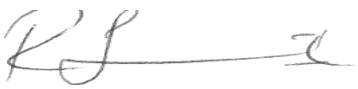
Christ Church New Malden

Church of England Primary School

Food Allergies and Anaphylaxis Policy

Committee responsible	Full Governing Body
Approval required by	Governing Body can delegate
Statutory or Recommended	Statutory
Frequency of review	Recommended Annually
Date last reviewed	September 2026
Date of next review	September 2027
Display on website	Yes
Purpose	To ensure pupils with medical conditions are supported so they can play a full role in school life, remain healthy and achieve their potential.
Consultation	Governing Body
Link with other policies	Admissions Policy Behaviour Policy Anti-Bullying Policy Equal Opportunities Policy Child Protection and Safeguarding Policy Accessibility Plan SEND Policy

	Signed	Date
Headteacher		September 2026
Chair of Governors		September 2026

1.0 Introduction and Purpose

Anaphylaxis is a severe, systemic, and potentially life-threatening allergic reaction requiring immediate medical intervention. Recognising that a significant percentage of fatal food-induced anaphylaxis cases in children occur within educational institutions, Christ Church is committed to mitigating allergen exposure risks through proactive institutional management, robust staff readiness, and clear reporting mechanisms.

While Christ Church cannot guarantee a completely allergen-free environment, this policy sets out practical, legally compliant measures to minimise risks to pupils, staff, and visitors suffering from food allergies and intolerances.

2.0 Statutory and Legislative Framework

This policy is anchored in UK statutory legislation and Department for Education (DfE) guidance:

- **Health and Safety at Work etc. Act 1974:** The school's duty to ensure the health, safety, and welfare of employees and non-employees (pupils and visitors).
- **Children and Families Act 2014 (Section 100):** The statutory duty to support pupils with medical conditions, including the implementation of Individual Healthcare Plans (IHCPs).
- **Keeping Children Safe in Education (KCSIE):** Statutory safeguarding guidance governing the protection of medically vulnerable pupils.
- **The Food Information Regulations 2014 & EU Food Information for Consumers Regulation (1169/2011):** Statutory duties imposed on food providers to identify and declare the 14 major allergens.
- **Prepacked for Direct Sale (PPDS) Food Labelling (Natasha's Law 2021):** Mandating full ingredient and allergen labelling on all foods packaged on-site before ordering.
- **Data Protection Act 2018 & UK GDPR:** Governing the lawful processing of Special Category Data (medical histories and biometric data/photographs).

3.0 Roles and Responsibilities

3.1 The Governing Body

The Governing Body holds ultimate strategic oversight for health and safety compliance. It must ensure that a comprehensive risk assessment is performed, that the school is sufficiently resourced to meet medical needs, and that third-party contractors (e.g., caterers) provide verifiable proof of regulatory compliance.

3.2 The Headteacher and Designated Allergen Responsible Person

The Headteacher has delegated operational responsibility to **Bea Roberts** as the **Designated Allergen Responsible Person (DARP)**. Responsibilities include:

- Maintaining a secure, centralised Central Allergy Register containing pupil names, photographs, specific allergens, clinical symptoms, and prescribed emergency actions.
- Liaising across families, the Kingston School Nurse Team, the Special Educational Needs Coordinator (SENCO), and catering management.
- Auditing menu planning, kitchen cross-contamination protocols, and on-site food labelling practices.

3.3 Parents and Carers

Parents/carers hold a strict duty of disclosure. They must:

- Notify Christ Church immediately upon enrolment, or upon clinical diagnosis, of any food allergies, intolerances, or risks of anaphylaxis via the **Pupil Food Allergy Action Plan (Appendix A)**.
- Provide the school with any prescribed or non-prescribed medication needed to manage anaphylaxis
- Provide the school with two in-date, unexpired Adrenaline Auto-Injectors (AAIs) along with an updated clinical allergy action plan from their GP or consultant.
- Ensure replacement AAIs are provided immediately upon expiry or deployment.

3.4 All School Staff

All staff members operate under a common-law duty of care to safeguard pupils. Staff must:

- Familiarise themselves with the Central Allergy Register and recognise the pupils under their direct supervision who are at risk.
- Complete mandatory annual anaphylaxis training.
- Ensure immediate access to a pupil's prescribed medical kits during teaching, breaks, and transitions.

4.0 Training and Competency

- **Frequency:** All school staff (including teaching, support, and administrative personnel) must complete accredited Anaphylaxis and AAI training on an **annual basis**. This stands separate from standard First Aid certification.
- **Coordination:** Training is coordinated via the **Kingston School Nurse Team** and overseen by the **Designated Allergen Responsible Person (DARP)**.
- **Core Competencies:** Training must explicitly verify staff competence in:
    1. Recognizing early mild-to-moderate symptoms versus acute systemic anaphylaxis (the 'ABC' symptoms).
    2. Emergency transition positioning (lying flat with legs elevated).
    3. Error-free administration of specific AAI brands (e.g., EpiPen®, Jext®).
    4. Post-incident reporting and secondary emergency services management.
- **Supply/Agency Staff:** SLT will brief temporary staff on the specific allergy profiles of the classes they are assigned to during their induction (as noted on the red medical alert posters).

5.0 Procurement, Storage, and Care of Emergency Medication

5.1 Individual Pupil Kits

Pupils deemed competent by clinicians and parents may carry their emergency kit in a highly visible, designated container: a red AAI bag. For younger pupils or those lacking demonstrated competency:

- Kits must be stored in an emergency anaphylaxis box that is **unlocked and immediately accessible to staff**, situated within a 5-minute radius of the pupil at all times.
- Each kit must contain: **Two identical prescribed AAIs**, an up-to-date Individual Healthcare Plan/Allergy Action Plan, prescribed antihistamines (syrup/tablets), and a fast-acting asthma inhaler (if co-morbid).
- The school will audit expiration dates termly, but legal liability for maintaining unexpired emergency medication rests solely with the parents/carers.

5.2 Statutory Spare Institutional AAIs

Under the Human Medicines (Amendment) Regulations 2017, Christ Church holds a stock of unprescribed, spare institutional AAIs for emergency backup use.

- These are stored in the Office on each site and are strictly reserved for pupils who have been clinically diagnosed with a risk of anaphylaxis and for whom both parental consent and a medical plan are on file, except in an emergency and on advice.
- These are to be deployed only if their personal devices fail, are damaged, or are unavailable.

6.0 Environmental Risk Mitigation

6.1 Whole-School Nut Restrictions

Christ Church operates a strict **Restriction on Peanuts and Tree Nuts**.

- No nuts or nut-derived products are permitted on the school premises for school meals, packed lunches, snacks, or events.
- This restriction is publicised clearly to parents, staff, and visitors at the start of each academic year and reinforced through regular communication channels.

6.2 School Catering and PPDS Compliance

The school's catering contractor must guarantee absolute compliance with the Food Information Regulations 2014. The caterer must:

- Maintain an independent allergen matrix for all menus, updated regularly and as required and cross-referenced against the Central Allergy Register.
- Implement a visual identification lanyard system, in partnership with the school, at the point of service to cross-check pupil identities before food is distributed.

6.3 Curriculum Delivery (Food Technology, Science, and Art)

Before any lesson involving raw materials:

- The class teacher must cross-reference lesson ingredients against the class allergy profile and draft a formal risk assessment.
- Dedicated, non-porous allergy-safe plastic boxes containing pristine preparation equipment must be used for at-risk pupils.
- All work surfaces must be sanitised before and after activities using verified allergen-removing cleaning solutions. Aprons used by at-risk pupils must be laundered independently.
- We are inclusive in our approach to planning and teaching cookery sessions and messy play and DT activities, including the choice of ingredients.

6.4 Educational Visits and Off-Site Activities

- **Risk Assessments:** Every off-site excursion requires an individual risk assessment that accounts for pupil allergies, proximity to emergency trauma centres, and mobile connectivity.
- **Medication Verification:** Before departure, the Trip Leader must visually confirm that the at-risk pupil's **two prescribed AAIs** are present, in-date, and assigned to a designated trained staff member.
- **EYFS Outings:** In strict compliance with statutory early years frameworks, at least one staff member holding a valid Paediatric First Aid (PFA) certificate and trained in AAI deployment must accompany any Early Years group off-site.

7.0 Emergency Protocol: Symptoms and Emergency Deployment

7.1 Symptom Identification

Classification	Clinical Signs	Action Protocol
Mild to Moderate	Hives/urticaria, localised swelling of the lips/eyes, tingling mouth, abdominal pain, vomiting.	Administer prescribed oral antihistamines; monitor continuously for airway degradation.
Severe Anaphylaxis (ABC)	**A**irway: Laryngeal oedema, stridor, hoarse voice, dysphagia. **B**reathing: Wheezing, acute dyspnea, cyanosis. **C**irculation: Hypotension, bradycardia, vertigo, syncope, collapse.	**Immediate deployment of AAI.** Proceed to Emergency Protocol (7.2).

7.2 Emergency Action Steps

In the event of suspected acute anaphylaxis, staff must execute the following sequence without hesitation or delay:

1. **Isolate and Immobilize:** Keep the pupil exactly where they are. **Do not allow them to stand or walk.** Lie them flat with legs elevated. If breathing is severely compromised, prop the upper torso up slightly, but return them to the flat position as soon as possible to avoid fatal blood pressure drops (empty-hand syndrome).
2. **Deploy AAI Immediately:** Administer the pupil's prescribed AAI into the outer muscle of the mid-thigh through clothing if necessary, noting the exact time of injection.
3. **Emergency Services Call:** Dial **999** immediately. Clearly state **"ANAPHYLAXIS"** to trigger an emergency priority response.
4. **Secondary Deployment:** If clinical symptoms do not improve, or if degradation accelerates after **5 minutes**, administer the second backup AAI into the opposite thigh.
5. **Paramedic Handover:** Ensure the used AAIs are retained and handed directly to the arriving ambulance crews. The pupil must be transported to a hospital via ambulance for a mandatory medical observation window, accompanied by a staff member carrying their medical files.

8.0 Data Protection and Information Sharing

Medical data constitutes Special Category Data under Article 9 of the UK GDPR.

- Information sharing (including the public display of pupil photographs and medical records in staff rooms or kitchens) is conducted under the lawful basis of **Substantial Public Interest (Statutory and Government Purposes)** under Schedule 1, Part 2 of the Data Protection Act 2018 to safeguard life.

- Explicit, unambiguous consent is obtained via **Appendix A** to facilitate cross-departmental sharing with catering staff and trip providers. All physical records must be stored securely out of public sight, and digital registers must be password-protected.

9.0 Bullying and Safeguarding

Targeting a pupil with food allergens, threatening exposure, or mocking their dietary restrictions constitutes serious physical and psychological harassment. Such incidents will be treated as high-level disciplinary infractions and safeguarding breaches under the school's **Anti-Bullying and Safeguarding Policies** and may result in formal fixed-term or permanent exclusion.

10.0 Incident Recording, "Near Misses", and Statutory Review

Christ Church operates a proactive learning culture regarding medical conditions and allergy safety.

- **Definitions:** A 'serious incident' includes any event requiring emergency medication, urgent clinical intervention, or emergency services. A 'near miss' includes any breakdown in cross-contamination or identity protocols where an allergen is nearly exposed to an at-risk pupil but intercepted.
- **Reporting:** All serious incidents and near misses must be formally logged on the school's safeguarding/incident management system. A full written report must be provided to the pupil's parents/carers within 24 hours of the occurrence.
- **Mandatory Review Trigger:** The occurrence of any serious incident or near miss will automatically trigger an immediate, interim review of both the individual pupil's Individual Healthcare Plan (IHCP) and this overarching policy to identify and remedy systemic procedural weaknesses.