should be developed as soon as possible in collaboration with a healthcare professional e.g. School nurse/GP/allergy specialist.
- Parents are responsible for ensuring any required medication is supplied, in date and replaced as necessary.
- Parents are requested to keep the school up to date with any changes in allergy management. The Allergy Action Plan will be kept updated accordingly.

Staff Responsibilities – Rebecca Hanson, the school SENDCo, leads on medical needs at Crown Meadow

- All staff who work directly with children at Crown Meadow will complete allergy and anaphylaxis training that includes changes in the law. Training is provided on a yearly basis and on an ad-hoc basis for any newly inducted members of staff.
- Staff (regular or cover classes) must be aware of the pupils in their care 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.
- Auto-injectors should be kept in the medical boxes in classrooms and spares auto-injectors are stored in the First Aid Room, in the cupboard above the sink, labelled to that effect.

- Staff leading school trips will ensure they carry all relevant emergency supplies, including medication. 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 trip.
- Lucy Hicks will ensure that the up-to-date Allergy Action Plan is kept with the pupil's medication.
- It is the parent's responsibility to ensure all medication is in date, however Lucy Hicks and Anita Heath will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.
- Rebecca Hanson keeps a register of pupils who have been prescribed medication, including adrenaline auto-injectors (AAI) and will ensure a record of use of any AAI(s) is kept on Medical Tracker as well as any emergency treatment given.
- The headteacher and Anita Heath ensures that any reaction or near misses are recorded and reported internally to the Chair of Governors and the H&S Team at the local authority using the secure portal and in accordance with RIDDOR.
- Medical tracker should be used for internal purposes of record keeping and parent notifications can be sent using these means. A parent should be notified of any near misses using this recording system.

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 should, if age is appropriate, have an awareness of where their auto-injectors are stored, although they are not responsible for retrieving them should they be needed. Auto-injectors, should they be needed, should be retrieved from the First Aid Room and taken to the child. The child should not be moved.

3. Allergy Action Plans

Allergy action plans are designed to function as individual healthcare plans for children with food allergies, providing medical and parental consent for schools to administer medicines in the event of an allergic reaction, including consent to administer a spare adrenaline auto-injector. Mrs. Hanson will see that these are updated annually. An electronic copy of the care plans are stored on Arbor. Hard copies of care plans are kept with a child's medication. In the case of asthma, this is in the classroom. In the case of autoinjectors and associated medication, this is in the First Aid Room.

British Society of Allergy and Clinical Immunology (BSACI) Allergy Action Plans are produced by a medical professional and should not be created by school. These are a national plan that has been agreed by the BSACI, Anaphylaxis UK and Allergy UK. Allergy action plans are designed to function as an individual healthcare plan.

4. Emergency Treatment and Management of Anaphylaxis

What to look for:
Symptoms usually come on quickly, within minutes of exposure to the allergen.

Mild to moderate allergic reaction symptoms may include:

- a red raised rash (known as hives or urticaria) anywhere on the body
- a tingling or itchy feeling in the mouth
- swelling of lips, face or eyes
- stomach pain or vomiting.

More serious symptoms are often referred to as the ABC symptoms and can include:

- **AIRWAY** - swelling in the throat, tongue or upper airways (tightening of the throat, hoarse voice, difficulty swallowing).
- **BREATHING** - sudden onset wheezing, breathing difficulty, noisy breathing.
- **CIRCULATION** - dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness.

The term for this more severe reaction is anaphylaxis. In extreme cases there could be a dramatic fall in blood pressure. The person may become weak and floppy and may have a sense of something terrible happening. This may lead to collapse and unconsciousness and, on rare occasions, can be fatal.

If the child has been exposed to something they are known to be allergic to, then it is more likely to be an anaphylactic reaction.

Anaphylaxis can develop very rapidly, so treatment is needed that works rapidly. **Adrenaline** is the mainstay of treatment, and it starts to work within seconds.

What does adrenaline do?

- It opens the airways
- It stops swelling
- It raises blood pressure

As soon as anaphylaxis is suspected, adrenaline must be administered without delay. Action:

- Keep the child where they are, call for help and do not leave them unattended.
- **LIE CHILD FLAT WITH LEGS RAISED** – they can be propped up if struggling to breathe but this should be for as short a time as possible.
- **USE ADRENALINE AUTO-INJECTOR WITHOUT DELAY** and note the time given. AAIs should be given into the muscle in the outer thigh. Specific instructions vary by brand – always follow the instructions on the device.
- CALL **999** and state **ANAPHYLAXIS (ana-fil-axis).**
- If no improvement after 5 minutes, administer second AAI.
- If no signs of life commence CPR.
- Call parent/carer as soon as possible.

Whilst you are waiting for the ambulance, keep the child where they are. Do not stand them up, or sit them in a chair, even if they are feeling better. This could lower their blood pressure drastically, causing their heart to stop.

All pupils must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can recur after treatment.

5. Supply, storage and care of medication

EpiPens/ Auto-injectors are kept in the medical box in the classroom and the other is in a box in the first aid room at the side of the office in the cupboard above the sink. The cupboard is clearly labelled. The First Aid Room is accessible to all staff.

Medication is stored in the provided container and clearly labelled with the pupil's name. The pupil's medication storage container should contain:

- Two AAIs 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 Lucy Hicks and Anita Heath 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 AAIs their child is prescribed, to make sure they can get replacement devices in good time.

Storage

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

Disposal

AAIs are single use only and must be disposed of as sharps. Used AAIs can be given to ambulance paramedics on arrival or can be disposed of in the sharps bin in the First Aid Room.

6. 'Spare' EpiPens in school

A spare 0.3mg and 1.5mg EpiPen which are kept in the first aid room at the side of the office in the cupboard above the sink. There is a label on the door.

Lucy Hicks and Anita Heath are responsible for checking the spare medication is in date on a half termly basis and replacing as needed.
Auto-injectors should be stored at room temperature.

Written parental permission for use of the spare EpiPens is included in the pupil's allergy action plan.

7. Staff Training

The named staff members (at least 2) responsible for coordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy are :-

Anita Heath
Hilary Allan

All staff will complete allergy awareness and anaphylaxis training[2] annually, and on an ad-hoc basis during induction of new staff. Refresher training should take place annually and be considered after a near miss.

Training includes:

- Knowing the common allergens and triggers of allergies
- Spotting the signs and symptoms of an allergic reaction and anaphylaxis. Early recognition of symptoms is key, including knowing when to call for emergency services
- Administering emergency treatment (including AAIs) 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
- Managing allergy action plans and ensuring these are up to date
- The duty to report near misses

Crown Meadow First School makes every effort to ensure that staff undertake a practical session using trainer devices (these can be obtained from the manufacturers' websites: www.epipen.co.uk and www.jext.co.uk

8. Inclusion and safeguarding

Crown Meadow First School is committed to ensuring that all children with medical conditions, including allergies, 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.

9. Catering

All food businesses (including school caterers) must follow the Food Information Regulations 2014 which states that allergen information relating to the 'Top 14' allergens must be available for all food products.

The school's menu is shared regularly in advance. Parents can request a detailed list of ingredients and potential allergens from the catering manager. Allergens are displayed on the servery during meal service.

Anita Heath will inform the Catering Manager of pupils with food allergies and systems are in place that identify those who have dietary requirements. Photographic imagery is shared on the

payment system so that a pupil's identification can be checked, if necessary

Parents/carers are encouraged to contact the Catering Manager to discuss their child's needs.

The school adheres to the following Department of Health guidance recommendations:

- Bottles, other drinks and lunch boxes provided by parents for pupils with food allergies should be clearly labelled with the name of the child for whom they are intended.
- If food is purchased from the school kitchen parents should check the appropriateness of foods by speaking directly to the catering manager.
- The pupil should be taught to also check with catering staff, before selecting their lunch choice.
- Where food is provided by the school, staff should be educated about how to read labels for food allergens and instructed about measures to prevent cross contamination during the handling, preparation and serving of food. Examples include: preparing food for children with food allergies first; careful cleaning (using warm soapy water) of food preparation areas and utensils. For further information, parents/carers are encouraged to liaise with the Catering Manager.
- Food should not be given to primary school age food-allergic children without parental engagement and permission (e.g. birthday parties, food treats).
- 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.

10. School trips

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 without access to their required medication will not be able to attend the trip.

All the activities on the school trip will be risk assessed to see if they pose a threat to allergic pupils and alternative activities planned to ensure inclusion.

Overnight school trips should be possible with careful planning and a meeting for parents with the EVC and Educational Visit Leader planning the trip should be arranged. Staff at the venue for an overnight school trip should be briefed early on that an allergic child is attending and will need appropriate food (if provided by the venue).

Sporting Excursions
Allergic children should have every opportunity to attend sports trips to other schools. The school will ensure that the teacher/s are fully aware of the situation. The school being visited will be notified that a member of the team has an allergy when arranging the fixture. A member of staff trained in administering adrenaline will accompany the team. If another school feels that they are not equipped to cater for any food-allergic child, the school will arrange for the child to take their own food.

Most parents are keen that their children should be included in the full life of the school where possible, and the school will need their co-operation with any special arrangements required.

11. Allergy awareness and nut bans

Crown Meadow First School and Nursery supports the approach advocated by Anaphylaxis UK towards nut bans/nut free schools. The school has declared itself 'nut free' and do not permit nuts or products containing traces of nuts to be brought onto or consumed on the school site.
Nuts are only one of many allergens that could affect pupils, and no school could guarantee a truly allergen free environment for a child living with food allergies. Crown Meadow therefore advocates for a culture of allergy awareness and education.

A 'whole school awareness of allergies' is a desirable approach, as it ensures teachers, pupils and all other staff are aware of what allergies are, the importance of avoiding the pupils' allergens, the signs & symptoms, how to deal with allergic reactions and to ensure policies and procedures are in place to minimise risk.

12. Risk Assessment

Crown Meadow First School and Nursery will conduct a detailed individual risk assessment for all new pupils being admitted with allergies and any pupils newly diagnosed, to help identify any gaps in our systems and processes for keeping allergic children safe.

School and individual risk assessments can be downloaded for free from:
https://www.anaphylaxis.org.uk/downloads-form/safer-schools-download/.

13: Incident logging

What is an Allergen Near Miss?

Definition: An unplanned event or close call that could have caused an allergic reaction or consumed a sensitive ingredient, but was caught and prevented just in time (e.g., spotting a mislabeled dish or wrong ingredient before providing the food stuff).

Distinction: Unlike an actual reaction, no harm occurred, but analysing the root cause is vital to prevent future incidents.

Why Reporting Matters

Identifies Gaps: Highlights systemic vulnerabilities, training issues, or cross-contamination risks in food preparation.

No-Blame Culture: Platforms and internal logs focus on shared learning and trends rather than assigning blame or punitive enforcement.

Crown Meadow uses Medical Tracker to record instances of administration of medicines. Should a child have an allergic reaction, Medical Tracker should be used to record this and to notify parents on the day of the event.
Near misses should also be recorded on the platform.

The CoG should be notified of the instance of a near miss. Reports should include the following details:

- **Date and Time**: When the near miss happened.
- **Location**: Where it occurred (e.g., school canteen, food preparation counter, serving line).
- **Individual Involved**: The name of the child with the allergy or hypersensitivity, if applicable.

- **Allergen Involved**: The specific allergen or regulated food item (e.g., peanuts, milk, gluten).
- **Description of Event**: Exactly what went wrong (e.g., wrong label printed, wrong ingredient added, near-delivery of unsafe food).
- **How It Was Prevented**: The specific intervention or check that caught the error before consumption or exposure.
- **Immediate Corrective Action**: What was done right away to fix the immediate issue (e.g., replacing the dish, correcting a label).
- **Reporter Details**: Name and role of the person who spotted and reported the near miss

13. Useful Links

Anaphylaxis UK - https://www.anaphylaxis.org.uk/

Safer Schools Programme - https://www.anaphylaxis.org.uk/education/safer- schools-programme/

AllergyWise for Schools online training - https://www.allergywise.org.uk/p/allergywise-for-schools1

Allergy UK - https://www.allergyuk.org

Whole school allergy and awareness management - https://www.allergyuk.org/schools/whole-school-allergy-awareness-andmanagement

BSACI Allergy Action Plans - https://www.bsaci.org/professional-resources/resources/paediatric-allergy-action-plans/

Spare Pens in Schools - http://www.sparepensinschools.uk

Department for Education Supporting pupils at school with medical conditions - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf

Department of Health Guidance on the use of adrenaline auto-injectors in schools - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf

Food allergy quality standards (The National Institute for Health and Care Excellence, March 2016) https://www.nice.org.uk/guidance/qs118

Anaphylaxis: assessment and referral after emergency treatment (The National Institute for Health and Care Excellence, 2020) https://www.nice.org.uk/guidance/cg134?unlid=22904150420167115834

Appendix – Allergy Incident Log. An electronic log should be recorded on medical tracker.

This log is to keep a record of ALL incidents relating to allergy e.g. drug box not in correct place, any type of allergic reaction, any 'near miss' event. Note: This document will be reported to governors on a termly basis. Any anaphylactic reaction will be communicated to the Chair of Governors within 24 hours in the case of anaphylaxis.

Date of incident	Type of incident	1. Near miss	2. Allergic reaction	3. Other	Description	Pupil/s affected	Action taken +date