ST MARY'S SCHOOL HAMPSTEAD

Allergy Safety Policy

September 2026

Reviewed: September 2026

Next Review Date: September 2027

MISSION STATEMENT

St Mary's School seeks to provide an outstanding education firmly founded on the Catholic Faith.

Spiritual and moral principles are nurtured in a way that is reflected in daily life.

Within a happy and caring environment and based on the recognition of the dignity, worth and wellbeing of each child, high standards are expected. Intellectual development is emphasised and fostered along with the pursuit of academic excellence.

St Mary's values the unique contribution of every child within the school community.

St Mary's is inclusive and welcomes girls from all communities and faith backgrounds, or none, and believes that all benefit from the school's values.

St Mary's aims to encourage an active partnership between home, school, parish and the wider community.

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AIMS AND OBJECTIVES

This policy outlines St Mary's School's approach to allergy management, in line with the Department for Education's draft statutory guidance published in July 2026 (Allergy safety in schools). It also anticipates Benedict's Law coming into force in 2027.

Benedict's Law will introduce a consistent national framework for allergy safety in schools, requiring whole-school allergy policies reviewed at least annually and published to pupils, staff and parents; a Designated Allergy Lead on the senior leadership team; mandatory staff training; a stock of spare adrenaline devices; and the recording of serious incidents and "near misses".

This policy outlines how the whole-school community works to reduce the risk of an allergic reaction occurring and the procedures in place to respond effectively if one does. It also sets out how we support our pupils with allergies to ensure their wellbeing and inclusion, as well as demonstrating our commitment to being an allergy-aware school.

This policy applies to all staff, pupils, parents and visitors to the School and should be read alongside these other policies:

- Child Protection & Safeguarding Policy
- Catering & Food Hygiene Policy
- Equal Opportunities for Pupils
- EYFS Food & Nutrition Policy
- First Aid and Administration of Medicines Policy
- Health & Safety Policy

WHAT IS AN ALLERGY?

Allergy occurs when a person reacts to a substance that is usually considered harmless. It is an immune response and, instead of ignoring the substance, the body produces histamine which triggers an allergic reaction.

Whilst most allergic reactions are mild, causing minor symptoms, some can be very serious and cause anaphylaxis, which is a life-threatening medical emergency.

People can be allergic to anything, but serious allergic reactions are most commonly caused by food, insect venom (such as a wasp or bee sting), latex and medication.

An allergy is different to an intolerance or coeliac disease. Whilst an intolerance may cause uncomfortable symptoms, it does not involve the immune system. Coeliac disease is a serious autoimmune disease where the body reacts to gluten but does not cause acute reactions.

DEFINITIONS

Anaphylaxis: Anaphylaxis is a severe allergic reaction that can be life-threatening and must be treated as a medical emergency.

Allergen: A normally harmless substance that, for some, triggers an allergic reaction. You can be allergic to anything. The most common allergens are food, medication, animal dander (skin cells shed by animals with fur or feathers) and pollen. Latex and wasp and bee stings are less common allergens.

Most severe allergic reactions to food are caused by just 9 foods. These are eggs, milk, peanuts, tree nuts (which includes nuts such as hazelnut, cashew nut, pistachio, almond, walnut, pecan, Brazil nut, macadamia etc), sesame, fish, shellfish, soya and wheat.

There are 14 allergens required by UK law to be highlighted on pre-packed food, referred to as the "**main 14**" in this policy. These allergens are celery, cereals containing gluten, crustaceans, egg, fish, lupin, milk, molluscs, mustard, peanuts, tree nuts, soya, sulphites (or sulphur dioxide), and sesame.

Adrenaline auto-injector (AAI): Single-use device which carries a pre-measured dose of adrenaline. Adrenaline auto-injectors are used to treat anaphylaxis by injecting adrenaline directly into the upper, outer thigh muscle. Adrenaline auto-injectors are commonly referred to as AAIs, adrenaline pens or by the brand name EpiPen. There are two brands licensed for use in the UK: EpiPen and Jext Pen. For the purposes of this Policy, we will refer to them as Adrenaline Devices.

Allergy Action Plan: This is a document filled out by a healthcare professional, detailing a person's allergy and their treatment plan.

Allergic Rhinitis: An allergic reaction to something in the environment such as pollen, dust mites or animal dander that causes a blocked or runny nose, sneezing, itchy eyes and sometimes a sore throat, headaches, and disrupted sleep. Hay fever is allergic rhinitis triggered by pollen.

Asthma: Asthma is a common, long-term condition which effects the lungs. People with asthma have airways that are more sensitive and can become inflamed and narrow on exposure to certain triggers. This can lead to difficulty in breathing.

Asthma Action Plan: This is a document filled out by a healthcare professional, detailing a person's asthma, information about triggers, symptoms, medicines to be used if they have asthma symptoms, and when to seek emergency help when they have an asthma attack.

Designated Allergy Lead: The member of staff responsible for overseeing allergy and asthma management across the School and acting as the main point of contact for pupils, parents and staff. This is referred to as the named senior leader in the statutory guidance.

Eczema: A common skin condition, often linked to allergy, causing dry, itchy, sore skin.

Individual Healthcare Plan: A detailed document outlining an individual pupil's medical conditions (including allergy), history, treatment, risks and action plan. This document should be created by schools in collaboration with parents and, where appropriate, pupils. If the pupil has an Allergy Action Plan or Asthma Action Plan it should be contained within the IHCP.

"Near Miss": An event that did not result in harm but had clear potential to do so, for example when an allergic reaction was averted (e.g., accidental exposure identified before ingestion, or ingestion of a known allergen without reaction).

Risk assessment: A detailed document outlining an activity, the risks it poses, and any actions taken or to be taken to mitigate those risks. Allergy should be included in all risk assessments for events on and off the School site.

Spare adrenaline devices: Schools are able to purchase spare adrenaline devices. These should be held as a back-up, in case pupils' prescribed adrenaline devices are not available. They can also be used to treat a person who experiences anaphylaxis but has not been prescribed their own adrenaline.

Serious Incident: Where someone with an allergy is harmed or placed in immediate or significant risk of harm including situations requiring emergency medication, urgent clinical intervention or attendance by emergency services.

ROLES AND RESPONSIBILITIES

St. Mary's School Hampstead takes a whole-school approach to allergy management.

Governing Body

The governing body is responsible for strategic oversight of allergy safety across the School, working through the Health & Safety Committee and in partnership with the Designated Allergy Lead, who leads on day-to-day implementation. The Named Allergy Governor is Dagmar Einoeder, chair of the Health & Safety Committee.

The governing body is responsible for:

- Ensuring the School has an allergy safety policy in place which is accessible, published on the School's website, available in hard copy on request and awareness of it is raised with staff, pupils, and parents;
- Ensuring allergy-related risks are included on the School's risk register and actively managed;
- Ensuring the policy sets out arrangements to reduce the risk of contact with known allergens and emergency response plans for anaphylaxis;
- Ensuring the policy is reviewed at least annually, and considering review after any serious incident or "near miss";
- Providing strategic oversight of the School's Allergy Safety Policy, ensuring it is reviewed at least annually and published on the School's website;
- Satisfying themselves that the School's allergy management arrangements meet legal and statutory requirements and reflect best practice;
- Receiving periodic reports on serious incidents and "near misses"; and
- Ensuring the School's complaints process allows complaints to be raised and investigated following a serious incident or "near miss", including a prolonged failure to put agreed arrangements in place.

Designated Allergy Lead

The Designated Allergy Lead is the DSL, Philippa d'Aquino (deputised in her absence by the Bursar, Sara Gibbins). They report into the Headmistress and the governing body. While the governing body offers strategic oversight and holds the School to account, the Designated Allergy Lead is responsible for the day-to-day operational management of allergies within the School.

They are responsible for:

- Creating and leading the publication and implementation of a school-wide Allergy Safety Policy;
- Ensuring the safety, inclusion and wellbeing of pupils, staff and visitors with an allergy;
- Taking decisions on allergy management across the School;
- Championing and practising allergy and asthma awareness across the School;
- Being the overarching point of contact for staff, pupils and parents with concerns or questions about allergy management;
- Ensuring allergy information is recorded, up-to-date and communicated to all staff with assistance from the Medical & Wellbeing Lead, Riley Bormann;
- Making sure all staff are appropriately trained, have good allergy awareness and realise their role in allergy management (including what activities need an allergy risk assessment);

- Ensuring staff, pupils and parents have a good awareness of the School's Allergy Safety Policy, and other related procedures and confirming (and recording) that staff have read and understood this policy;
- Reviewing the School's stock of spare adrenaline devices (checking the School has an appropriate number for the setting, that they hold the correct dose, that spare adrenaline devices are stored appropriately) and ensuring staff know where they are;
- Keeping a record of any allergic reactions or "near-misses", reporting these to the governing body and appropriate authority (e.g., under RIDDOR) where necessary, investigating the incidents and ensuring that findings of investigations into incidents are used to update relevant policies and procedures;
- Regularly reviewing and updating the Allergy Safety Policy at least annually; and
- Ensuring there is an anaphylaxis drill at least once a year and that lessons learned are used to update the allergy safety policy and School procedures as appropriate.

The Designated Allergy Lead will monitor implementation of this policy, review procedures at regular intervals and report to the SLT and governing body as appropriate.

Medical & Wellbeing Lead

Riley Bormann, the Medical & Wellbeing Lead is responsible for:

- Coordinating the paperwork (including creating the Individual Healthcare Plan and collating any Allergy Action Plans and Asthma Action Plans) and collecting information from families to ensure that arrangements are in place before the pupils starts, or within 2 weeks for a mid-year transfer, liaising with the Head of Admissions, Marketing & Development as needed;
- Working with the Bursar to keep an updated list of staff with allergies (and creating an Individual Healthcare Plan, if necessary) and ensuring arrangements are in place to support them before they start;
- Supporting the Designated Allergy Lead with disseminating this information to all School staff, including the catering team, occasional staff and those running internal clubs;
- Ensuring the information from families is up-to-date and reviewed annually (at a minimum);
- Coordinating medication with families and ensuring medication is in date. Whilst it's the responsibility of parents to ensure medication is up to date, the Medical & Wellbeing Lead has a system in place to monitor expiring medication and will endeavour to notify the parents when they see the expiry dates are approaching in respect of medicines held by the School;
- Keeping a register of adrenaline devices to include adrenaline devices prescribed to pupils and the School's stock and location of spare adrenaline devices, including brand, dose and expiry date;
- Regularly checking spare adrenaline devices are where they should be, are easily accessible in the case of emergency, and that they are in date;
- Replacing the spare adrenaline devices when necessary;
- Updating the electronic medical record system, Medical Tracker, accordingly;
- Ensuring staff (and pupils where appropriate) can practice with trainer adrenaline devices and arranging refresher training as required e.g., before school trips; and
- Keeping the Class Health Needs, Kitchen List, Pupil Asthma, and Pupil Anaphylaxis posters up to date.

Head of Marketing, Admissions & Development

The Head of Marketing, Admissions & Development is likely to be the first to learn of a pupil or visitor's allergy. They should work with the Designated Allergy Lead and Medical & Wellbeing Lead to ensure that:

- There is a clear method to capture allergy information or special dietary information at the earliest opportunity, i.e.:
    - Parents are invited to tell the School ahead of an Open Day or School visit (if catering is to be provided) if they or their child has any allergy, dietary or other need that the School should be aware of;
    - The registration form asks parents if their child is under active management of a medical consultant, they are asked to provide confidential information (if relevant) about their child's allergy at the time of registration and acceptance, and parents complete a pupil information form ahead of their child starting with the School;
    - The catering team provides allergen information with the catering for Open Day events (at which children, if attending, are supervised by their parents);
- There is a clear structure in place to communicate this information to the relevant parties (i.e., the Head of Marketing, Admissions & Development liaises with the Medical & Wellbeing Lead, the relevant teaching staff, and the catering team);
- Parents and applicants are informed of catering arrangements during admission events (i.e., the catering team is present at the event to take questions on school catering as required);
- Plans are made for emergency medication if the child is to be left without parental supervision (i.e., before Taster Days parents are asked to complete a "taster day form" which requests emergency contact details, dietary requirements and medical or access needs and this is followed up by the Head of Marketing, Admissions & Development with the parent and the Medical & Wellbeing Lead, as required); and
- There is liaison with the child's previous school, or future school to ensure a smooth transition between settings.

All staff

All School staff (this includes all staff present when pupils are expected to be on site, including permanent staff, temporary staff, supply teachers, peripatetic staff, agency workers and regular volunteers. It includes catering staff and others who may oversee children and young people at after school clubs. It is not intended to include contractors carrying out work with no pupil-facing role such as builders, electricians or other ad hoc maintenance personnel) are responsible for:

- Sharing their own allergies and emergency treatment plans appropriately with the Medical & Wellbeing Lead and other appropriate staff (such as SLT or close colleagues), if required;
- Championing and practising allergy and asthma awareness across the School;
- Reading, understanding and putting into practice the Allergy Safety Policy and related procedures, and asking for support, if needed;
- Being aware of pupils (and staff, when necessary) with allergies and what they are allergic to;
- Considering the risk to pupils with allergies posed by any activities and assessing whether the use of any allergen in activity is necessary and/or appropriate;
- Ensuring that pupils always have access to their medication, including carrying it on their behalf if necessary;

- Being able to recognise and respond to an allergic reaction, including anaphylaxis, after appropriate training;
- Taking part in training and anaphylaxis drills as required (at least once a year). Whilst it is the School's responsibility to ensure staff have received annual training, if the member of staff is aware they have not received any allergy training in the last 12 months they should alert a manager;
- Considering the safety, inclusion and wellbeing of pupils with allergies at all times;
- Preventing and responding to allergy-related bullying, in line with the School's anti-bullying policy;
- Forwarding any communication or information that comes directly to them from parents regarding allergens to the Medical & Wellbeing Lead (Medical@stmh.co.uk);
- Ensuring that pupils have their medication and their Allergy and/or Asthma Action Plan or Individual Health Plan with them when leaving the School site for a match or trip (this is primarily the responsibility of the Trip Leader (supported by the Class Teacher), however all staff on the trip should be aware of which children have allergies and know where their medication will be during the trip in the event it is needed, and seek confirmation that it is with the group when leaving the School site); and
- Checking if Health Needs posters are up-to-date and alerting the Medical & Wellbeing Lead, if required.

All parents

All parents and carers (whether their child has an allergy or not) are responsible for:

- Being aware of and understanding the School's Allergy Safety Policy and considering the safety, inclusion and wellbeing of pupils with allergies;
- By liaising with the Medical & Wellbeing Lead, Riley Bormann, providing the School with information about their child's medical needs, including dietary requirements and allergies, history of their allergy, any previous allergic reactions or anaphylaxis. They should also inform the School of any related conditions, i.e., asthma, allergic rhinitis (hay fever)or eczema;
- Considering and adhering to any food restrictions or guidance the School has in place when providing food, for example in packed lunches, as snacks or for fundraising events;
- Refraining from describing a preference or dietary choice as an allergy or intolerance; and
- Encouraging their child to be allergy aware even if they do not have an allergy themselves.

Parents of children with allergies

In addition to the responsibilities of all parents, the parents and carers of children with allergies should:

- Work with the School to fill out an Individual Healthcare Plan, provide an accompanying Allergy Action Plan / Asthma Action Plan;
- Provide consent to the School to administer spare adrenaline devices (and inhalers, if applicable) in an emergency;
- Ensure medication is in-date and replaced at the appropriate time;
- Ensure their child has access to their allergy medication, including two adrenaline devices, if prescribed, at all times, including on the journey to and from School;

- If applicable, provide the School or their child with two labelled adrenaline devices and any other medication, for example, antihistamine (with a dispenser, i.e., spoon or syringe), inhalers (with spacer, if applicable, including, where appropriate, preventer as well as rescue inhaler) or creams;
- Ensure their child has access to their allergy medication, including two adrenaline devices if prescribed (which are not the same pens that are stored at the School), on the journey to and from School. Children who are travelling to/from School independently of their parent and carer (and therefore carrying these themselves) should store these appropriately during the school day – and parents and their child should discuss with the Medical & Wellbeing Lead how this should be managed;
- Update the School with any changes to their child's condition and ensure the relevant paperwork is updated too;
- If required, provide the School with an up-to-date photograph of their child (if requested) and sign any associated permission for it to be shared appropriately as part of their allergy management;
- Support their child to understand their allergy diagnosis, advocate for themselves, and take reasonable steps to reduce the risk of an allergic reaction occurring e.g., not eating the food to which they are allergic; and
- Update staff immediately of any updates to their child's healthcare plan.

All pupils

All pupils at the School should:

- Be allergy aware;
- Understand the risks that allergens might pose to their peers and respect measures to support them; and
- Learn how they can support the wellbeing of their peers and be alert to allergy-related bullying.

Older pupils should:

- Learn how to recognise an allergic reaction and support their peers and staff in case of an emergency;
- If pupils bring food from home or purchase it themselves, check ingredients and follow any School guidance on food and dietary restrictions;
- If pupils accidentally bring food from home that contains nuts, they must alert a staff member immediately; and
- Ensure food brought from home is nut-free.

This should all be done in an age-appropriate way

Pupils with allergies

In addition to the responsibilities of all pupils, pupils with allergies, as appropriate to their age and capability, are responsible for:

- Knowing what their allergies are and how to mitigate personal risk;
- Avoiding their allergen as best as they can;
- Understanding the importance of following the School specific processes of lunch and snack services and how that mitigates risk;
- Understanding that they should notify a member of staff if they are not feeling well, or suspect they might be having an allergic reaction or have eaten/been in contact with their allergen;

- Carrying two adrenaline devices with them at all times (when required);
- Understanding how and when to use their adrenaline device(s) and only using them for their intended purpose;
- Talking to the Designated Allergy Lead or a member of staff if they are concerned by any School processes or systems related to their allergy;
- Raising concerns with a member of staff if they experience any inappropriate behaviour in relation to their allergies;
- Knowing, if permitted to leave the School site (e.g., for a class trip, sports fixtures), what to do if they have an allergic reaction off the School premises, including how to treat themselves and/or how to alert a staff member to get help;
- Ensuring they have their medication with them on the journey to and from School and they know and follow the agreed procedures for storing these appropriately during the school day; and
- Continuing to practise allergy safety even while not at School.

INFORMATION GATHERING, SHARING AND DOCUMENTATION

Register of pupils with an allergy

The School has a register of pupils and record of staff who have an allergy. This includes children and staff who have a history of anaphylaxis or have been prescribed adrenaline devices, as well as pupils and staff with an allergy where no adrenaline devices have been prescribed. The School also requests permission from parents to use School AAI pens in an emergency. The register includes whether they have an Individual Healthcare Plan, and an Allergy or Asthma Action Plan.

Individual Healthcare Plans

The School will arrange for a pupil with an allergy to have an Individual Healthcare Plan if:

- they have an allergy which has a functional impact on them in School;
- they are at risk of harm as a result of their allergy; and
- they require arrangements which are additional to or different from those made generally.

The information on this plan includes:

- The child's name, date of birth, class, a photograph and emergency contact details;
- The child's understanding of their allergy, if the child is able to take responsibility for their condition including in an emergency and if they are likely to know they are having an allergic reaction;
- Known allergens, risk factors for allergic reactions and any adaptations needed;
- A history of their allergic reactions;
- If the pupil has asthma and any other medical conditions and any necessary detail;
- Details of the medication that the pupil has been prescribed, including their dose - this should include adrenaline devices, antihistamine, inhalers etc.;
- A copy of parental consent to administer medication, including the use of spare adrenaline devices in case of suspected anaphylaxis, and asthma inhalers;
- An indication of how the child's condition may impact on their health, learning or wellbeing;

- What support or adaptations the School has put in place including how the risk of exposure to allergens will be managed, or arrangements needed to ensure participation in educational visits; and
- A copy of their Allergy and/or Asthma Action Plan.

Visitors

Where possible, visitors will be asked in advance of their visit whether they have any allergy the School should be aware of, particularly where they are likely to be offered food, for example at parents' events, open days, sports fixtures or work experience placements. Where a visitor discloses a known allergy, the School will consider practical steps to keep them safe, including making relevant staff aware and considering any adjustments needed to food served during the visit.

Information sharing

- Staff will know which pupils have allergies, what they are allergic to, their triggers and other relevant information. Where appropriate they will also know which staff and visitors have allergies.
- When relevant to do so, information may be shared with external organisations, for example for the purposes of keeping pupils, staff and visitors safe.
- Information will be shared in line with our Data Protection Policy.

ASSESSING RISK

Allergens can crop up in unexpected places. Staff (including visiting staff) will consider allergies in all activity planning and include it in risk assessments. Some examples include:

- Classroom activities, for example craft using food packaging, science experiments where allergens are present, food lessons or cooking;
- Bringing animals into the School, for example a dog or hatching chick eggs can pose a risk, and is risk assessed appropriately;
- Running activities or clubs where they might hand out snacks or food “treats”. Ensure safe food is provided or consider an alternative non-food treat for all pupils; and
- Planning special events, such as cultural days and celebrations.

Where possible, the School will use allergen appropriate alternatives. When this is not possible, the School will assess the risks and decide if appropriate to provide this or remove completely for all.

Inclusion of pupils with allergies must be considered alongside safety and they should not be excluded. If necessary, staff should adapt the activity. The School will ensure compliance with the Equality Act 2010.

FOOD, INCLUDING MEALTIMES & SNACKS

Catering in School

The School is committed to providing safe and inclusive meals and snacks for all students, staff and visitors, including those with food allergies.

- Due diligence is carried out with regard to allergen management when appointing catering providers;

- All catering staff and other staff preparing food will receive relevant and appropriate allergen awareness training;
- Catering staff are available to discuss the provision of allergen safe meals with parents/carers;
- Anyone preparing food for those with allergies will follow good hygiene practices, food safety and allergen management procedures;
- The catering team will endeavour to get to know the pupils with allergies and what their allergies are, supported by School staff;
- The catering team will endeavour to provide varied meal options to students and staff with allergies;
- The catering team and School staff will endeavour to ensure pupils are not segregated from peers at mealtime;
- Before each child is admitted to our setting we obtain information about special dietary requirements, preferences, food allergies, intolerances and special health requirements.
- All these requirements are carefully managed and shared with the catering team and School staff;
- All food is checked by the School Chef before leaving the kitchen and the staff in each room in the EYFS and supervising the children at lunch in the dining room are responsible for checking against the allergy sheet that the food being provided meets the requirements for each child;
- All food preparation and handling follow strict hygiene and food safety regulations. Staff receive regular training to ensure high standards are maintained. In the EYFS classrooms, there will always be a member of staff with Paediatric First Aid and Food Hygiene qualifications. In the rest of the School, there are high numbers of staff holding Paediatric First Aid/other First Aid qualifications and Food Hygiene qualifications;
- There is a list of full Paediatric First Aid trained staff displayed in each room in the EYFS and the EYFS staff members who will take responsibility for overseeing the children eat (this will be the room lead/class teacher and EYP) are highlighted. In the rest of the School, Class Teachers supervise their class at lunch and any supply staff covering duties are provided with information on medical and dietary needs for the children they are working with during their induction as they arrive;
- The School has two robust procedures in place to identify pupils with food allergies. In the EYFS, these procedures are:
    - The catering team is provided with a Kitchen List (which is kept up to date by the Medical & Wellbeing Lead) showing all children with food allergies and other dietary restrictions. The boxes prepared for the EYFS are prepared using this list, and the allergen sheet is also provided to the classroom staff in the boxes; and
    - Staff in each room in the EYFS supervise the children at lunch and are responsible for checking against the allergy sheet that the food being provided meets the requirements for each child, If they have any questions or concerns, the staff contact the catering team before serving the child.
- In the main School, these procedures are:
    - The catering team is provided with a Kitchen List showing all children with food allergies and other dietary restrictions, with photographs. Staff serving the children are familiar with this list, which is kept up to date by the Medical & Wellbeing Lead;
    - Wrist bands are provided to further identify children falling into three categories as identified on the Kitchen List:

        - Red – children who have a severe life-threatening allergy (including all pupils who have an adrenaline device for their food allergy and other serious food reactions, such as Coeliac);
        - Amber– children who have a food intolerance; and
        - Blue – children who exclude some foods from their diet due to lifestyle/food preferences.

      These are worn by the children during the lunch service and are either collected when they arrive in the dining room or kept with them in the classrooms.

    - Pupils are supervised at lunch by their Class Teacher who is aware of the dietary needs of the children in their class through the Health Needs posters, which are kept up to date by the Medical & Wellbeing Lead and updates are notified to the Class Teacher. Any supply staff covering duties are provided with Health Needs poster for the children they are working with during their induction as they arrive;
    - An allergen sheet is provided at the dining room servery and anywhere else that food is served, enabling staff and visitors to cross check for allergens if unsure.

- The School will provide allergen information clearly and accessibly. The School Chef is responsible for identifying food containing the main 14 allergens (see Allergens definition) and compiling the allergen sheets that are available with all food prepared by the catering team. Other ingredient information is available on request. Where pupils or staff have allergies to food other than the "main 14", the Medical & Wellbeing Lead ensures that this is notified to the Bursar and School Chef, who are responsible for ensuring that suitable procedures are in place for these allergens to be identified and for safe food to be provided for that pupil or staff member. In some situations, the decision may be taken to ask the parent to provide a specific safe meal for their child;
- Pre-packaged food will comply with PPDS legislation (Natasha's Law) requiring the allergen information to be displayed on the packaging;
- Where changes are made to the ingredients, this will be communicated to the serving team by the School Chef. The catering team ensure that pupils or staff with dietary needs are made aware. This is not normally relevant as the allergen sheet is prepared daily for the food that has been prepared for that serving and this would therefore only be relevant if ingredients are changed during the serving;
- Food provided at After School Club also follows these procedures, with the After School Club staff being made aware of medical and dietary needs by the Administrative Staff preparing the After School Club register adding a note to the register against the relevant child;
- Due to current labelling regulations, the catering team does not claim to maintain a peanut/nut-free environment, which creates a false sense of security. However, within our School, they do not use products that contain nuts as an ingredient, nor products that have Precautionary Allergen Labelling or "May Contain Nuts" or "produced in a factory that handles nuts" labelling; and
- The School may use products with Precautionary Allergen Labelling or "May Contain" labelling in certain circumstances (such as ice lollies on special occasions, or food ingredients for curriculum activities) but such food or food containing such products are not given to children with allergies to the precautionary item unless the parent has confirmed that they may consume this item.

Food brought into School

- Generally, the School provides all food, however on occasions food may be brought from home. Any food brought into School (including during clubs run by third parties), taken on school trips, and sports fixtures must not contain nuts.

- Staff oversee children when they are eating and are vigilant to ensure, as far as possible, that any food inadvertently brought in containing nuts is removed promptly and the relevant parent contacted to ensure that they understand the reason for its removal and the need to ensure this does not reoccur. Where possible and needed, the School will supply a suitable alternative in this instance.
- Parents are reminded regularly not to bring items containing nuts into School.
- Under the EYFS Food and Nutrition Policy and the Food and Nutritional Guidelines:
    - We no longer allow food such as birthday cakes to come into School. We celebrate each child's birthday in School by making their day special, singing happy birthday and the child wears a birthday badge for the day. If parents want to send something into School to celebrate their child's birthday, items such as stickers or bubbles are recommended as great alternatives to food items.
    - There are occasions when parents come into School to help support us with cultural and religious experiences which includes food tasting. We will always seek permission from parents and carers first before sharing any food items (and we share beforehand the ingredients that will be used). These experiences are a very important part of the children's learning about the wider world and provides exposure to different foods.
- In the rest of the School, children/parents are allowed to bring food such as birthday cakes into School to celebrate their birthday. This should not contain nuts, should be stored with a member of School staff during the school day and distributed at home time under the supervision of the parents. Staff check that the items do not contain nuts (either from the ingredient list or in discussion with the parent) and ensure that any items inadvertently brought in containing nuts are removed promptly and the relevant parent contacted to ensure that they understand the reason for its removal and the need to ensure this does not reoccur.
- When food is to be brought in for parent teacher events (such as quiz night) and fundraising events (such as cake sales and the international food fair), parents are reminded in advance not to bring items containing nuts and any items that the School notices that have inadvertently been brought in containing nuts are removed promptly and the relevant parent contacted to ensure that they understand the reason for the removal and the need to ensure this does not reoccur. Purchases at cake sales and the international food fair are done under the supervision of the child's parents, who are responsible for checking that it is appropriate.
- Homemade cakes (or other homemade food items) are no longer distributed at the Christmas Fair.

Food bans or restrictions

- This School is an Allergen Aware school. We have students with a wide range of allergies to different foods, so we encourage a considered approach to bringing in food;
- We try to restrict all nuts (including peanuts and tree nuts) as much as possible on the site and check all foods coming into the kitchen; and
- All food coming onto School premises or taken on a school trip or to a match should be checked by the parent before sending it in to ensure nuts are not an ingredient in another product. Where this relates to staff overseeing children when they are eating food brought into School are vigilant to ensure, as far as possible, that any food inadvertently brought in containing nuts is identified, removed promptly and the relevant parent contacted to ensure that they understand the reason for the removal and the need to ensure this does not reoccur. Staff are particularly vigilant for common foods that contain these goods as an ingredient (which include: packaged nuts, cereal bars, chocolate bars, nut butters, chocolate spread, and sauces) and should check the label on such food if they suspect it may contain nuts. Where food is homemade and staff suspect it may

contain nuts, staff should remove the item and contact the parents to clarify its ingredients, only returning the item to the child if they have been reassured that it does not contain nuts.

Food hygiene for pupils

- The School will encourage pupils to wash their hands with soap and warm water before and after eating;
- Parents/carers will be advised that water bottles and packed lunches should be clearly labelled, and food should not be shared or swapped; and
- Throwing food is not allowed.

EDUCATIONAL VISITS AND SPORTS FIXTURES

- Staff leading the trip will have a register of pupils with allergies and details of their medication. The Class Teacher should ensure that the trip leader is aware of any allergies if they are not themselves the trip leader;
- Staff should notify the trip leader if they themselves have any allergies;
- A designated member of staff holding a First Aid qualification will be responsible for carrying medical supplies and ensuring all appropriate medications and forms are available for pupils, and they know how to administer them, as appropriate;
- Allergies will be considered on the risk assessment and catering provision put in place;
- Parents, and pupils where appropriate, may be consulted if considered necessary, or if the trip requires an overnight stay to confirm arrangements for managing the child's allergy;
- Staff (and some pupils, if appropriate) accompanying the trip will be trained to recognise and respond to an allergic reaction;
- Allergens will be clearly labelled on catered packed lunches. Where pupils and staff have allergies outside of the "main 14", the School will liaise with the catering provider to ensure that their allergy can be managed and that their special safe meal is clearly identified and labelled. In some situations, the decision may be taken to ask the parent to provide a specific safe meal for their child;
- If attending Match Tea at another school, details of their dietary requirements are taken by the trip leader who ensures they have a safe meal;
- See Adrenaline Devices section for off-site activities.

CLUBS

- The School runs a number of its own internal clubs:
    - After School Club – the member of the Admin team preparing the club register will check Medical Tracker and add any relevant medical and dietary information to the club register so that it is visible to the club staff running the club that day; and
    - Internal Clubs, including PE - staff running these clubs are required to familiarise themselves with any medical needs for the children in their club.
- The School advises operators of external clubs that are running on the School site, that they must ensure they have a process in place for obtaining medical information for the child from the parents when the child is signed up for the club. Where the club is running during school operating hours, first aid trained School staff are available on site to manage any medical or first aid

emergencies and the club staff receive briefing on this when undertaking the safer recruitment process.

INSECT STINGS

Those with a known insect venom allergy should:

- Avoid walking around in bare feet or sandals when outside and when possible, keep arms and legs covered;
- Avoid wearing strong perfumes or cosmetics; and
- Keep food and drink covered.

The Premises Manager, Fred Bender, will monitor the grounds for wasp or bee nests. Pupils (with or without allergies) should notify a member of staff if they find a wasp or bee nest in the School grounds and avoid them.

ANIMALS

It's normally the dander (flakes of skin) saliva or urine that causes a person with an animal allergy to react.

Precautions to limit the risk of an allergic reaction include:

- A pupil with a known animal allergy should avoid the animal to which they are allergic;
- If an animal comes on site, a risk assessment will be done prior to the visit;
- Areas visited by animals will be cleaned thoroughly;
- Anyone in contact with an animal will wash their hands after contact;
- If an animal lives on site, for example in a school flat, pupils, parents and staff will be made aware and consideration and adaptations will be made; and
- School trips that include visits to animals will be carefully risk assessed.

ASTHMA

The School understands that it is vital that pupils with allergies keep their asthma well controlled. Asthma can exacerbate allergic reactions, and poorly managed asthma increases the severity of an allergic reaction.

- Guidelines for staff on managing and responding to an asthma attack are contained within the School's First Aid and Administration of Medication Policy.
- Asthma reliever inhalers for pupils in the main School are located in a labelled unlocked cupboard in the downstairs Medical Room (alongside the adrenaline devices for pupils in the main School). Asthma reliever inhalers for children in the EYFS are kept with the AAI for these pupils (in a cupboard within the Head of EYFS's Office).
- The cupboards are unlocked so that the asthma reliever inhalers can be accessed swiftly in an emergency. Asthma reliever inhalers have been given to the School by parents/carers who have given written permission for use.
- The School also has its own emergency-use asthma reliever inhalers for use in the event that the child's asthma reliever inhalers does not work, and a list of children whose parents have given

their permission for these to be used in an emergency is displayed inside the cupboard and with the School's emergency asthma reliever inhalers.

- The child's asthma reliever inhaler is taken with the staff escorting the relevant child when going to off-site PE or on trips.
- The Medical & Wellbeing Lead, together with the Designated Allergy Lead, monitor the expiry dates and liaise with parents to request up-to-date supplies.
- Information on children with asthma (with their photo) is included within the Health Needs posters provided to School staff.
- Regular training on responding to an asthma attack is provided to School staff.
- An Asthma poster with photos of children with asthma in School is on display in key locations in the School, alongside the Allergy poster.
- Staff will be aware of common asthma triggers which may include airborne allergens such as pollen, house dust mite, mould spores or pet dander and food allergens.
- Pupils with asthma should have an Asthma Action Plan. Where relevant, an Asthma Action Plan will be in addition to an Allergy Action Plan.
- The Asthma Action Plan will be included in the pupil's Individual Healthcare Plan and will include medical and parental consent for staff to administer medicines, including an emergency reliever inhaler in the event of an asthma attack.
- Children and young people known to have asthma should have their own reliever inhaler at School at all times. They should also have their own reliever inhaler on the journey to and from School. This must be a different inhaler to that stored in School to avoid the risk of the child not having an inhaler in School in the event this is needed. Children who are travelling to/from School independently of their parent and carer (and therefore carrying these themselves) should store these appropriately during the school day – and parents and their child should discuss with the Medical & Wellbeing Lead how this should be managed.
- The School will consider air quality and ventilation as part of its wider health and safety arrangements.

ALLERGIC RHINITIS, HAY FEVER AND ECZEMA

- Pupils with more serious hay fever will be supported through reasonable adjustments where needed, for example wearing sunglasses during sport, having a window closed during high-pollen periods, or receiving additional medication during the school day;
- Most pupils with allergic rhinitis or eczema manage their condition at home and will not need an Individual Healthcare Plan. Pupils with more severe or harder-to-manage symptoms will be considered for one;
- Pupils with eczema may be supported by staff, if needed, to apply moisturiser or emollient during the school day; and
- Staff will be mindful that allergic rhinitis or eczema-related sleep disruption can affect a pupil's concentration and behaviour and will make reasonable adjustments.

INCLUSION AND MENTAL HEALTH

Allergies can have a significant impact on mental health and wellbeing. Pupils may experience anxiety and depression and are more susceptible to bullying.

- Staff are alert to the possibility of allergy-related bullying and are proactive in safeguarding the wellbeing and inclusion of pupils with allergies;
- Bullying related to allergy will be treated in line with the School's Anti-bullying Policy, which is available on our website;
- No child should be excluded from taking part in a school activity, whether on the School premises or a school trip because of their allergies;
- Pupils with allergies may require additional pastoral support including regular check-ins from their class teacher, etc.;
- Affected pupils will be given consideration in advance of wider School discussions about allergy and School Allergy Awareness initiatives; and
- Uniform policies take into account that children may need emergency medication near them at all times.

ADRENALINE DEVICES

See the government guidance on Adrenaline Pens in Schools.

Storage of adrenaline devices

- Pupils prescribed with adrenaline devices will have rapid access to two in-date devices at all times;
- Adrenaline devices are stored:
    - In a labelled unlocked cupboard in the downstairs Medical Room (on the same floor as the dining room) for pupils in the main School; and
    - In a labelled unlocked cupboard in the Head of EYFS's office for pupils in the EYFS.
- All members of the staff are aware of the location and always have access. The adrenaline devices are stored in labelled boxes with the pupil's picture located on the outside for ease of access. The adrenaline devices are stored with the pupil's Allergy Action Plan and IHCP form.
- Spot checks are made by the Medical & Wellbeing Lead to ensure adrenaline devices are where they should be and in date;
- Adrenaline devices must not be kept locked away or in rooms with restricted access;
- Adrenaline devices should be stored at moderate temperatures (see manufacturer's guidelines), not in direct sunlight or above a heat source (for example a radiator); and
- Used or out of date devices are disposed of as sharps with the chemist or returned to the parents for disposal.

Spare adrenaline devices

This School has four spare adrenaline devices to be used in accordance with government guidance. These are two 0.3 mg EpiPens and two 0.15 mg EpiPen Jr. Pens are clearly labelled with the appropriate age range in line with government dosage guidelines. A list of dates of birth is kept with the spare adrenaline devices for the Year 1 class to identify pupils who may transition between the two dosage ranges. These can be used on someone presenting with anaphylaxis for the purpose of saving a life if they do not have their own prescribed adrenaline devices, or if their prescribed adrenaline devices are not available.

The locations of spare adrenaline devices are clearly signposted. These are located in a labelled unlocked cupboard in the downstairs Medical Room (alongside the adrenaline devices for pupils in the main School) labelled to distinguish the School's spare pens.

The Medical & Wellbeing Lead is responsible for:

- Deciding how many spare devices are required and ensuring this is appropriately provisioned in her budget;
- What dosage is required, based on the Resuscitation Council UK's age-based guidance (see page 11);
- Which brand(s) to buy (schools are recommended to buy a single brand, if possible, to avoid confusion);
- The purchasing of spare adrenaline devices which can be obtained at low cost from a local pharmacy (see government guidance above); and
- Distribution around the School site and clear signage.

Adrenaline devices on off-site activities

- No child with prescribed adrenaline devices will be able to go on a school trip without two of their own devices. It is the trip leader's responsibility to check they have them;
- Adrenaline devices will be kept close to the pupils at all times, e.g., not stored in the hold of the coach when travelling or left in changing rooms;
- Adrenaline devices will be protected from extreme temperatures;
- Staff accompanying the pupils will be aware of pupils with allergies and be trained to recognise and respond to an allergic reaction; and
- The Trip Leader will consider, in consultation with the Medical & Wellbeing Lead/SLT, whether to take spare adrenaline devices to off-site activities. This should be recorded as part of the risk assessment process.

RESPONDING TO AN ALLERGIC REACTION /ANAPHYLAXIS

See the appendix to this policy for details of how to recognise and respond to an allergic reaction.

In all cases:

- A pupil with a known allergy should be treated in accordance with their Allergy Action Plan and/or Individual Healthcare Plan;
- If anaphylaxis is suspected, adrenaline should be administered without delay, using the spare devices if needed; and
- Anyone who has had suspected anaphylaxis and received adrenaline must go to hospital, even if they appear to have recovered. A member of staff should accompany them in an ambulance until a parent or guardian arrives.

Depending on the circumstances, it may be necessary to instigate the School's Allergy Emergency Response Plan or wider Emergency Plan.

TRAINING

Annual training

The School is committed to ensuring that all staff receive regular (at least annual) allergy awareness training. This training should include all staff, including teaching staff, support staff, catering staff, Premises staff, etc.

This training will cover:

- Understanding allergy and that it includes multiple conditions (food allergy, asthma, eczema, allergic rhinitis, etc.);
- How to reduce the risk of an allergic reaction occurring;
- How to recognise and treat an allergic reaction, including anaphylaxis – this will include how to use an adrenaline device, which staff will practise with training pens;
- How to recognise and treat an asthma attack using a reliever inhaler; How the School manages allergy, for example understanding the School's Allergy Safety Policy, emergency response, documentation, communication, etc.;
- How to check who has an allergy, and how to use an Individual Healthcare Plan and Allergy or Asthma Action Plan (including knowing where to find information on allergy triggers);
- Where adrenaline devices are kept (both prescribed devices and spare devices) and how to access them;
- The importance of inclusion of pupils with food allergies, the impact of allergy on mental health and wellbeing and the risk of allergy related bullying;
- Understanding food labelling; and
- How to report an allergic reaction or "near miss".

Anaphylaxis drill

The School will carry out an anaphylaxis drill once a year.

This involves an exercise simulating an event where a pupil or member of staff has an allergic reaction and testing the whole school response.

SERIOUS INCIDENTS, "NEAR-MISSES" AND REPORTING ALLERGIC REACTIONS

The School will log all allergic reaction incidents and near-misses as soon as is feasible after they occur. All medical incidents are logged within Medical Tracker. Where the School has experienced a near-miss, a report is written up so that lessons can be learnt.

- Each record should include:
    - Who was affected;
    - What happened, when and where;
    - Why the incident occurred (as far as is known);
    - How staff and the pupil responded;
    - What was done to support the individual;

    - Whether emergency services were called; and
    - How the incident concluded.
- All incident reports should be shared with the pupil's parents or carers (and where appropriate, the pupil themselves), who will be given the opportunity to discuss the incident and contribute their views to the review.
- Periodically, reports of incidents and near misses should be shared with the governing body.
- The Allergy Safety Policy and any relevant procedures will be considered in light of the incident and will be updated if needed. Any learning from an incident should be shared appropriately with staff so they can act on it.
- It may be necessary to share the report with other agencies, for example:
    - schools that operate as food businesses must report any allergen-related food safety incidents to their local authority;
    - incidents arising directly from a work activity that result in death or immediate hospitalisation must be reported to the Health and Safety Executive under RIDDOR; and
    - the relevant healthcare professional or team must be informed where an incident related to the delivery of an action plan they issued.
- Following any incident or “near-miss”, the School will meet with the child or young person and their parents/ carers to ensure they are confident the setting remains safe.
- The School recognises the impact of an incident or “near miss” not just on the individual and their family, but also on staff who responded and children who witnessed it and will offer appropriate support.
- The School's complaints procedure allows concerns about how a serious incident or “near miss” was handled to be raised and investigated, including where there has been a prolonged failure to put agreed arrangements in place.

MANAGING ALLERGIC REACTIONS

ALLERGIC REACTIONS VARY

Allergic reactions are unpredictable and can be affected by factors such as illness or hormonal fluctuations.

You cannot assume someone will react the same way twice, even to the same allergen.

Reactions are not always linear. They don't always progress from mild to moderate to more serious; sometimes they are life-threatening within minutes.

MILD TO MODERATE ALLERGIC REACTIONS

Symptoms include:

- Swollen lips, face or eyes
- Itchy or tingling mouth
- Hives or itchy rash on skin
- Abdominal pain
- Vomiting
- Change in behaviour

Response:

- Stay with pupil
- Call for help
- Locate adrenaline devices
- Give antihistamine
- Make a note of the time
- Phone parent or guardian
- Continue to monitor the pupil

SERIOUS ALLERGIC REACTIONS / ANAPHYLAXIS

The most serious type of reaction is called **ANAPHYLAXIS**. Anaphylaxis is uncommon, and children experiencing it almost always fully recover.

In rare cases, anaphylaxis can be fatal. It should always be treated as a time-critical medical emergency.

Anaphylaxis usually occurs within 20 minutes of eating a food but can begin 2-3 hours later.

People who have never had an allergic reaction before, or who have only had mild to moderate allergic reactions previously, can experience anaphylaxis.

RESPONDING TO ANAPHYLAXIS

SYMPTOMS OF ANAPHYLAXIS

A – Airway

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

B – Breathing

- Difficult or noisy breathing
- Wheeze or cough

C - Circulation

- Persistent dizziness
- Pale or floppy
- Sleepy
- Collapse or unconscious

IF YOU SUSPECT ANAPHYLAXIS, GIVE ADRENALINE FIRST BEFORE YOU DO ANYTHING ELSE.

DELIVERING ADRENALINE

1. Take the medication to the patient, rather than moving them.
2. The patient should be lying down with legs raised. If they are having trouble breathing, they can sit with legs outstretched.
3. It is not necessary to remove clothing but make sure you're not injecting into thick seams, buttons, zips or even a mobile phone in a pocket.
4. Inject adrenaline into the upper outer thigh according to the manufacturer's instructions.
5. Make a note of the time you gave the first dose and call 999 (or get someone else to do this while you give adrenaline). Tell them you have given adrenaline for anaphylaxis.
6. Stay with the patient and do not let them get up or move, even if they are feeling better (this can cause cardiac arrest).
7. Call the pupil's emergency contact.
8. If their condition has not improved or symptoms have got worse, give a second dose of adrenaline after 5 minutes, using a second device. Call 999 again and tell them you have given a second dose and to check that help is on the way.
9. Start CPR if necessary.
10. Hand over used devices to paramedics and remember to get replacements.

For more information see the Government's Guidance for the use of adrenaline auto-injectors in schools.