# Allergies and Anaphylaxis Policy

| This document will be reviewed annually or in response to changes in legislation | | |
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| Created | June 2025 | Head of Compliance, Group Medical Lead, Senior Facilities Manager, Harrisons Catering Services |
| Reviewed | June 2026 | Group Medical Lead |
| Approved | August 2026 | Master |

This Policy should be read in conjunction with the following policies:

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| Health and Safety Policy | Medical Care Policy |
| First Aid Policy | Educational Visits Policy |

## *1.* AIMS AND OBJECTIVES

1.1. This policy outlines Thomas's College's approach to allergy management, including how the whole-school community, including students, staff and visitors, works to reduce the risk of an allergic reaction happening and the procedures in place to respond if one does.

1.2. It also sets out how we support our students with allergies to ensure their well-being and inclusion, as well as demonstrating our commitment to being an Allergy Aware School.

## *2.* WHAT IS AN ALLERGY?

2.1. An 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.

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

2.3. 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.

## *3.* DEFINITIONS

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

3.2. **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, wasp and bee stings are less common allergens.

Most severe allergic reactions to food are caused by just 9 foods. These are:

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| Eggs | Milk |
| Peanuts | Sesame |
| Tree nuts (which include nuts such as hazelnut, cashew nut, pistachio, almond, walnut, pecan, Brazil nut, macadamia, etc) | Fish |
| | Shellfish |
| | Soya |
| | Wheat |

There are 14 allergens required by law to be highlighted on pre-packed food. These allergens are:

| | |
|---|---|
| Celery | Molluscs |
| Cereals containing Gluten, | Mustard |
| Crustaceans | Peanuts |
| Egg | Tree Nuts |
| Fish | Soya |
| Lupin | Sulphites (or Sulphur Dioxide), |
| Milk | Sesame |

3.3. **ADRENALINE AUTO-INJECTOR**: A 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 Auto-Injectors (AAI).

3.4. **ALLERGY ACTION PLAN**: This is a document filled out by a healthcare professional, detailing a person's allergy and their treatment plan. We recommend the BSACI Allergy Action Plan paediatric templates, which include versions for: people without a prescribed adrenaline device, people prescribed different brands of adrenaline auto-injectors. Paediatric Allergy Action Plans - BSACI

3.5. **INDIVIDUAL HEALTHCARE PLAN**: A detailed document outlining an individual student's condition, history, treatment, risks and action plan. This document should be created by schools in collaboration with parents/carers and, where appropriate, students. Students with an allergy may have an Individual Healthcare Plan, and it should be read in conjunction with their Allergy Action Plan.

**3.6.** **NEFFY: Neffy** is the only needle-free epinephrine **nasal spray** for emergency treatment of allergic reactions, including anaphylaxis, in adults and children who weigh 33 lbs or greater.

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

3.8. **SPARE ADRENALINE AUTO-INJECTORS (AAIs)**: Schools are able to purchase spare adrenaline auto-injectors. These should be held as a backup, in case students' prescribed AAIs are not available. They can also be used to treat a person who experiences anaphylaxis but has not been prescribed their own adrenaline.

## *4.* ROLES AND RESPONSIBILITIES

### *4.1. Group Allergy Leads*

4.1.1. The Head of Compliance, Group Medical Lead and Senior Facilities Manager have oversight of allergy management:

4.1.1.1. Ensuring the safety, inclusion and well-being of students and staff with an allergy.

4.1.1.2. Making decisions on allergy management across the Group, including catering arrangements

4.1.1.3. Ensuring staff, students and parents have a good awareness of the Group's Allergy and Anaphylaxis Policy, and other related procedures

4.1.1.4. Ensuring that a School Allergy Lead is appointed

4.1.1.5. Reporting incidents and responses to the Health and Safety Governor (who reports to the Shareholder Board)

4.1.1.6. Regularly reviewing and updating the Allergy and Anaphylaxis Policy

4.1.1.7. The group medical lead will be responsible for collating and auditing allergy data on a termly basis for review and analysis. The findings will be shared at the termly health and safety and Medical meetings

### *4.2. School Allergy Lead*

4.2.1. A member of the Leadership Team will be assigned the role of School Allergy Lead.

4.2.2. The School Allergy Lead is the Director of School Operations. They are responsible for:

4.2.2.1. Ensuring the safety, inclusion and well-being of students and staff with an allergy.

4.2.2.2. Making decisions on allergy management across the College, including catering arrangements, in conjunction with the Group Allergy Leads.

4.2.2.3. Championing and practising allergy awareness across the College

4.2.2.4. Being the overarching point of contact for staff, students and parents with concerns or questions about allergy management

4.2.2.5. Ensuring allergy information is recorded, up-to-date and communicated to all staff

4.2.2.6. Making sure all staff are appropriately trained, have good allergy awareness and realise their role in allergy management, including recording in risk assessments where appropriate

4.2.2.7. Ensuring staff, students and parents have a good awareness of the College's Allergy and Anaphylaxis Policy, and other related procedures

4.2.2.8. Ensuring that any allergic reactions or near-misses are recorded on Medical Tracker, and ensure an investigation is held as to the cause, and put in place any learnings

4.2.2.9. Report any allergic reactions or near-misses to the Group Allergy Leads

4.2.2.10. Providing feedback to the Group Allergy Leads on this Policy

4.2.2.11. Ensuring there is an Anaphylaxis Drill once a year

4.2.2.12. Ensuring that the allergy education program is delivered to students.

*4.3. School Nurse*

4.3.1. The School Nurse is responsible for:

4.3.1.1. Collecting and coordinating paperwork (including Allergy Action Plans and Individual Healthcare Plans), information from families (likely to involve liaising with the Admissions Team for new joiners), and recording in Medical Tracker.

4.3.1.2. Creating allergy plans for appropriate children within 2 weeks of starting at the school

4.3.1.3. Support the School Allergy Lead in disseminating this information to all College staff, including the Catering Team, occasional staff, and staff running clubs, appropriately.

4.3.1.4. Ensuring the information from families is up-to-date and reviewed termly.

4.3.1.5. Coordinating medication with families and ensuring medication is up-to-date via Medical Tracker.

4.3.1.6. Keeping a Neffy/AAI register on Medical Tracker (to include neffys/AAIs prescribed to students and Spare AAIs, including brand, dose and expiry date.) The location of Spare AAIs should also be documented.

4.3.1.7. Reviewing the College's spare AAIs (confirming the College has enough and that the locations are correct) and ensuring staff know where they are.

4.3.1.8. Regularly checking spare AAIs are where they should be, and that they are in date.

4.3.1.9. Replace the spare AAIs when necessary.

4.3.1.10. Providing on-site Neffy/AAIs training for other members of staff and refresher training as required, e.g., before educational visits.

4.3.1.11. Providing on-site Neffy/AAIs training for students and refresher training as required, e.g., before educational visits.

4.3.1.12. Ensure boarding staff are fully trained, aware of which students have allergies and those that carry emergency medication, and aware of the location of the generic devices in the school.

*4.4. Admissions Team*

4.4.1. The admissions team is likely to be the first to learn of a student or visitor's allergy. They should work with the School Nurse to ensure that:

4.4.1.1. There is a clear method for capturing allergy or special dietary information at the earliest opportunity.

4.4.1.2. There is a clear structure in place to communicate this information to the School Nurse.

4.4.1.3. Informing parents and applicants of catering arrangements during admissions events.

4.4.1.4. Ensuring medical details of applicants with allergies are given to the School Nurse in advance of any on-site activities in order to plan emergency medication if the student is to be left without parental supervision.

*4.5. All staff*

4.5.1. All College staff, to include teaching staff, boarding staff, business and operations staff, occasional staff (for example, sports coaches, music teachers and those running clubs) are responsible for:

4.5.1.1. Championing and practising allergy awareness across the College

4.5.1.2. Understanding and putting into practice the Allergy Policy and related procedures, and asking for support if needed

4.5.1.3. Being aware of students in their care (and staff, when necessary) with allergies and what they are allergic to

4.5.1.4. Considering the risk to students with allergies posed by any activities and assessing whether the use of any allergen in the activity is necessary and/or appropriate

4.5.1.5. Ensuring students always have access to their medication or carrying it on their behalf, where the student does not hold it themselves

4.5.1.6. Being able to recognise and respond to an allergic reaction, including anaphylaxis

4.5.1.7. Taking part in training and anaphylaxis drills as required (at least once a year) and to tell a manager if they have not received any in the last 12 months

4.5.1.8. Considering the safety, inclusion and wellbeing of students with allergies at all times

4.5.1.9. Preventing and responding to allergy-related bullying, in line with the College's anti-bullying policy

4.5.1.10. Forwarding any communication or information that comes directly to them from parents regarding dietary/allergens to the School Nurse

*4.6. All parents*

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

4.6.1.1. Being aware of and understanding the College's Allergy Policy and considering the safety and well-being of students with allergies

4.6.1.2. Providing the School Nurse 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 College of any related conditions, for example, asthma, hay fever, rhinitis or eczema, as per national guidance on the management of

allergies in schools. This information must be provided prior to starting at the school.

4.6.1.3. Informing the School Nurse of any changes to their child's medical needs via email or updating the online update medical form.

4.6.1.4. Considering and adhering to any food restrictions or guidance the College has in place when providing food.

4.6.1.5. Refraining from telling the College their child has an allergy or intolerance if this is a preference or dietary choice

4.6.1.6. Provide evidence from their health care professional that their child has an allergy or is being investigated for one

4.6.1.7. Encouraging their child to be allergy aware

*4.7. Parents of children with allergies*

4.7.1. In addition to the point above, the parents and carers of children with allergies should:

4.7.1.1. Work with the College to fill out an Individual Healthcare Plan and/or provide an accompanying Allergy Action Plan and Prescribed Medication Form.

4.7.1.2. Provide evidence from a healthcare professional to support the measures that are put in place to manage an allergy or intolerance

4.7.1.3. Where prescribed,

4.7.1.3.1. ensure their child is carrying their own emergency medication (Neffys/AAI or inhalers) at all times

4.7.1.3.2. provide the College with any other medication, for example, an antihistamine (with a dispenser, ie, spoon or syringe) or creams

4.7.1.4. Ensure medication is in-date and replaced at the appropriate time

4.7.1.5. Update the College with any changes to their child's condition and ensure the relevant paperwork is updated too

4.7.1.6. Support their child to understand their allergy diagnosis and to advocate for themselves, and to take reasonable steps to reduce the risk of an allergic reaction occurring, e.g., not eating the food they are allergic to

4.7.1.7. Ensure they are responding to termly information update requests

*4.8. All students*

4.8.1. All students at the College should:

4.8.1.1. Be allergy aware

4.8.1.2. Understand the risks allergens might pose to their peers and respect measures taken to support them

4.8.1.3. Learn how they can support their peers and be alert to allergy-related bullying

4.8.1.4. Learn how to recognise and respond to an allergic reaction and to support their peers and staff in case of an emergency

4.8.1.5. Consider and adhere to any food restrictions or guidance the College has in place regarding food

*4.9. Students with allergies*

4.9.1. In addition to the point above, students with allergies are responsible for:

4.9.1.1. Knowing what their allergies are and how to mitigate personal risk

4.9.1.2. Avoiding their allergen as best as they can

4.9.1.3. Understand that they should notify a member of staff if they are not feeling well, or suspect they might be having an allergic reaction

4.9.1.4. Carry two adrenaline auto-injectors or Neffys with them at all times (including when offsite). They must only use them for their intended purpose

4.9.1.5. Understand how and when to use their adrenaline auto-injector

4.9.1.6. Talking to the School Allergy Lead or a member of staff if they are concerned by any College processes or systems related to their allergy

4.9.1.7. Raising concerns with a member of staff if they experience any inappropriate behaviour in relation to their allergies

4.9.1.8. Students permitted to leave the College campus during the school day should ensure they have their Neffy/AAIs with them, and know what to do if they have an allergic reaction off campus. This should include how to treat themselves and raise the alarm to get help

4.9.1.9. Understand the importance of following the processes of lunch and snack services and how that mitigates risk

## *5.* INFORMATION AND DOCUMENTATION

*5.1. Register of students with an allergy*

5.1.1. The College has a register of students who have a diagnosed allergy recorded on Medical Tracker. This includes children who have a history of anaphylaxis or have been prescribed Neffys/AAIs, as well as students with an allergy where no AAIs have been prescribed.

*5.2. Individual Healthcare Plans*

5.2.1. Each student with an allergy has an Individual Healthcare Plan, which is stored in Medical Tracker. The information on this plan includes:

5.2.1.1. Known allergens and risk factors for allergic reactions

5.2.1.2. A history of their allergic reactions

5.2.1.3. Details of the medication the student has been prescribed, including dose, should include Neffys/AAIs, antihistamine, etc

5.2.1.4. A copy of parental consent to administer medication, including the use of spare adrenaline pens in case of suspected anaphylaxis

5.2.1.5. A photograph of each student

5.2.1.6. A copy of their Allergy Action Plan

## *6.* ASSESSING RISK

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

6.1.1. Classroom activities, for example, craft using food packaging, science experiments where allergens are present, food tech or cooking

6.1.2. Bringing animals into the College, for example, a dog or hatching chick eggs, can pose a risk

6.1.3. 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 students

6.1.4. Non-College-supplied food consumed at College or during offsite activities

6.1.5. Planning special events, such as cultural days and celebrations

6.2. Inclusion of students with allergies must be considered alongside safety, and they should not be excluded. If necessary, adapt the activity.

## *7.* ALLERGY AWARENESS

7.1. Thomas's College is an allergy-aware school. We have students with a wide range of food allergies, so we encourage a considered approach to food. There is often a misunderstanding that only nuts can trigger anaphylaxis; research shows that milk and dairy products are responsible for more anaphylactic reactions in school-aged children, and there are a number of other food triggers for anaphylaxis.

7.2. Thomas's strives to be a nut-free (including pine nuts, peanuts and sesame) environment, but we do not claim to be entirely 'nut-free'.

7.3. The College asks staff and students not to bring any nuts (including pine nuts and peanuts) or sesame products onto campus. Where reasonably practical, items that state 'May contain nuts' should not be brought to the College.

7.4. Anaphylaxis UK advises that this is a pragmatic approach for the following reasons:

- It would be impossible to guarantee that the College is nut-free. Students regularly bring in food from home and food bought on the way to school.
- There would be a risk that children with allergies might be led into a false sense of security.
- There is a strong case to be argued that children with food allergies will develop a better awareness and understanding of how to manage their allergies if they grow up in an environment where allergens may be present but, as at Thomas's, are restricted and monitored as much as is reasonably possible.

7.5. It should be acknowledged that, given current food manufacturing processes, it is impossible to guarantee that all products will be free from possible 'traces of nuts' and other allergens.

## *8.* FOOD

8.1. The College is committed to providing a safe meal for all students, staff and visitors, including those with food allergies.

8.2. Harrison Catering Services works across Thomas's London Day Schools and has overall responsibility for menus and food suppliers, ensuring that the latest nutritional and healthy-eating developments are adopted where appropriate.

8.3. Students should only eat in the designated areas during break and lunchtime.

*8.4. Food hygiene for students*

8.4.1. Students will wash their hands before and after eating

8.4.2. Sharing, swapping or throwing food or drink is not allowed

8.4.3. Water bottles should be clearly labelled

*8.5. Harrison Catering Services*

8.5.1. The College has a Chef Manager and a team of catering staff who both prepare and serve the food.

8.5.2. Harrison ensures that:

8.5.2.1. Due diligence is carried out with regard to allergen management when appointing catering staff

8.5.2.2. All catering staff and other staff preparing food will receive relevant and appropriate allergen awareness training

8.5.2.3. Anyone preparing food for those with allergies will follow good hygiene practices, food safety and allergen management procedures

8.5.2.4. Their Allergy Policy is shared with the Group Allergy Leads when updates are made

8.5.3. The catering team will endeavour to get to know students with allergies and their specific allergies, with support from school staff.

8.5.4. The catering team will endeavour to provide a variety of meal options for students and staff with allergies.

8.5.5. The College has robust procedures in place to notify Harrison of any students with food allergies or intolerances:

8.5.5.1. Parents provide information via the Medical Information Form when a student starts at the College

8.5.5.2. School Nurse requests termly updates, or parents notify the School Nurse when an allergy is identified or changes via email or by updating the online medical form

8.5.5.3. Information is recorded in Medical Tracker

8.5.5.4. Reports are provided to the Chef Manager of all students with allergies or intolerances, and updates are provided when any requirements change

*8.6. Allergy Ladders*

8.6.1. Some students have a partial allergy or intolerance to a certain food (e.g., is on the egg ladder, milk ladder or gluten ladder) and they may have been advised they can consume these items in one form but not in another.

8.6.2. If a student has an allergy, partial allergy, or intolerance to a particular food, Harrison's and Thomas's London Day Schools are unable to serve that food in any form to the student due to an increased risk off exposure to the allergen.

8.6.3. When any trials have been completed and the student no longer has an allergy or intolerance to these food allergens, the College should be notified by updating the Medical Form on MSP. The College will inform the Catering Manager so that the student can be served with the appropriate food.

*8.7. Allergy management during lunch service*

8.7.1. Students and staff select their own food during lunch service.

8.7.2. There are a number of methods available to the College to support students and staff in their food selection.

8.7.3. The College has:

8.7.3.1. <u>Allergy Register</u>

8.7.3.1.1. The College will provide and maintain a register of students with any allergy which is displayed in the kitchen.

8.7.3.1.2. This will include photographs of students for easy identification.

8.7.3.2. <u>Allergen Matrix</u>

8.7.3.2.1. Published daily, this is displayed in the Servery, identifying the 14 main allergens.

8.7.3.2.2. Products with Precautionary Allergen Labelling or "May Contain' labelling are included in the Matrix.

8.7.3.2.3. This is completed by the Allergy Champion and countersigned by the Chef Manager.

8.7.3.2.4. Before service, the Allergy Champion and Chef Manager will present this to all servery staff.

8.7.3.3. Allergy Champion (members of the contracted Catering team)

8.7.3.3.1. They are available throughout food service in an easily accessible location to provide advice to students and staff.

8.7.3.3.2. Pupils, staff and visitors should ask for the allergy champion if they have any concerns about the ingredient information.

8.7.3.3.3. There will be an allergy champion at the main servery and the sixth-form cafe.

8.7.3.3.4. Able to advise on all allergies, including those that are not included in the main 14 recorded on the Allergen Matrix.

8.7.3.4. They are responsible for ensuring that the daily Allergen Matrix is completed.

8.7.4. Any students, staff and visitors with an allergy or intolerance should, in the first instance, present themselves to the Allergy Champion (or another member of catering staff who will direct them to the Allergen Champion).

*8.8. Main Refectory and Sixth Form Cafe*

8.8.1. The Sixth Form Cafe is open from 07:45-15:30

8.8.1.1. Breakfast can be purchased from 08:00 with pastries and cakes

8.8.1.2. A mid-morning break offer can be bought from 10:45-11:05.

8.8.1.3. Lunch is served 12:35-14:00

8.8.1.4. Coffee, drinks and sandwiches can be purchased throughout the day

8.8.2. The Main Refectory is open from 07:45 - 08:15 and 10:45-11:05

8.8.2.1. Breakfast is served from 07:45:00 (included for boarders; available to purchase for other students in the Main Refectory)

8.8.2.2. From 10:45, a variety of snacks, including pastries, hot snacks, cakes and sandwiches, as well as drinks, are available for purchase through physical card-only payments.

*8.9. Packed meals*

8.9.1. Food packaged by Harrisons to go will comply with PPDS legislation (Natasha's Law) requiring the allergen information to be displayed on the packaging.

*8.10. Other Food*

8.10.1. Students are permitted to bring in nut-free snacks:

8.10.1.1. for consumption at break times and when attending before and after-school clubs;

8.10.1.2. When going offsite for sports fixtures or an educational visit as an addition to the packed lunch is provided.

8.10.2. For specific visits, students will be permitted to bring or purchase their own lunch and snacks.

8.10.3. Boarders are permitted to bring snacks from home into Wesley House.

8.10.4. Parents/carers will be informed of this policy and are responsible for checking ingredient labels before sending any food items to school. When bringing their own food to the College, students and parents will ensure that the food:

8.10.4.1. does not include nuts, peanuts, pine nuts or sesame products listed as an ingredient, or state 'may contain nuts' or 'made in a factory that handles nuts'

8.10.4.2. is healthy (e.g. fruit, vegetables)

8.10.4.3. avoids sugary or fizzy drinks (unless advised, such as isotonic drinks for sports tournaments)

8.10.4.4. is stored in a clearly named insulated bag where appropriate. The College does not provide refrigeration facilities, except for Boarders in Wesley House.

8.10.5. Guidance on what to include in a healthy packed lunch is available from the NHS or the British Dietetic Association.

8.10.6. If a student brings a snack containing nuts, the item will be safely removed, and parents/carers will be notified.

*8.11. External caterers*

8.11.1. Before arrangements are made with any other food provider or outsourced catering, a request must be submitted to the Director of Estates.

8.11.2. No external food provider or outsourced catering is permitted without the approval of the Director of Estates, who will liaise with the Senior Facilities Manager as appropriate.

## *9.* VISITS AND SPORTS FIXTURES

9.1. The Visit Leader is responsible for ensuring that the policy is followed throughout the visit.

9.2. Staff leading the trip will have a register of students with allergies with medication details, and must ensure that students have any emergency medication with them before departure.

9.3. Staff should notify the Visit Leader of any allergies.

9.4. Allergies will be considered on the risk assessment and catering provision put in place.

9.5. Parents and students, where appropriate, may be consulted if considered necessary, or if the trip requires an overnight stay.

9.6. Staff (and, if appropriate, some students) accompanying the trip will be trained to recognise and respond to an allergic reaction.

9.7. The nearest A&E should be identified on the risk assessment, with the time and distance to that location. This will enable the Trip Medical Lead and the Visit Leader to decide whether generic devices should be required on the trip.

9.8. Allergens will be clearly labelled on catered packed lunches with all ingredients listed and the main 14 allergens highlighted to comply with PPDS legislation (Natasha's Law).

9.9. The Visit Leader is responsible for ensuring that any external providers put in place sufficient allergy management procedures.

9.10. The Visit Leader is responsible for ensuring that any additional snacks brought from home or purchased are checked to ensure it does not contain nuts (or other allergies where appropriate to the group).

9.11. If attending Match Tea at another school, details of their dietary requirements should be sent in advance to ensure students receive a safe meal.

9.12. See Emergency Medication for the off-site activities section below.

## *10.* TRANSPORT

10.1. No food is permitted on College transport.

## *11.* ALLERGIC RHINITIS / HAY FEVER

11.1. The School Nurse should support students by:

11.1.1. identification through medical forms and recorded on Medical Tracker

11.1.2. administer medications ( antihistamines) and eye drops as discussed with parents

## *12.* INCLUSION AND MENTAL HEALTH

12.1. Allergies can have a significant impact on mental health and well-being. Students may experience anxiety and depression, and are more susceptible to bullying.

12.1.1. No child with allergies should be excluded from taking part in a College activity, whether on campus or on an educational visit.

12.1.2. Students with allergies may require additional pastoral support, including regular check-ins from their tutor, etc.

12.1.3. Affected students will be given consideration in advance of wider College discussions about allergy and Allergy Awareness initiatives.

12.1.4. Bullying related to allergy will be treated in line with the College's Anti-Bullying Policy.

12.1.5. Students who suffer with severe allergies may have higher absence levels in schools, and this should be taken into consideration

## 13. SAFEGUARDING

Where there are concerns about the management of an allergy, for example, when information is not provided in a timely fashion or appropriate emergency medication is not provided, this may be considered neglect; where a student comes into contact accidentally with their allergen, this is not considered to be a safeguarding issue

## *14.* EMERGENCY MEDICATION

14.1. This applies to adrenaline Neffys/auto injectors (AAIs) and emergency inhalers.

14.2. See the government guidance on Adrenaline Pens in Schools.

*14.3. Storage of adrenaline auto-injectors and Neffys*

14.3.1. Students prescribed with adrenaline auto-injectors will carry their own two in-date devices at all times.

14.3.2. The Allergy Action Plan should be stored with the device(s).

14.3.3. The College will carry out spot checks, and parents will be requested to bring in any missing items.

14.3.4. Emergency medication must not be kept locked away.

14.3.5. AAIs/Neffys should be stored at moderate temperatures (see manufacturer's guidelines), not in direct sunlight or above a heat source (for example, a radiator).

14.3.6. Used or out-of-date devices will be disposed of as sharps.

*14.4. Spare emergency medication (adrenaline auto-injectors and inhalers)*

14.4.1. This College has a number of spare AAIs and inhalers to be used in accordance with government guidance. These can be found:

14.4.1.1. Reception (which is close to the Refectories)

14.4.1.2. Red House

14.4.1.3. Wesley House

14.4.1.4. Medical centre

14.4.2. The School Nurse also holds packs that can be used for visits or off-site activities, as identified in the risk assessment.

14.4.3. The School Nurse is responsible for ensuring the distribution around the site and clear signage.

14.4.4. The Group Medical Lead is responsible for:

14.4.4.1.1. Deciding how many spare adrenaline auto-injectors and inhalers are required

14.4.4.1.2. What dosage is required, based on the Resuscitation Council UK's age-based guidance

14.4.4.1.3. The purchase of spare AAIs and inhalers

*14.5. Emergency medication during offsite activities*

14.5.1. No student with a prescribed emergency medication will be able to go to any off-site activities without one inhaler and/or two AAI of their own. It is the Activity/Trip Leader's responsibility to check this.

14.5.2. Emergency medication will be kept close to the students at all times, e.g., not stored in the hold of the coach when travelling or left in changing rooms.

14.5.3. AAIs will be protected from extreme temperatures.

14.5.4. Staff accompanying the students will be aware of students with allergies and be trained to recognise and respond to an allergic reaction.

14.5.5. Activity/Trip leaders should consider whether to take spare AAIs or inhalers to sporting fixtures and on trips. This should be recorded as part of the risk assessment process. Staff should take into account the distance from a hospital with an A&E and the communication to contact emergency services.

14.5.6. Spare devices should be requested from the School Medical Lead where applicable.

## 15. ALLERGIC REACTIONS TO ANIMALS OR INSECT STINGS

15.1. Generally, the College does not have animals on campus during the school day, with any animals owned by resident staff kept in areas not accessible to students. Where animals are going to be brought on site, the College will complete a risk assessment that will take into consideration the needs of staff and pupils who are identified as allergic to animals. This information is available on Medical Tracker.

15.2. The College is unable to prevent insects from entering the campus or from appearing during off-site activities, but recognises this may result in a mild to severe reaction. This is taught in all first aid courses.

15.3. In the event of exposure to an animal resulting in a reaction, the allergen should be removed where possible. This could include cleaning the area of the body where the allergen has contacted with water, then following the procedure below for managing an allergic reaction.

15.4. In the event of a sting, ensure safety from further stings, then:

15.4.1. Remove the sting using the edge of a credit card as per first aid guidance.

15.4.2. Do not use tweezers, as this can squash the venom sac of the sting and squeeze the venom into the casualty.

15.4.3. Advice on bees and wasp stings.

## *16.* RESPONDING TO AN ALLERGIC REACTION /ANAPHYLAXIS

16.1. See Appendix 1 on recognising and responding to an allergic reaction

16.1.1. If an individual has an allergic reaction, they will be treated in accordance with their Allergy Action Plan, and a member of staff will instigate the College's Emergency Response Plan outlined in Appendix 1.

16.1.2. If anaphylaxis is suspected, adrenaline will be administered without delay, lying the individual down with their legs raised, unless they are having difficulties in breathing, in which case sit them up. This will depend on their symptoms as described in the Appendix. They will be treated where they are, and medication will be brought to them.

16.1.3. The person's own prescribed medication will be used to treat allergic reactions if immediately available.

16.1.4. Emergency services should be called immediately, letting them know an adrenaline pen/Neffy has been administered for an anaphylaxis.

16.1.5. This will be administered by the individual themselves, if able, or by a member of staff. Ideally, the member of staff will be trained, but in an emergency, anyone can administer adrenaline.

16.1.6. If the individual's own Neffy/AAI is not available or misfires, then a spare AAI will be used.

16.1.7. If anaphylaxis is suspected but the individual does not have a prescribed adrenaline auto-injectors/Neffy or an Allergy Action Plan, a member of staff will ensure they are lying down with their legs raised unless they are having difficulties breathing in which case sit them up, call 999 and explain anaphylaxis is suspected. They will inform the operator that spare adrenaline pens are available and follow the operator's instructions. The MHRA advises that, in exceptional circumstances, a spare AAI can be administered to anyone for the purposes of saving their life.

16.1.8. If, after 5 minutes, there is no improvement, a second AAI should be administered, and the emergency services should be called to tell them you have done so.

16.1.9. The individual will not be moved until a medical professional/paramedic has arrived, even if they are feeling better.

16.1.10. Anyone who has had suspected anaphylaxis and received adrenaline must go to the hospital, even if they appear to have recovered. A member of staff will accompany the individual in an ambulance and stay until a parent or guardian arrives.

## *17.* TRAINING

17.1. The College is committed to training all staff annually to ensure they have a good understanding of allergies. This includes:

17.1.1. Understanding what an allergy is

17.1.2. How to reduce the risk of an allergic reaction occurring

17.1.3. How to recognise and treat an allergic reaction, including anaphylaxis

17.1.4. How the College manages allergy, documentation, communication, etc

17.1.5. Where adrenaline devices are kept (both prescribed and spare pens), and how to access them

17.1.6. The importance of inclusion of students with food allergies, the impact of allergy on mental health and well-being, and the risk of allergy-related bullying

17.1.7. Understanding food labelling

17.2. The College will carry out an anaphylaxis drill at least once a year. This is an exercise simulating an event where a student or member of staff has an allergic reaction and testing the whole College response.

17.3. Harrison Catering will provide their staff with annual training on allergen awareness and management. The allergy lead from the school should let Harrisons know when INSET training on allergies is happening so their staff can attend.

## *18.* ASTHMA

18.1. It is vital that students with allergies keep their asthma well controlled, because asthma can exacerbate allergic reactions. Refer to the Asthma Protocol.

## *19.* REPORTING ALLERGIC REACTIONS

19.1. The College will log allergic reaction incidents and near-misses and alert the Group Medical Lead and Group Health and Safety Lead.

## *20.* LEGISLATION AND GUIDANCE

This Policy bears due regard to the following statutory guidance and other advice:

DfE Allergy safety in schools (June 2026)

DfE Keeping children safe in education (September 2025)

DfE School food in England (March 2019)

DfE Allergy Guidance for Schools (May 2022)

DfE Supporting Pupils with Medical Conditions (Dec 2015)

Food Standards Agency Prepacked for direct sale (PPDS) allergen labelling changes for schools, colleges and nurseries (October 2021)

Harrison Catering Services Limited's 'Food Allergies and Food Intolerances

Healthy Child Programme 5 - 19

Anaphylaxis UK https://www.anaphylaxis.org.uk/

The Allergy Team https://theallergyteam.com/

## APPENDIX 1: ALLERGIC REACTIONS - EMERGENCY RESPONSE PLAN

### 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:*

- Itchy or tingling mouth
- Hives or an itchy rash on the skin
- Abdominal pain
- Vomiting
- Change in behaviour

*Response:*

- Stay with the individual
- Sit them down
- Call for help
- Locate adrenaline pens
- Give an antihistamine/ventolin inhaler
- Make a note of the time
- Phone the parent or guardian
- Continue to monitor the student
- Be prepared to administer AAI/Neffy

### 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.

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

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

## SYMPTOMS OF ANAPHYLAXIS

### A – Airway

- Persistent cough
- Hoarse voice
- Difficulty swallowing
- Swollen tongue, throat, face, eyes, lips

### B – Breathing

- Difficult or noisy breathing
- Wheeze or cough

### C - Circulation

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

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

## ON IDENTIFICATION OF SYMPTOMS OF ANAPHYLAXIS

1. Call for help within the College.
2. Take the medication to the casualty, rather than moving them. Use their own medication for those with known anaphylaxis or generic devices for first-time cases. Delegate this role and stay with the casualty.
3. Airway: relieve obstruction, remove traces of allergen, e.g. mouthwash or remove bits of nuts or food, or remove a bee sting.
4. Lie them down and elevate their legs.
5. Give adrenaline immediately using the casualty's own AAI.
    a. Where this is not in date or misfires, a spare AAI should be used.
    b. Note the time
6. Call an ambulance - delegate someone to meet the crew and bring them to the casualty.
7. Notify the Master or a senior leader, who will contact the parents and decide who goes with the casualty to the hospital.
8. Where prescribed, give an antihistamine if the casualty is able to swallow.
9. Look for breathing difficulties (wheeze):
    a. Where prescribed, help the casualty with their salbutamol inhaler and if awake and wheezy only (may want to sit forward)
10. Consider crowd control.
11. Give second neffy/AAI 5 minutes after the first; if symptoms remain the same or have deteriorated, preferably in the opposite thigh. (AAI only)
12. Document the event.

## DELIVERING ADRENALINE Via AAI

- 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.
- Remove the device from the packaging and check that the device is for that person (unless using the generic device).
- Check the expiry date and the observation window for debris in the medication.
- Hold the device firmly in your hand - do not place your thumb on either end of the device.

- Inject adrenaline into the upper outer thigh according to the manufacturer's instructions. - press until it clicks, then hold.
- Gently withdraw the device from the thigh, keeping it at a right angle.
- Place the device into the storage container it came in and keep it safe for the paramedics.
- Rub the area of the thigh gently that has just been injected.
- Make a note of the time you gave the first dose and call 999 (or get someone else to do this while you give adrenaline). ENSURE you tell them you have given adrenaline for anaphylaxis.
- Stay with the patient and do not let them get up or move, even if they are feeling better (this can cause cardiac arrest).
- If their condition has not improved or symptoms have worsened, give a second dose of adrenaline after 5 minutes, using a second device. Call 999 again and tell them you have given a second dose, and ask them to check that help is on the way.
- Give the second device to the opposite thigh.
- Start CPR if necessary.
- Hand over used devices to paramedics and ENSURE you tell them you have given adrenaline for anaphylaxis.
- Arrange replacements for any generic devices.

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

**Administering Adrenaline via a NEFFY device**

- Remove Neffy from the product packaging
- Hold the device between the index and middle finger with your thumb on the central plunger. The nozzle should be between the index and centre finger. Do not push or pull the plunger. do not test or prime (prespray). Each device only has 1 spray
- Insert the nozzle into a nostril until your fingers touch the nose. Keep the nozzle straight into the nose, pointed towards the pupil's forehead.
- Press the plunger up firmly until it snaps, then spray liquid into the nostril.
- Encourage the pupil to NOT sniff during or immediately after the dose.
- Monitor for anaphylaxis symptoms for 5 minutes. If they remain the same or worsen, administer a second dose in the same nostril
- Start CPR if necessary.
- Hand over used devices to paramedics, and ENSURE you tell them you have given adrenaline for anaphylaxis