BANISTER PRIMARY ALLERGY POLICY AND ANAPHYALXIS HEALTHCARE PLAN

Governors review	Adoption date	Review
July 2026	July 2026	September 2027

New policy in line with changes in legislation

Contents

1. Policy Statement

Banister Primary is committed to safeguarding and promoting the welfare of all children, including those with allergies. We recognise that allergies can be life-threatening and require a whole-school, proactive approach to prevention, identification, and emergency response.

This policy sets out how we will:

- Minimise risk to children with allergies
- Ensure staff are trained and confident
- Provide effective emergency response
- Promote inclusion and wellbeing

This policy meets the expectations of the Department for Education statutory guidance on supporting children with medical conditions and allergies (2026) and Benedict's Law requirements, including mandatory training, emergency medication, and a published school policy.

2. Scope

This policy applies to:

- All children
- All staff (teaching and non-teaching)
- Governors/trustees
- Volunteers and contractors
- All school activities (on-site and off-site)

3. Roles and Responsibilities

Governing Body / Trust

- Ensure compliance with statutory guidance
- Monitor implementation and effectiveness
- Ensure adequate resources are in place

Headteacher

- Overall responsibility for policy implementation
- Ensure staff training is completed and recorded

- Ensure systems for risk management and emergency response

Designated Allergy Lead (DAL)

(Miss Heller)

- Maintain central allergy register
- Oversee Individual Healthcare Plans (IHPs)
- Coordinate staff training
- Monitor incidents and review practice
- Liaise with parents and professionals

All Staff

- Complete mandatory allergy training
- Be aware of children with allergies
- Follow prevention and emergency procedures
- Act immediately in an emergency

4. Identification of Children with Allergies

The school will:

- Collect medical information at admission and annually
- Require parental disclosure of allergies and medical needs
- Maintain a central allergy register (accessible to staff)
- Clearly identify children with severe allergies (e.g. photo boards/secure systems)

5. Individual Healthcare Plans (IHPs)

All children with significant allergies will have an Individual Healthcare Plan, which will include:

- Confirmed allergens
- Signs and symptoms (child-specific)
- Medication and dosage
- Emergency procedures (including AAI use)
- Named trained staff

IHPs will be:

- Developed with parents and healthcare professionals
- Reviewed at least annually or after any incident

This aligns with statutory expectations for individual care planning.

6. Risk Reduction and Prevention

The school will implement reasonable measures to reduce risk, including:

Food Management

- Clear allergen awareness in kitchens and classrooms
- Careful supervision of meals and snacks
- No food sharing

Classroom Practice

- Risk assessment of activities involving food or allergens
- Use of allergen-safe alternatives where appropriate

Environment

- Cleaning protocols to reduce cross-contamination
- Safe storage of food and materials

Educational Visits

- Allergy risk assessment for all trips
- Staff trained and medication carried at all times

7. Emergency Medication

The school will:

- Hold spare adrenaline auto-injectors (AAIs) for emergency use
- Ensure all prescribed medication is accessible, in-date, and clearly labelled
- Store medication in agreed, accessible locations

Spare AAIs may be used in an emergency for any child or adult experiencing anaphylaxis.

8. Emergency Procedures

All staff will follow the school's Anaphylaxis Emergency Protocol:

1. Recognise symptoms of allergic reaction
2. Call for help and send for medication
3. Administer AAI without delay if anaphylaxis is suspected
4. Call 999 immediately
5. Contact parents/carers
6. Monitor child until emergency services arrive

All incidents will be recorded and reviewed.

9. Training

Whole-School Training (Mandatory)

All staff will complete annual allergy awareness training, covering:

- Understanding allergies
- Recognising symptoms
- Emergency response procedures
- Use of adrenaline auto-injectors

Training is compulsory for all staff, including support and ancillary staff.

Additional Training

- Practical AAI training for key staff
- Induction training for new starters
- Regular refreshers and updates

The school will maintain training records for all staff. All staff will receive refresher training and updates provided following any significant incident.

10. Inclusion and Wellbeing

The school will:

- Ensure children with allergies can fully participate in school life
- Make reasonable adjustments
- Prevent bullying related to medical conditions
- Promote awareness and understanding among children

11. Communication

The school will ensure effective communication with:

- Parents/carers (updates, care plans, consent)
- Staff (briefings, registers, notices)
- Supply staff and visitors (essential information)

The policy will be published on the school website.

12. Recording and Monitoring

The school will:

- Record all allergy incidents
- Review incidents to identify learning points
- Update risk assessments and procedures accordingly

Improved incident recording and learning systems are an expectation of the new guidance.

Senior leaders will regularly audit:

- the percentage of pupils with completed and compliant IHPs

- staff training completion

- availability and expiry of emergency medication

13. Policy Review

- Reviewed annually (or sooner if required)
- Approved by governing body/trust
- Next review date: September 2027

14. Linked Policies

- Supporting Children with Medical Conditions
- First Aid Policy
- Safeguarding Policy
- Educational Visits Policy
- Health and Safety Policy

Appendix A: Anaphylaxis Emergency Flowchart

⚠️ Recognise symptoms of anaphylaxis (airway, breathing, circulation issues)

⬇️

📢 Send for help and emergency medication (AAI + staff)

⬇️

💉 Administer adrenaline auto-injector immediately, if in doubt administer

⬇️

📞 Call 999 – state ANAPHYLAXIS and confirm adrenaline given

⬇️

🧍 Position child safely (lie flat, legs raised / sit if breathing difficulty)

⬇️

👀 Monitor continuously (do not leave child alone)

⬇️

⏱️ If no improvement after 5 minutes → give second AAI

⬇️

🚑 Stay with child until ambulance arrives and handover

Individual Healthcare Plan (IHP) – Allergy and Anaphylaxis

All Individual Healthcare Plans relating to allergies must follow the school's Allergy Policy and include a standardised anaphylaxis emergency protocol.

Child / Young Person Details

Child's name:
Date of birth:
Class / Year group:
Address:

Medical diagnosis (including allergies):

Date diagnosed:
Review date:

Family Contact Information

Contact 1 name:
Relationship:
Telephone (mobile):
Telephone (work):
Telephone (home):

Contact 2 name:
Relationship:
Telephone (mobile):
Telephone (work):
Telephone (home):

Medical / Professional Contacts

GP name:
GP contact number:

Consultant / clinic:
Contact details:

School nurse:
Contact details:

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1. Allergy and Anaphylaxis Details (MANDATORY)

Confirmed allergens:
(e.g. peanuts, dairy, egg, insect stings)

Type of allergy:
(food / environmental / venom / other)

Severity:
(e.g. history of anaphylaxis / mild–moderate / severe)

Previous reactions (brief description):

Known triggers / high-risk situations:

2. Signs and Symptoms (MANDATORY)

Early symptoms (may include):

(e.g. itching, rash, swelling, stomach pain, mild breathing difficulty)

Severe symptoms (ANAPHYLAXIS – life-threatening):

(e.g. airway swelling, difficulty breathing, wheeze, collapse, pale/blue skin, loss of consciousness)

If any severe symptoms are present, treat as ANAPHYLAXIS immediately.

3. Medication and Adrenaline Auto-Injector (AAI)

Type of AAI: (e.g. EpiPen / Jext / Emerade)
Dose:

Number of prescribed AAIs in school:

Location of child's AAIs:
(e.g. classroom / medical room / with child)

Is the child carrying their own AAI?
Yes / No

Location of spare school AAI:

Expiry date check arrangements:

Other medication (if applicable):
Dose and instructions:

4. Risk Reduction and Daily Management

Food management

(e.g. no food sharing, allergen awareness, supervision at meals)

Classroom controls

(e.g. restrictions on food use, safe alternatives)

Environment

(e.g. cleaning routines, cross-contamination control)

Activities requiring precautions

(e.g. cooking, science, celebrations)

Educational visits / trips

(e.g. medication carried, trained staff present, risk assessment completed)

5. Emergency Response (ANAPHYLAXIS PROTOCOL – DO NOT AMEND)

If anaphylaxis is suspected:

1. Administer adrenaline auto-injector **IMMEDIATELY**
2. Call **999** – state **"ANAPHYLAXIS"** and confirm adrenaline given

3. Position child safely:
    - Lie flat with legs raised
    - Sit up only if struggling to breathe
4. If no improvement after **5 minutes**, administer second AAI
5. Monitor continuously until ambulance arrives
6. Stay with child at all times and hand over to paramedics

Do not delay treatment. If in doubt, administer adrenaline.

6. Named Staff and Responsibilities

Designated Allergy Lead:

Named trained staff (AAI trained):

- Name:
- Name:
- Name:

Who will administer AAI in an emergency:

Who will call emergency services:

Who will meet ambulance and contact parents:

7. Daily Care and Support Needs

(e.g. supervision, adjustments, independence level)

8. Inclusion and Participation

Arrangements to ensure full participation in:

- lessons
- trips
- clubs
- sports

9. Consent and Agreements

Parental consent for:

- Administration of prescribed AAI: YES / NO
- Use of **spare school AAI in emergency**: YES / NO

Parent/carer name:
Signature:
Date:

School representative:
Signature:
Date:

Healthcare professional (if applicable):
Signature:
Date:

10. Staff Training Record

Type of training required:

Training completed by (names):

Date completed:

Review date:

11. Review and Monitoring

Date plan created:
Review date:

Plan will be reviewed:

- Annually
- After any allergic incident
- If medical needs change