



Whole-School Food Allergy and Anaphylaxis Policy

The Alwyn and Courthouse Federation

Owned by: Executive Headteacher

Date: September 2026

Last reviewed:

Next review: September 2027

1. Statement of Intent & Core Philosophy

The Alwyn and Courthouse Federation is fully committed to the safety, inclusion, and emotional well-being of all pupils living with food allergies. We recognise that a food allergy is a serious, potentially life-threatening medical condition, not a dietary preference.

In alignment with **The Natasha Allergy Research Foundation** guidelines and the statutory requirements of **Benedict's Law (September 2026)**. Our objective is to build an environment across both Alwyn Infant **School** and Courthouse Junior School where children with food allergies are completely safe from accidental exposure, fully included in all school activities, and emotionally empowered rather than isolated by anxiety.

2. Statutory Roles, Responsibilities & Governance

To ensure clear oversight and a proactive safety culture, the Federation establishes specific roles dedicated to allergy safety:

- **The Governing Board:** Holds absolute accountability for ensuring the Federation complies with the mandatory September 2026 statutory guidance. The Board appoints a **Named Allergy Governor (Mr E Woltjer – Health & Safety Governor)** to audit compliance, check emergency kits, and review allergy incident or near-miss trends annually.
- **The Executive Headteacher & Heads of School:** Responsible for operational compliance, allocating resources for medication storage, and ensuring no child is excluded from curriculum opportunities due to an allergen.
- **Designated Allergy Leads:** Each school site designates a Senior Leadership Team (SLT) member as the Allergy Lead. They manage individual care profiles, organise regular whole-school anaphylaxis response drills, and lead post-incident reviews.
- **Parents and Carers:** Must provide the school with up-to-date medical info, verified **Allergy Action Plans** (such as BSACI profiles), and two in-date, clearly labelled Adrenaline Auto-Injectors (AAIs).
- **Pupils:** Empowered through age-appropriate education to follow "safe rules": never trade or share food, wash hands before and after eating, and tell an adult instantly if they feel unwell.

2. Allergy Care Plans & Information Sharing

- **Individual Allergy Action Plans:** Every pupil with a diagnosed food allergy must have a formal Allergy Action Plan signed by a healthcare professional or verified by parents, paired with the school's *Individual Healthcare Plan (IHP)*.
- **The Centralised Electronic Register:** Allergy profiles—detailing specific triggers, symptoms, and emergency medication details—are hosted on the school's secure digital management system – Medical Tracker.
- **Visual Dissemination:** With parent consent, clear, discrete photo allergy profiles are securely displayed in food preparation zones, classrooms, and provided directly to regular and supply teachers, lunchtime supervisors, and trip leaders.
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3. Emergency Adrenaline Auto-Injectors (AAIs)

- **Dual-Device Policy:** In line with clinical recommendations, any pupil prescribed an AAI must have **two** identical devices on school grounds at all times.

- **Accessibility over Security:** AAI's must never be locked in a drawer or cupboard. They are stored in designated, clearly marked, unlocked medical stations known to all staff, kept away from direct sunlight or freezing conditions.
- **Statutory Spare AAI's:** In accordance with the September 2026 mandates, both Alwyn Infant School and Courthouse Junior School stock "spare" emergency AAI kits. These are preserved strictly for emergency backup use (e.g., if a pupil's personal device fails, or if a child suffers a first-time unknown anaphylactic shock on site). The Designated Allergy Lead audits these monthly.

4. Mandatory Training & "Allergy School" Integration

- **Whole-Staff Mandate:** Allergy safety is not just a first-aider responsibility. Every single member of staff—including teachers, teaching assistants, administrative staff, lunchtime supervisors, and caretakers—must undergo mandatory annual allergy and anaphylaxis training.
- **Certified Training Standards:** Training is conducted via certified platforms
 - NHS online Training
 - First Aiders receive training as part of the 12 hour paediatric training.
- **Key Competencies:** Training ensures all staff can:
 1. Differentiate between mild/moderate symptoms and a severe emergency (anaphylaxis).
 2. Administer different styles of AAI's quickly and confidently.
 3. Correctly position a child suffering from a reaction (keeping them completely flat).
- **Emergency Drills:** The Federation conducts termly practical anaphylaxis drills using trainer pens to ensure immediate muscle memory in an emergency.

5. Practical Allergen Risk Reduction & Daily Safeguards

A. Catering & Food Service (Natasha's Law Compliance)

- **Strict Ingredient Tracking:** The school's catering provider must verify and document all 14 major allergens present in any food prepared on-site. All grab-and-go, pre-packed items made on-site for direct sale or distribution (PPDS) must carry full ingredient labelling with allergens emphasized in bold.
- **Point-of-Service Verification:** Kitchen staff utilise a synchronised electronic cross-reference system at the service counter to verify a pupil's face and profile against the meal components before it is handed over.
- **Environmental Controls:** Loose peanuts and tree nuts are completely restricted across both school premises. No-food-sharing rules are strictly enforced during lunch and break times.

B. Curriculum & Classroom Inclusion

- **Age-Appropriate Awareness:** To remove allergy stigma and reduce anxiety, the Federation embeds Natasha's Foundation Allergy School curriculum resources into daily learning. For our younger pupils at Alwyn Infant School, characters like *Arlo the Armadillo* are used to teach allergen safety in an engaging, positive way.
 - We use SCARF which explicitly teaches it in KS2 under the *Health and Prevention* or *Keeping Myself Safe* strands. Reception and KS1, half-termly health and safety units (*Keeping Myself Safe* and *Being My Best*) focus on broader, foundational health concepts:
 - **Reception:** Basic hygiene routines, tasting different healthy foods, and recognising feelings.
 - **Year 1:** Healthy choices (the Eatwell Guide), handwashing and germs ("*Catch it! Bin it! Kill it!*"), and safety rules.
 - **Year 2:** Medicine safety (understanding what is safe/unsafe to put into or onto our bodies), dental

health, and managing risk or emergencies.

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- **Safe Lesson Materials:** Teachers must complete an allergen checklist before any food-tech, science experiment, or arts and crafts project. Standard lesson items like empty milk cartons, egg boxes, or nut-based bird feeders are substituted with allergen-safe alternatives.
- **Hygiene Protocols:** Supervised handwashing with soap and water (or wipes if soap is unavailable) is required for all pupils before and after eating to eliminate cross-contamination on desks and play structures. Alcohol-based hand sanitizers are not accepted as an alternative, as they do not remove food proteins.

C. Off-Site Educational Visits & Activities

- **Bespoke Risk Assessments:** Every external trip or residential visit requires a risk assessment addressing the food allergies of attending pupils. This is incorporated into our general RA's.
- **Portability of Care:** The class teacher must personally carry the pupil's two prescribed AAIs, the school's emergency backup kit, and a hard copy of the child's Allergy Action Plan.
- **External Venues:** Food plans at external venues or field sites must be vetted and authorised by the visit organiser/leader at least two weeks before the trip departs.

6. Emergency Response Protocol (First Aid for Anaphylaxis)

If an individual shows signs of anaphylaxis (e.g., swelling of the throat/tongue, difficulty breathing, dizziness, or sudden floppiness), staff must follow the emergency procedure instantly:

1. **Do Not Move the Child:** Keep the pupil completely flat on their back. If breathing is heavily distressed, they may sit slightly, but they must **never** stand up or walk, as this can cause a fatal drop in blood pressure. **Never leave them alone.**
2. **Administer the AAI:** Inject the pupil's prescribed AAI into the outer middle thigh immediately. Note the exact time given.
3. **Dial 999:** Call emergency services immediately. State clearly: "**ANAPHYLAXIS**" and explain that an adrenaline auto-injector has been deployed. Provide the specific school site address, postcode, and the child's exact location in the building.
4. **Retrieve Emergency Backups:** Send a runner to bring the school's Spare Emergency AAI kit and an adult first aider to the scene.
5. **Second Injection:** If the child's condition does not improve, or if symptoms worsen after **5 minutes**, administer the second AAI (either the child's second device or the school's emergency spare).
6. **Transfer Care:** Ensure all used AAI devices are given directly to the paramedics upon arrival. Notify parents/carers immediately.

7. Incident Logging, Continuous Learning & Policy Distribution

- **The "Lessons Learnt" Review:** Every allergic reaction or near-miss (e.g., an accidental cross-contamination caught before consumption) is formally documented on the central safeguarding register. Following any event, the Designated Allergy Lead coordinates a formal debriefing with involved staff to identify system improvements.
- **Community Transparency:** This policy is shared dynamically with the school community. It is published prominently on the Federation website, provided to all external catering contractors and wrap-around care clubs, and issued directly to parents upon induction each academic year.

Appendix I - First Aid for Anaphylaxis poster

FIRST AID FOR ANAPHYLAXIS



Recognise the Signs of Anaphylaxis...

A Airways

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

B Breathing

- Difficult or noisy breathing
- Wheeze or persistent cough

C Circulation

- Persistent dizziness
- Pale or floppy
- Suddenly sleepy
- Collapse/unconscious

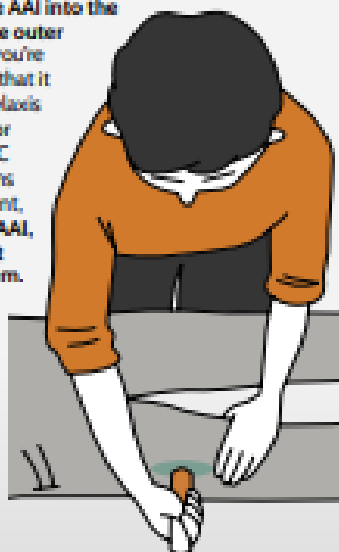
An allergic reaction can escalate to anaphylaxis which is potentially life-threatening. Always consider anaphylaxis in a food-allergic person even if there are no signs of a rash, hives or swelling.

ANAPHYLAXIS: ACTIONS TO TAKE

If any one or more of the above ABC symptoms are present, take these steps.

1. Administer an Adrenaline Auto Injector (AAI) without delay

Inject the AAI into the top of the outer thigh. If you're in doubt that it is anaphylaxis but one or more ABC symptoms are present, give the AAI, it will not harm them.



2. Dial 999 and say anaphylaxis ('ana-fill-axis')

Stay with the person until the ambulance arrives. **DO NOT** let them stand up and walk around.



3. The person should lie down immediately

If the person is not already lying down, they should do so, with legs raised if possible. If breathing is difficult, allow them to sit. If they have vomited or feel sick, gently turn them on their side.



4. Inject a second AAI into the outer thigh if there are no signs of improvement after 5 minutes

If there is no sign of life, start CPR immediately until help arrives.

Please learn these steps. This is life-saving information.
You never know when you will need to act in an anaphylaxis emergency.

ANAPHYLAXIS

HOW TO USE JEXT AAIS

If you think someone has an anaphylactic reaction, give the AAI without delay. It will not harm them.

Always consider anaphylaxis in a food-allergic person even if there are no signs of a rash, hives or swelling.

- 1. Hold the Jext AAI in the hand you write with**

Hold with your thumb closest to the yellow cap. Pull off the yellow cap with your other hand.



- 2. Place the black injector tip against the outer thigh**

Hold the injector at a right angle (approx. 90°) to the thigh.



- 3. Push the black tip as hard as you can into the outer thigh**

Wait until you hear a 'click' confirming the injection has started, then keep it pushed in. Hold the injector firmly in place against the thigh for 10 seconds (a slow count to 10) then remove. The black tip will extend automatically and hide the needle.



- 4. Massage the injection area for 10 seconds**

- 5. Once the Jext AAI has been administered call 999**

Ask for an ambulance and say "ana-fill-axis".



- 6. Lie the person down with legs raised immediately**

If the person is not already lying down, they should do so, with legs raised if possible.

If breathing is difficult, allow them to sit. If they have vomited or feel sick, gently turn them on their side.



- 7. If there are no signs of improvement after 5 minutes, use a second Jext AAI**

The person should remain still and lying down until the ambulance arrives. Don't try to get up, even if you start to feel better.

- 8. Start CPR**

If there are no signs of life, start CPR immediately until help arrives.



For more information
on Jext AAIs >>



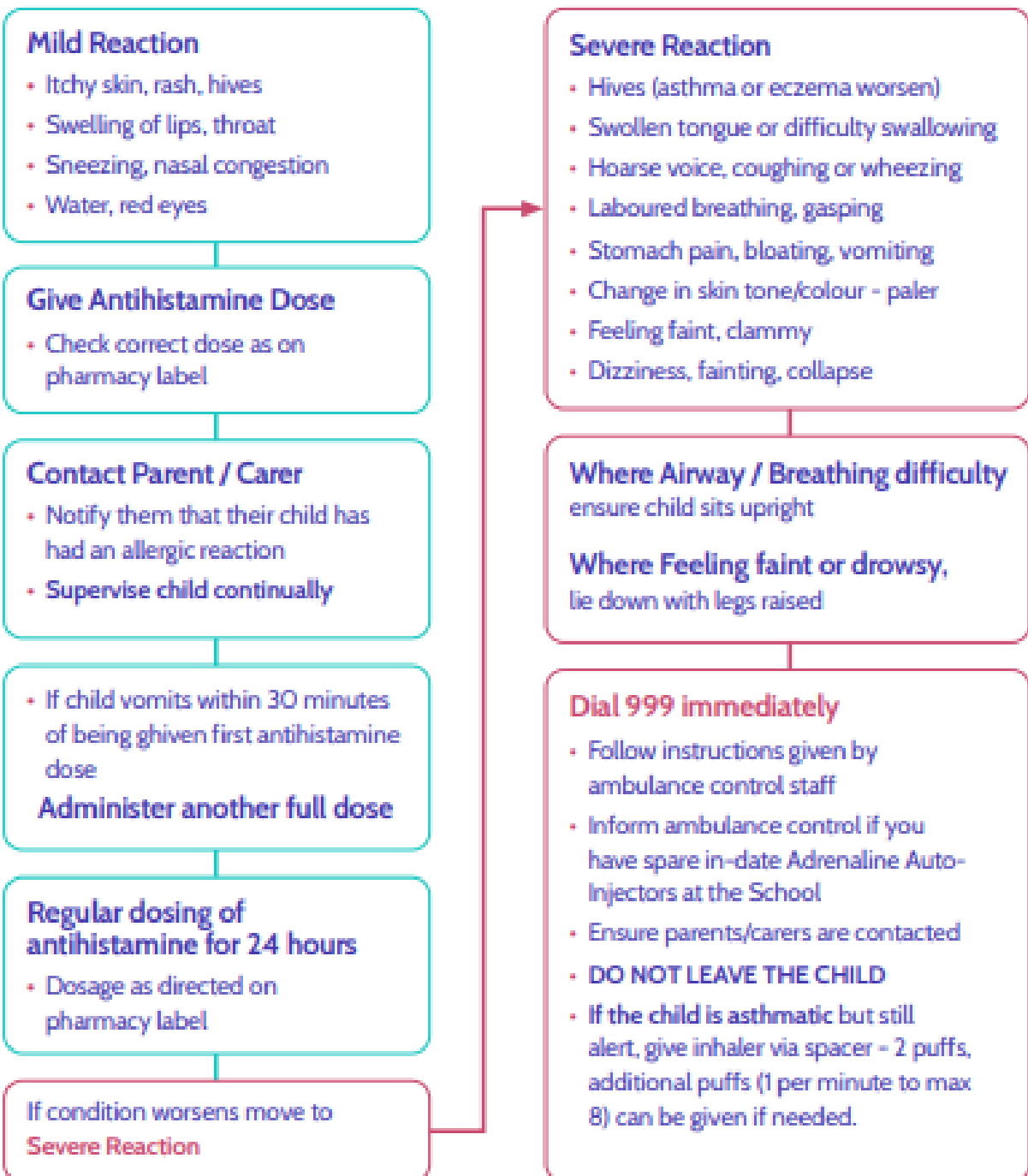
Sign up to the free expiry alert service
and receive reminders by text or email when
your Jext AAI is about to expire >>



Appendix III

Flowchart for Allergic Reaction without use of Adrenaline Auto-Injector.

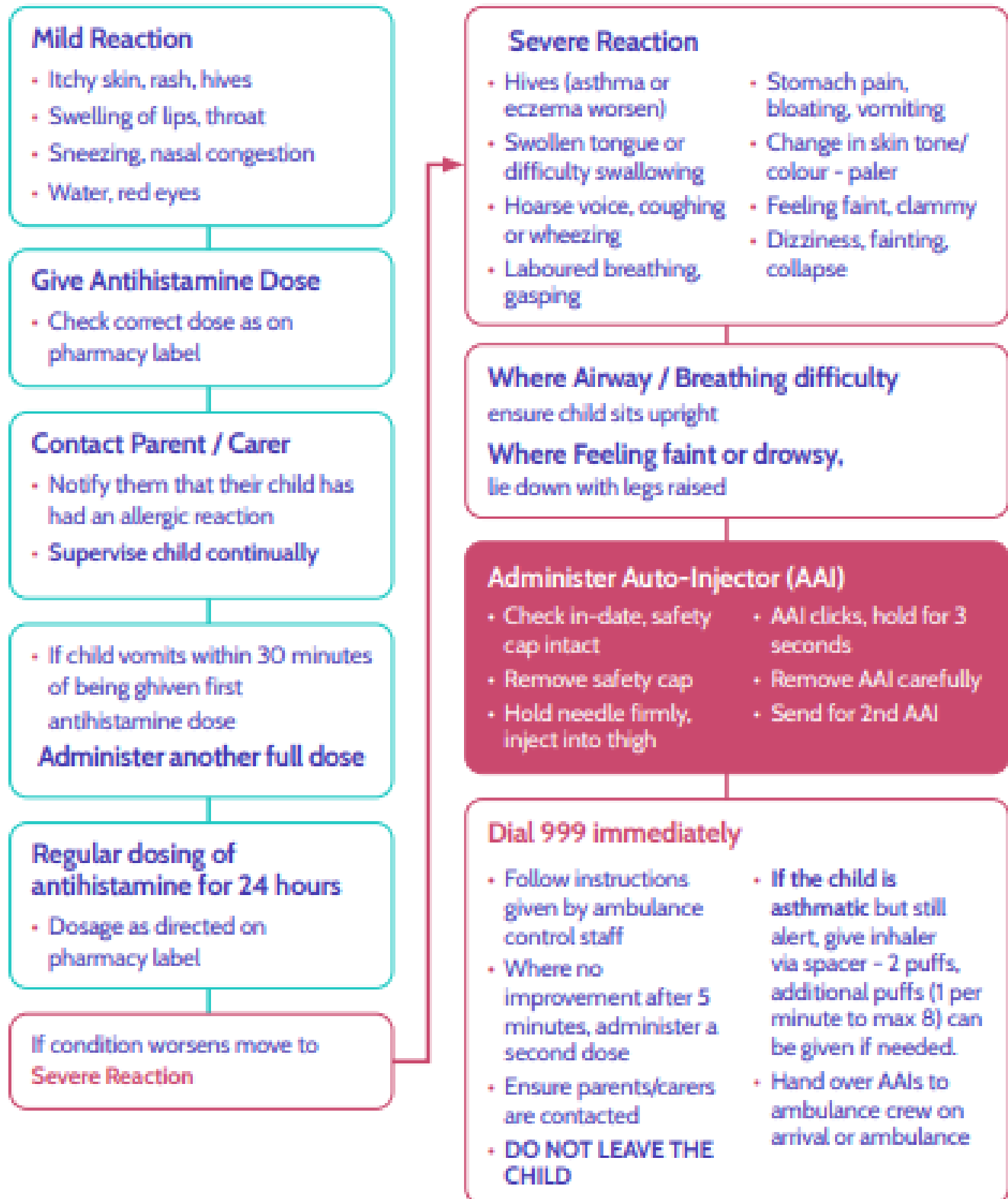
Refer to the child's BSACI Allergy Action Plan if they have one and call for other staff help if needed



Appendix IV

Flowchart for Allergic Reaction with use of Adrenaline Auto-Injector.

Refer to the child's BSACI Allergy Action Plan if they have one and call for other staff help if needed



Appendix V

Information on allergies

The most common causes of food allergies relevant to this Policy are the fourteen food allergens:

- Cereals containing Gluten
- Celery
- Crustaceans
- Eggs
- Fish
- Soya
- Milk
- Nuts
- Peanuts
- Mustard
- Sesame Seeds
- Sulphur dioxide/Sulphites
- Lupin
- Molluscs

However, it is possible that any food has the potential to cause an allergic reaction. Contact with any food or materials containing a child's allergen has the potential to cause an allergic reaction for that child.

Latex, chemicals, medicines, grasses, pollen, weeds, trees, pets, insect venom and animal dander (shedded flakes of skin) can also cause allergic reactions.

Symptoms

Mild to moderate symptoms include:

- Swelling of the eyes, face and lips
- Runny or congested nose
- Raised itchy rash (hives), eczema flare, skin flushing
- Itchy mouth
- Stomach cramps, nausea, vomiting, diarrhoea

Severe symptoms include:

- Swollen tongue, hoarse voice or cry, difficulty swallowing and talking
- Chest tightness
- Breathing difficulties, persistent cough, wheeze
- Low blood pressure, feeling faint, collapse
- Pale and floppy (babies and small children)

Appendix VI

Other support and resources

- Allergy Guidance for Schools - <https://www.gov.uk/government/publications/school-food-standards-resources-for-schools/allergy-guidance-for-schools>
- Allergy UK Helpline: providing support, advice and information for those living with allergic disease tel. weekdays 9am-5pm 01322 619898 - www.allergyuk.org
- Early Years Foundation Stage Statutory Guidance, Section 3 Safeguarding and Welfare Requirements - Food and Drink - [Statutory framework for the early years foundation stage \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Early_Years_Foundation_Stage_Statutory_Guidance.pdf)
- Example menus for early years settings in England - Part I Guidance - [Example menus for early years settings in England: part 1 \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Example_menus_for_early_years_settings_in_England.pdf) - Managing food allergies, intolerances and meeting cultural needs; Providing food allergen information; Reading food labels; Allergen information
- Food Standards Agency food allergy and intolerance online training - <https://allergytraining.food.gov.uk/>
- For pupils / students with Medical Conditions at School - [Supporting pupils with medical conditions at school - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Supporting_pupils_with_medical_conditions_at_school.pdf)

Wales: <https://www.gov.wales/sites/default/files/publications/2018-12/supporting-learners-with-healthcare-needs.pdf>

Scotland: <https://www.gov.scot/publications/supporting-children-young-people-healthcare-needs-schools/>

Northern Ireland: <https://www.education-ni.gov.uk/publications/supporting-pupils-medication-needs>

- FSA reporting tool for allergies - <https://www.gov.uk/government/news/fsa-launches-allergy-and-intolerance-reporting-tool>
- Guidance on the use of adrenaline auto-injectors in schools (Department of Health, 2017) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf

Wales: <https://www.gov.wales/sites/default/files/publications/2018-12/guidance-on-the-use-of-emergency-adrenaline-auto-injectors-in-schools-in-wales.pdf>

- Training for Schools - <https://www.anaphylaxis.org.uk/information-training/allergywise-training/for-schools/>
- Transitioning to Secondary School - <https://www.anaphylaxis.org.uk/living-with-serious-allergies/serious-allergy-guidance-for-parents/preparing-for-and-managing-the-transition-to-secondary-school/>
- Whole school allergy and awareness management - <https://www.allergyuk.org/schools/whole-school-allergy-awareness-and-management>

Appendix VII - Top 14 Allergens poster

