Brookmead School
Bringing learning to life and life to learning

High Street, Ivinghoe, Nr. Leighton Buzzard, Buckinghamshire, LU7 9EX
Telephone: 01296 668543
Email: office@brookmead.bucks.sch.uk
Website: www.brookmead.bucks.sch.uk
Headteacher: Esther Taylor

Allergy Safety, Nut-Aware and Anaphylaxis Policy

(Updated to include Benedict's Law requirements, Sept 2026)

1. Introduction

Brookmead Primary School recognises that some children have severe allergies which may lead to anaphylaxis, a life-threatening reaction. The school is committed to providing a safe environment for all pupils with allergies, particularly nut allergies, and to ensuring that staff, parents/carers, and pupils understand their responsibilities.

The policy sets out the procedures for managing allergies safely and effectively within the school.

2. Aims

- Reduce the risk of exposure to allergens, especially nuts, across the school environment.
- Ensure clear communication and understanding of allergy management among staff, parents/carers, and pupils.
- Comply with all legal and health guidance, including Benedict's Law.
- Support children with allergies to develop self-awareness and responsibility for their health.
- Ensure consistent use of Individual Healthcare Plans (Allergy Action Plans).

3. Nut-Aware Approach

Brookmead operates a Nut-Aware approach. While a completely nut-free environment cannot be guaranteed, we aim to be nut free and the following rules apply:

- No nuts or nut-containing products may be brought onto the premises.
- This includes:
    - Whole nuts or nut snacks

    - Peanut butter or nut spreads
    - Fruit/cereal/chocolate bars containing nuts
    - Cakes or baked goods containing nuts
    - Sesame seeds (due to cross-reactivity)

Parents/carers are expected to follow this policy when preparing packed lunches.

4. Definitions

Anaphylaxis is a severe, potentially life-threatening allergic reaction that may occur within minutes of exposure. Symptoms may include swelling, breathing difficulty, rash, vomiting, and loss of consciousness.

5. Responsibilities

5.1 Parents and Carers

- Inform the school immediately of any known or suspected allergy. The school will email all parents at the end of a school year and start of a school year to check any medical needs – parents must respond.
- Provide medical evidence of the allergy from a qualified professional.
- Provide the school with a copy of an Allergy Action Plan, signed by a medical professional (non school based).
- Complete the school's Individual Healthcare Plan annually.
- Understand that failure to complete required documentation will trigger follow-up from senior leadership; in extreme cases, safeguarding advice may be sought.
- Provide two prescribed AAIs (EpiPens) and Piriton (if prescribed), clearly labelled and in date and ensure, where these are taken home, they are always returned to school when the child is in school.
- Replace expired medication promptly.
- Adhere to the Nut-Aware Policy.

5.2 School Staff

- All staff will undertake annual training in allergy awareness, recognition of anaphylaxis, and AAI administration.
- Ensure Year 1 and above children carry one prescribed AAI in their orange medical hip bag at all times.
- Ensure Reception children:
    - Wear an orange medical hip bag for identification only.
    - Have both prescribed AAIs stored in orange medical bags kept on top of the green cupboards in shared areas, clearly labelled and immediately accessible.
- Ensure the second parent-provided AAI for all year groups is stored in the green medical bags on top of the green cupboards (or in the Year 5 medical cupboard where applicable).
- Store Piriton in the medical room, clearly labelled and accessible for emergency use.

- Display photos and allergy information in the medical room.
- Maintain strict hygiene practices and supervise eating times.
- Respond promptly to allergic reactions following the child's Individual Healthcare Plan (Allergy Action Plan) and school emergency procedures.
- Maintain two spare emergency AAIs in the medical room at all times, in line with Benedict's Law.

Key points for schools to be aware of (from document Allergy Safety in Schools, Statutory Guidance, DfE) states that key learnings from events are listed below:

• Always give adrenaline immediately to treat anaphylaxis. If in doubt, give adrenaline. Delays in giving adrenaline are associated with fatal outcomes.
• NEVER let a person having anaphylaxis stand or walk around: always bring help and medicines to the person, and not the other way round.
• Always dial 999.
• Give a further dose of adrenaline if there is no improvement after 5 minutes.
• If someone known to have asthma and food allergy suddenly gets difficulty in breathing, always consider anaphylaxis. Giving adrenaline in this context is very safe and may be lifesaving

Named allergy safety lead: Esther Taylor (headteacher), Claire Price and Liz Singer

Ensuring staff awareness

- To support the safety of pupils with allergies, the school maintains an up-to-date allergy register which includes pupil photographs and details of known allergies. This register is shared electronically with all staff via a secure Google Sheet to ensure that relevant information is readily accessible.
- A printed copy of each child's health summary is also displayed in the Medical Room behind the cupboard doors for reference in the event of an emergency.
- Pupils who have been prescribed Adrenaline Auto-Injectors (AAIs) carry their medication in a clearly identifiable orange medical bag. Staff are expected to familiarise themselves with pupils who have allergies and to recognise the orange medical bags to ensure that emergency medication can be located quickly if required. Reception children carry the orange bag to ensure awareness (see section about AAI storage).
- All staff have a responsibility to be aware of pupils with known allergies, understand the school's allergy management procedures, and know how to access emergency medication and healthcare plans. Information relating to allergies, prescribed medication and Individual Healthcare Plans is communicated at the start of each school year and reviewed regularly to ensure records remain accurate and up to date.

6. Individual Healthcare Plans

- All children with allergies will have an up-to-date Individual Healthcare Plan – attached to this will be an Allergy Action Plan.

- The school will hold written medical evidence before finalising the IHP.
- The plan includes allergens, symptoms, emergency contacts, medication requirements, and emergency procedures.
- IHPs must be reviewed annually or sooner if the child's condition changes.

7. Allergy Action Plans (Benedict's Law Requirement)

Brookmead will:

- Require parents to complete the individual health care plan (Allergy Action Plan from health professional will be attached) annually.
- Ensure the AAP plan is signed by a medical professional.
- Keep copies in:
    - the medical room
    - classroom medical files
    - the child's hip bag (Year 1+)
- Ensure staff follow the plan precisely during emergencies.
- Review IHPs annually or after any allergic incident.

8. Medication Management

- All medication must be labelled with the child's name and expiry date.

Spare Adrenaline Auto-Injectors (AAIs) and Salbutamol Inhalers

- The school maintains a supply of spare Adrenaline Auto-Injectors (AAIs) and emergency salbutamol inhalers for use in accordance with national guidance and individual pupil healthcare plans.

Use of Spare AAIs

Spare AAIs may be used for any pupil who has been prescribed an AAI and where:

- Their own prescribed AAI is not available.
- Their prescribed AAI has been used and a second dose is required.
- There is a delay in accessing their own medication during a suspected anaphylactic reaction.
- Spare AAIs will only be administered by appropriately trained staff and in accordance with the pupil's Individual Healthcare Plan and the school's emergency procedures.

Location and Storage of Spare AAIs

- Spare AAIs are stored in the Medical Room within a clearly labelled medical box on a shelf just inside the doorway
- The storage location is known to all staff and is easily accessible in an emergency while remaining secure from unauthorised access

Use of spare AAIs - Brookmead School follows DfE guidance as below:

Using "spare" ADs in an emergency situation without prior consent - The Human Medicines (Amendment) Regulations 2017 do not require consent to have been obtained for "spare" adrenaline devices to be used in an emergency. It is good practice for the school, college or

setting to obtain advance consent from parents or the young person for "spare" adrenaline devices to be used, so that in an emergency, consent can be assumed to be in place. However, in an emergency situation anyone may take reasonable action to save a life without checking whether prior consent has been given, in order to avoid delays in treatment.

Use of Spare Salbutamol Inhalers

- The school's emergency salbutamol inhalers may only be used for pupils who have a diagnosed asthma condition, have written parental consent and an Asthma Action Plan in place.
- Spare inhalers are intended for use when a pupil's own inhaler has been misplaced, forgotten or is otherwise unavailable.

Location and Storage of Spare Salbutamol Inhalers

- Spare salbutamol inhalers are stored in the Medical Room in the asthma kit on the shelf in the medical room

AAIs Year 1 and above

- Children carry one AAI in their orange medical hip bag at all times.
- The second AAI is stored in the green medical bags on top of the green cupboards (or Year 5 medical cupboard).

Reception

Children wear an orange hip bag for identification only.

- Their two prescribed AAIs are stored in the green medical bags on top of the green cupboards in shared areas.
- Staff must ensure these bags remain visible, accessible, and never obstructed.

All year groups

- Piriton is stored in the medical room.
- Medication administration follows the school's Administering Medicines Policy.
- The school keeps a log of all AAI training.

9. Communication and Training

- Allergy photos and details are displayed in the medical room and staff room.
- Allergy procedures are reviewed with staff annually.
- Regular AAI training and refreshers are provided.
- All staff are trained in recognising early signs of anaphylaxis, escalating concerns, and emergency response.

10. Prevention

- Staff and children wash hands before and after eating.
- Children are supervised during snack and lunch times to prevent food sharing.
- Cleaning routines are strengthened in line with DfE guidance.
- Parents communicate all allergies with catering provider – Fresh Start - directly who provide separately prepared food where known allergies exist. Fresh Start have assured Brook
- The school must get parental consent before sharing food with children and ensure allergies are considered when planning cooking.
- Cooking risk assessments for learning sessions will take into account all allergies and adaptations will be made to ensure these cooking sessions are safe and inclusive.

11. Allergies and Educational Visits

The school is committed to ensuring that pupils with allergies are able to participate safely and fully in all educational visits and off-site activities.

Prior to any educational visit, the Trip Leader will ensure that relevant medical information, Individual Healthcare Plans and allergy management plans are reviewed and available to supervising staff. Pupils with known allergies will be supported in accordance with the school's established allergy management procedures.

Where a pupil has been prescribed an Adrenaline Auto-Injector (AAI), the following arrangements will apply:

- The pupil's prescribed AAIs will accompany them on all educational visits.
- A copy of the pupil's Individual Healthcare Plan and emergency allergy care plan will be taken on the visit.
- The adult responsible for leading and supervising the pupil's group will carry the pupil's second prescribed AAI and be familiar with its use.
- The Trip Leader will carry a spare emergency AAI provided by the school for use in accordance with the school's allergy procedures and emergency medication protocol.
- The school has purchased additional AAIs beyond the statutory emergency supply to provide appropriate coverage during educational visits and off-site activities.
- Staff attending the visit will be have a copy of the childs IHCP provided to them.
- In the event of suspected anaphylaxis, staff will follow the pupil's healthcare plan, administer an AAI without delay where indicated, and summon emergency medical assistance immediately.

12. Emergency Response (Aligned with Benedict’s Law)

In the event of suspected anaphylaxis:

1. Follow the child’s Individual Healthcare Plan (Allergy Action Plan) immediately – to be found in orange hip bag.
2. Administer the child’s prescribed AAI without delay.
3. Call 999 and state “anaphylaxis”.

4. Use the spare emergency AAI if:
    - the child's own AAI is not available, or
    - symptoms worsen after 5 minutes.
5. Inform parents/carers as soon as possible.
6. Record the incident and review the Individual Healthcare Plan (Allergy Action Plan).

12. Monitoring and Review

- This policy will be reviewed annually or sooner if legislation changes.
- Parents/carers and staff will be consulted during review.
- Updates will reflect changes to Benedict's Law, DfE guidance, and best practice.
- All serious incidents and near misses will be recorded in the schools Accident Report Book and on Assessnet – the policy will also be reviewed should this occur. In any incidents where there is a serious incident or near miss, staff will report to the Headteacher who will liaise with relevant staff to report this and review IHPs and this policy.

Legal Framework and Guidance

- Human Medicines Regulations (2012)
- Managing Medicines in Schools and Early Years Settings (DfES 2005)
- Department for Education – Allergy Safety In Schools (Statutory Guidance) 2026
- Benedict's Law (2024–25)