WARMLEY PARK SCHOOL AND COLLEGE

ALLERGY SAFETY POLICY

Author/Person Responsible	Beth Jones
Date of Ratification	Ratified 23rd November 2026
Ratification Group	FGB
Review Frequency	Annual
Next Review Date	July FGB 2027
Previous Review Amendments / Notes	New policy created in line with new statutory guidance and Benedick's law

Equality Impact Assessment (EIA) Part 1: EIA Screening

Policies, Procedures or Practices	Allergy Safety Policy	Date	1.9.26
EIA CARRIED OUT BY:	K.Rolfe	EIA APPROVED BY:	K.Rolfe

Groups that may be affected:

Are there any concerns that the policy could have a different impact on any of the following groups? (please tick the relevant boxes)	Existing or potential adverse impact	Existing or potential for positive impact
Age (young people, the elderly: issues surrounding protection and welfare, recruitment, training, pay, promotion)		x
Disability (physical and mental disability, learning difficulties; issues surrounding access to buildings, curriculum and communication).		x
Gender Reassignment (transsexual)		n/a
Marriage and civil partnership		n/a
Pregnancy and maternity		n/a
Racial Groups (consider language, culture, ethnicity including gypsy/traveller groups and asylum seekers		n/a
Religion or belief (practices of worship, religious or cultural observance, including non-belief)		n/a
Gender (male, female)		n/a
Sexual orientation (gay, lesbian, bisexual; actual or perceived)		n/a

Any adverse impacts are explored in a Full Impact Assessment

1. Introduction and Legal Framework

This policy has been developed in response to Benedict's Law, legislation that requires schools to put safety measures in place to protect pupils with allergies. It applies to all schools in England, including independent schools. The requirements were introduced as part of the Children's Wellbeing and Schools Act 2026. Benedict's law (allergy safety requirements)

2. Policy Aims

This policy aims to:

- Ensure the safety and wellbeing of all pupils with allergies
- Provide clear procedures for managing allergic reactions and anaphylaxis
- Ensure all staff are trained and confident in responding to allergic emergencies
- Maintain appropriate emergency medication, including spare adrenaline auto-injectors (AAIs) and inhalers
- Create an allergy-aware school environment

3. Roles and Responsibilities

3.1 Governing Board

- Appoint a designated governor with responsibility for allergy safety
- Ensure the school complies with Benedict's Law requirements
- Review this policy annually

Designated Governor for Allergy Safety:

Designated Governor Alex Young

3.2 Headteacher and Senior Leadership

- Appoint a senior leader as the school's allergy lead
- Ensure all staff receive appropriate allergy awareness training
- Ensure spare emergency medication is available and maintained
- Oversee the implementation of this policy

Senior Leader Allergy Lead: Beth Jones (Headteacher)

3.3 All Staff

- Attend mandatory allergy awareness training through the Key.

- Be familiar with pupils who have known allergies
- Know how to recognise signs of an allergic reaction
- Know where emergency medication is stored and how to access it
- Be prepared to administer AAIs in an emergency situation
- Report any allergic incidents or 'near misses'

3.4 Parents/Carers

- Inform the school of any allergies their child has
- Provide up-to-date emergency contact information
- Supply prescribed AAIs and ensure they are in date
- Work with the school to develop and review their child's Individual Healthcare Plan

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4. Identification and Assessment of Pupils with Allergies

4.1 Recording Allergies

- All known allergies will be recorded on the school's medical register (Arbor)
- Information will be shared appropriately with relevant staff (including lunchtime supervisors, office staff, and teaching assistants)
- Photographs of pupils with severe allergies will be displayed in the medical room.

4.2 Individual Healthcare Plans (IHCPs)

All pupils with known allergies must have an Individual Healthcare Plan that includes:

- Details of the allergy
- Symptoms to watch for
- Emergency procedures
- Emergency contact details
- Storage location of prescribed medication

4.3 Allergy Action Plans

Each pupil with a known allergy must have an Allergy Action Plan that provides:

- Clear, step-by-step instructions for staff
- When to administer medication

- When to call 999
- A photograph of the pupil

These will be kept with the pupil's prescribed medication and in the medical office.

5. Emergency Medication

5.1 Spare Adrenaline Auto-Injectors (AAIs)

An adrenaline auto-injector (AAI) is a medical device used in an emergency to treat someone suffering from a life-threatening allergic reaction (known as anaphylaxis). They are designed to be injected through clothes into the upper outer thigh – either by the person suffering anaphylaxis themselves, or by someone else. Each AAI can only be used once.

Purchasing Spare AAIs

We must pay for AAIs as a retail item. Pharmacies are not required to provide them free of charge.

The school will maintain spare AAIs for emergency use, which can be used on:

- Pupils whose prescribed AAI is not available or is out of date
- Pupils experiencing anaphylaxis for the first time

There are currently 2 brands of AAI available: EpiPen and Jext. There are some key differences in how they are used and instructions are available for each alongside the device.

Storage of AAIs

Spare AAIs will be stored as part of an emergency anaphylaxis kit and all devices will be:

- Kept in a safe and suitably central location to which all staff have access at all times, but which is out of the reach and sight of children
- Not locked away, but accessible and available for use at all times
- Not located more than 5 minutes away from where they may be needed

Storage locations at Warmley Park School:

- **Main Office :** School office in white box with a green label
- **Nursery Office**: Nursery office in white box with a green label
- **College Staff room:** College staff room in white box with a green label

Spare AAIs will be kept separate from any pupil's own prescribed AAI, and clearly labelled, to avoid confusion.

Maintenance of AAIs

At least 2 named school staff will have responsibility for making sure:

- On a monthly basis, the AAIs are present and in date
- Replacement AAIs are ordered when the expiry date is near

Designated staff responsible: Jo Vile and Kat Rolfe

Monthly check date: First Week of each month
AAIs will be kept at room temperature, in line with the manufacturer's guidelines, and protected from direct sunlight.

Disposal of AAIs
AAIs can only be used once. Once an AAI has been used, it will be disposed of in line with the manufacturer's guidelines. This may involve:

- Giving the used AAIs to ambulance paramedics
- Putting the AAIs in a pre-ordered sharps bin for collection by the local council Adrenaline auto-injectors (AAIs) in school: guidance and examples (The Key Leaders)

5.2 Spare Emergency Inhalers
The school will maintain spare emergency inhalers (salbutamol) for pupils with asthma. These can be used when:

- A pupil's prescribed inhaler is not available (e.g. forgotten or empty)
- A pupil is experiencing an asthma attack for the first time

Storage of Spare Inhalers
Storage location:

- Main Office in white box with a green label.
- Each kit will contain:
  - Salbutamol inhaler(s)
  - Spacer device(s) (for use with younger children or those who need them)
  - Instructions for use
  - Record sheet for documenting use, recorded on Medi tracker.

Maintenance of Spare Inhalers
Designated staff responsible: Jo Vile & Kat Rolfe
Monthly checks will include:

- Checking expiry dates
- Ensuring inhalers have sufficient doses remaining
- Checking spacers are clean and in good condition
- Ordering replacements as needed

Monthly check date: First week of each month

6. Staff Training

6.1 Mandatory Allergy Awareness Training

All staff must receive allergy awareness training.
All staff (teaching and non-teaching) will complete:

- Annual allergy awareness training covering recognition of allergic reactions and anaphylaxis
- Practical training on how to use AAIs (both EpiPen and Jext brands)
- Training on asthma management and inhaler use

The school will order 'training pens' from EpiPen and Jext so staff can practise safely and be familiar with the differences.

6.2 Training Schedule

- **Annual training:** July or September (INSET day)
- **New staff:** Within first 2 weeks of employment as part of induction

6.3 Training Records

The school will maintain records of all staff training, including:

- Date of training
- Staff member name
- Type of training completed
- Next review date

7. Emergency Procedures

7.1 Recognising Anaphylaxis

Staff should call 999 immediately if a pupil shows signs of anaphylaxis, which may include:

- Difficulty breathing or swallowing
- Swelling of the tongue, throat, or face
- Feeling dizzy or faint
- Widespread skin reactions (hives/rash)
- Stomach pain, nausea, or vomiting

7.2 Administering an AAI

Any delay in giving adrenaline can be fatal.
Step-by-step procedure:

1. Call 999 immediately and request an ambulance (state anaphylaxis)
2. Help the pupil to lie down (or sit if breathing is difficult)
3. Use the pupil's own prescribed AAI if available, or use a spare AAI
4. Remove the safety cap and inject into the upper outer thigh (through clothing if necessary)
5. Hold firmly in place for 10 seconds
6. Note the time the AAI was administered
7. Call the pupil's parents/carers
8. A second dose may be needed if symptoms don't improve after 5-15 minutes. **This must be administered in the opposite leg upper outer thigh.**

Anaphylaxis is always a medical emergency and needs to be treated in hospital. You must call 999 without delay after the person has received adrenaline.
The pupil must go to hospital even if symptoms improve.

7.3 Administering a Spare Inhaler

If a pupil is experiencing breathing difficulties and their own inhaler is not available:

1. Sit the pupil upright and reassure them
2. Use the spare emergency inhaler with a spacer if appropriate
3. Administer 2 puffs initially
4. If symptoms don't improve, give 1 puff every minute (up to 10 puffs)
5. Call 999 if:
    - The pupil doesn't improve after using the inhaler
    - The pupil is struggling to breathe or can't speak
    - The pupil is exhausted or turning blue
6. Contact parents/carers
7. Record the incident

8. **School Trips and Off-Site Activities**

Pupils at risk of anaphylaxis who take part in school activities off the premises, such as a school trip, should have their AAI with them. There should be staff present who are trained to administer the AAI in an emergency.
For all school trips:

- Trip leaders must be aware of any pupils with allergies
- Pupils with allergies must have their prescribed medication with them
- At least one trained staff member must accompany the group
- Consider taking a spare AAI for emergency use
- Risk assessments must address allergy management

9. Allergy Awareness in School

9.1 Catering and Food Management

- The school kitchen will maintain records of pupils with food allergies
- Allergen information will be available for all meals
- Lunchtime supervisors will be trained to recognise allergic reactions
- Pupils with severe food allergies may eat in a designated area if appropriate

9.2 Classroom Management

- Food-based activities will be risk-assessed
- Parents will be informed in advance of cooking activities
- Hand-washing before and after eating
- Tables will be cleaned after food activities

9.3 School Events

- Birthday treats and celebrations will follow the school's allergy-aware guidelines
- Parents will be informed of any food restrictions for school events

10. Recording and Reporting Incidents

The school must record and report serious incidents and 'near misses'.

10.1 Incident Recording

All allergic reactions and use of emergency medication must be recorded, including:

- Date and time
- Pupil name
- Symptoms observed

- Medication administered (including time)
- Staff member who administered medication
- Outcome
- Parents/carers informed

10.2 Reporting

- All incidents will be reviewed by the Senior Leader Allergy Lead
- Serious incidents will be reported to the governing board
- Near misses will be investigated to prevent future incidents
- Annual report to governors on allergy management as a part of the policy review

11. Parental Consent and Communication

11.1 Consent for Emergency Medication

Parents will be asked to provide consent for their child to use:

- Spare emergency AAIs if needed
- Spare emergency inhalers if needed

This consent will be obtained during admission and reviewed annually.

11.2 Communication

- Parents will be informed immediately if their child has an allergic reaction
- Parents will be reminded to check expiry dates of prescribed medication
- Annual reminders about allergy information updates

12. Policy Review

This policy will be reviewed annually by:

- The Senior Leader Allergy Lead
- The designated governor for allergy safety
- The governing board

Appendices

Appendix A

Monthly Equipment Check Sheet

Warmley Park School and College

MONTHLY ALLERGY MEDICATION CHECK

Month/Year: _____

Checked by: _____

Date checked: _____

SPARE ADRENALINE AUTO-INJECTORS (AAIs)

Location 1. School Office

Item	Brand	Dose	Quantity	Expiry Date	Condition	Action Needed
AAI 1	□ EpiPen □ Jext	□ 150mcg □ 300mcg			□ Good □ Replace	
AAI 2	□ EpiPen □ Jext	□ 50mcg □ 300mcg			□ Good □ Replace	
Training pen	□ EpiPen □ Jext			N/A	□ Good □ Replace	

STORAGE CONDITIONS CHECK

Check	Status	Notes
Stored at room temperature (not in fridge)	□ Yes □ No	
Protected from direct sunlight	□ Yes □ No	
Accessible to all staff	□ Yes □ No	
Out of reach of pupils	□ Yes □ No	
Clearly labelled	□ Yes □ No	
Storage boxes in good condition	□ Yes □ No	

Location 2. Nursery Office

Item	Brand	Dose	Quantity	Expiry Date	Condition	Action Needed
AAI 1	□ EpiPen □ Jext	□ 150mcg □ 300mcg			□ Good □ Replace	
AAI 2	□ EpiPen □ Jext	□ 50mcg □ 300mcg			□ Good □ Replace	
Training pen	□ EpiPen □ Jext			N/A	□ Good □ Replace	

STORAGE CONDITIONS CHECK

Check	Status	Notes
Stored at room temperature (not in fridge)	□ Yes □ No	
Protected from direct sunlight	□ Yes □ No	
Accessible to all staff	□ Yes □ No	
Out of reach of pupils	□ Yes □ No	
Clearly labelled	□ Yes □ No	
Storage boxes in good condition	□ Yes □ No	

Location 3. College Staff Room

Item	Brand	Dose	Quantity	Expiry Date	Condition	Action Needed
AAI 1	□ EpiPen □ Jext	□ 150mcg □ 300mcg			□ Good □ Replace	
AAI 2	□ EpiPen □ Jext	□ 50mcg □ 300mcg			□ Good □ Replace	
Training pen	□ EpiPen □ Jext			N/A	□ Good □ Replace	

STORAGE CONDITIONS CHECK

Check	Status	Notes
Stored at room temperature (not in fridge)	□ Yes □ No	
Protected from direct sunlight	□ Yes □ No	
Accessible to all staff	□ Yes □ No	
Out of reach of pupils	□ Yes □ No	
Clearly labelled	□ Yes □ No	
Storage boxes in good condition	□ Yes □ No	

SPARE EMERGENCY INHALERS

Location 1: Medical Office

Item	Quantity	Expiry Date	Doses Remaining	Condition	Action Needed
Salbutamol inhaler				□ Good □ Replace	
Spacer device (small)		N/A	N/A	□ Good □ Replace	
Spacer device (large)		N/A	N/A	□ Good □ Replace	
Instructions card		N/A	N/A	□ Present □ Replace	

STORAGE CONDITIONS CHECK

Check	Status	Notes
Stored at room temperature (not in fridge)	□ Yes □ No	
Protected from direct sunlight	□ Yes □ No	
Accessible to all staff	□ Yes □ No	
Out of reach of pupils	□ Yes □ No	
Clearly labelled	□ Yes □ No	
Storage boxes in good condition	□ Yes □ No	

Appendix B

PUPIL-SPECIFIC MEDICATION CHECK

All pupils' medication is recorded on Medi tracker by the school medical officer. Including Pupil name, class, type, expiry date and diarised for any actions.

Appendix C

Incident Report Form
Warmley Park School and College

ALLERGIC REACTION INCIDENT REPORT
Report completed by: _____
Date of report: _____

INCIDENT CLASSIFICATION
□ Allergic reaction (medication given)
□ Anaphylaxis (AAI used)
□ Near miss (no medication needed)
□ Other: _____

PUPIL INFORMATION

Field	**Details**
Pupil name	
Date of birth	
Year group/Class	
Known allergies	□ Yes □ No □ Unknown
Has IHCP	□ Yes □ No

INCIDENT DETAILS
Date of incident: _____
Time of incident: _____
Location:
□ Classroom □ Playground □ Field □ Dining room □ Trip □ Other: _____
Activity at time of incident:
Suspected trigger/allergen:
How was pupil exposed?
□ Ingestion (ate/drank)
□ Skin contact
□ Inhalation (breathed in)
□ Unknown
□ Other: _____

SYMPTOMS OBSERVED
Time symptoms first noticed: _____
Tick all symptoms that applied:
Mild symptoms:
□ Itchy mouth/throat
□ Mild skin rash/hives
□ Runny nose/sneezing

□ Stomach discomfort
□ Feeling unwell

Severe symptoms (anaphylaxis):

□ Difficulty breathing
□ Difficulty swallowing
□ Swelling of tongue/throat/face
□ Feeling dizzy/faint
□ Widespread rash/hives
□ Rapid pulse
□ Low blood pressure
□ Loss of consciousness
□ Vomiting
□ Pale/floppy (young children)

Other symptoms:

ACTIONS TAKEN

First responder: _____

Role: _____

Immediate actions (tick all that apply):

□ Pupil moved away from allergen
□ Pupil reassured and kept calm
□ Other pupils moved away
□ Senior staff alerted
□ Parents called

Medication administered:

Medication	Time Given	Dose	Who Gave It	Pupil's Own or Spare
□ Antihistamine				
□ Inhaler				□ Own □ Spare
□ AAI (1st dose)				
□ AAI (2nd dose)				

999 called: □ Yes □ No

Time 999 called: _____

Called by: _____

Ambulance arrived: □ Yes □ No □ N/A

Time arrived: _____

Pupil taken to hospital: □ Yes □ No

Hospital name: _____

Accompanied by: _____

PARENT/CARER CONTACT

Parent/carer 1 contacted:

Name: _____

Time contacted: _____

Method: □ Phone □ In person

Contacted by: _____

Parent/carer 2 contacted:
Name: _____
Time contacted: _____
Method: □ Phone □ In person
Contacted by: _____

OUTCOME
Pupil's response to treatment:
□ Symptoms improved quickly
□ Symptoms improved slowly
□ No improvement
□ Symptoms worsened
□ Required second AAI
Pupil returned to school:
Date: _____
Any ongoing concerns: _____

WITNESSES
Staff witnesses:

1. Name: _____ Role: _____
2. Name: _____ Role: _____
3. Name: _____ Role: _____

Pupil witnesses (if appropriate):

1. Name: _____ Year: _____
2. Name: _____ Year: _____

DETAILED ACCOUNT OF INCIDENT
Please provide a detailed chronological account of what happened:

CONTRIBUTING FACTORS
What factors may have contributed to this incident?
□ Pupil's own medication not available
□ Pupil's medication out of date
□ Allergen information not known/shared
□ Supervision issue
□ Food labelling unclear
□ Cross-contamination
□ Pupil unaware of allergy
□ First allergic reaction for this pupil
□ Other: _____

NEAR MISS ANALYSIS (if applicable)
If this was a near miss, what prevented it from becoming a full incident?
What early warning signs were noticed?

ACTIONS TO PREVENT RECURRENCE
What immediate actions have been taken?
□ IHCP reviewed and updated
□ Staff briefed
□ Risk assessment reviewed
□ Allergen information updated
□ Procedures reviewed
□ Other: _____
What further actions are recommended?
1.
2.
3.
Person responsible for follow-up actions: _____
Deadline: _____

MEDICATION REPLACEMENT
Medication used needs replacing:
□ Pupil's own AAI
□ Spare AAI
□ Pupil's own inhaler
□ Spare inhaler
□ Antihistamine
□ Other: _____
Parents informed of replacement needed: □ Yes □ No
Date informed: _____
Replacement received: □ Yes □ No
Date received: _____

REPORTING
Senior Leader Allergy Lead informed: □ Yes □ No
Date informed: _____
Headteacher informed: □ Yes □ No
Date informed: _____
Designated Governor informed: □ Yes □ No
Date informed: _____
Local authority informed (if applicable): □ Yes □ No □ N/A
Date informed: _____
HSE RIDDOR report required: □ Yes □ No
(Report if pupil taken to hospital or absent for 7+ days)
Date reported: _____

REVIEW MEETING

Review meeting held: □ Yes □ No
Date: _____
Attendees:

-
-

Key outcomes:

LESSONS LEARNED
What went well?
What could be improved?
Changes to be implemented:

SIGN-OFF
Report completed by: _____
Signature: _____
Date: _____
Reviewed by Senior Leader Allergy Lead: _____
Signature: _____
Date: _____
Reviewed by Headteacher: _____
Signature: _____
Date: _____
