

Allergy Safety Policy

Document control

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Policy owner	Harriet Stapleton (Bursar)
Senior leader responsible	Amy Prior, Deputy Head Pastoral and Wellbeing (Designated Allergy Lead)
Named Allergy Governor	Mrs Gillian Waite
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Policy summary

Allergy is the most common chronic condition of childhood, and a severe reaction is a time-critical medical emergency. This policy sets out how Cokethorpe keeps pupils with allergies safe, confident and fully included.

- The **Designated Allergy Lead** is Amy Prior (Deputy Head Pastoral and Wellbeing). A **Named Allergy Governor** (Mrs Gillian Waite) provides governor-level oversight.
- Every pupil whose allergy requires active management has an **Individual Healthcare Plan** with an Allergy Action Plan attached, reviewed at least annually.
- Pupils prescribed adrenaline must have **two in-date devices** at School; the School also holds **spare (general use) devices** that may be used for anyone with suspected anaphylaxis.
- If anaphylaxis is suspected, staff must **give adrenaline first**, before doing anything else, then call 999.
- All staff receive **allergy awareness training** on induction and at least annually.
- Every reaction and near miss is **recorded, reviewed without blame**, and reported to the Designated Allergy Lead and the Named Allergy Governor.

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1. Why this matters

Allergy is the most common chronic condition of childhood. On average one or two pupils in every class of thirty live with a food allergy, and allergic reactions can also be triggered by insect stings, medicines, latex and animals. Most reactions are mild, but some are severe and life-threatening. Around one in five children have their first allergic reaction while at school, and up to a fifth of anaphylaxis emergencies in schools involve children with no previous diagnosis.

We want every pupil with an allergy to be safe, confident and fully included at Cokethorpe, and we want everyone in our community – pupils, staff, parents and visitors – to understand allergy, to help reduce risk, and to know exactly what to do in an emergency.

A severe reaction is a time-critical medical emergency. Investigations into fatal anaphylaxis show that there is only a 20–30 minute window of opportunity during which steps can be taken to prevent death. Delays in giving adrenaline are a common finding in fatal reactions. This policy therefore combines a positive, inclusive approach with clear, unambiguous emergency requirements.

2. What we are seeking to achieve

Through this policy we aim to:

- identify every pupil and member of staff with a known allergy, and understand their individual needs;
- reduce the likelihood of exposure to known allergens across every part of School life;
- ensure that all staff can recognise an allergic reaction, including anaphylaxis, and respond immediately and confidently;
- hold in-date spare adrenaline devices that are readily accessible wherever pupils are;
- support the full inclusion, dignity and emotional wellbeing of pupils with allergies;
- work in partnership with parents, pupils and healthcare professionals; and
- record, review and learn from every reaction and near miss, without blame, so that our arrangements continue to improve.

3. Scope and application

This policy applies to all pupils, including those in the Early Years Foundation Stage, and to all staff, volunteers, coaches, peripatetic and visiting staff, catering staff, bus drivers, contractors working with pupils, parents and visitors. It applies on the School site and on all School-organised activities, educational visits, sports fixtures, clubs and events, including those outside the normal School day and on the School bus.

This policy sits alongside, and does not replace, the School's wider arrangements for supporting pupils with medical conditions, which are set out in the First Aid Policy.

4. Definitions

Allergy. An immune response to a substance that is normally harmless. An allergy is different from an intolerance: an intolerance may cause uncomfortable symptoms but does not involve the immune system, and is not life-threatening.

Allergen. The substance that triggers an allergic reaction. Fourteen allergens must be declared by law in food (the "main 14"): celery, cereals containing gluten, crustaceans, eggs, fish, lupin, milk, molluscs, mustard, peanuts, tree nuts, soya, sulphur dioxide/sulphites and sesame.

Anaphylaxis. A severe allergic reaction affecting breathing and/or circulation. It is a life-threatening medical emergency and must be treated immediately with adrenaline. Reactions are unpredictable — they are not always progressive, and a person who has previously had only mild reactions, or none at all, can experience anaphylaxis.

Adrenaline device. A device delivering a pre-measured dose of adrenaline. Adrenaline auto-injectors (AAIs), commonly known by brand names such as EpiPen and Jext, are injected into the upper outer thigh. A needle-free nasal adrenaline spray is also licensed in the UK. In this policy "adrenaline device" covers all of these.

Spare (general use) adrenaline device. A device held by the School for emergency use. It may be used for any pupil, member of staff or visitor experiencing suspected anaphylaxis, including someone with no previous diagnosis.

Allergy Action Plan. A clinical document completed by a healthcare professional setting out an individual's allergy and their treatment plan.

Asthma Action Plan. A clinical document completed by a healthcare professional setting out an individual's asthma triggers, symptoms, medicines and when to seek emergency help.

Individual Healthcare Plan (IHP). A School document, drawn up by the School with the pupil's family and, where appropriate, the pupil, setting out the pupil's allergy, risks, agreed arrangements and emergency response. Where the School has historically used the term "Care Plan", it means an Individual Healthcare Plan.

Designated Allergy Lead. The senior leader with overall responsibility for allergy safety across the School.

Near miss. An event that could have caused an allergic reaction but did not.

5. Roles and responsibilities

Allergy safety at Cokethorpe is a whole-School responsibility. The following roles make that responsibility explicit.

5.1 The Governing Body and the Named Allergy Governor

The Governing Body is responsible for ensuring that the School has an effective Allergy Safety Policy and the arrangements needed to implement it. The Named Allergy Governor is Mrs Gillian Waite who

- provides governor-level oversight of allergy safety;
- ensures that allergy risk is recorded on the School's risk register and actively managed;
- satisfies the Governing Body that this policy is reviewed at least annually and published on the School website;
- receives regular reports from the Designated Allergy Lead, including reports of reactions and near misses; and
- ensures that lessons learned from incidents lead to changes in practice.

5.2 The Designated Allergy Lead

The Designated Allergy Lead is Amy Prior (Deputy Head Pastoral and Wellbeing), a member of the Senior Leadership Team, reporting to the Head and to the Named Allergy Governor. This role must not be held by the Catering Manager or by any other member of staff with responsibility for catering.

The Designated Allergy Lead is responsible for:

- leading the implementation, monitoring and annual review of this policy;
- taking decisions on allergy management across the School;
- acting as the overarching point of contact for staff, pupils and parents on allergy matters;
- ensuring that allergy information is recorded accurately, kept up to date and communicated to all staff who need it;
- ensuring that all staff receive allergy awareness training;
- overseeing the School's stock of spare adrenaline devices;
- ensuring an anaphylaxis drill is carried out at least once each academic year;
- keeping a record of every allergic reaction and near miss, investigating them and reporting to the Governing Body and, where required, to external authorities;
- reminding staff, pupils and parents at the start of each academic year that this policy must be read and that any food or sweets brought onto site must be nut-free and must take account of children with allergies; and
- reporting to the Senior Leadership Team and the Named Allergy Governor.

5.3 The School Nurse

The School Nurse, working with the Designated Allergy Lead, is responsible for:

- collecting and coordinating allergy information, Allergy Action Plans, Asthma Action Plans and Individual Healthcare Plans from families, so that arrangements are in place before a pupil starts;
- maintaining the register of pupils with allergies and recording relevant information on the Schools Management Information System.
- reviewing information with families at least annually, and checking that medication held by the School is in date;
- keeping an adrenaline device register recording pupils' prescribed devices and the School's spare devices, including brand, dose, location and expiry date;
- checking regularly that spare devices are in place, accessible and in date, and arranging replacements;

- providing on-site adrenaline device training and refresher training, including before trips and fixtures to individual members of staff on request;
- providing bus drivers with a list of pupils with life-threatening allergies on their route (name and photograph), updated at least termly; and
- advising staff, pupils and families on allergy and asthma management.

5.4 Admissions

Admissions colleagues are often the first to learn of a pupil's allergy. Working with the School Nurse and the Designated Allergy Lead, they ensure that allergy and dietary information is captured at the earliest opportunity, including before Taster Days and assessment visits at which food is offered. That information is passed to the School Nurse, the Designated Allergy Lead and the catering team.

5.5 Catering

Catering at Cokethorpe is provided in house by the School's own catering team. This is a significant advantage for allergy safety: our catering staff know our pupils, work alongside the rest of the School community every day, and are trained and managed within the School. We expect that closeness to be used well.

The Catering Manager is responsible for allergen management within the catering operation, and the catering team is responsible for:

- preparing and serving food safely for pupils, staff and visitors with allergies;
- providing accurate allergen information for all food served, labelled using full words;
- labelling food prepacked for direct sale with a full ingredients list, allergens emphasised, in line with Natasha's Law;
- getting to know the pupils with allergies and offering them varied meal choices;
- communicating any change of ingredients that introduces a known allergen before the food is served; and
- ensuring that all catering staff complete allergen awareness training as well as the School's allergy awareness training.

5.6 All staff

All staff are responsible for:

- knowing which pupils in their care have allergies, by checking iSAMS;
- reading, understanding and applying this policy;
- considering allergy risk when planning any activity;
- ensuring pupils always have access to their emergency medication;
- recognising and responding to an allergic reaction, including anaphylaxis;
- taking part in allergy awareness training at least annually;
- being alert to allergy-related bullying;
- passing any allergy information received from a parent or pupil to the School Nurse without delay;
- ensuring pupils take their medication when leaving site for a trip or fixture; and
- reporting every allergic reaction and near miss.

5.7 Parents and carers

Parents and carers of a pupil with an allergy must:

- provide full information about their child's allergy;
- work with the School to complete an Individual Healthcare Plan;
- provide two labelled, in-date adrenaline devices where prescribed, and replace them before they expire;
- ensure their child has access to their medication on the journey to and from School, including on the School bus;
- tell the School promptly about any change in their child's condition or treatment; and
- follow the School's guidance on food brought into School.

5.8 Pupils

All pupils are asked to be allergy aware: to understand the risk that allergens can pose to others, to respect the measures the School takes, not to share food, and to tell a member of staff at once if a friend feels unwell.

6. Information and record keeping

The School maintains a register of pupils with a diagnosed allergy, and a record of staff with a diagnosed allergy. Allergy information is held on iSAMS and shared with staff on a need-to-know basis.

Every pupil whose allergy requires active management has an Individual Healthcare Plan, drawn up by the School with parents, with the Allergy Action Plan attached. Plans are reviewed at least annually and after any reaction or near miss.

7. Assessing and reducing risk

Allergens appear in unexpected places. Staff consider allergy whenever they plan an activity, and allergy is included in risk assessments for events on and off the School site. Particular attention is given to:

- classroom and practical activities — cookery and food lessons, science experiments, art and craft;
- clubs and activities where snacks or food treats may be handed out;
- animals visiting or living on the School site;
- special events, celebrations, cultural days, fundraising events and parent events; and
- educational visits, sports fixtures and residential trips.

Inclusion is considered alongside safety. A pupil is never excluded from an activity because of their allergy; where necessary, the activity is adapted. The School will meet its duties under the Equality Act 2010, recognising that a severe allergy may amount to a disability and that reasonable adjustments may be required.

8. Food, mealtimes and snacks

8.1 Our approach

Cokethorpe is an allergen-aware School. We do not describe the School or any part of it as "nut free" or claim that any area is free from a particular allergen. Such claims cannot be guaranteed, can create a false sense of security, and can imply that one allergen matters more than others. Instead we expect everyone to be alert, informed and careful.

8.2 Food provided by the School

Allergen management is built into the School's own menu planning, recipe control, purchasing and supplier specifications. The Catering Manager reviews these arrangements with the Designated Allergy Lead and the School Nurse at least annually.

Allergen information and labelling. Allergen matrices are always available at the server. Dishes in the Dining Room are labelled clearly for the 14 allergens specified in the Food Information Regulations 2014, using full words rather than symbols, numbers or abbreviations. Wider ingredient information is available on request, and is available for pupils to check for themselves.

Food prepacked for direct sale where the public might be present – including individually wrapped items such as sandwiches, salads and baked goods – carries a full ingredients list with allergens emphasised, in line with the Food Information (Amendment) (England) Regulations 2019 (Natasha's Law).

The School uses labels on the salad bar to show allergens, together with a sign drawing attention to the risk of cross-contamination and instructing guests to speak to a member of the catering team if they have allergies.

The catering team does not use "may contain" precautionary labelling on food it prepares. Where bought-in items carry manufacturers' precautionary labelling (e.g. "produced in a factory that handles nuts"), this labelling is retained.

Identifying pupils with allergies at the point of service. A member of the catering team who knows the pupils concerned carries out a visual check, supported by photographs held on the School's systems, to ensure the correct meal reaches the correct child.

Allergens outside the main 14. Pupils may have a medically confirmed allergy to a food outside the 14. These are communicated through the School Nurse and added to the catering team's allergen folders. Arrangements are agreed individually between the catering team, the School Nurse and the family, and recorded in the pupil's Individual Healthcare Plan.

Catering staff training. All catering staff complete allergen awareness training alongside their statutory food hygiene training. This covers the 14 allergens; reading and interpreting food labels; cross-contamination and cross-contact; what to do if uncertain whether a dish is safe; recognising the signs of an allergic reaction; and the School's emergency response, including the location of the nearest spare adrenaline device. Catering staff also complete the School's whole-staff allergy awareness training. New catering staff receive allergen and allergy awareness training before they begin preparing or serving food.

Catered packed lunches and food for trips. When the catering department provides packed lunches for trips, fixtures or off-site activities, they are provided with a list of pupils and prepare and label separate named bags for pupils with allergies. Dietary requirements are prepared in advance using information from the School Nurse.

When pupils eat at another school – for example at a match tea – dietary requirements and allergen information are available to the coach, who ensures this is shared with the host school in advance of eating or at the point of serving.

Communication with parents. The catering team is available to discuss safe meals with pupils and their parents, including before a pupil joins the School. Parents are welcome to meet the Catering Manager to discuss their child's allergies. Menus are published in advance so that families can plan. Parents should tell the School promptly if their child's allergy diagnosis changes.

8.3 Food brought into School

Birthday cakes and other baked goods for sharing purposes are not permitted to be sent into School.

Pupils may bring nut free snacks and baked goods from home for personal consumption.

In very rare cases the school may hold cake sales and fundraising events for families, involving food. Where food is brought onto site for these events, it must not be home baked and an allergen checking process must be followed, including labelling and ingredient lists.

Pre packaged sweets and chocolate may be given as end-of-term prizes by Heads of Year. Some staff may also give sweets or keep sweet jars. Any food or sweets brought onto site by staff for distribution to pupils must be nut free and must take account of children with allergies in the group concerned.

The Designated Allergy Lead reminds staff, pupils and parents at the start of each academic year that the allergy policy must be read and that any food or sweets brought onto site must be nut-free and must take account of children with allergies.

8.4 Everyday food safety

Pupils are encouraged to wash their hands with soap and warm water or hand sanitizer before and after eating. Water bottles and packed snacks should clearly labelled. Food, utensils and containers are not shared or swapped. Food is placed on a clean surface rather than directly on a desk or table. Food must not be thrown. Tables and surfaces in eating areas are cleaned between sittings, and cleaning routines are designed to reduce cross-contamination.

8.5 Early Years Foundation Stage

In the Prep School's EYFS provision, arrangements follow the "safer eating" requirements of the Early Years Foundation Stage statutory framework, including the supervision of children while eating and the recording of allergy information before a child starts.

9. Educational visits, fixtures and off-site activities

Allergy is considered in the risk assessment for every visit, fixture and residential, and catering arrangements are agreed in advance.

The trip leader holds a register of pupils with allergies and details of their medication, prepared with the School Nurse. Staff accompanying the trip should tell the trip leader if they themselves have an allergy.

No pupil prescribed an adrenaline device travels without two of their own in-date devices. It is the trip leader's responsibility to check before departure. Adrenaline devices stay close to the pupil at all times, never in a coach hold, a locked room or a changing room and are protected from extreme temperatures. On warm days and in hot vehicles, devices should be kept in an insulated case. The adrenaline solution must appear clear and colourless; any device that is discoloured, cloudy or has been exposed to temperatures outside the 25 degrees Celsius range must not be relied upon and should be replaced.

Staff accompanying pupils are trained to recognise and respond to an allergic reaction and know how to summon emergency help at the venue. Allergy and medical information for all pupils on the trip must be available to the trip leader and all accompanying staff. This information is taken from the Schools MIS (Isams/Involve)

A medications log card is completed on trips and returned to the Medical Centre afterwards. Parents are never required to accompany their child on a trip because of an allergy.

9.1 Spare adrenaline grab bag - a risk-based approach

The School aims to hold two portable spare adrenaline grab bags, each containing one 300mcg device and one 150mg device, held in the Medical Centre. A grab bag travels on any trip where the risk of an allergic reaction is elevated - specifically where one or more of the following apply:

- Residential and overnight trips - multiple meals, food from unfamiliar catering, extended duration, no certainty that the accommodation holds spare devices;
- Trips overseas - different food standards, different allergen labelling regulations, possible language barriers for emergency services, distance from UK healthcare;
- Expeditions and remote outdoor activities - DofE, camping, fieldwork - where insect sting exposure is increased, pupils may be self-catering, and emergency services response times are longer;
- Trips involving food provided by a source the School does not control, other than at another school which holds its own allergen management arrangements and spare adrenaline devices.

For day fixtures and match teas at other schools, the School relies on pupils' own prescribed devices - checked by the trip leader before departure - and the host school's on-site provision. Those schools will ordinarily hold their own spare devices and manage their own catering allergens. These trips are assessed as lower risk and do not require a grab bag.

Whether the grab bag is needed is recorded in the risk assessment for each trip, which includes establishing whether emergency auto-injectors are available at the destination.

9.2 Trip approval and grab bag planning

When a trip is submitted for approval, the trip organiser must indicate on the trip approval form whether the trip meets any of the grab bag criteria listed in section 9.1 above.

If the trip meets one or more of the criteria, the trip organiser must check with the School Nurse whether a grab bag is available on the proposed date before the trip is approved. The School Nurse maintains a grab bag booking log showing which dates each grab bag is allocated to, so that clashes are visible at the planning stage.

If a grab bag is available, the School Nurse books it against the trip date. The trip leader collects the grab bag from the Medical Centre on the day of departure and returns it on arrival back at School.

If both grab bags are already allocated to other trips on the same date, the trip organiser must either:

- adjust the date of the trip to one where a grab bag is available; or
- refer the matter to the Designated Allergy Lead, who will decide whether to reallocate a grab bag from a lower-risk trip or approve the trip proceeding without one.

Where more than two qualifying trips overlap, the Designated Allergy Lead allocates the available grab bags based on relative risk, using the following priority:

- Highest priority - trips overseas and expeditions to remote locations where emergency services response times are longest and food or sting risk is highest;
- High priority - UK residential and overnight trips;
- Lower priority - day trips with food from an uncontrolled source where the venue is urban and near emergency services.

For any trip assessed as needing a grab bag where one is not available, the trip leader must record in the risk assessment:

- that no School grab bag was available on the date;
- what alternative mitigations are in place (for example confirming the venue holds its own spare devices, ensuring all prescribed pupils have their own two devices checked, briefing staff on the nearest hospital); and
- that the Designated Allergy Lead approved the trip proceeding without a grab bag.

9.3 Food on trips and at fixtures

When the catering department provides packed lunches for trips, fixtures or off-site activities, they are provided with a list of pupils and prepare and label separate named bags for pupils with allergies. Dietary requirements are prepared in advance using information from the School Nurse.

When pupils eat at another school - for example at a match tea - dietary requirements and allergen information are available to the coach, who ensures this is shared with the host school in advance of eating or at the point of serving.

Staff must not purchase or provide food for pupils on trips without checking with the trip leader whether any pupil on the trip has a food allergy. Where food is bought from an external source during a trip (for example a cafe, service station or takeaway), the trip leader must check allergen information with the provider before any pupil with a known food allergy is given that food.

9.4 Daily school bus routes

The School operates 22 bus routes daily. Pupils prescribed adrenaline must carry their two in-date devices on the School bus. This is a parental responsibility, communicated at the start of each academic year and recorded in the Individual Healthcare Plan. Devices must not be stored in luggage in the hold.

Bus drivers are provided with:

a list of pupils with life-threatening allergies on their route (name and photograph), updated at least termly; and

a laminated instruction card: recognise symptoms, call 999, state the location, do not move the child.

The School does not carry spare adrenaline devices on daily bus routes.

10. Insect stings, animals and hay fever

10.1 Insect stings

The School grounds are monitored for wasp and bee nests, and pupils and staff should report any nest they find to the Facilities Manager and keep away from it. Pupils and staff with a known insect venom allergy are advised to keep arms and legs covered where practicable, to avoid walking

outside in bare feet or open sandals, to avoid strong perfumes, and to keep food and drink covered outdoors.

10.2 Animals

Animal allergy is usually triggered by dander, saliva or urine. Where an animal visits or lives on the School site, a risk assessment is completed beforehand, pupils, staff and parents are informed, areas visited by the animal are cleaned thoroughly, and anyone in contact with an animal washes their hands afterwards.

10.3 Allergic rhinitis and hay fever

Hay fever and persistent nasal allergy can affect concentration, sleep and examination performance, and poorly controlled hay fever increases the risk from other allergens. Pupils may take prescribed antihistamines as agreed with parents and recorded by the School Nurse, and reasonable adjustments are considered during the pollen season, including for public examinations.

11. Inclusion, wellbeing and anti-bullying

Living with an allergy can affect a young person's confidence, anxiety levels and sense of belonging, and pupils with allergies are more likely to be bullied. We take this seriously.

- No pupil is excluded from any activity, on site or off site, because of an allergy.
- Pupils with allergies are never seated separately or segregated at mealtimes.
- A pupil is not penalised for an allergy-related absence or medical appointment.
- Pupils with allergies may need additional pastoral support, including regular contact with their Tutor or Head of Year.
- Uniform and dress arrangements take account of a pupil's need to keep emergency medication close at hand.
- Teasing or bullying relating to a pupil's allergy — including threatening a pupil with an allergen — is treated as a serious matter and dealt with under the Prevention of Bullying Policy, and where appropriate as a safeguarding concern.

12. Adrenaline devices

12.1 Pupils' own devices

A pupil prescribed adrenaline must have two in-date devices available at School at all times. Children carry two devices in their school bag and have two spares labelled and stored in the Common Room. Where it is agreed in the Individual Healthcare Plan, a pupil carries their own devices; otherwise they are stored in a clearly labelled, unlocked and readily accessible location known to staff, with the pupil's Allergy Action Plan.

Adrenaline devices must never be kept locked away or in a room with restricted access. Devices are stored at moderate room temperature in line with the manufacturer's guidance, away from direct sunlight and heat sources. Spot checks confirm that devices are where they should be and in date. Used or expired devices are disposed of as sharps.

12.2 The School's spare devices

The School holds spare (general use) adrenaline devices, obtained under the arrangements permitting schools to obtain them without a prescription, on a written order signed by the Head.

They may be used for any pupil, member of staff or visitor with suspected anaphylaxis, including a person with no previous diagnosis.

The School currently holds two emergency boxes, each containing 2 × 300mcg EpiPens and 2 × 150mcg Jext pens (8 devices total), located at:

- the Pavilion changing room; and
- the Kitchen servery

There is a key on the wall next to both boxes and they are clearly labelled. A pair of 300mcg devices is also designated as a portable grab bag for higher-risk off-site activities (see section 9.1).

Additionally the School aims to maintain two grab bags as described in section 9 for use on trips.

The Designated Allergy Lead, with the School Nurse, decides how many devices are held, the doses required (following the age-based guidance of the Resuscitation Council UK), which brand or brands to hold (a single brand is preferred to avoid confusion), where they are located, and how they are signposted, checked and replaced.

13. Recognising and responding to an allergic reaction

13.1 Mild to moderate reaction

Symptoms may include swollen lips, face or eyes; an itchy or tingling mouth; hives or an itchy rash; abdominal pain; vomiting; or a change in behaviour. Staff should:

- stay with the pupil and call for help;
- locate the pupil's adrenaline device and bring it to them;
- give antihistamine in accordance with the pupil's Allergy Action Plan — but if any sign of anaphylaxis is present, give adrenaline without delay;
- note the time;
- contact the pupil's parents; and
- continue to monitor the pupil for at least 60 minutes.

13.2 Anaphylaxis — a time-critical emergency

Anaphylaxis is indicated by **Airway, Breathing or Circulation** symptoms: a persistent cough, hoarse voice, difficulty swallowing or a swollen tongue; difficult or noisy breathing, wheeze or cough; persistent dizziness, pallor, floppiness, sleepiness, collapse or unconsciousness.

If anaphylaxis is suspected, staff must give adrenaline first, before doing anything else.

1. Treat the person where they are — take the medication to them; do not move them.
2. Lie them down with their legs raised. If breathing is difficult, they may sit up with legs outstretched. Do not let them stand or walk.
3. Inject adrenaline into the upper outer thigh following the manufacturer's instructions. In an emergency, anyone may administer adrenaline.
4. Note the time of the first dose.
5. Call 999, say "anaphylaxis" and say that adrenaline has been given.
6. Contact the pupil's emergency contact and inform the School Nurse and the Designated Allergy Lead.
7. If no improvement after 5 minutes, give a second dose using a second device and call 999 again.

8. Begin CPR if necessary. AEDs are located outside the Common Room, in the Maintenance Department coffee room and at the Sports Hall entrance.
9. Hospital is essential, even if the person seems fully recovered. A member of staff accompanies them until a parent or guardian arrives.
10. Hand used devices to the paramedics; arrange replacements; record the incident the same day.

13.3 Risk factors for severe reactions

The severity of an allergic reaction can be influenced by concurrent asthma (especially poorly controlled asthma), illness at the time, hormonal changes, and, in the case of food, the amount eaten. Exercise after eating can also trigger or worsen a reaction. Reactions to dairy foods are often delayed and may mimic a severe asthma attack. Staff should be aware that a previous mild reaction does not mean the next reaction will be mild.

13.4 Support after an emergency

An allergic emergency affects everyone involved. Following any incident the School offers support to the pupil and their family, to the staff who responded and to pupils who witnessed it.

14. Asthma

Well-controlled asthma matters for allergy safety: asthma can worsen an allergic reaction, and poorly managed asthma is the single biggest clinical risk factor for fatal anaphylaxis.

The School holds spare emergency salbutamol inhalers at six locations: the staff Common Room (near the spare adrenaline devices), the Senior School office, the Prep School reception area, the Prep School office, the Medical Centre, and in all yellow medication bags sent on School trips. Expiry dates are checked by the medical team.

Spare inhalers are for emergency use. Pupils with asthma should carry their own reliever inhaler at all times; sports staff should remind pupils to bring their own inhaler to sports sessions rather than routinely relying on the School's spare.

15. Recording, reporting and learning

We record every allergic reaction and every near miss, as soon as is practicable, and we review them. Our purpose is to learn, not to attribute blame.

Every record is shared with the pupil's parents, the Designated Allergy Lead, the School Nurse, and the Named Allergy Governor. Learning is shared with staff so that practice can improve.

Where relevant, incidents are also reported externally:

- to the Health and Safety Executive under RIDDOR, where the incident arose out of or in connection with a work activity (for example a failure in the School's catering, supervision or risk assessment) and resulted in a death or the person being taken directly from the scene to hospital for treatment. A pupil's allergic reaction is not automatically reportable under RIDDOR; it is reportable only where the School's work activity caused or contributed to it. The Bursar files RIDDOR reports;
- to the local authority, where the School operates as a food business and an allergen-related food safety incident occurs; and
- under the School's safeguarding arrangements where a safeguarding concern arises.

16. Training and communication

All staff who are present while pupils are on site — including permanent, temporary and supply staff, peripatetic and agency staff, regular volunteers, catering staff, bus drivers, coaches, visiting music and co-curricular teachers, and those supervising breakfast, lunchtime and after-School clubs — receive allergy awareness training on induction and at least once every twelve months.

A first aid qualification alone does not meet this requirement.

17. Monitoring, review and publication

The Designated Allergy Lead monitors the implementation of this policy and reports to the Senior Leadership Team and the Named Allergy Governor.

This policy is reviewed at least annually, and after any serious allergic reaction or near miss, or any material change in legislation or guidance. The regulatory position for independent schools will be checked at each annual review.

The policy is published on the School website and is available in hard copy on request.

18. Related School policies and procedures

- First Aid Policy
- Head Injuries Policy
- Health and Safety Policy
- Risk Assessment Policy
- Safeguarding and Child Protection Policy and Procedures
- Prevention of Bullying Policy
- Promoting Positive Behaviour
- Equal Opportunities Policy for Pupils
- Support for Learning Policy
- Early Years Foundation Stage policies
- Access, Security and Visitors Policy
- Privacy Notice and Data Protection Policy
- Educational Visits procedures

19. Legislation, regulation and guidance

- Children and Families Act 2014, s.100, as amended by s.34 of the Children's Wellbeing and Schools Act 2026 ("Benedict's Law")
- Allergy safety in schools — DfE statutory guidance, 6 July 2026
- Supporting pupils at school with medical conditions — DfE statutory guidance
- Guidance on the use of adrenaline auto-injectors in schools — DHSC
- Guidance on the use of emergency salbutamol inhalers in schools — DHSC
- Food Information (Amendment) (England) Regulations 2019 ("Natasha's Law") and Food Information Regulations 2014
- Early Years Foundation Stage statutory framework (September 2026)
- Equality Act 2010
- Health and Safety at Work etc. Act 1974
- RIDDOR 2013

- The Schools Allergy Code (The Allergy Team, Benedict Blythe Foundation and ISBA)
- BSACI paediatric Allergy Action Plans; Asthma + Lung UK Asthma Action Plans; Resuscitation Council UK age-based adrenaline dosing guidance; Anaphylaxis UK

Appendix A — Anaphylaxis: emergency action card

Step	Action
1	Suspect anaphylaxis? Give adrenaline FIRST , before doing anything else.
2	Keep the person where they are. Lie them down, legs raised; sitting up only if breathing is difficult. Do not let them stand or walk.
3	Inject into the upper outer thigh, following the device instructions. Note the time.
4	Call 999. Say "anaphylaxis" and say that adrenaline has been given.
5	Send for the School Nurse and the Designated Allergy Lead. Call the emergency contact.
6	No improvement after 5 minutes? Give a second dose with a second device and call 999 again.
7	Start CPR if needed. Nearest AEDs: outside the Common Room; Maintenance Department coffee room; Sports Hall entrance.
8	Hospital is essential, even if the person seems fully recovered. A member of staff accompanies them until a parent or guardian arrives.
9	Hand used devices to the paramedics; arrange replacements; record the incident the same day.