ARTS EDUCATIONAL SCHOOLS
Allergy Safety Policy

Document Title	Allergy Safety Policy
Maintained by	SLT/HOF/ DSSF 1st Aid Lead
Owned by	Head of Facilities
Institutional/Directorate Policy	Day School and Sixth Form
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ArtsEd Day School and Sixth Form

Allergy Safety Policy

1. SCOPE

This policy is specifically applied to the Day School and Sixth Form; although there will be wider implications for the ArtsEd institution.

When referring to staff in this policy, it is specifically referring to staff who are working within the DSSF and those who are in contact with DSSF pupils; therefore HE staff are not included within this DSSF focussed policy.

2. AIMS AND OBJECTIVES

This policy outlines the Day School and Sixth Form's approach to allergy management, in line with the Department for Education's draft [statutory] guidance published in 2026 (Supporting children and young people with medical conditions and allergy). Benedict's Law comes into force in independent schools in January 2027.

Benedict's Law will introduce a consistent national framework for allergy safety in schools, requiring whole-school allergy policies, mandatory staff training, access to adrenaline devices, and the creation of Individual Healthcare Plans for pupils with allergies.

This policy outlines how the whole DSSF 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 other related policies. It has been prepared with the framework developed by The Allergy team.

3. 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. Whilst an intolerance may cause uncomfortable symptoms it does not involve the immune system.

4. 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 template. 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: 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 or ADs to include other adrenaline devices such as EURNeffy (see below).

ALLERGY ACTION PLAN: This is a document filled out by a healthcare professional, detailing a person's allergy and their treatment plan.

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 LEADS

- **DSSF DESIGNATED ALLERGY LEAD**: The member of staff responsible for overseeing allergy and asthma management within DSSF and acting as the main point of contact for pupils, parents and staff within DSSF.
- **INSTITUTIONAL DESIGNATED ALLERGY LEAD**: The member of staff responsible for overseeing allergy and asthma management across ArtsEd. They are currently the Head of Facilities. They will work closely with the DSSF Designated Allergy Lead, supporting, leading and directing them as necessary. This is referred to as the named senior leader in the statutory guidance.

EMERGENCY RESPONSE PLAN: A document (also known as a Critical Incident Plan) that outlines a school's procedure for managing an emergency and should be fit for purpose to manage a serious allergic reaction (anaphylaxis).

EURNEFFY: EURNeffy (also known as Neffy) is a nasal spray which delivers adrenaline. It is a needle-free alternative to an adrenaline auto-injector.

INDIVIDUAL HEALTHCARE PLAN: A detailed document outlining an individual pupil's medical conditions, history, treatment, risks and action plan. This document should be created by schools in collaboration with parents/carers and, where appropriate, pupils. All pupils with an allergy that requires active management should have an Individual Healthcare Plan and it should be read in conjunction with their Allergy Action Plan. See appendices for templates for Allergy Action Plan and IHP for Allergy.

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.

5. ROLES AND RESPONSIBILITIES

ArtsEd takes a whole-school approach to allergy management.

5.1 Named Allergy Trustee

The Named Allergy Trustee is Aimee Henderson. They work in partnership with the Institutional Designated Allergy Lead, and DSSF Designated Allergy Lead as necessary, to ensure allergy safety is overseen at Trustee level. They are responsible for:

- Ensuring allergy-related risks are included on the School's risk register and actively managed by the Trustees;
- Providing strategic oversight of the School's Allergy Safety Policy, ensuring it is reviewed at least annually and published on the School's website;
- Acting as the Board of Trustees named point of contact for allergy-related matters;
- Satisfying themselves that the School's allergy management arrangements meet legal and statutory requirements and reflect best practice;
- Receiving regular updates from the Institutional Designated Allergy Lead and ensuring the governing body is appropriately sighted on allergy compliance; and
- Reviewing records of allergic reaction incidents and near-misses and ensuring the School acts on any learnings to reduce the risk of future incidents.

5.2 Institutional Designated Allergy Lead

The Institutional Designated Allergy Lead is Frank Daniel, Head of Facilities. They are supported in the DSSF by the DSSF Designated Allergy Lead Leigh Brennan. The Institutional Designated Allergy Lead reports to Principal; the DSSF Designated Allergy Lead reports to Institutional Designated Allergy Lead, but also the Deputy Headteacher on all matters referring to the DSSF.

The Institutional Designated Allergy Lead will delegate key areas of day-to-day responsibility to the DSSF Designated Allergy Lead, but will retain overall responsibility for all matters in this policy, its implementation and oversight.

The Institutional Designated Allergy Lead is responsible for the following:

- Ensuring that the DSSF Designated Allergy Lead is trained appropriately for the role and understands all areas of their responsibility;
- Leading the publication and implementation of an ArtsEd Allergy Safety Policy;
- Ensuring the safety, inclusion and wellbeing of pupils, students, staff and visitors with an allergy; 'We are an allergy aware building.'
- Taking decisions on allergy management across ArtsEd;
- Championing and practising allergy and asthma awareness across the ArtsEd;
- Ensuring allergy information is recorded, up-to-date and communicated to all staff - the collation of information may be delegated to the DSSF Designated Allergy Lead or another member of staff;
- 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, students and pupils and have a good awareness of the DSSF Allergy Safety Policy, and other related procedures;
- Reviewing ArtsEd's stock of spare adrenaline devices (checking the DSSF 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 Trustees and appropriate authority (e.g. Under RIDDOR) where necessary, investigating the incidents and ensuring that the findings of investigations into incidents are used to update relevant policies and procedures.
- Regularly reviewing and updating the DSSF Allergy Safety Policy; 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 DSSF procedures as appropriate.

The Institutional Designated Allergy Lead will monitor implementation of this policy, review procedures at regular intervals and report to the Principal, Executive, and Named Allergy Trustee as appropriate.

The Institutional Designated Allergy Lead is responsible for:

- Working with HR 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;
- Disseminating this information to all staff as necessary, including the catering team, occasional staff;
- Regularly checking spare adrenaline devices are where they should be, are easily accessible in case of emergency, and that they are in date - DSSF office, reception, defib box, canteen;
- Replacing the spare adrenaline devices when necessary; and
- Providing on-site adrenaline device training for staff and pupils and refresher training as required e.g. before school trips.

5.3 DSSF Designated Allergy Lead

The DSSF Designated Allergy Lead will

- Support the Institutional Designated Allergy Lead in carrying out their duties under this policy within DSSF;
- Be delegated, by the Institutional Designated Allergy Lead, key areas of day-to-day responsibility for DSSF matters under this policy;
- Implement key elements of this policy under the direction of the Institutional Designated Allergy Lead;
- Take responsibility for working with the Admissions Team as in Section 5.4 below;
- Ensuring the safety, inclusion and wellbeing of pupils, staff and visitors with an allergy;
- Taking decisions on allergy management across DSSF;
- Championing and practising allergy and asthma awareness across DSSF;
- Being the overarching point within DSSF 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 - the collation of information may be delegated to another member of staff;
- 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 Allergy Safety Policy, and other related procedures;
- Reviewing the School's stock of spare adrenaline devices (checking DSSF 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;
- Reporting any allergic reactions or near-misses to the Institutional Designated Allergy Lead, who will ensure that these are reported to Trustees and appropriate authority (e.g. Under RIDDOR) where necessary. Supporting the Institutional Designated Allergy Lead in investigating the incidents and ensuring that the findings of investigations into incidents are used to update relevant policies and procedures.
- Supporting the Institutional Designated Allergy Lead in regularly reviewing and updating the Allergy Safety Policy; and
- Supporting the Institutional Designated Allergy Lead in 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 DSSF Designated Allergy Lead is responsible for:

- Collecting and coordinating the paperwork (including Allergy Action Plans, Asthma Action Plans and Individual Healthcare Plans) and information from families to ensure that arrangements are in place before the pupil starts, or within 2 weeks for a mid-year transfer, liaising with the admissions team as needed;
- Support the Institutional Designated Allergy Lead in working with HR to keep an updated list of staff within DSSF with allergies (and creating an individual healthcare plan if necessary) and ensuring arrangements are in place to support them;
- Disseminating this information to all DSSF staff, including the catering team, occasional staff and to the wider Institution as necessary;
- 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 - while it is the responsibility of parents/carers to ensure medication is up to date, the DSSF Designated Allergy Lead will have systems in place to check this and notify the parents/carers when they see the expiry dates are approaching in respect of medicines held by the School;
- Keeping an adrenaline device register 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 case of emergency, and that they are in date;
- Replacing the spare adrenaline devices when necessary; and
- Providing on-site adrenaline device training for staff and pupils and refresher training as required e.g. before school trips.

5.4 Admissions Team

The Admissions Team is likely to be the first to learn of a pupil or visitor's allergy. They should work with the DSSF Designated Allergy Lead to ensure that:

- There is a clear method to capture allergy information or special dietary information at the earliest opportunity - this should be in place before a school visit, an Open Day or Taster Days if food is offered or likely to be eaten or if a child is likely to be left at the school without a parent/carer;
- There is a clear structure in place to communicate this information to the relevant parties (e.g. Catering Team);
- Parents and applicants are informed of catering arrangements during admission events;
- Plans are made for emergency medication if the child is to be left without parental supervision; and
- There is liaison with the child's previous school, or future school to ensure a smooth transition between settings.

5.5 All DSSF staff

All DSSF staff, including teaching staff, support staff and occasional staff are responsible for:

- 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 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 DSSF Designated Allergy Lead; and
- Ensuring that pupils have their medication and their Allergy Action Plan or Individual Health Care Plan with them when leaving the School site for a match or trip.

5.6 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;
- Providing ArtsEd and the Admissions team 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, for example asthma, hay fever, rhinitis 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 telling the School their child has an allergy or intolerance if this is a preference or dietary choice; and
- Encouraging their child to be allergy aware.

5.7 Parents of children with allergies

In addition to paragraph 4.5, the parents and carers of children with allergies should:

- Work with the School to fill out an Individual Healthcare Plan and provide an accompanying Allergy Action Plan;
- If applicable, provide the School or their child with two labelled adrenaline devices and any other medication, for example antihistamine (with a dispenser, ie. spoon or syringe), inhalers or creams;
- 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, on the journey to and from school;
- Update the School with any changes to their child's condition and ensure the relevant paperwork is updated too;
- Provide the School with an up-to-date photograph of their child and sign the associated permission for it to be shared appropriately as part of their allergy management; and
- 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.

5.8 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; and
- Adhere to food restrictions and guidance about food being brought in; this includes checking the ingredients.

5.9 Pupils with allergies

In addition to paragraph 4.7, 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;
- Carrying two adrenaline auto-injectors with them at all times;
- Understanding how and when to use their adrenaline auto-injector and only using them for their intended purpose;
- Talking to the DSSF 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;
- If leaving the School site with permission during the school day [or from a boarding school], knowing what to do if they have an allergic reaction off the School premises including how to treat themselves and how to raise the alarm to get help; and
- Ensuring they have their medication with them on the journey to and from school.

6. INFORMATION AND DOCUMENTATION

6.1 Register of pupils and staff with an allergy

The School has a register of pupils and record of staff who have a diagnosed 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.

6.2 Individual Healthcare Plans

Each pupil with an allergy requiring active management by the School has an Individual Healthcare Plan. The information on this plan includes:

- 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 necessary detail;
- Details of the medication that the pupil has been prescribed, including their dose, this should include adrenaline devices, antihistamine 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 learning or wellbeing;
- If the child is able to take responsibility for their condition including in an emergency;
- A photograph of each pupil and emergency contact details; and
- A copy of their Allergy and/or Asthma Action Plan.

7. 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;
- 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.

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.

8. FOOD, INCLUDING MEALTIMES & SNACKS

8.1 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 School has robust procedures in place to identify pupils with food allergies, these are the admissions process and annual requests for updates from parents by DSSF Designated Allergy Lead;
- Dishes and menus containing the main 14 allergens (see Allergens definition) will be clearly labelled using full words, not symbols or abbreviations. Other ingredient information will be available on request.
- Where there is a specific allergen identified that is not part of the main 14 allergens, then the pupil will be given clear guidance from Catering staff of how this will be identified if it is contained in food.
- Information on allergens will be available for the pupil to check independently;
- 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 which involve the introduction of a known allergen then the Catering Manager will advise the DSSF by telephone (or in person) so that the pupil can be informed; in addition the written menu will be updated – with the changes highlighted clearly;
  Chapter One (the catering contractors) have available the full ingredient string for all products purchased and delivered into ArtsEd via their supply chain; suppliers notify Chapter One of any product switches or alterations to ingredients via this platform. The catering manager will then review menus or update menu descriptions to include any known allergens. A '**May Contain'** is always detailed on the daily menu allergen matrix sheets at each service points.
- Food provided at breakfast club will follow these procedures;
- Food sold to pupils in the Canteen will avoid the 14 Main allergens and will be clearly labelled.

8.2 Food brought into school

Pupils, staff and visitors may bring food into school for personal consumption unless specifically prohibited by the School. All food brought onto the School site should:

- Be for personal consumption only unless prior permission has been granted by a member of staff in line with policy;
- Remain clearly identifiable and appropriately packaged;
- Not be shared with other pupils;
- Not be exchanged, traded or given away; and
- Be consumed only in designated eating areas.

Parents and carers are encouraged to consider the needs of pupils with allergies when preparing packed lunches and snacks.

To reduce the risk of severe allergic reactions, the following items must not be brought onto school premises or on school trips etc unless specifically authorised by the Headteacher:

- Loose nuts of any type;
- Peanut-containing snacks intended for sharing;
- Tree nut products intended for sharing;
- Homemade foods where ingredients cannot be verified and which contain nuts; and
- Foods specifically identified as presenting a risk to an individual pupil's documented allergy management plan.

The following must not be distributed to pupils unless approved in advance:

- Homemade cakes, biscuits or confectionery;
- Unlabelled food items;
- Food where ingredients or allergen information cannot be confirmed; and
- Food purchased from outlets that cannot provide allergen information.

8.3 Food hygiene for pupils

- The School will encourage pupils to wash their hands with soap and warm water before and after eating;
- Parents/carers and pupils 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.

9. EDUCATIONAL VISITS AND TRIPS

- Staff leading the trip will have a register of pupils with allergies and details of their medication. Staff should notify the trip leader if they themselves have any allergies;
- 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;
- 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 catering prepared packed meals. Chapter One complies with Natasha's Law on prepackaged foods. All menus on service points are listed with the main 14 allergens, if an allergy is outside this Chapter One has an allergen Buddy available to discuss menu options with the ArtsEd and to support them in making a safe choice. Chapter One to be notified of pupils with allergens requiring a packed lunch for a trip ahead of time so that food can be provided which does not include their allergen.

- If attending an event at another school, details of a student's dietary requirements will be sent ahead to ensure they have a safe meal; and
- See Adrenaline Devices section for School Trips.

10. 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.

11. 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; and
- School trips that include visits to animals will be carefully risk assessed.

12. ALLERGIC RHINITIS/ HAY FEVER

For Seasonal Pollen Allergy (Hay Fever):

- Monitor local pollen forecasts and inform staff, pupils, and parents when pollen levels are high;
- Keep classroom windows and doors closed during peak pollen periods where practical;
- Encourage pupils to wash hands and face after outdoor activities and to change outdoor clothing if needed;
- Consider holding some outdoor activities indoors on days with very high pollen counts;
- Ensure pupils have access to prescribed allergy medication and follow individual healthcare plans; and
- Train staff to recognise allergy symptoms and know when medical support is required.

For Persistent Nasal Allergy (House Dust Mites and Other Indoor Allergens):

- Maintain high standards of cleaning, including regular vacuuming and dust removal;
- Reduce dust-collecting items where possible, such as unnecessary soft furnishings and clutter;
- Ensure classrooms are well ventilated and managed to prevent dampness and mould growth;
- Promptly address water leaks and other conditions that may encourage mould;
- Manage exposure to known allergens where a pupil has a documented allergy; and
- Encourage good hand hygiene and discourage sharing of personal items that may carry allergens.

General Measures:

- Obtain information from parents regarding diagnosed allergies and required treatments;
- Develop individual healthcare plans for pupils with significant allergies;
- Store and administer medication in accordance with school policies;
- Promote regular communication between parents, healthcare professionals, and the school regarding allergy management; and
- Support affected pupils to participate fully in education and school activities while implementing reasonable measures to minimise allergen exposure.

13. 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;
- 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 Form Tutor;
- Affected pupils will be given consideration in advance of wider school discussions about allergy and school Allergy Awareness initiatives;

- Bullying related to allergy will be treated in line with the School's anti-bullying policy; and
- Uniform policies take into account that children may need emergency medication near them at all times.

14. ADRENALINE DEVICES

See the government guidance on Adrenaline Devices in Schools.

14.1 Storage of adrenaline devices

- Pupils prescribed with adrenaline devices will have easy access to two, in-date devices at all times;
- Pupils are required to carry 2x Epi-pens; there will also be an accessible stock in DSSF Office, Canteen, Front Desk, Defibrillator Box (in Foyer and in Studio 318).
- Spot checks will be made 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 should be disposed of as sharps.

14.2 Spare adrenaline devices and asthma inhalers

The school has 8 spare adrenaline devices to be used in accordance with government guidance.

The locations of spare adrenaline devices are clearly signposted. These are: DSSF Office, Canteen, Front Desk, Defibrillator Box (in Foyer).

The Allergy Lead is responsible for:

- Deciding how many spare devices are required;
- 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. See government guidance above; and
- Distribution around the School site and clear signage.

14.3 Adrenaline devices on off-site activities

- No child with a 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
- Consider whether to take spare adrenaline devices to off-site activities. This should be recorded as part of the risk assessment process.

15. 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 School's spare device if needed. The MHRA says that in exceptional circumstances, a spare

adrenaline device can be administered to anyone for the purposes of saving their life, even without consent.

- 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 the pupil in an ambulance until a parent or guardian arrives.

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

16. TRAINING

The School is committed to ensuring that all staff receive regular (at least annual) allergy awareness training. This training should cover all staff, including teaching staff, support staff, catering staff, site staff and others who may oversee children at the start and end of the school day.

This training will cover:

- Understanding what an allergy is;
- How to reduce the risk of an allergic reaction occurring;
- How to recognise and treat an allergic reaction, including anaphylaxis;
- How to 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 IHP and Allergy or Asthma Action Plan;
- 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;
- How to report an allergic reaction or near miss; and
- Taking part in an 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.

17. 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.

- 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.
- All pupils with asthma will have an Asthma Action Plan – the responsibility for this lies with the parents and carers to share this with DSSF Designated Allergy Lead. Where relevant, an Asthma Action Plan will be in addition to an Allergy Action Plan.
- The shared 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 and on the journey to and from school.
- Where a pupil is able to manage their asthma themselves, they should keep their inhaler on them. If they cannot, it should be stored in a clearly labelled, easily accessible location.
- There are spare emergency inhalers in the DSSF Office; these will be used under the direction of the Admin Team or First Aiders. Written parental consent to use the School's inhalers will be obtained for all students who normally use an inhaler for asthma;

- The DSSF Designated Allergy Lead is responsible for storage, care and disposal (including checking it is in date and working); how pupils requiring it are identified; written parental consent recorded in the IHP; training for staff in its use; and a record of any use, with parents informed.

The School has a minimum of 4 spare asthma inhalers to be used in accordance with government guidance. The locations of spare asthma inhalers are clearly signposted. These are: 2 x DSSF Office and 2 x Reception.

The statutory guidance and Human Medicines (Amendment) (No. 2) Regulations 2014 permit schools to purchase spare salbutamol inhalers without a prescription for use in emergencies. A spare inhaler can only be used by a pupil who has been diagnosed with asthma and prescribed an inhaler, or who has been prescribed an inhaler as reliever medication, and for whom written parental consent has been given.

18. REPORTING ALLERGIC REACTIONS

The School will log all allergic reaction incidents and near-misses as soon as is feasible after they occur.

18.1 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, who will be given the opportunity to discuss the incident and contribute their views to the review; and
    - The Named Allergy Trustee and the governing body, so they can consider what lessons to learn and whether policy changes are required.
- 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.
- 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.

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. Note: if any signs of anaphylaxis are present, give adrenaline without delay.
- Make a note of the time
- Phone parent or guardian
- Continue to monitor the pupil for at least 60 minutes in case the reaction gets worse

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. Treat the patient where they are. 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. Pupils may be able to do this themselves, but some will require or want adult support. Whilst all members of staff should be trained, in an emergency, anyone can administer adrenaline.
5. Make a note of the time you gave the first dose.
6. Call 999 for an ambulance (or get someone else to do this while you give adrenaline). Tell them you have given adrenaline for anaphylaxis.
7. Stay with the patient and do not let them get up or move, even if they are feeling better (this can cause cardiac arrest).
8. Call the pupil's emergency contact.
9. 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.
10. Start CPR if necessary.
11. Hand over used devices to paramedics and remember to get replacements.
12. 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.

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

APPENDIX 3 - Individual Healthcare Plan - ALLERGY

<table>
<tr><th colspan="2">NAME – Individual Healthcare Plan - ALLERGY</th></tr>
<tr><td>Date of birth:</td><td rowspan="4">Current photo</td></tr>
<tr><td>Year / class:</td></tr>
<tr><td>Emergency contacts:</td></tr>
<tr><td>Staff who need to be aware:</td></tr>
<tr><td colspan="2">Allergy:
Note what allergy the child or young person has.
Note any known allergens.
Note whether the child or young person is likely to be aware that they are having an allergic reaction and whether they can alert others.</td></tr>
<tr><td colspan="2">How the allergy is managed:
Note any care or action plans or prescribed medication issued by healthcare professionals.
If the allergy can be partly or wholly managed by practical adjustments (for example avoidance of known allergens), note them here.
Note the extent to which the child or young person is able to take responsibility for managing their allergy.</td></tr>
<tr><td colspan="2">Impact on education:
Indicate the potential harm which might come to the child or young person if their allergy is not managed properly.
Indicate how the allergy may impact on the child or young person’s learning.
Indicate how the allergy may impact on the child or young person’s emotional wellbeing.
If relevant, note any interaction between allergy and SEN.</td></tr>
<tr><td colspan="2">Arrangements for support:
Give details of the specific support or adaptations which the school, college or early years setting will put in place, within its educational remit.
Outline measures to reduce the risk of contact with known allergens.
Give details of the specific support or adaptations to manage food allergy at meal and snack times.
Note arrangements for maintaining educational progress where absence or missed learning occurs due to allergy.</td></tr>
<tr><td colspan="2">Visits and trips:
Give details of any arrangements or procedures which may be required for school trips or other activities outside of the normal timetable that will ensure the child can participate.
Note any requirement for a risk assessment and prompts for specific issues which should be considered.</td></tr>
</table>

Emergency response: *Where an Action Plan issued by a healthcare professional covers emergency response, refer to it and ensure it is attached.* *Otherwise summarise the signs or symptoms which would indicate an emergency.* *Set out what to do in an emergency, including whom to contact.* *If relevant, note where "spare" adrenaline devices are located.*	
Last discussed with parents:	**Date**
Issued by:	**Date**:
Next planned review:	**Date**:

<table>
<tr><th colspan="2">NAME – Individual Healthcare Plan for allergy
Annex: Medication needed while in school / college / setting</th></tr>
<tr><td colspan="2">Non-prescription medication:
Record any <u>non</u>-prescription medication (e.g. oral antihistamines) which the child or young person may require to manage their allergy in the education setting
Note whether it is emergency medication; where the medication is stored; and how and when the child or young person may need access
Note whether parental consent has been given for the allergy medication to be administered, and the date of consent.</td></tr>
<tr><td>Parental consent:</td><td>Date:</td></tr>
<tr><td colspan="2">Prescription medication:
Record any prescription medication for allergy prescribed by a healthcare professional (e.g. adrenaline).
Note whether it is emergency medication; where the medication is stored; and how and when the child or young person may need access.
Note whether parental consent has been given for the allergy medication to be administered, and the date of consent.</td></tr>
<tr><td>Prescribed by:</td><td>Date:</td></tr>
<tr><td>Parental consent:</td><td>Date:</td></tr>
<tr><td colspan="2">Use of “spare” adrenaline devices:
Note whether parental consent has been given to administer adrenaline (e.g. using “spare” adrenaline devices) in an emergency.</td></tr>
<tr><td>Parental consent:</td><td>Date:</td></tr>
<tr><td colspan="2">Use of “spare” salbutamol inhaler:
If relevant (i.e. the child or young person is prescribed an asthma reliever inhaler), note whether consent has been given to use a “spare” salbutamol reliever inhaler.</td></tr>
<tr><td>Parental consent:</td><td>Date:</td></tr>
</table>

NAME – Individual Healthcare Plan for allergy **Annex: Care or Action Plans issued by healthcare professionals**	
Allergy / Asthma Action Plan: *Attach any Action Plan to the IHP for use in an emergency.* *Note which healthcare professional issued the plan, their role and the date issued.*	
Issued by:	**Date**:
Care Plan: *Note where any relevant care plan can be found.* *Note what staff are responsible for delivering / supporting delivery of the care plan.* *Note which healthcare professional issued the plan, their role and the date issued.*	
Date:	**Date**: