

ALLERGY AWARENESS AND SAFETY POLICY

September 2026

1. AIMS AND OBJECTIVES

This policy outlines EIFA International's (the "School", "us", "we") approach to allergy management, in line with the Department for Education's guidance published in July 2026 ([Allergy safety in schools](#)). It also anticipates Benedict's Law coming into force in 2027.

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

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

This policy applies to all staff, pupils, parents and visitors to the school and should be read alongside the Supporting Pupils with Medical Conditions Policy and other related policies, including Child Protection and Safeguarding Policy, First Aid Policy and Health and Safety Policy.

2. WHAT IS AN ALLERGY?

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

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

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

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

3. 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 AAI, 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.

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

ASTHMA: Asthma is a common, long-term condition which affects 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: The members 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).

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

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 (including allergy), history, treatment, risks and action plan. This document should be created by schools in collaboration with parents/carers and, where appropriate, pupils. If the pupil has an Allergy Action Plan or an Asthma Action Plan this should be contained within the IHP.

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

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

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

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

4. ROLES AND RESPONSIBILITIES

EIFA School takes a whole-school approach to allergy management.

4.1 Board of Directors

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

4.2 Designated Allergy Leads

The Designated Allergy Leads are Rebecca Naylor-Alayej, who reports to the Head of School and Debbie O'Sullivan, who reports to the Board of Directors. They are responsible for:

- Creating and leading the publication and implementation of a school-wide Allergy Safety and Awareness 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 Awareness and Safety Policy, and other related procedures;
- 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;
- Replacing the spare adrenaline devices when necessary;
- Keeping a record of any allergic reactions or "near misses", reporting these to the Board of Directors 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 and Awareness Policy, at least annually;
- 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;
- Ensuring staff (and pupils where appropriate) can practice with trainer adrenaline devices and arranging refresher training as required e.g. before school trips.
- Coordinating the paperwork (including assisting with the Individual Healthcare Plan and collating any Allergy Action Plans and Asthma Action Plans) and collecting information from families to ensure that arrangements are in place before the pupil starts, or within 2 weeks for a mid-year transfer, liaising with the admissions team as needed; and
- 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 before they start;

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

4.3 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 Leads 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 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.

4.4 All staff

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

- 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 Designated Allergy Leads; 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 sporting activity or trip'.

4.5 All parents

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

- Being aware of and understanding the school's Allergy Awareness and Safety Policy and considering the safety, inclusion, and wellbeing of pupils with allergies;
- Providing the school with information about their child's medical needs, including dietary requirements and allergies, history of their allergy, any previous allergic reactions or anaphylaxis. They should also inform the school of any related conditions, for example asthma, allergic rhinitis (hay fever) or eczema;
- Considering and adhering to any food restrictions or guidance the school has in place when providing food, for example in packed lunches, as snacks or for fundraising events;
- Refraining from 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.

4.6 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, provide an accompanying Allergy Action Plan/ Asthma Action Plan
- Provide consent to the school to administer spare adrenaline devices (and inhalers, if applicable) in an emergency;
- Ensure medication is in-date and replaced at the appropriate time;
- Ensure their child has access to their allergy medication, including two adrenaline devices, if prescribed, at all times, including on the journey to and from school;
- If applicable, provide the school or their child with two labelled adrenaline devices and any other medication, for example antihistamine (with a dispenser, i.e. spoon or syringe), inhalers or creams;
- 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.

4.7 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

4.8 Pupils with allergies

In addition to paragraph 4.8, 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;
- Carrying two adrenaline devices with them at all times;
- Understanding how and when to use their adrenaline device and only using them for their intended purpose;
- Talking to the Designated Allergy Leads 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
- Ensuring they have their medication with them on the journey to and from school.

5. INFORMATION GATHERING, SHARING AND DOCUMENTATION

5.1 Register of pupils and staff with an allergy

The school has a register of pupils and a record of staff who have an allergy. This includes children and staff who have a history of anaphylaxis or have been prescribed adrenaline devices, as well as pupils and staff with an allergy where no adrenaline devices have been prescribed. The register includes whether they have an Individual Healthcare Plan, and an Allergy or Asthma Action Plan.

5.2 Individual Healthcare Plans

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

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

The information on this plan includes:

- The child's name, date of birth, class, a photograph and emergency contact details;
- Known allergens, risk factors for allergic reactions and any adaptations needed;
- The child's understanding of their allergy, if the child is able to take responsibility for their condition including in an emergency and if they are likely to know they are having an allergic reaction;
- 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, inhalers etc;
- A copy of parental consent to administer medication, including the use of spare adrenaline devices in case of suspected anaphylaxis, and asthma inhalers;
- An indication of how the child's condition may impact on their health, learning or wellbeing;
- What support or adaptations the school has put in place, including how the risk of exposure to allergens will be managed, or arrangements needed to ensure participation in educational visits; and
- A copy of their Allergy and/or Asthma Action Plan.

5.3 Visitors:

Where possible, visitors will be asked in advance of their visit whether they have any allergy the school should be aware of, particularly where they are likely to be offered food, for example at parents' events, open days, sports fixtures or work experience placements.

Where a visitor discloses a known allergy, the school will consider practical steps to keep them safe, including making relevant staff aware and considering any adjustments needed to food served during the visit.

5.4 Information sharing

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

6. 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.

7. FOOD, INCLUDING MEALTIMES & SNACKS

7.1 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 pupils and staff with allergies;
- The catering team and school staff will endeavour to ensure pupils are not segregated from peers at mealtime;
- The school has two robust procedures in place to identify pupils with food allergies, these are;
 - **1. Admissions and enrolment health information:** Parents/guardians are required to declare any known food allergies or intolerances as part of the admissions and enrolment process. The Admissions/Administration team records this information and ensures that relevant medical and allergy information is communicated to the DSL/SENCO, First Aiders, class/subject teachers and catering team as appropriate.
 - **2. Ongoing health information and review:** Parents/guardians are required to inform the school promptly of any newly identified allergy or change in a pupil's medical needs. The school reviews pupil medical information regularly and ensures that allergy information, individual healthcare plans and emergency medication arrangements are updated and communicated to relevant staff. Responsibility for maintaining the central medical/allergy records rests with the Head of Administration and Compliance, with staff expected to report any newly identified or suspected allergy immediately.
- The school will provide allergen information clearly and accessibly. Allergen information relating to the 14 regulated allergens will be obtained from the school's catering provider and made available to staff, pupils and parents/carers as appropriate. The catering provider will ensure that menus and food information identify relevant allergens and that appropriate controls are in place to prevent cross-contamination.
- For pupils with a known food allergy, the school will maintain an up-to-date allergy/medical record and, where appropriate, an Individual Healthcare Plan (IHP) setting out the pupil's specific allergen(s), symptoms, required precautions and emergency procedures. Relevant staff, including teachers, first aiders, catering staff and staff supervising pupils during meals and activities, will be informed of the pupil's allergy and the action to be taken in the event of exposure or an allergic reaction.
- For allergies to foods or substances outside the 14 regulated allergens, the school will record the allergy in the pupil's medical information and ensure that the catering provider and relevant staff are informed. Individual risk controls will be established where necessary, including avoiding the identified allergen, checking food ingredients and preventing cross-contact where reasonably practicable. Where the risk cannot be adequately controlled through the school's normal catering arrangements, the school will discuss appropriate alternative arrangements with the parents/carers.
- Parents/carers are responsible for informing the school promptly of any new or changed allergy, and the school will update its records and communicate the change to relevant staff without delay.

- 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 this will be communicated to pupils with dietary needs by the Head of Administration and Compliance;
- For our Early Years pupils, we adhere to new Early Years Foundation Stage statutory guidance on "Safer Eating".

Precautionary Allergen Labelling ("May Contain")

The school will follow the allergen information provided by its catering provider. Where a food product carries Precautionary Allergen Labelling (PAL), such as "may contain" or "may contain traces of", this information will be treated as relevant allergen information and will not be disregarded. Staff will not advise a pupil with a known allergy that a product is safe to consume where PAL indicates a potential presence of their allergen. Where necessary, the school will work with parents/carers and the catering provider to identify a suitable alternative. The school's approach to PAL will be communicated to relevant catering, teaching, administrative and support staff.

After-School Clubs

Food and drinks provided during After-School Clubs will be subject to the same allergen controls as food provided during the school day. Staff responsible for these provisions will have access to current allergen information and will be aware of pupils with identified allergies. Food will not be provided to a pupil where the relevant allergen information is unavailable or where staff cannot establish that the food is suitable for that pupil. Any food provided by external providers or brought into the provision will be subject to the school's allergy requirements.

Additional Catering Procedures

The school will work with its catering provider to minimise the risk of allergic reactions and cross-contact. The school will operate a [nut-free / nut-aware] approach, which will be clearly communicated to staff, pupils, parents/carers and the catering provider. Food preparation, storage and serving procedures will be designed to minimise cross-contact between allergens. Catering staff will follow the school's agreed procedures for identifying allergens, responding to allergy-related queries and managing individual pupil dietary requirements. Food ingredients and allergen information will be checked whenever there is a change to a product, recipe or supplier.

Nut-free approach

The school does not knowingly provide food containing peanuts or tree nuts and asks parents/guardians and staff **not** to bring food containing peanuts or tree nuts onto the school premises. The school recognises that it cannot guarantee an entirely nut-free environment and therefore maintains additional controls for pupils and staff with diagnosed nut allergies through their individual healthcare arrangements.

7.2 Food brought into school and food sharing

To minimise the risk of allergic reactions, the school operates a **no food-sharing policy**. Pupils must not share food or drinks brought from home or purchased outside school with other pupils. This includes snacks, packed lunches, sweets, confectionery and other food items.

Food brought into school for an individual pupil's consumption must be appropriate for that pupil's dietary and allergy requirements. Parents/carers should not provide food for other pupils unless this is specifically permitted under the arrangements below.

Birthday Cakes

The school recognises the tradition of pupils bringing a birthday cake to school to celebrate with their classmates and will therefore permit birthday cakes to be brought into school for this purpose, subject to the following controls:

- Parents/guardians must inform the class teacher or school in advance that a birthday cake will be brought into school.
- Parents/guardians must provide full ingredient and allergen information for the cake, including information relating to the 14 regulated allergens where applicable.
- Where possible, cakes should be commercially produced and supplied in their original packaging so that ingredient and allergen information can be verified. Where a homemade cake is provided, the parent/carer must provide a complete list of ingredients and relevant allergen information.
- The school will check the available allergen information against the known allergies and dietary requirements of pupils in the class before the cake is distributed.
- A cake will not be distributed if the school cannot establish sufficient information about its ingredients or if it presents an unacceptable allergy risk.
- The school will provide an appropriate alternative for a pupil who cannot safely eat the birthday cake, where this has been agreed with the parent/guardian in advance.
- Birthday cakes will be served under staff supervision, and pupils will not be permitted to exchange or share other food brought from home.

The school cannot guarantee that food brought from outside the school has been prepared in an allergen-free environment. Parents/guardians should therefore provide accurate and complete ingredient information and inform the school of any relevant changes to their child's allergy or dietary requirements.

School Trips and Sports Fixtures

Food and drinks provided or taken on school trips, educational visits and sports fixtures will be subject to the same allergy-management procedures as food provided in school. Staff responsible for the activity will consider the dietary and allergy requirements of participating pupils when planning refreshments or meals.

Where parents/carers are asked to provide food for a trip or fixture, they will be given clear instructions regarding the school's allergy requirements. Pupils will not be permitted to share food brought from home.

Parent/Carer Events and Fundraising

Food provided at parent/carer events, school celebrations, bake sales, fundraising activities or similar events should be accompanied by appropriate ingredient and allergen information. The school may restrict or decline food items where sufficient allergen information cannot be established.

Where food is being sold or provided to pupils, reasonable measures will be taken to ensure that allergen information is accessible and that pupils with known allergies can participate safely.

The **no food-sharing rule applies to all school activities unless an explicit exception has been agreed by the school**, such as the controlled provision of birthday cake described above.

7.3 Food bans or restrictions

EIFA is an **Allergen Aware School**. The school recognises that pupils may have allergies to a wide range of foods and that, in some cases, exposure to very small quantities of an allergen may result in a serious allergic reaction.

The school does not operate a blanket ban on all foods associated with allergies. Instead, it takes a **risk-based and considered approach**, taking account of the individual allergies and medical needs of pupils within the school.

7.4 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.

8. 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. [There should be a clear system in place to ensure pupils and staff with allergies outside of the “main 14” allergens always receive a safe meal. Document what that system is here.];
- See Adrenaline Devices Section for School Trips and Sports Fixtures.

9. 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.

10. 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.

11. ASTHMA

The school understands that it is vital that pupils with asthma keep it well- controlled. As well as increasing the risk of asthma attacks, poor asthma control 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.
- Pupils with asthma should have an Asthma Action Plan. Where relevant, an Asthma Action Plan will be in addition to an Allergy Action Plan.
- The Asthma Action Plan will be included in the pupil's Individual Healthcare Plan, and will include medical and parental consent for staff to administer medicines, including an emergency reliever inhaler in the event of an asthma attack.
- Children and young people known to have asthma should have their own reliever inhaler at school at all times 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; and
- The school will consider air quality and ventilation as part of its wider health and safety arrangements.

12. ALLERGIC RHINITIS, HAY FEVER AND ECZEMA

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

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;
- Bullying related to allergy will be treated in line with the school's Anti-bullying policy
- 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 tutor; and
- Affected pupils will be given consideration in advance of wider school discussions about allergy and school Allergy Awareness initiatives.

14. ADRENALINE DEVICES

See the government guidance on [Adrenaline Devices in Schools](#).

14.1 Storage of adrenaline devices

Pupils who have been prescribed an adrenaline auto-injector (AAI), such as an EpiPen, will have their prescribed device(s) readily accessible to them at all times during the school day and during relevant school activities.

- Pupils who are sufficiently mature and able to manage their own medication will carry their prescribed adrenaline auto-injector in the school's designated orange allergy bag.
- For younger pupils, or pupils who are not considered able to carry their medication independently, the orange allergy bag will be carried by the class teacher or another designated member of staff.
- The orange allergy bag must remain with the pupil at all times. It must not be left in a classroom, office or other location when the pupil moves to another area of the school. Where a pupil moves between classrooms or participates in activities such as PE, assemblies, lunch, break or clubs, the orange allergy bag must accompany them.
- Where responsibility for carrying the bag transfers between staff members, the receiving member of staff must take possession of the bag before the pupil moves to the next activity or location.
- The orange allergy bag will accompany the pupil during lessons, breaks, lunch, physical education, trips, visits, sports fixtures and other off-site activities.
- Relevant staff will be informed of the pupil's allergy, the location of their adrenaline auto-injector and the action to be taken in the event of an allergic reaction, in accordance with the pupil's Individual Healthcare Plan and the school's emergency procedures.
- The school maintains spare adrenaline auto-injectors for use in an emergency. These are stored in an unlocked, clearly identified Automated External Defibrillator (AED) cabinet, near Reception, allowing rapid access by trained staff.
- Spare devices will never be stored in a locked cabinet or other location that could delay access in an emergency.
- The school will maintain appropriate records of prescribed and spare adrenaline auto-injectors, including expiry dates, and will ensure that devices are checked regularly and replaced before expiry or following use.
- Where a pupil requires other prescribed allergy medication, this will be managed in accordance with the school's Supporting Pupils with Medical Conditions Policy and the pupil's Individual Healthcare Plan, where applicable.
- On school trips, visits and other off-site activities, prescribed adrenaline auto-injectors and any required spare devices will accompany the pupil and will be immediately accessible to the responsible staff member.
- 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

This school has 4 spare adrenaline devices, as follows:

- 2 x EpiPens - 0.15mg (Yellow boxes) - for children up to 6 years of age
- 2 x EpiPens - 0.30mg - (Green boxes) - for children aged over 6

These can be used on someone presenting with anaphylaxis for the purpose of saving a life if they do not have their own prescribed adrenaline devices, or if their prescribed adrenaline devices are not available.

The spare adrenaline devices are located in the AED cabinet between Reception and the Main Entrance.

The Allergy Leads are 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 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 devices 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 Plan.

16. TRAINING

The school is committed to ensuring that all staff receive regular (at least annual) allergy awareness training. This training should include all staff (as outlined in section 4.5).

This training will cover:

- Understanding allergy and that it includes multiple conditions (food allergy, asthma, eczema, allergic rhinitis etc) 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 (including knowing where to find information on allergy triggers);
- Where adrenaline devices are kept (both prescribed devices and spare devices) and how to access them;
- The importance of inclusion of pupils with food allergies, the impact of allergy on mental health and wellbeing and the risk of allergy related bullying;
- Understanding food labelling; and
- How to report an allergic reaction or “near miss”.

New, Supply and Cover Staff

All staff will receive appropriate allergy awareness information as part of their induction and will be made aware of the school's procedures for preventing and responding to allergic reactions.

- New staff will receive allergy awareness training as part of their induction. This will include the school's Allergy Awareness and Safety Policy, the recognition of symptoms of an allergic reaction, emergency procedures, the use of adrenaline auto-injectors, and the importance of ensuring that prescribed medication is immediately accessible.
- New staff will be made aware of pupils in their care who have identified food allergies and, where relevant, the location of the pupil's orange allergy bag and any spare adrenaline auto-injectors.
- Supply, temporary and cover staff will receive an appropriate allergy briefing before or at the start of their work with pupils. They will be provided with the information necessary to safely supervise pupils with known allergies, including the school's emergency procedures and the location of emergency medication.
- Where supply or cover staff are responsible for a particular class or pupil, the relevant allergy and medical information will be communicated to them by the class teacher, designated member of staff or school office.
- Staff who supervise lunchtime, After-School Club, trips, sports activities or other activities involving food will receive appropriate information about the school's allergy procedures and the pupils they may be responsible for.
- Staff will be reminded that an allergic reaction can occur rapidly and that they must follow the pupil's Individual Healthcare Plan and the school's emergency procedures without delay.
- Staff who may be required to administer an adrenaline auto-injector will receive appropriate practical training and will be familiar with the use of the devices available in school.
- Allergy awareness will be included in the school's annual staff training programme, with refresher information provided when there are significant changes to pupils' medical needs, school procedures or relevant guidance.
- The school will maintain appropriate records of staff allergy awareness and relevant medication training to ensure that required training is monitored and kept up to date.

17. SERIOUS INCIDENTS, “NEAR MISSES” AND REPORTING ALLERGIC REACTIONS

The school will log all allergic reaction incidents and “near misses” on CPOMs, our electronic reporting platform, 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 carer (and where appropriate, the pupil themselves), who will be given the opportunity to discuss the incident and contribute their views to the review.

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

Appendix 1 – General Information About Allergies and Anaphylaxis

1. What is an allergy?

An allergy occurs when the body's immune system reacts to a normally harmless substance. These substances are known as allergens and can include certain foods, medicines, insect stings and other substances.

Food allergies can occur in children and adults and may develop at any age. A person with a food allergy may experience a reaction after eating, touching or, in some circumstances, inhaling or coming into contact with a substance to which they are allergic.

Allergic reactions vary in severity. Some reactions may cause relatively mild symptoms, while others can develop rapidly into a life-threatening reaction known as anaphylaxis.

2. Common food allergens

There are 14 allergens that are recognised in UK food allergen legislation and for which information must be provided when they are used as an ingredient in food:

1. Cereals containing gluten
2. Crustaceans
3. Eggs
4. Fish
5. Peanuts

6. Soybeans
7. Milk
8. Nuts
9. Celery
10. Mustard
11. Sesame
12. Sulphur dioxide and sulphites
13. Lupin
14. Molluscs

A pupil may also have an allergy to a food or substance that is not included in the 14 regulated allergens. The school will therefore consider and manage individual allergies based on the pupil's specific medical needs rather than relying solely on the 14 regulated allergens.

3. What is an allergic reaction?

Symptoms of an allergic reaction can vary between individuals and may include:

- itching, tingling or burning, particularly in the mouth;
- hives or an itchy rash;
- swelling of the lips, face, tongue or throat;
- flushing or pale skin;
- abdominal pain, nausea, vomiting or diarrhoea;
- coughing, wheezing or difficulty breathing;
- a hoarse voice or difficulty speaking or swallowing;
- dizziness, confusion or feeling faint;
- loss of consciousness.

Symptoms may occur very quickly after exposure to an allergen, although the timing and severity of reactions can vary.

4. What is anaphylaxis?

Anaphylaxis is a severe, potentially life-threatening allergic reaction that can develop rapidly.

It can affect the airway, breathing and circulation and requires immediate treatment.

Anaphylaxis may involve:

- difficulty or noisy breathing;
- swelling of the tongue or throat;
- difficulty speaking or swallowing;
- wheezing or persistent coughing;
- severe dizziness, collapse or loss of consciousness;
- marked paleness or becoming floppy, particularly in a young child;
- symptoms affecting more than one body system, for example a skin reaction together with breathing difficulties or vomiting.

A rash or skin symptoms do not have to be present for anaphylaxis to occur.

A pupil who has been prescribed an adrenaline auto-injector (AAI) should be treated in accordance with their Individual Healthcare Plan and the school's emergency procedures.

5. What should staff do if anaphylaxis is suspected?

Where anaphylaxis is suspected:

1. **Act immediately.** Do not wait for symptoms to become more severe.
2. Follow the pupil's Individual Healthcare Plan and the school's emergency procedure.
3. **Administer the pupil's adrenaline auto-injector without delay**, where indicated and in accordance with the school's training and procedures.
4. **Call 999 and request an ambulance**, stating that the pupil is experiencing anaphylaxis.
5. Keep the pupil with the responsible adult and monitor their condition.
6. If possible, send another member of staff to obtain the school's spare adrenaline auto-injector.
7. If symptoms have not improved after 5 minutes and a second adrenaline auto-injector is available, a second dose should be administered in accordance with the emergency procedure.
8. The pupil should be transferred to hospital by ambulance, even if their symptoms appear to improve.
9. Inform the pupil's parent/carers and follow the school's incident and medical reporting procedures.

Staff should not delay administration of adrenaline while waiting for confirmation of the allergen or waiting for symptoms to become more severe.

6. Position of the pupil

Unless the pupil is having difficulty breathing, they should generally be encouraged to lie down with their legs raised. If they are having difficulty breathing, they may need to sit up slightly to make breathing easier.

A pupil who is unconscious but breathing should be placed in the recovery position.

A pupil who is unconscious and not breathing normally requires immediate CPR and emergency medical assistance.

The pupil should not be allowed to stand or walk, as this may cause a sudden deterioration in their condition.

7. Adrenaline auto-injectors

Adrenaline is the first-line treatment for anaphylaxis.

Pupils who have been prescribed an adrenaline auto-injector must have access to it at all times in accordance with the school's medication arrangements.

At EIFA:

- pupils who are able to carry their medication independently carry their AAI in their designated orange allergy bag;
- for younger pupils, the orange allergy bag is carried by the class teacher or designated member of staff;
- the orange allergy bag must remain with the pupil whenever they move around the school;
- spare AAIs are maintained by the school and stored in an unlocked, clearly identified cupboard near Reception;
- staff who may be required to respond to an allergic reaction will be made aware of the location of emergency medication and the school's emergency procedures.

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 up with legs outstretched and give adrenaline.
3. Pupils may be able to administer adrenaline themselves, but some will require or want adult support. Whilst all members of staff should be trained, in an emergency, anyone can administer adrenaline.
4. If you are using an adrenaline auto-injector 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. Inject adrenaline into the upper outer thigh according to the manufacturer's instructions.
5. If you are using an adrenaline nasal spray (EURneffy). Hold the device with two fingers on the sides and thumb underneath, place into nostril and press firmly with your thumb until the dose is delivered.
6. Make a note of the time you gave the first dose.
7. Call 999 for an ambulance (or get someone else to do this while you give adrenaline). Tell them you have given adrenaline for anaphylaxis.
8. Stay with the patient and do not let them get up or move, even if they are feeling better (this can cause cardiac arrest).

9. Call the pupil's emergency contact.
10. If their condition has not improved or symptoms have got worse, give a second dose of adrenaline after 5 minutes (into the other thigh if using an adrenaline pen, or into the same nostril if using a nasal spray) 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.
11. Start CPR if necessary.
12. Hand over used devices to paramedics and remember to get replacements.
13. 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 pupils 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.](#)

8. Important points for staff

Staff should remember that:

- an allergic reaction can occur even when a pupil has previously experienced only mild reactions;
- the severity of a previous reaction does not necessarily predict the severity of a future reaction;
- anaphylaxis can occur without obvious skin symptoms;
- pupils may not always recognise or be able to communicate that they are having an allergic reaction;
- young children may describe symptoms in unusual ways or simply appear distressed or unwell;
- adrenaline should be administered promptly where anaphylaxis is suspected;
- staff should never assume that a pupil is "fine" because their symptoms initially appear mild;
- the absence of a known allergen exposure should not prevent staff from treating suspected anaphylaxis;
- if in doubt, staff should follow the school's emergency procedure and seek emergency medical assistance.

9. Prevention and awareness

The most effective way to reduce the risk of an allergic reaction is to avoid exposure to the relevant allergen wherever reasonably practicable.

All staff therefore have a role in allergy management, including:

- following the school's food and allergen procedures;
- not sharing food with pupils;
- checking relevant allergen information;

- ensuring prescribed medication remains accessible;
- following individual healthcare plans;
- reporting any concerns or changes in a pupil's allergy promptly; and
- ensuring that pupils with allergies are able to participate safely and inclusively in school activities.

This appendix provides general information only. Individual pupils' medical needs and emergency treatment must always be managed in accordance with their Individual Healthcare Plan, medical advice and the school's medication and emergency procedures.