Schools for Every Child

Shared Moral rooting- The driving force that gives ethical and moral validity to the organisation. A higher purpose that can be relied upon to drive the organisation. A rooting is long lasting and outlives the wishes of one individual or another.

- UNICEF rights of child

Shared Values- Actions and things we do day to day; we live our values to get to our vision:

- Altruistic- Doing good things whenever, however and to whoever you can
- Pioneering- striving to discover new things and exceed expectations
- Ethical- Making conscious decisions to be kind and fair

Shared Vision- an aspiration for the future. This holds the different parts of the organisation together. The shared vision is something each part works towards, in its own way. Specific enough that it stands you apart from others in the same field.

- Nurturing Brilliance, Guiding Exploration, Cultivating Respect- a committed journey to put every learner's individuality, curiosity, and dignity at the forefront of the world that awaits.

Managing Allergies Policy

Rayleigh Primary School is a Rights Respecting School. Our policies are underpinned by the UNCRC.

UNICEF Article 28(right to an education)

- *Every child has a right to an education. Children's human dignity. Wealthy countries must help poorer countries achieve this. Article 29(goals of education)Education must develop every child's personality, talents and abilities to the full. It must encourage the child's respect for human rights, as well as respect for their parents, their own and other cultures, and the environment.*

Date Policy Created	Autumn 26
Reviewed:	

Equality and Inclusion
At Rayleigh Primary School, we are committed to ensuring equality of education and opportunity for all pupils, staff, parents and carers; irrespective of age, race, gender, disability, faith or religion, attainment or socio-economic background. We aim to develop a culture of inclusion and diversity in which all those connected to the school feel proud of their identity and able to participate fully in school life.
The achievement of all pupils is monitored and we use this data to support pupils, raise standards and ensure inclusive teaching. We will tackle discrimination by the positive promotion of equality, challenging bullying and stereotypes and creating an environment which promotes British values; championing respect for all.
We believe that diversity is a strength, which should be respected and celebrated by all those who learn, teach and visit here. As an educationally inclusive school the teaching and learning, achievements, attitudes and well-being of every young person matters.

Our Mission Statement for Equality:
As a school,

- We welcome our duties under the Equality Act 2010 to eliminate discrimination, advance equality of opportunity and foster good relations in relation to age, disability, ethnicity, gender(including issues of transgender, and of maternity and pregnancy), religion and belief, and sexual identity.
- We welcome our duty to promote community cohesion.
- We recognise these duties reflect international human rights as expressed in the UN Convention- The Rights of the Child.

Aims

This school is committed to provisioning a safe and inclusive environment for pupils with severe allergies. In alignment with **Benedict's Law (Children's Wellbeing and Schools Act 2026)**, this standalone policy outlines our mandatory legal frameworks to mitigate allergen exposure and ensure rapid emergency responses. We recognise that anaphylaxis is a whole school safeguarding priority. Responsibility for pupil safety is shared among all staff, external contractors and visitors, rather than resting solely with designated first aiders.

This policy aims to:

- Set out our school's approach to allergy management, including reducing the risk of exposure, and the procedures in place in case of allergic reaction
- Make clear how our school supports pupils with allergies to ensure their wellbeing and inclusion
- Promote and maintain allergy awareness among the school community and external contractors.

Introduction

An allergy is a reaction by 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 severe systemic allergic reaction. It is at the extreme end of the allergic spectrum. The whole body is affected often within minutes of exposure to the allergen, but sometimes it can be hours later. Causes often include foods, insect stings, or drugs.

Definition: Anaphylaxis is a severe life threatening generalised or systemic hypersensitivity reaction. This is characterised by rapidly developing life-threatening airway / breathing / circulatory problems usually associated with skin or mucosal changes.

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 not limited to):-
Peanuts, Tree Nuts, Sesame, Milk, Egg, Fish, Latex, Insect venom, Pollen and Animal Dander.

1. Legislation and guidance

This policy is based on Benedict's Law (Children's Wellbeing and Schools Act 2026, the Department for Education's guidance on allergies in schools and supporting pupils with medical conditions at school, the Department of Health and Social Care's guidance on using emergency adrenaline auto-injectors in schools, and the following legislation:

The Food Information Regulations 2014

The Food Information (Amendment) (England) Regulations 2019

2. Role and Responsibilities

Leadership and Governance responsibilities

- The school will have a named SLT Allergy Lead:

  Mr Kevin Leeman - HOS/ Assistant Headteacher / SENCO / DSL

- The Lead manages the school's allergy risk register, ensures staff training logs are complete and oversees the implementation of this policy.
- This policy will be reviewed at least annually by the Governing Body and will be permanently published on our school website.

Parent responsibilities

- On entry to the school, it is the parent's responsibility to inform the school of any medical needs, including allergies. This information should include all previous severe 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. At Rayleigh Primary School we refer to this as an **Individual Healthcare Plan (IHP)**. 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. Schools 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

- Statutory numbers of staff are first aid trained, including anaphylaxis training.
- Staff must be aware of the pupils in their care (regular or cover classes) 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.
- 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 who do not have their required medication will not be able to attend the excursion.
- IHPs should be kept alongside medication.
- It is the parent's responsibility to ensure that all medication is in date, however the office will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.
- The office keeps a register of pupils who have been prescribed an Adrenaline Auto-Injector (AAI) and a record of use of any AAI(s) and emergency treatment given.

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.

3. Allergy Action Plans

Every single pupil with a diagnosed allergy (including food, airborne, venom or animal triggers) must have a tailored Individual Healthcare Plan (IHP). The IHP must be authored by the school, parents and guardians and health professionals then updated at the start of every academic year or immediately following a change in diagnosis or medication.

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 autoinjector.

Rayleigh Primary School recommends using the British Society of Allergy and Clinical Immunology (BSACI) Allergy Action Plan to ensure continuity. This is a national plan that has been agreed by the BSACI, the Anaphylaxis Campaign and Allergy UK. However, in light of Benedict's Law we will create a school IHP in addition to this document.

Each digital and physical IHP profile must explicitly state:

- Specific known allergen triggers and methods of cross contamination prevention.
- The pupils' distinct physiological symptoms of an allergic reaction.
- Clear, step by step emergency medical intervention protocols.
- Location of the pupil's two personal prescribed AAIs**.**

4. Emergency Treatment and Management of Anaphylaxis

What to look for:

- swelling of the mouth or throat
- difficulty swallowing or speaking
- difficulty breathing
- sudden collapse / unconsciousness
- hives, rash anywhere on the body
- abdominal pain, nausea, vomiting
- sudden feeling of weakness
- strong feelings of impending doom

Anaphylaxis is likely if all of the following 3 things happen:

- sudden onset (a reaction can start within minutes) and rapid progression of symptoms
- life threatening airway and/or breathing difficulties and/or circulation problems (e.g. alteration in heart rate, sudden drop in blood pressure, feeling of weakness)
- changes to the skin e.g. flushing, urticaria (an itchy, red, swollen skin eruption showing markings like nettle rash or hives), angioedema (swelling or puffing of the deeper layers of skin and/or soft tissues, often lips, mouth, face etc.) Note: skin changes on their own are not a sign of an anaphylactic reaction, and in some cases don't occur at all.

If the pupil 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 a treatment is needed that works rapidly. Adrenaline is the mainstay of treatment and it starts to work within seconds.

Adrenaline should be administered by an injection into the muscle (intramuscular injection)

What does adrenaline do?

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

Adrenaline must be administered with the minimum of delay as it is more effective in preventing an allergic reaction from progressing to anaphylaxis than in reversing it once the symptoms have become severe.

ACTION:

- Stay with the child and call for help. DO NOT MOVE CHILD OR LEAVE UNATTENDED
- Remove trigger if possible
- Lie child flat (with or without legs elevated) – A sitting position may make breathing easier
- USE ADRENALINE WITHOUT DELAY and note time given. (inject at upper, outer thigh- through clothing if necessary)
- CALL 999 and state ANAPHYLAXIS
- If no improvement after 5 minutes, administer second adrenaline auto-injector
- If no signs of life commence CPR
- Phone parent/carer as soon as possible

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

5. Supply, storage and care of medication

Medication should be stored in a clearly labelled box with the pupil's name and a photograph.

The pupil's medication storage box should contain:

- adrenaline injectors i.e. EpiPen® or Jext® (two of the same type being prescribed)
- an up-to-date allergy action plan (Individual healthcare plan)
- antihistamine as tablets or syrup (if included on plan)
- spoon if required

- asthma inhaler (if included on plan).

It is the responsibility of the child's parents to ensure that the anaphylaxis kit is up-to-date and clearly labelled.

Parents can subscribe to expiry alerts for the relevant adrenaline auto-injectors their child is prescribed, to make sure they can get replacement devices in good time.

Older children and medication

Older children and teenagers should, whenever possible, assume complete responsibility for their emergency kit under the responsibility of their parents. However, symptoms of anaphylaxis can come on very suddenly, so school staff need to be prepared to administer medication if the young person cannot.

Storage

AAIs should be stored at room temperature, protected from direct sunlight and temperature extremes. AAIs are stored in class white metal medical boxes indicated with a red cross. These are accessible to staff, but not children.

Disposal

AAIs are single use only and must be disposed of as sharps. Used AAIs can be given to ambulance paramedics on arrival. At Rayleigh Primary any medical waste is put in the medical waste bin located in the disabled changing room.

6. Spare Emergency Medication Management

In accordance with statutory guidance, schools must now stock and maintain non-patient specific spare AAIs on site. These are separate from and do not replace the two personal pens provided by parents for individual pupils.

Storage

- Spare AAIs are stored in a clearly labelled, unlocked, centralised location - Main School Office that is easily accessible to staff but out of reach of unsupervised children. They are kept at room temperature.

Deployment

- Spare AAIs may be administered to any pupil or adult with a history of known allergy if their personal device fails, or to individuals experiencing their first sudden episode of anaphylaxis.

Maintenance

- The SLT Allergy Lead will conduct monthly checks to verify expiry dates and device integrity, recording these in the medical log book.

7. Near-Miss and Incident Reporting

The school operates a strict, non blame 'near-miss' framework to pro-actively identify gaps in safety measures. A near-miss includes instances such as the pupil being served an incorrect allergen-containing meal but stopping before ingestion, or an unlabelled food item entering a designated allergen-safe zone.

All actual allergic incidents and near-misses must be formally recorded using the school's Incident Form within 24 hours. The SLT Allergy Lead will review every log to extract 'institutional lessons learned' and update school-wide risk assessments immediately to prevent future occurrences.

8. Staff Training

All contracted school staff including teaching personnel, catering teams, midday supervisors, caretakers and regular volunteers must complete certified allergy awareness and anaphylaxis response training annually.

New staff members must complete the training during their induction period before interacting with pupils. Training logs are centrally audited by the SLT Allergy Lead. All personnel must demonstrate the ability to:

- Recognise early signs of mild, moderate and severe allergic reactions.
- Correctly administer a prescribed or emergency spare Adrenaline Auto Injector (AAI).
- Activate the school's emergency 999 response protocol immediately upon suspecting anaphylaxis.

Senior Leaders are the named staff members responsible for coordinating all staff anaphylaxis training and the upkeep of the school's anaphylaxis policy.

First Aid training includes anaphylaxis awareness training. Online training is also available through the National College.

Training includes:

- Knowing the common allergens and triggers of allergy
- 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
- Associated conditions e.g. asthma
- Managing allergy action plans and ensuring these are up to date

7. Inclusion and safeguarding

Rayleigh Primary 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.

8. Catering and other allergens

Food
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 menu is available for parents to view in advance with all ingredients listed.

The office will inform the School Cook of pupils with food allergies.

There is a system in place to ensure catering staff can identify pupils with allergies. This includes individual lanyards for each child with allergies and photos of pupils and their allergies in the kitchen for reference.

Parents/carers are encouraged to meet with the class teacher 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.
- Children are not permitted to share food.
- If food is purchased from the school, parents should check the appropriateness of foods by asking to speak directly to the catering manager.
- The pupil should be taught to also check with 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).
- Foods containing nuts are discouraged from being brought into school.
- 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.

Natasha's Law (2021)

- Under Natasha's Law, any food prepared and packaged on school premises before a pupil or member of staff orders or selects it (Pre-packed for Direct Sale, PPDS) they must be clearly labelled with the product name and a full ingredients list that highlights any of the 14 major allergens in bold.
- Although it is not a strict legal requirement for casual events, The Food Standards Agency recommends that all home baked items include a clear index card stating ingredients to keep pupils safe.

9. Animals

All pupils will always wash hands after interacting with animals to avoid putting pupils with allergies at risk through later contact. Pupils with animal allergies will not interact with animals

10. School trips

Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that medications are available for all pupils with medical conditions, including allergies, inline with their IHPs. Pupils for whom their required medication is not readily available will not be able to attend school trips. 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 may be possible with careful planning and a meeting for parents with the lead member of staff 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).

11. Sporting Excursions

Children with allergies should have every opportunity to attend sporting events.

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 alternative/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 cooperation with any special arrangements required.

12. Allergy awareness

Rayleigh Primary School supports the approach advocated by The Anaphylaxis Campaign and Allergy UK towards nut bans/nut free schools. They would not necessarily support a blanket ban on any particular allergen in any establishment, including in schools. This is because 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 allergy. They advocate instead for schools to adopt a culture of allergy awareness and education.

A 'whole school awareness of allergies' is a much better approach, as it ensures teachers, pupils and all other staff 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.

13. Risk Assessment

Rayleigh Primary School will conduct a detailed risk assessment to help identify any gaps in our systems and processes for keeping allergic children safe for all new joining pupils with allergies and any pupils newly diagnosed.