Waterside Primary Academy

Whole-School Allergy and Anaphylaxis Policy

In Compliance with Benedict's Law (DfE Statutory Guidance)

Date of Policy: July 2026

Review Date: July 2027 (Statutory annual review required)

Named SLT Allergy Lead:
Jacqui Blackmore, Headteacher

Named Office/Admin Lead:
Jane Clark

Governing Body Oversight:
Jo Pearce, Named Governor for Health & Safety / Safeguarding

1. Policy Statement & Objectives

Waterside Primary Academy is committed to providing a safe, fully inclusive environment for all pupils and staff. We recognise that severe allergies (anaphylaxis) are life-threatening medical emergencies, a foreseeable health and safety risk, and a core safeguarding responsibility.

In line with Benedict's Law, this standalone policy outlines our mandatory procedures for allergen risk reduction, universal staff training, robust individual healthcare planning, and rapid emergency response. Our primary objective is to ensure that anaphylaxis is recognised immediately and treated without delay.

2. Governance, Roles and Responsibilities

- **The Governing Body & H&S Governor:** Will maintain strategic oversight of policy compliance. The Governing Body will formally review the school's near-miss Ledger and drill logs once per term to identify systemic risks.
- **The Headteacher & SLT Allergy Lead:** Responsible for the day-to-day implementation of this policy, ensuring 100% training compliance, coordinating unannounced drills, and maintaining oversight of allergy training.
- **The School Office / Administration Team:** Act as the operational hub. Responsible for maintaining the live Adrenaline Auto-Injector (AAI) Register, tracking medication expiry dates, securing formal parental consents, managing Individual Healthcare Plans (IHPs), and logging near-misses.
- **Catering Staff (Internal or External Contractors):** Responsible for strict cross-contamination kitchen protocols, rigid allergen labelling, and robust pupil identification at the point of service. External catering providers must legally submit Level 3 Allergy Supervisor certifications to the school office annually.
- **All School Staff (Including Temporary Personnel):** Under a statutory duty to complete annual training, participate actively in practical emergency drills, maintain day-to-day awareness of pupil triggers, and execute emergency protocols immediately if anaphylaxis is suspected.

3. Identification, IHPs & The Live AAI Register

No child with a diagnosed severe allergy or known life-threatening trigger will be permitted on the school premises without verified medical protocols in place.

- **Data Collection & Accuracy:** The school office will execute a comprehensive allergy data audit annually before the Autumn term, and immediately upon any mid-year admission.

- **Medical Evidence:** Parents must complete the schools Healthcare plan that includes details of treatment and permission to act. This is to be reviewed annually.
- **Comprehensive Scope:** Risk identification and IHPs must explicitly cover all severe allergy profiles, including food allergens, severe insect stings (wasp/bee), latex, and animal dander.
- **Information Dissemination:** High-visibility digital flags will be applied to the school's Management Information System (MIS - e.g., Arbor). Physical photo ID profile cards detailing specific allergens and emergency locations will be securely displayed in the staffroom, the child's classroom, and the catering kitchen.
- **The Central Office AAI Register:** The school office will maintain a live register tracking:
    1. Every pupil-prescribed AAI (Brand, dosage strength, exact expiry date, and physical storage location).
    2. The school's generic backup emergency AAI supply.
    3. Signed, explicit parental consent forms allowing the use of the school's spare AAIs in an emergency.

4. Mandatory Staff Training & Emergency Drills

In compliance with Benedict's Law, allergy safety training is a universal requirement for all school personnel. It is no longer restricted to designated first aiders.

- **Scope of Personnel:** Training is compulsory for teaching staff, teaching assistants, office administrators, lunchtime supervisors, premises staff, cleaners, wrap-around/after-school club leaders, supply teachers, and school-contracted minibus drivers.
- **Frequency & Certification:** Certified training must be refreshed strictly every 12 months via DfE-endorsed frameworks
- **Practical Competency:** Training must deliver physical competency in recognising early and severe systemic symptoms of anaphylaxis, instructing emergency services, and executing hands-on practice using trainer (dummy) AAI devices.
- **Unannounced Mock Anaphylaxis Drills:** To ensure operational readiness, the SLT Allergy Lead will coordinate a minimum of two unannounced 'mock anaphylaxis drills' for all staff per academic year. These live simulations will rigorously test staff recognition, communication latency, emergency services liaison, and the physical retrieval of medication. The hard target is to deliver an AAI to any location on the school site within 5 minutes of symptom onset.

Drill outcomes and response times will be formally logged and reviewed by Governors.

5. Emergency Medication Procurement, Storage & The 5-Minute Rule

Delays in administering adrenaline are the leading cause of fatalities in anaphylaxis cases. A hard '5-Minute Rule' governs this policy.

- **Pupil-Specific Prescribed AAIs:** Pupils prescribed AAIs must have a minimum of two in-date devices in school at all times. These devices must never be separated and must accompany the pupil to all lessons, breaks, and off-site activities.
- **Statutory Spare School AAIs:** Operating an early years and primary provision spanning ages 1 to 12, the school office will procure and maintain a minimum of **FOUR** generic, unprescribed backup AAIs from a registered pharmacy (using a standard order letter template signed by the Headteacher). To safely manage the critical 30kg body-weight threshold, the school will hold:
    1. Two (2) x 0.15mg strength auto-injectors (Junior dose: for weights 7.5kg up to 30kg).
    2. Two (2) x 0.30mg strength auto-injectors (Adult/Senior dose: for weights exceeding 30kg and staff).
- **Accessibility and Storage:** Emergency medication must **never be locked away**, placed inside drawers, or hidden in restricted first aid bags. All pupil-specific and spare school AAIs must be stored in a centralised, highly visible, clearly signposted, and unlocked emergency hub known to all staff. Storage temperatures must be strictly maintained between 0°C and 25°C (protected from direct sunlight and never refrigerated).
- **Rigorous Expiry Audits:** The Office Lead will conduct and document a physical audit of all AAIs on the first working day of every calendar month. Any device expiring within 30 days will trigger an immediate mandatory alert to parents or prompt emergency re-ordering.

6. Adrenaline Auto-Injector (AAI) Reference Matrix

The following standard matrix governs the selection of spare emergency AAIs within the school kit based on pupil physical profile:

AAI Strength	Target Weight Threshold	School Age Profile Equivalent	Standard Packaging Indicator
0.15 Milligrams (0.15mg)	7.5 kg up to 30 kg	Early Years, Foundation, and Primary up to Year 4/5	Green Labelling (Junior Dose)
0.30 Milligrams (0.3mg)	Exceeding 30 kg	Older Primary (Year 5/6) and all Adult Staff	Yellow Labelling (Adult Dose)

Crucial Clinical Caveat: Individual doctor prescriptions detailed within a pupil's signed IHP always override generic weight/age guidelines.

7. Environmental Risk Minimisation

While the school cannot guarantee a 100% allergen-free environment, strict control measures are enforced across the school day:

- **Catering Control & Mealtimes:** The kitchen operates a strict zero-cross-contamination protocol. For primary-aged pupils, a robust visual identification system where photos of the children are on the wall in the kitchen, servery and classrooms.
- **Classroom & Curriculum Restrictions:** Food items must never be utilised as rewards or incentives. All curriculum plans (including Food Technology, Science experiments, sensory play, and art crafting with egg cartons or nut shells) must be cross-referenced against the live classroom allergy sheet before approval. Risk assessments must explicitly account for outdoor triggers, such as identifying wasp nests on school fields or managing animal contact during educational visits.
- **Allergy-Related Bullying:** Any instance of teasing, mocking, intimidating, or "pranking" a pupil with food or threats of allergen exposure will be classified as a severe, high-level safeguarding breach and dealt with stringently under the school's anti-bullying and behaviour policies.
- **Educational Visits & Off-Site Trips:** Comprehensive, documented risk assessments are mandatory for all off-site travel. Lead teachers must physically check out and carry the pupil's two prescribed AAIs. A trip-specific risk assessment will determine if a set of the school's spare generic AAIs must also travel with the group, ensuring an adequate emergency supply remains resident at the school site.

8. Clinical Emergency Response Protocol

If a pupil or staff member exhibits signs of acute anaphylaxis (e.g. severe respiratory distress, swelling of the mouth/throat/tongue, stridor, persistent dizziness, pale/floppy presentation, or cutaneous hives combined with systemic weakness), execute the following sequence instantly:

1. **Administer the AAI Immediately:** Do not wait for a designated first aider. Do not delay to check records if the child is deteriorating. Inject the correct strength AAI firmly into the outer middle thigh. Note the exact time of delivery.
2. **CRITICAL SAFETY DIRECTIVE: DO NOT MOVE THE PATIENT.** Under no circumstances should a pupil experiencing an allergic reaction be made to walk, stand up, or travel to the school office or medical room. Moving an individual in anaphylaxis can trigger a sudden, fatal drop in blood pressure (postural collapse). The medication and emergency kit must travel to the patient. Keep the patient lying completely flat with their legs elevated. If they are in severe respiratory distress, support them in a slightly seated position on the floor, but do not allow them to stand or sit on a chair.
3. **Call Emergency Services (999):** Dial 999 immediately. State clearly and repeatedly: **"ANAPHYLAXIS EMERGENCY"** to ensure the highest category ambulance response is deployed. Inform the operator that an AAI has been administered.
4. **Deploy Second AAI if Required:** If symptoms fail to improve, or worsen after 5 to 10 minutes, administer a second AAI (utilising the pupil's second prescribed device or the school's spare backup pen).
5. **Parental Notification & Paramedic Handover:** Contact the parents/carers immediately after emergency services are routed. Ensure a staff member meets the ambulance at the school gates. The used AAI devices must be handed physically to the attending paramedics, noting the exact times they were deployed.

9. Reporting, Incident Analysis & The Near-Miss Ledger

- **Incident Logging:** Every instance of an allergic reaction or AAI deployment must be formally recorded as a major medical incident on the school's safeguarding database.
- **The Near-Miss Ledger:** The school office will maintain a proactive 'Near-Miss Ledger' to capture process vulnerabilities before harm occurs. A near-miss includes events such as: mislabelled food items reaching the dining hall, unverified ingredients

introduced into classrooms, misplaced emergency medication, or gaps in supply staff handovers.

- **Root-Cause Analysis:** Following any reaction or logged near-miss, the Headteacher and SLT Allergy Lead will conduct a comprehensive root-cause analysis within 48 hours. This evaluation will rigorously scrutinise process breakdowns, response velocity, and communication clarity to update this policy and individual IHPs immediately. All analytical outcomes will be reported to the Governing Body.