Exceptional Ideas ltd

Allergens and Anaphylaxis Policy

July 2026

Review July 2027

Allergens and Anaphylaxis Policy

Benedict's Law Compliant – Academic Year 2026–2027

Approved by: Jodie Evans
Date approved: 17.07.2026
Review date: July 2027
Applies to: All staff

Responsibilities:

Names	Role	Responsibility
Brett Runchman	Director	Incident and near miss analysis and review
Brett Runchman	Director	Delivering Training for Adrenaline Auto-Injector (AAI) (e.g. Jext®, EpiPen® or Emerade®)
Cheryl Ballantyne	Deputy Exams Officer/ Food Tech Lead/Assessment Lead	Reviewing Policy
Cheryl Ballantyne	Deputy Exams Officer/ Food Tech Lead/Assessment Lead	Allergy and Anaphylaxis Whole School Lead Non-emergency advice and staff training
Paula Stacey	Senior Administrator	Maintaining the allergy register for staff and students
Lia Begum Vicki Raven Karen Nash	Individual School First Aiders	Monitoring expiry dates of emergency medication
Daniele Fairbrother	Operational Senior Therapeutic and Wellbeing Lead	Ensuring Individual Health Care Plans remain up to date.
Kelly Carter	Operational Senior for Recruitment, Onboarding, Digital Communications & ASDAN	Coordinating staff training for new starters
Cheryl Ballantyne	Deputy Exams Officer/ Food Tech Lead/Assessment Lead	Coordinating Annual staff training
Christy Russell with oversight from Brett Runchman	Operational Senior School Lead – Cross-Site Coordination & Compliance	Auditing compliance

Contents of Policy:

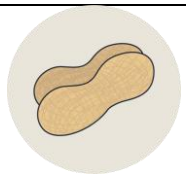
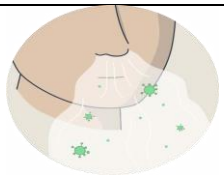
1, Introduction:

This policy demonstrates Exceptional Ideas' commitment to reducing the risk to students and staff with allergies, intolerances, coeliac disease and wider food hypersensitivities.

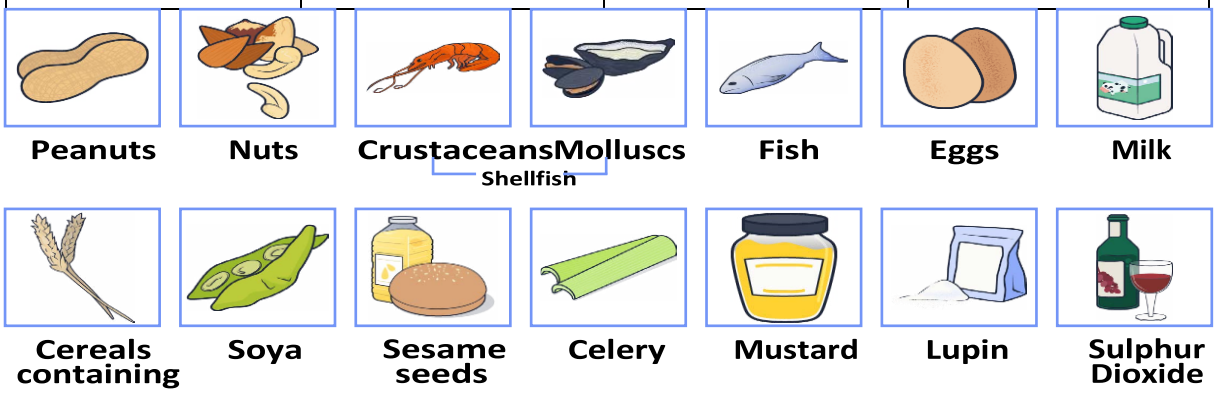
Throughout this policy, we aim to highlight the procedures Exceptional Ideas will follow to ensure that Primrose Hill, Brook View and Teaseldown schools are doing everything they can to maintain safety and that all staff are appropriately trained and able to deal with situations where students experience allergic reactions.

People can be allergic to many different things around them – these are called allergens. Common allergens include:

The 14 food allergens:

			
Food - any food can be an allergen. Common food allergens include nuts, milk, eggs and shellfish.	**Airborne allergens -** such as spores, pollen, dust mites, animal skin cells and fur.	**Medication** - such as penicillin, anti-inflammatory drugs or contrast medication	**Chemicals** - such as those used in preservatives, fragrances, cleaning products and nail polishes.

			
Plants - such as oil, sap or pollen	**Insect stings or bites -** such as bees, wasps, hornets or ants.	**Metal** – such as nickel	**Latex** - such as rubber gloves and cobalt. or aprons.



Exceptional Ideas will ensure that any food served is correctly labelled, highlighting the presence of the 14 food allergens. Details of this can be found in the 'catering' section of the policy.
Allergic reactions can range from mild to severe, with the most severe being anaphylaxis. Symptoms occur when the body reacts to usually harmless ingredients. Mild reactions may include itching, sneezing or skin rashes; however, anaphylaxis is a severe reaction that requires immediate treatment usually with an adrenaline auto-injector (AAI).
Details on how to recognise and treat **anaphylaxis** can be found in **section four** of this policy.

2, Legislative and Guidance Framework

This policy should be read in conjunction with the Exceptional Ideas Medication Administration, Risk Assessment Policy and Practice, Enrichment Policy, First Aid and Incident Reporting Policy and Child Protection and Safeguarding Policy.

- **Department for Education (2026) – *Allergy Safety in Schools* (Statutory Guidance)** *(Benedict's Law guidance)*.
- **Supporting Students at School with Medical Conditions** (Department for Education) *(where still applicable alongside the allergy-specific guidance).*
- **Children's Wellbeing and Schools Act 2026** *(Section 34 – commonly referred to as "Benedict's Law")*.
- **Children and Families Act 2014** *(as amended).*
- **Human Medicines (Amendment) Regulations 2017** *(Spare Adrenaline Auto-Injectors in Schools).*

- **Food Information Regulations 2014** *(allergen information requirements).*
- **Equality Act 2010** *(reasonable adjustments and protection from discrimination).*
- **Working Together to Safeguard Children** *(latest edition)*.
- **Health and Safety at Work etc. Act 1974** *(employer duties to protect staff, students and visitors).*
- **Management of Health and Safety at Work Regulations 1999** *(risk assessment duties).*

2, Background Information

Food hypersensitivity is a blanket term for an adverse reaction to food. This could be due to a food allergy, food intolerance or an autoimmune disease such as coeliac disease.

What is an allergy?	An adverse reaction by the body's immune system to a specific allergen. → An allergic reaction can occur even after being exposed to just a trace of the allergen and can be life-threatening. → Symptoms of an allergy are often mild but can be very severe. → The most common symptoms include sneezing, itchy skin and rashes, stomach cramps, nausea and vomiting. **Symptoms of anaphylaxis** include difficulty breathing, a drop in blood pressure and a loss of consciousness. → Allergies can present themselves differently, and each person may show different symptoms. → These are most likely to occur either while eating or soon after eating the allergenic food but, in some cases, can develop hours - or even days - later.
What is an intolerance?	→ An adverse reaction by the body to a specific food ingredient. → It is unrelated to the immune system and, therefore, is not life-threatening. Instead, the body has difficulty digesting certain foods, usually when consumed in large amounts. → Symptoms of food intolerance include bloating, stomach cramps and diarrhoea. These usually develop gradually within a few hours of eating the offending ingredient.

What is coeliac disease?	→ Coeliac disease is an autoimmune disease that causes the body to react when gluten is consumed. → The villi in the small intestine are attacked and damaged by the body's immune system, meaning the body cannot absorb some nutrients from food. → The only way to prevent symptoms of coeliac disease is to avoid consuming gluten altogether, as even trace amounts can affect the individual.
Who does it affect and how?	→ No one is born with an allergy. They can develop at any age and are dependent on a multitude of factors. Similarly, food intolerances and Coeliac disease can occur at any stage in a person's life. Currently, there is no known 'cure' for food hypersensitivities - instead, they are conditions that need to be managed throughout an individual's life → Allergic reactions can be life-threatening, known as anaphylaxis. They occur because the body's immune system has overreacted to an allergen. They can cause swelling of the airways, and the person will need immediate medical attention. → Severe allergies can be triggered by even trace amounts of the allergen. → If you work with food, you are legally responsible for providing correct allergen information about the ingredients in the food you handle, provide or serve.

3, Roles and Responsibilities

Staff Responsibilities

- All staff **must** complete allergy training annually.
- Staff **must** familiarise themselves with the students in their care with allergies and how to deal with any reactions they may experience.
- Mealtimes and preparation of food must be supervised for students with severe allergies and supervising staff will be vigilant for reactions. Particular attention should be paid to the risk of cross-contamination and protein transfer from adjacent students' foods.
- All staff supervising mealtimes must be aware of the ingredients in the food eaten. Students with food hypersensitivities should be able to feel included.
- Offsite learning: staff must be aware of students with allergies and ensure that students/mentors carry the required medication. This will be checked carefully on the morning of the offsite activity, and students without medication must not attend the activity.

- Allergy risks will be considered when planning celebrations, fundraising activities and events involving food.
- Staff member responsible for dispensing medication is highlighted at the beginning of each day. Medication is held by the supporting member of staff if working off-site when the medication is to be taken.
- Staff to advise parents when medication stocks run low. Supply should never fall below three days' supply.
- Where students self-medicate or use inhaler medication. This must be included on both the medication administration record sheet and the students dynamic risk assessment.
- The school named first aider will be responsible for keeping records of student medication and staff training, ensuring the safe storage of student medication and recording any incidents linked to adverse reactions.
- The school will not participate in reintroducing an allergen to a student. Still, they may consider supporting a student who is progressing through an allergen ladder - however, written communication with a parent/carer and healthcare professional must be obtained and recorded.
- Every student with a diagnosed severe allergy will have an Individual Healthcare Plan that is reviewed at least annually or sooner if medical advice changes.
- A designated member of staff should be responsible for recording accidents, incidents and near misses regarding allergic reactions. The responsible staff member should regularly report to, and be monitored by, Brett Runchman.

Please see the Medication Administration Policy for administering of medications.

Parent/carer Responsibilities

- Parents/carers must provide the school with accurate and up-to-date information regarding allergies when the student joins the school and throughout the time they attend.
- Parents/carers are responsible for ensuring that any required medication is in-date and provided as required which is to be recorded on the medication administration form.
- Parents/carers must ensure that appointments with GPs or allergy specialists are attended as required and that relevant information arising from these is passed on to the school.
- Parents / carers must notify the school in writing the dosage and regularity of medication to be given. This includes inhalers and antihistamine medications. Medication pharmacy packaging labels are considered accurate.
- Prescription medication form to be completed and stored on the student's case file.
- Parents / carers are responsible for notifying the school the number of tablets sent into school with each new batch delivered. This should be in writing. This

is to be recorded on the medication administration form kept in the medication cabinet.

- Medication should be sent into school with the student in sealed box so that staff can know if it has been tampered with. Suggest original packaging sellotaped shut.
- School will not send medication home via taxi. Parents need to collect when required.
- Parents / carers should notify the school by telephone and in a written message if any medication has been missed. School will do the same if medication is missed at school for any reason.
- Failure to take prescribed medication will result in review of risk assessment and possibly the student being sent home.

Student Responsibilities:

- Students must actively engage in learning regarding allergies and hypersensitivities, regardless of whether they themselves experience them.
- They are encouraged to support their peers and must always be kind and understanding.
- Students who are old enough and able should be encouraged to carry their medication, including adrenaline auto-injector (AAIs) and, where appropriate, know how to administer medication themselves.
- Students with food hypersensitivities are encouraged to communicate with staff regarding the ingredients in the foods offered during cooking sessions.

4, Emergency anaphylaxis response plan

This is considered a medical emergency, and the emergency anaphylaxis response plan must be followed:

- Lay the child down flat wherever possible with the head slightly elevated.
- Administer the adrenaline auto-injector (AAI) without delay, noting the time. The AAI should be given into the muscle in the outer thigh. Take care to read specific instructions on the AAI.
- After administering the AAI, raise the child’s legs. The child can sit up at short intervals if they feel more comfortable, but ideally, they should remain in this position.
- Call 999, stating anaphylaxis.
- After five minutes, a second AAI can be administered, if needed, in the outer thigh of the opposite leg if possible.
- If the student stops breathing, commence CPR and locate the nearest defibrillator.

Nearest Defibrillator locations for:

Primrose Hill: Tesco interchange express, 1-6 Dukes Walk, Duke Street, Chelmsford, CM1 1GZ (514 meters)

Brook View: Wethersfield Village Hall, BRAINTREE road, CM7 4BS (110 meters)

Teaseldown School: CO-OP, 116 SWAN STREET, SIBLE HEDINGHAM, CO9 3HP (483 meters)

Call parents/carers as soon as possible.

Do not leave the student unattended whilst waiting for the ambulance. Remain as calm as possible and reassure the student.

All students must go to the hospital following anaphylaxis, regardless of whether they appear to have recovered, as they require monitoring for a secondary reaction. If one or two of their AAIs has been used, the hospital will need to replace them before the child is discharged

5, Supply, storage and care of Auto Adrenaline Injectors (AAI's)

Parents/carers must ensure that any AAI is provided and labelled with the child's name. They must ensure that replacement medication is sourced quickly and before the expiry dates.

Some students may be able to take responsibility for carrying their AAI medication. This may include both AAIs if appropriate. In this case, the student and staff must know exactly where the medication is stored to allow staff to find it quickly in case of an emergency.

Any medication which the school holds is stored safely and is accessible to all staff.

AAI boxes are stored near the medicine administration cabinets in all schools.

AAI's are stored at room temperature, ideally between 15 C and 25 C, away from direct sunlight and away from any heat source, and AAI medication is never locked.

All staff are made aware of the location and storage of AAI medication through regular yearly training.

Expired AAIs and allergy medication will be returned to parents/carers or disposed of safely in accordance with pharmacy guidance.

6, Use of Adrenaline Auto-Injectors (AAIs) in School

AAI's can be administered to children with a prescribed AAI in an event where, for example, they have forgotten their own AAI, it is out of date or broken.

They can also be administered to children who, as per medical confirmation in their Allergy Action Plan, are at risk of anaphylaxis and have parental consent.

In the event that a student presents with symptoms of anaphylaxis but does not have their own prescribed AAI, or medical/parental consent to administer one as outlined in the appendices, one of the school's AAIs may be used. However, advice must be obtained by emergency services first

Information for the difference between an allergic reaction and anaphylaxis is on each school's medication cabinet: Identifying allergy or anaphylaxis.

7, Staff Training

All staff will complete allergy awareness and anaphylaxis training annually. The training will cover:

- Background information regarding allergies and food hypersensitivities.
- Symptoms of allergic reactions, including anaphylaxis.
- Anaphylaxis emergency response plans, including how to correctly administer an AAI.
- How to reduce the risk of a student experiencing an adverse reaction, including the catering arrangements in school.
- How to manage and understand allergy action plans.
- School activities, including Food Tech and School trips.

8, Near Miss

Following every allergic reaction, medication error or near miss, the school will undertake a structured review to identify learning, amend risk assessments where required and share relevant learning with staff.

9, Safeguarding

Exceptional Ideas is committed to ensuring that all students receive the highest levels of safeguarding. We acknowledge that students with allergies and hypersensitivities may require an additional layer of safeguarding to ensure bullying does not take place.

The following steps aim to ensure that all students with allergies feel safe and confident when attending school:

- All students will receive lessons linked to allergy awareness, allowing them to support their peers effectively, with kindness and understanding.
- Staff will take care to ensure that they keep up-to-date information regarding student allergies and hypersensitivities. Those with allergies outside of the 14 named food allergens will be documented for all staff to be aware of.
- Staff will engage with all training provided with care and attention.
- Additional monitoring is provided at mealtimes.

- Further planning and attention are given to students with allergies and hypersensitivities when attending extracurricular trips and projects, including informing any external caterers.

10, Food in school

The school will operate in line with the recommended Food Information Regulations when it comes to providing allergy identification on all food provided. Information linked to the 14 food allergens will be clearly highlighted on all food provided on site.

Students with allergies and food hypersensitivities will be identified through a list provided to all staff.

The school will also operate within guidance from the Department of Health, including adhering to the following:

- Careful measures will be in place to avoid allergenic cross-contamination, including two-step cleaning procedures and separate preparation areas for allergenic ingredients.
- Staff and students will identify and label foods that contain allergens which have been made at school.
- Students can ask for additional reassurance if they have any concerns over a dish offered to them.

11, Extra Curricular Activities

Exceptional Ideas is committed to ensuring that students with allergies and hypersensitivities are included in extracurricular activities such as school trips and excursions.

Operational Seniors will check allergies and hypersensitivities for all students and communicate this to other staff. They will also lead additional planning and preparation, involving parents/carers/ other staff within the school to ensure that the activity remains safe for the student.

Key staff will be trained to confidently administer AAIs and ensure that staff members supervising children who carry an AAI are also trained.

In some cases, where external catering cannot satisfactorily reassure that they can accommodate students with food allergies or hypersensitivities, parents/carers may be asked to provide food and drink for the student.

Additional risk assessments must be completed for these students for activities such as days out where insect stings could occur or lessons involving making food.

12, Communication and Allergen Awareness

Exceptional Ideas aims to foster an environment of allergy awareness. Students are encouraged to understand allergies, coeliac disease and food intolerances and

develop an empathetic approach towards their peers and mentors. Time is allocated to allow for this.

Exceptional Ideas also strongly welcomes and encourages open communication between staff, parents/ carers and all other relevant medical professionals as we work towards providing the best care possible for students and staff with allergies and hypersensitivities.

13, Dynamic Risk Assessment

Exceptional Ideas will conduct individual risk assessments for students with allergies and hypersensitivities.

These will be reviewed regularly to see if there has been a change in the child's allergy status.

Additional risk assessments will be conducted for school trips and excursions, considering the new level of risk presented by a different environment.

14, Identifying allergy or anaphylaxis

Information to be displayed on the medication cabinets in all schools

Attribute	Allergic Reaction	Anaphylaxis
Symptoms	**Varies depending on the allergen, can include rash, itching, sneezing, watery eyes, etc.**	**Severe and life-threatening symptoms, progressing quickly:** • **lips, mouth, throat or tongue suddenly become swollen** • **breathing very fast or struggling to breathe, may become very wheezy or feel like choking or gasping for air** • **throat feels tight or struggling to swallow** • **skin, tongue or lips turn blue, grey or pale** • **suddenly confused, drowsy or dizzy (oxygen deprivation)** • **someone faints and cannot be woken up**

		• **a rash that's swollen, raised or itchy.**
Severity	Can range from mild to moderate, rarely life-threatening	Can be life-threatening and requires immediate medical attention
Onset	Can occur within minutes to hours after exposure to the allergen	Usually occurs within minutes after exposure to the allergen
Treatment	**Antihistamines, corticosteroids, avoiding the allergen**	**Epinephrine (EpiPen) or JEXT injection, emergency medical care**
Causes	Exposure to allergens such as pollen, pet dander, certain foods, etc.	Exposure to allergens such as insect stings, certain medications, certain foods, etc.

Appendix 1.

Parental permission letter for administering Adrenaline Auto-Injector (AAI) and antihistamine

Teaseldown School @ The Sugar Loaves
175 Swan Street
Sible Hedingham
HALSTEAD
CO9 3PX
Tel: 07729 687359
admin@exceptional-ideas.co.uk

Date

Dear (parent/carer name)

Due to changes in legislation and the introduction of Benedict's Law, which comes into effect for all schools from September 2026, we are seeking your permission to administer an Adrenaline Auto-Injector (AAI) and, prescribed or authorised, age-appropriate antihistamine (such as Piriton), in accordance with your child's Individual Healthcare Plan or parental consent, should an allergic reaction occur or be suspected.

In line with Benedict's Law , we keep AAI's in each school for trained staff to administer in case of an emergency in instances such as, where we are unable to administer the child's own (where prescribed) due to such things as it being broken, out of date, or one has not been supplied due to an unknown allergy.

If child's name has a known allergen, and is prescribed medication, please notify the school of the allergen and supply the school with the appropriate medication, in a sealed box or container, with the medication name, dosage and child's name. Please replace it before it goes out of date, and ensure child's name knows how to administer the treatment themselves.

We will inform you when we have less than 7 days medication left, so you are able to provide additional medication before it runs out. In the case of allergy medication to be taken daily, please inform us if a dose has been missed. We will inform you if we have not administered a dose at school at the prescribed time.

Exceptional Ideas' whole school approach is inclusive for all students and staff with allergens, so we do not have latex gloves, aprons, plasters, etc. In addition to that, we are a **nut free** school. Teaseldown School is also a **garlic free** school.

Please be assured that all staff have had anaphylaxis and allergy training, so are able to recognise when a student is having a reaction and when it becomes life threatening. Should a student have an anaphylactic reaction without a prior known allergen, we would seek the advice of trained 999 emergency staff.

We thank you for your support and understanding in helping Exceptional Ideas commit to keeping our students and staff as allergen safe as we can.

If you have any concerns, please contact your Operational Senior in the first instance.
Yours sincerely

Brett Runchman – Director for Exceptional Ideas

Cheryl Ballantyne – Allergy and Anaphylaxis School Lead

Jodie Evans - Headteacher

Please complete the form below and return it either by email to joanna@exceptional-ideas.co.uk or hand it in to your child's school.

Child's name:_____

Please delete as appropriate:

I do/do not give permission for an Auto Adrenaline Injector to be administered in the case of an anaphylactic reaction.

I do/do not give permission for an antihistamine such as Piriton, to be administered in the case of an allergic reaction.

Signed ---------- Dated ----------