KINGSDOWN SCHOOL

Allergy Safety and Anaphylaxis Management Policy (Benedict's Law) Version 1.1

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RIVER LEARNING TRUST HEALTH & SAFETY				
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Allergy Safety and Anaphylaxis Management Policy (Benedict's Law)

1. Introduction and School Ethos

Kingsdown School is committed to providing a safe and inclusive environment for all pupils, including those with severe allergies. This policy outlines our "Allergen Aware" approach to preventing and managing anaphylaxis, in accordance with the 2026 Statutory Guidance and Benedict's Law principles.

2. Roles and Responsibilities

- **Named Senior Lead:** Karen Agambar Designated Safeguarding Lead– Responsible for the implementation of allergy safety measures and staff training.
- **Named Governor:** Salim Suleman Link Safeguarding Governor– Responsible for oversight and ensuring the school meets its safeguarding duties regarding allergies.
- **Catering Lead:** H Brown Business Manager – Responsible for ingredient transparency and safe meal service.

3. Individual Healthcare Plans (IHPs)

- All pupils with a known food, insect, or medication allergy that requires active management (including the use of an Adrenaline Auto-Injector) **must** have a current IHP.
- The IHP will include a clinical Allergy Action Plan (e.g., BSACI plan) and will be reviewed at least annually.

Children and young people should have an Individual Healthcare Plan (IHP) if:

- they have an allergy which has a functional impact on them in their school, college or setting;
- they are at risk of harm as a result of their allergy and
- they require arrangements which are additional to or different from those made generally.

The IHP will set out the additional and/or different arrangements that will be in place in the school, or early years setting for supporting the child or young person with their medical condition or allergy, including in emergency situations.

Children and young people with allergy who require specific support arrangements will have them documented through an Individual Healthcare Plan. This includes children and young people whose allergies require flexibility and “reasonable adjustments”, as well as those who require medication (either proactively or in an emergency situation). Where children and young people have an Allergy Action Plan and/or Asthma Action Plan issued by a healthcare professional, the IHP should refer to or attach it. Whenever an updated Action Plan becomes available, the child or young person’s Individual Healthcare Plan should be reviewed to incorporate it. See appendix A for IHP for allergy template

4. Prevention Measures

- **No Food Sharing:** A strict "no food sharing" rule is enforced across the school.
- **Catering:** The kitchen maintains an allergen matrix. Pupils with severe allergies are identified at the point of service via: [e.g., photo-ID/color-coded plates].
- **Curriculum:** Ingredients used in Science, Food Technology, or Art will be checked against the pupil allergy register.
- **School Trips:** A pupil specific risk assessment is conducted for every off site trip to ensure allergen safe dining and proximity to medical care.

5. Food Allergy Management, mealtimes and snacks

- **Allergen matrix and menus:** The catering lead maintains a comprehensive allergen matrix for all school meals. Parents and carers are advised to review menus and check appropriateness with the school.
- **Cross contamination controls:** Kitchen and catering staff are thoroughly educated on reading food labels and enforcing robust strict controls, such as preparing allergen safe meals first and using separate, warm soapy water cleaned utensils and preparation zones.
- **Labelling home provisions:** All bottles, drinks and packed lunch boxes supplied by parents/carers for children with known food allergies must be clearly labelled with the child's full name.

6. School Trips and off site activities

- **Risk assessments:** A comprehensive risk assessment must be completed prior to any off site visit or residential trip. This assessment must specifically address the management of pupils with known severe food allergies and anaphylaxis risk, including identifying local medical facilities relative to the trip location.
- **Medication portability:** Staff leading the trip must ensure that the pupil's prescribed auto injectors (AAIs) and their up to date Individual Healthcare Plan (IHP) are signed out and carried by a designated adult at all times during the trip. Pupils who are deemed mature enough to carry their own medication must still be monitored to ensure it is on their person.
- **Catering on trips:** When meals are provided by the school or a third party venue during a trip, the trip leader must confirm allergen details in advance. If safety cannot be guaranteed, parents/carers will be asked to provide a safe, clearly labelled packed lunch for their child.
- **Staff training:** All staff accompanying pupils on trips must be trained in the recognition of anaphylaxis and the administration of AAIs.

7. Emotional wellbeing and psychological support

- **Reducing anxiety and stigma:** The school recognises that living with a severe allergy can cause significant anxiety for both the pupil and their family. Staff will foster an inclusive environment that supports both the pupil's emotional wellbeing, ensuring they do not

feel isolated, excluded or stigmatised due to their dietary or medical needs. Age appropriate awareness of allergy safety will be raised amongst children and young people to ensure that there is an awareness of how to seek help in an emergency.

- **Bullying and peer support:** Any incident of teasing, bullying or intentional exposure to allergens will be treated with the utmost seriousness and addressed immediately under the schools anti bullying policy. Peer education sessions will be conducted sensitively to raise awareness and build empathy among classmates.
- **Post incident support:** In the event that a pupil experiences an allergic reaction or an anaphylactic shock, the school will provide a wrap around emotional support upon their return to classes. This includes access to the schools counsellor to help the pupil, their peers and involved staff process the event.
- **Counselling and check ins:** Designated staff members will conduct regular, informal check ins with pupils who have severe allergies to monitor their comfort levels, social inclusion during mealtimes and general mental wellbeing.

8. Management of Adrenaline Auto-Injectors (AAIs)

- **Pupil Specific AAIs:** Parents/carers must provide two in date AAIs to the school. One is kept with the pupil and the second is kept in the Medical Room. These locations should provide children and young people rapid access to their devices at all times, in the case of anaphylaxis, adrenaline should be administered within 5 minutes. This includes in the lunch area, playground and sports fields or when on visits and trips.
- **School "Spare" AAIs:** The school maintains a supply of "spare" AAIs for emergency use on pupils known to be at risk of anaphylaxis whose own device is unavailable or has failed. As well as those pupils that display signs of anaphylaxis for the first time.
- **Expirations:** TheKaren Sloley - First Aid is responsible for checking AAI expiry dates monthly, and ordering replacements in good time as necessary.
- **Pupil home travel**: Children, young people and their parents/carers should take home their individually prescribed adrenaline devices at the end of each school day for the journey home
- **Records**: All children and young people that have been prescribed with adrenaline devices will have this logged on bromcom and an allergy action plan

- **Spare adrenaline devices:** Schools should ensure that no child or young person is more than five minutes from adrenaline devices. Adrenaline devices should always be stocked and stored in pairs. Schools with large sites should consider having two pairs of “spare” devices, so that a pair of “spare” adrenaline devices are available within five minutes of wherever they may be needed. Where schools operate across more than one site, they should ensure there are spare adrenaline devices of the appropriate dosage on each site as required.

When storing “spare” adrenaline devices:

- “Spare” adrenaline devices must be readily accessible and not locked away;
- In the event of an anaphylaxis, adrenaline should be administered as soon as possible. In practice, this should be no more than five minutes, i.e. adrenaline devices must be able to be brought to the person having anaphylaxis within 5 minutes. Each school needs to ensure that it has a robust procedure which will achieve this.
- In larger schools, more than one set of “spare” adrenaline devices may be needed (for example one near the central dining area and another near the playground);
- “Spare” adrenaline devices should be stored in pairs, so that if a second one is necessary it is on hand rather than needing to be obtained from elsewhere on site;
- “Spare” adrenaline devices should be clearly labelled, to avoid any confusion with adrenaline devices prescribed to a named person. Some schools choose to have a clearly marked “emergency anaphylaxis kit” containing the spare adrenaline devices, any emergency asthma reliever inhaler and spacers and instructions for their use.
- See section 14 for further details on symptoms of anaphylaxis

9. Emergency Response Procedure

In the event of a suspected anaphylactic reaction:

1. **Call for Help:** Alert a First Aider and retrieve the child's AAI and the school "spare."
2. **Positioning:** Keep the child lying flat with legs raised. **Do not** stand them up.
3. **Administer AAI:** Inject into the outer mid-thigh. Note the time.
4. **Call 999:** State "Anaphylaxis"

5. **Stay with the Child:** A staff member must remain with the child until paramedics arrive.

10. Training

- **Whole School:** All staff present during times when pupils are scheduled to be on site should receive allergy awareness training. This includes permanent staff, temporary staff, supply teachers, peripatetic staff, agency workers and regular volunteers. It includes catering staff and others who may oversee children and young people at breakfast or after school clubs. It is not intended to include contractors carrying out work with no pupil facing role such as builders, electricians or other ad hoc maintenance personnel. This training will be required for annual completion.
- **Induction:** During staff inductions staff set out above will have the allergy awareness training assigned as part of the staff induction process.
- **Cover staff:** All staff set up as cover staff will also be required to complete the allergy awareness training

Allergy awareness training should ensure all staff:

- Have an **awareness** of allergy, the risks it poses, how allergic reactions can occur and how to manage it;
- Understand that allergy includes multiple conditions (food allergy, asthma, eczema, hay fever, others), which can co-exist;
- Understand the difference between food allergy, coeliac disease and food intolerance;
- Know where to find information on allergy triggers;
- Can identify the range of symptoms of allergic reactions;
- Understand and can recognise anaphylaxis;
- Know how to respond in an emergency, including:
- calling emergency services and informing parents;
- how to locate and administer emergency medication (adrenaline for anaphylaxis, asthma reliever inhaler for an asthma attack).
- training on how to use the medication/device in an emergency (whether prescribed to a given person or a school's "spare" adrenaline devices);
- Understand the impact allergy can have on a child or young person's wellbeing;
- Understand the school, college or setting's allergy safety policy;
- Know how to check whether an individual is on the record of those with known allergy and how to use an Allergy or Asthma Action Plan;

- Understand their responsibilities in reducing the risk of individuals with known allergy coming into contact with their known allergens;
- Understand how to report an allergic reaction or case of anaphylaxis (whether an incident or a “near miss”).

Training under this guidance should be understood as allergy awareness and emergency response training. It should not be read as replacing any separate clinical governance, competency or delegation arrangements that may be needed where a child or young person requires individual healthcare support beyond school level allergy safety arrangements.

- **Drills:** The school conducts termly tabletop drills using trainer pens to maintain staff confidence. Led by the Senior Allergy Lead, staff review anaphylaxis scenarios to practice rapid symptom identification and simulate the school's emergency response protocol.

11. Identification of individuals with allergy

- The school will gather information about known allergies from the child, young person, their parents/carers and their previous setting.
- The school will record known allergies for children, young people, staff and visitors in bromcom
- All children and young people with known allergies should have an Individual Healthcare Plan (IHP) if:
- They have an allergy which has a functional impact on them in their school,
- They are at risk of harm as a result of their allergy **and**
- They require arrangements which are additional to or different from those made generally.

12. Near Miss Reporting and Incident Review

- Any "near miss" or “serious incident” must be recorded in the same way as accidents.
- **Serious incident:** A serious incident is any event relating directly to a medical condition (including allergy) in which a child, young person, member of staff or visitor with a medical condition or allergy is harmed or is placed at an immediate and significant risk of harm, including situations requiring emergency medication, urgent clinical intervention or attendance by emergency services.
- **Near Miss:** A “near miss” is an event relating directly to a medical condition (including allergy) that did not result in harm but had the

clear potential to do so, for example, where an error, omission, or system failure could reasonably have led to a serious incident had circumstances been only slightly different.
- Following any allergic reaction or significant near miss, the Senior Lead will conduct a formal review of procedures to prevent recurrence.
- Parents/carers, children and young people are advised to report any allergy incidents occurring outside of school to the school relating to any serious incidents or near misses involving allergy safety to ensure that Individual Healthcare Plans (IHP) are kept up to date.

13. Policy Publication

This policy is published on the school website and is shared with all parents/carers upon admission. This policy is also shared with all new members of staff and volunteers as part of the school induction process.

14. Responding to anaphylaxis

Symptoms of anaphylaxis

A - Airway
- Persistent cough
- Hoarse voice
- Difficulty swallowing
- Swollen tongue

B - Breathing
- Difficult or noisy breathing
- Wheeze or cough

C- Circulation
- Persistent dizziness
- Pale or floppy
- Sleepy
- Collapse or unconscious

15. Delivering adrenaline
- Take the medication to the patient rather than moving them

- The patient should be lying down with legs raised. If they are having trouble breathing, they can sit with legs outstretched
- It is not necessary to remove clothing but make sure you're not injecting into thick seams, buttons, zips or even a mobile phone in a pocket.
- Inject adrenaline into the upper outer thigh according to the manufacturer's instructions.
- Make a note of the time you gave the first dose and call 999 (or get someone else to do this while you give adrenaline). Tell them you have given adrenaline for anaphylaxis.
- Stay with the patient and do not let them get up or move, even if they are feeling better (this can cause cardiac arrest)
- Call the pupil's emergency contact.
- If their condition has not improved or symptoms have got worse, give a second dose of adrenaline after 5 minutes, using a second device. Call 999 again and tell them you have given a second dose and to check that help is on the way.
- Start CPR if necessary.
- Hand over used devices to paramedics and remember to get replacements.

16. Information sharing
All information will be stored and shared in accordance with the schools data protection policy.

17. Useful links

How to use an adrenaline auto-injector
There are different types of adrenaline auto-injectors and each one is given differently, the following are useful instructions to the main ones.
EpiPen instructions (EpiPen website)
Jext instructions (Jext website)

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

Appendix A - Individual Healthcare Plan for Allergy template

<table>
<tr><th colspan="2">NAME – Individual Healthcare Plan for allergy</th></tr>
<tr><td>Date of birth:</td><td rowspan="4">Current photo</td></tr>
<tr><td>Year / class:</td></tr>
<tr><td>Emergency contacts:</td></tr>
<tr><td>Staff who need to be aware:</td></tr>
<tr><td colspan="2">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.</td></tr>
<tr><td colspan="2">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.</td></tr>
<tr><td colspan="2">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.</td></tr>
<tr><td colspan="2">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.</td></tr>
</table>

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 <u>non</u>-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**: