Contents

AIMS AND OBJECTIVES 2

WHAT IS AN ALLERGY? 2

1. DEFINITIONS 2
2. ROLES AND RESPONSIBILITIES 4
3. INFORMATION AND DOCUMENTATION 8
4. ASSESSING RISK 9
5. FOOD, INCLUDING MEALTIMES & SNACKS 9
6. EDUCATIONAL VISITS AND SPORTS FIXTURES 13
7. INSECT STINGS 14
8. ANIMALS 15
9. ALLERGIC RHINITIS/ HAY FEVER 16
10. INCLUSION AND MENTAL HEALTH 16
11. ADRENALINE DEVICES 17
12. RESPONDING TO AN ALLERGIC REACTION /ANAPHYLAXIS 18
13. TRAINING 18
14. ASTHMA 19
15. REPORTING ALLERGIC REACTION 21

AIMS AND OBJECTIVES

This policy outlines St Faiths 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). It also anticipates the likelihood of 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, mandatory staff training, access to adrenaline devices, and the creation of Individual Healthcare Plans for pupils with allergies.

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 the Medical Conditions Policy and other related policies: First Aid, Safeguarding.

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.

1. 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 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.

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.

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.

2. ROLES AND RESPONSIBILITIES

St Faiths takes a whole-school approach to allergy management.

2.1. Named Allergy Governor

The Named Allergy Governor is Mr P Bearcroft. They work in partnership with the Designated Allergy Lead to ensure allergy safety is overseen at governing body level. They are responsible for:

- Ensuring allergy-related risks are included on the school's risk register and actively managed by the governing body;
- 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 governing body's 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 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.

2.2. Designated Allergy Lead

The Designated Allergy Lead is Simon Holmes (Operational Bursar). They report into The Headteacher. They are responsible for:

- 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;
- 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;
- 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 the findings of investigations into incidents are used to update relevant policies and procedures.
- Regularly reviewing and updating the 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 school procedures as appropriate.

The Designated Allergy Lead will monitor implementation of this policy, review procedures at regular intervals and report to the senior leadership team and Named Allergy Governor as appropriate.

2.3. School nurse/ Healthcare team/ Medical Lead

Mrs Renita Petkov (Lead Nurse) 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;
- 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;
- Supporting the Designated Allergy Lead with disseminating this information to all school staff, including the catering team, occasional staff and those running 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;
- Keeping an adrenaline device register to include adrenaline devices prescribed to pupils (medical Tracker) and the school's stock and location of spare adrenaline devices, including brand, dose and expiry date (We are Every);
- Regularly checking spare adrenaline devices (on a weekly basis) 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;
- Providing on-site adrenaline device training for staff and pupils and refresher training as required e.g. before school trips; and

2.4. 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 Designated Allergy Lead and school nursing team/medical lead to ensure that:

- There is a clear method to capture allergy information or special dietary information at the earliest opportunity
- There is a clear structure in place to communicate this information to the relevant parties (i.e. school nursing team, 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.

2.5. All staff

All school staff, including teaching staff, support staff, occasional staff (for example sports coaches, music teachers and those running breakfast and afterschool 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 Lead Nurse; 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.

2.6. 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 the Lead Nurse with information about their child's medical needs as and when they but at least annually – this is through the Medical and Diet update form through My School Portal, 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.

2.7. Parents of children with allergies

In addition to paragraph 4.6, 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.

2.8. 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;
- 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

2.9. Pupils with allergies

In addition to paragraph 3.8, 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;

- Pupils in Year 7 and 8 carry two adrenaline auto-injectors (within their allergy kit) with them at all times;
- Pupils in Years 7 and 8 must have their allergy kits in their school bags with them at all times
- Pupils year 3-6 their kits will be within easy access within the school office.
- For all pupils in Years 3-8, emergency medication accompanies them whenever they are off-site. Medication is carried by the supervising staff and kept in a clearly identified central storage bag to ensure accessibility and prompt access if required.
- Pre prep will be located in the Emergency Cupboard in Southfield.
- Understanding how and when to use their adrenaline auto-injector 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;
- If leaving the school site with permission during the school day, 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

2.10 Visitors

1.1. Visitors will be communicated with prior to events where food is being served to ask if they have allergies.

1.2. Allergy specific information is available for our food at events and staff are on hand to ask about specific dietary requirements.

3. INFORMATION AND DOCUMENTATION

1.3. 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.

3.1. 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.

4. 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.

5. FOOD, INCLUDING MEALTIMES & SNACKS

5.1. 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
    - Parents fill out the Medical Form to inform the Health Centre of Allergies.
    - St Faith's Health Centre provide the Catering Team with the list of children with Special Dietary Requirement.
    - Catering Team transfer this information to the Lodestone House Double Checking Forms.

- When the termly menus are completed, the Manager and Head Chef will then create a special diet lunch menu for the children with allergies. The Double Checking Sheets are then completed with the special diet menus that are suitable for the children with allergies.
- The Double Checking Forms are printed out for each lunch service and there are two Double Checking books, one for Pre Prep and for Late Stays. The Lodestone House Allergy Champion will then use these forms when serving the children with special dietary requirements.
- At lunch, when serving the children the Allergy Champion will plate the food for the children and will then show it to one of catering assistants and inform them that they are serving a "gluten free" dish.
- The Double Checking Forms need to be signed off by the Allergen Champion and then checked and signed off by two other members of staff.
- For the Pre Prep and Late Stay special dietary snacks they are overseen by the Allergy Champion and then the Double Checking system is filled out manually by the Allergy Champion and then double checked and signed by one of the catering staff. A Catering Assistant will deliver the snacks to Pre Prep or Late Stays. They need to take the Double Checking forms over and then get them signed by a member of staff responsible for serving the snacks to the children.

- Information on allergens will be available for the pupil to check independently;
- Menu's are published on the school website.
- 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 this will be communicated to pupils with dietary needs by Peter Burt (Catering Manager). Lodestone House do not use any nut based items.
- Those students who have allergies go to the Allergy Champion based in the dining room prior to receiving any food. This person understands all changes to menu's, all ingredients (including may contain) and the allergies of all students. This process means that every individual child with allergies gets one to one treatment when choosing their food for the day.

Early Years

On entry, parents provide full details of their child's dietary requirements, allergies, intolerances, and health conditions. This information is held by the school office and displayed (confidentially) in classrooms and the kitchen.

- Each child with an allergy has an Individual Healthcare Plan, agreed with parents and, where necessary, medical professionals.
- A named key adult (class teacher or lunchtime organiser) checks food provision for children with allergies before it is served.
- Children are not permitted to share food under any circumstances.

Pre Prep Snack Procedure

In Pre Prep, a mid-morning snack with milk or water is provided as part of the School fee, and EYFS children also receive a mid-afternoon snack.

- Allergy Lanyards
  Ensure pupils with allergies or special diets are wearing their yellow lanyards before snacks are served.

- Yellow Allergy Bags
  Yellow bags for pupils with special diets must be labelled clearly with the child's name, allergies, and intolerances.

- Diet and Allergy List
  The diet and allergy list for each class must be kept in the classroom's medical cupboard. Check the list and confirm each student's special diet before serving snacks.

- Serve Special Diets First
  Provide snacks to pupils with special dietary requirements before serving the rest of the class.

- Signs of Allergic Reaction
  If a child shows signs of an allergic reaction, immediately raise the alarm, Retrieve allergy kit and follow

- Anaphylaxis
  Retrieve the allergy kit from the emergency cupboard and follow the child's care plan as instructed.

Curriculum Changes Involving Food

- **Risk Assessment**
  For any curriculum activity involving food, a risk assessment must be completed with allergies and dietary restrictions in mind. The assessment should include the class's diet and allergy list.

- **Verification Process**
  Staff will share the completed risk assessment with the Lead Nurse and Safety Officer for review. The Lead Nurse will confirm the accuracy of the medical information before final approval.

Communication and Updates

- **Parent Communications**
  Share any dietary updates from parents directly with the Health Centre. Changes must be verified by email.

- **Diet List Updates**
  Once verified, the Health Centre will promptly update the diet list and inform all relevant staff.

A charity tuck shop runs every half term for Years 7 and 8 children. This food is "bought in" and has allergy information present. It is overseen by our Allergy Team and Lodestone House.

5.2. Food brought into school

Cakes and sweets

From September 2026, families will no longer be able to bring cakes, sweets or other celebratory food items into school to share with pupils. This decision reflects our commitment to providing a safe, inclusive and healthy environment for all children and has been informed by both changes in allergy management requirements and our wider approach to pupil wellbeing.

Safeguarding and allergens

From September 2026, schools will be required to comply with Benedict's Law and the associated guidance related to allergy management. These changes place a greater responsibility on schools to identify, assess and manage risks associated with food allergens.

As part of this work, we have reviewed a number of existing practices and considered how we can further reduce avoidable risks within the school environment. Whilst risk can never be eliminated entirely, reducing the sharing of celebratory foods, where ingredients may not be fully known or controlled, is a sensible step in helping us provide a safer environment for pupils with allergies and dietary requirements.

We are also increasingly conscious that not all children are able to participate equally in food based celebrations. Allergies, medical conditions, dietary requirements and family preferences can sometimes leave pupils feeling excluded. We want celebrations in school to be inclusive for everyone.

Food 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.

House Charity Days and Cultural Days

For House Charity Days and Cultural Days, we will continue to follow the approach used successfully at recent school events. On these occasions, shop bought cakes and baked goods may be bought in to school provided they remain in their original packaging and display clear allergen information. These events are risk assessed and clear event planner process is in place on an individual event basis.

Snacks from home

In line with our existing guidance, any snack brought into school should be a healthy option such as fruit, salad, crackers, rice cakes or a sandwich. Children should not bring sweets, chocolate, cakes, biscuits, crisps or nuts.

Children are regularly reminded that sharing snacks is not allowed. This helps us minimise risk and supports the safety and wellbeing of all pupils, particularly those with allergies.

Snacks should not be eaten before morning break. Children are encouraged to bring reusable water bottles with sports caps, containing only water, which can be refilled at stations around the School.

Special diets – food from home

We cater for a large number of pupils with a wide range of dietary needs and are proud of the support we provide to ensure that all children can participate fully in school life.

We recognise that some children may need to bring food from home to support or supplement a specific dietary requirement. In these cases, an Individual Healthcare Plan should be in place, agreed with Mrs Petkov (Health Centre) or Mrs Bryan (Health Centre). In most instances, Lodestone House is able to cater successfully for pupils with special diets.

This approach enables us to manage risk carefully and ensure that all pupils are safe, included and well supported, particularly those with allergies or complex dietary needs.

5.3. Food hygiene for pupils

- The school will encourage pupils to wash their hands with soap and 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.

6. EDUCATIONAL VISITS AND SPORTS FIXTURES

- 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 catered packed lunches.
    - Team list are provided by the Director of Sport to the General Manager of Lodestone House.
    - Individual packed lunches are prepared and sent out with the school trip, visit or sports fixture.

- If attending Match Tea at another school, details of their dietary requirements will be sent ahead to ensure they have a safe meal; and
- See Adrenaline Devices section for School Trips and Sports Fixtures.

7. INSECT STINGS

Management of Insect Stings and Allergic Reactions

- Move the individual away from the area to prevent further stings.
- Reassure the individual and assess the sting site.
- If a bee stinger is visible, remove it promptly by scraping or brushing it away. Do not squeeze the stinger.
- Clean the area if possible and apply a cold compress to reduce pain and swelling.
- Monitor for signs of an allergic reaction, including:
    - Increasing swelling beyond the sting site
    - Generalised rash or hives
    - Swelling of the face, lips, tongue, or throat
    - Wheezing or difficulty breathing
    - Dizziness, fainting, or collapse
-
- Escalate immediately to the anaphylaxis protocol if symptoms progress to breathing difficulties, facial or throat swelling, dizziness, or signs of collapse.
- Notify the Health Centre or a qualified first aider for additional support

For mild allergic reactions:

- Assess and monitor symptoms, including localised swelling, redness, itching, or a mild rash.
- Apply a cold compress to the affected area to reduce discomfort and swelling.
- Assess the sting at the Health Centre, if required, where further treatment and management may be indicated.
- Administer prescribed antihistamine if consented and indicated.
- Observe the individual closely for any progression of symptoms for at least 60 minutes.
- Ensure the individual remains under appropriate staff supervision.
- Inform parents/carers of the reaction and any treatment administered.

- Escalate immediately to the anaphylaxis protocol if symptoms progress to breathing difficulties, facial or throat swelling, dizziness, or signs of collapse.

If anaphylaxis is suspected:

- Lay the individual flat where possible, or allow them to sit if breathing is difficult.
- Do not allow the individual to stand or walk.
- Call for help and retrieve the allergy kit
- Administer the prescribed adrenaline auto-injector (AAI) immediately if pupil is on the anaphylactic register
- If this is a first reaction, please use the spare pens available throughout the school.
- Call the emergency contact and update them
- Call 999 and request an ambulance, stating that anaphylaxis is suspected.
- Administer a second AAI after 5 minutes if symptoms persist and a second device is available.
- Continuously monitor and reassure the individual until emergency services arrive.

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 school Maintenance Manager (Sam Gibbs) 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. Staff are vigilant and inform the Maintenance Team of any sightings of wasps and bees nests through Maintenance Request on We are Every.

Sam Gibbs will inform Andy Hitcham (Safety Manager) of any nests and he will ensure that the area is safe and secure.

8. 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, 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.

9. ALLERGIC RHINITIS/ HAY FEVER

Ensure pupils with diagnosed hay fever, seasonal pollen allergies, or persistent nasal allergies have appropriate medical information recorded and, where required, an Individual Healthcare Plan (IHP) in place.

Individual Healthcare Plans should detail the pupil's symptoms, known triggers, prescribed medications, required support, and escalation procedures.

Pupils experiencing symptoms such as sneezing, itchy or watery eyes, nasal congestion, runny nose, or mild discomfort should be assessed and supported in accordance with their Individual Healthcare Plan.

Administer prescribed antihistamine medication if consented and indicated.

Encourage regular handwashing and avoidance of rubbing eyes to reduce irritation from pollen and other allergens.

Where reasonably practicable, reduce exposure to known allergens during periods of high pollen counts or when symptoms are particularly troublesome.

Assess pupils in the Health Centre if symptoms are persistent, worsening, affecting concentration, wellbeing, sleep, or participation in school activities.

Monitor the effectiveness of treatment and provide additional supportive measures, such as allowing access to tissues, drinking water, and rest if required.

Inform parents/carers if symptoms are poorly controlled, persistent, or if medication has been administered.

Seek further medical review from parents/carers if symptoms remain uncontrolled despite prescribed treatment or if symptoms are significantly affecting the pupil's school experience.

If symptoms include wheezing, breathing difficulties, significant facial swelling, or signs of a more severe allergic reaction, implement the pupil's Individual Healthcare Plan and emergency procedures immediately.

10. 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 Class Teacher in the first instance for Pre Prep and Tutors / Head of House for Prep etc;
- 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.
- St Faith's normalise allergies and all students are provided with training on Allergies and Allergy Management.

11. ADRENALINE DEVICES

See the government guidance on Adrenaline Devices in Schools.

11.1. Storage of adrenaline devices

- Pupils prescribed with adrenaline devices will have easy access to two, in-date devices at all times;
    - Pupils in Year 7 and 8 carry two adrenaline auto-injectors (within their allergy kit) with them at all times;
    - Pupils year 3-6 their kits will be within easy access within the school office.
    - Pre prep will be located in the Emergency Cupboard in Southfield.
- Parents get notified electronically (at least 1 month before) that their child's AAI is expiring.
- 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.

11.2. Spare adrenaline devices

This 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:

- Common Room – 2 x 150mg and 2 x 300mg
- Health Centre - 2 x 300mg
- Latham Road – 2 x 300mg

The Lead Nurse 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.

11.3. 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.

12. 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.
- 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 [Page 23].

13. TRAINING

The school provides regular (at least annual) allergy and anaphylaxis awareness training. This training covers all staff, including teaching staff, support staff, catering staff, site staff and others who may oversee children at breakfast or after-school clubs.

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.

The school also undertakes small group training with staff for the use of AAI's.

14. 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.

Children in Years 5–8 who have prescribed inhalers should keep them on their person (e.g. in a pocket) to ensure immediate access. Inhalers must be in date and clearly labelled with the child's name. A spacer should also be available dependant on the type of inhaler, as this helps ensure effective delivery of medication.

For children in **Pre-Prep and Years 3-4**, inhalers may be carried by the child where appropriate or stored in a designated safe location within the classroom.

For children in **Pre-Prep**, inhalers are stored in the classroom medication cupboard. As pupils remain primarily within their classroom environment, this ensures medication is readily accessible when required.

For pupils in **Years 3 and 4**, inhalers are stored in their classrooms, as pupils do not routinely move between teaching rooms during the school day, except for specialist lessons. Inhalers remain accessible throughout lessons, breaktimes, and playtimes.

During **Pre-Prep PE and sports activities**, inhalers are carried by staff to ensure immediate access should symptoms occur.

For pupils in **Years 3-8**, inhalers are carried by the pupils to all PE lessons, Games sessions, fixtures, educational visits, and other sporting activities to ensure medication is available at the point of need.

The nursing team routinely checks inhalers and expiry dates, with records maintained on the WEA platform. Spot checks are also undertaken periodically. PE and games staff further support this process through visual checks to confirm that pupils on the asthma register are carrying their inhalers to sports activities.

If exercise is a known trigger, an inhaler should also be kept in the child's sports bag. For pupils in Years 5–8, we recommend keeping a spare inhaler in their sports kit, particularly for fixtures. It is good practice for children in Years 3–8 to have a spare inhaler available to support prompt access and help normalise its use if symptoms arise. The nursing team undertakes routine checks of all prescribed inhalers, including expiry dates and records these on the WAE platform. Games and PE staff carry out visual checks to ensure that pupils listed on the asthma register have their inhalers with them during PE lessons, sports activities and fixtures. This process is outlined within the school's administering or medication policy.

To support the safe care of children with asthma, we maintain an up-to-date record of each pupil's triggers and medication. This information forms part of their Individual Healthcare Plan and Asthma Action Plan.

An Individual Healthcare Plan and Asthma Action Plan must be completed annually in discussion with the nursing team. These documents are recorded and stored on SharePoint and Teams and shared with relevant staff to ensure they are aware of how to support each pupil's needs. Parents/guardians of children with asthma (or any medical condition) will be asked to complete and review these plans each year.

If there are any changes to a child's asthma medication or management plan, parents are required to inform the Health Centre via email. Following discussion, the Individual Healthcare Plan will be updated accordingly. All changes will be recorded in the pupil's medical records, and relevant staff will be informed.

In line with current legislation, the school holds a spare emergency inhaler for use in the event of a serious or life-threatening asthma attack. Please ensure consent is provided for your child

to access this emergency inhaler if required (for example, if their own inhaler is unavailable). Consent for this will be included within the Individual Health Care plans.

15. REPORTING ALLERGIC REACTION

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

- 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 Operational Bursar, the Health and Safety Advisor and the Lead Nurse.
    - the Named Allergy Governor 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

Emergency response plan for a severe allergic reaction

Anaphylaxis is a serious, life-threatening allergic reaction that can occur rapidly after exposure to an allergen such as food, insect stings, medication, or latex.

Recognise the ABC Symptoms and Act Quickly

Prompt recognition and treatment can save a life.

AIRWAY	BREATHING	CIRCULATION
• Swelling in throat, tongue or upper airways • Vocal changes (hoarse voice) • Difficulty swallowing	• Sudden onset wheezing • Breathing difficulty • Noisy breathing • Persistent Cough	• Dizziness or feeling faint • Sudden drowsiness, confusion • Loss of consciousness or collapse

IF ANY ONE OR MORE OF THESE SIGNS ABOVE ARE PRESENT:

1. **Position the child or adult**

- Lay the person flat and raise their legs.
- If breathing is difficult, allow them to sit upright.
- **Do not allow them to stand or walk.**
- Keep movement to an absolute minimum.

2. **Retrieve the Allergy Kit**

- Prioritise locating the individual's allergy kit immediately.
- If another adult is available, ask them to alert the Nursing Team for support

3. **Administer Adrenaline (AAI)**

- ***Prepare to administer the Adrenaline Auto-Injector*** **(AAI)** into the **upper outer thigh**. Clothing does not need to be removed.
- Use the pupil's prescribed AAI whenever available

Location of Allergy Kits and AAIs

- **Pre-Prep:** Emergency cupboard, South Field
- **Years 3-6:** School Office

- **Year 7:** Carried in school bags on assigned pegs

Additional information:

- Individual Allergy Action Plans are stored within each pupil's allergy kit.
- In the event of a first allergic reaction where no prescribed AAI is available, spare AAIs are located in the **Common Room** and **Health Centre**

4. Call Emergency Services

- Dial **999 or 112 immediately** and state clearly: **"Anaphylaxis."**
- Note the time adrenaline was administered.

If symptoms do not improve after 5 minutes:

- Administer a second AAI if available.

Anyone who has received adrenaline for suspected anaphylaxis **must be taken to hospital**, even if symptoms appear to have resolved.

A member of staff should accompany the pupil in the ambulance and remain with them until a parent or guardian arrives.

5. Inform Parents or Emergency Contacts

- Contact parents or emergency contacts as soon as possible.
- Provide a clear explanation of:
  - The symptoms observed
  - Treatment administered
  - Time(s) adrenaline was given
  - Actions taken, including ambulance transfer

6. If there are no signs of life

- **Begin CPR immediately.**
- Send for and use the **AED (Automated External Defibrillator)** as soon as it becomes available.
- Continue resuscitation until emergency services take over.

Remember: Adrenaline is the first-line treatment for anaphylaxis. When in doubt, give adrenaline and call 999.