WELLESLEY
PREP SCHOOL

# Allergy Safety Policy 2026/27

This policy applies to all parts of Wellesley Prep School including the Early Years Foundation Stage.

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## AIMS AND OBJECTIVES

This policy outlines Wellesley Prep School's 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 Lead 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 happening and the procedures in place to respond 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 these other policies:

1. First Aid, Health and Illness Policy
2. Kitchen Risk Assessment

## 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.

## 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. 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 (AAI)**: 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. Owing to the introduction of EURNeffy nasal devices for adrenaline administration this policy will use the term **adrenaline devices** to cover all adrenaline options.

**ALLERGY ACTION PLAN:** This is a document filled out by a healthcare professional, detailing a person's allergy and their treatment plan. This must be handed in to the school with the child's AAIs and accompanies their Individual Healthcare 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.4

**DESIGNATED ALLERGY LEAD (DAL**): The member of staff responsible for overseeing allergy 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.

**NEFFY**: Neffy (official name in the UK is EURNeffy) is a nasal spray which delivers adrenaline. It is a needle-free alternative to an adrenaline auto-injector approved.

**INDIVIDUAL HEALTHCARE PLAN (IHP):** A detailed document outlining an individual pupil's medical conditions, history, treatment, risks and action plan. This document should be created by the school in collaboration with parents/carers and, where appropriate, pupils. All pupils with an allergy (if the allergy has a functional impact, presents a risk of harm and requires additional or different arrangements.) should have an Individual Healthcare Plan and it should be read in conjunction with their Allergy Action Plan or Asthma Action Plan.

**"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 to mitigate those risks. Allergy should be included on all risk assessments for events on and off the school site. All IHPs have a risk assessment section at the end so general risks in daily school life are considered.

**SPARE ADRENALINE DEVICES**: These are 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. All school parents sign consent as part of the parent medical questionnaire for the use of spare adrenaline devices in the event of an emergency.

# ROLES AND RESPONSIBILITIES

Wellesley Prep School takes a whole-school approach to allergy management.

## Governing Body

The governing body is responsible for the strategic oversight of allergy safety across the school, working in partnership with the Designated Allergy Lead who leads on day-to-day implementation. Alan Winter is our named governor with responsibility for Allergy Safety. The governing body is responsible for:

- Ensuring the school has an allergy 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 identified 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;
- 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.
- Receiving periodic reports on serious incidents and "near misses"

## Designated Allergy Lead

The Designated Allergy Lead reports into the senior leadership team and the lead governor for safeguarding. They are responsible for:

- Creating and leading the publication and implementation of a school-wide Allergy Safety Policy.
- Ensuring the safety, inclusion and wellbeing of pupils and staff with an allergy;
- Taking decisions on allergy management across the school;
- Championing and practising allergy 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 (this is largely delegated to the School Matron but overseen by the DAL).
- Making sure all staff are appropriately trained, have good allergy awareness and realise their role in allergy management (including what activities need an allergy risk assessment);
- Ensuring staff, pupils and parents have a good awareness of the school's Allergy Safety Policy, and other related procedures.
- Reviewing the school's stock of spare adrenaline devices (checking the school has an appropriate number for the setting, that they hold the correct dose, that spare adrenaline devices are stored

appropriately) and ensuring staff know where they are (this is largely delegated to the School Matron but overseen by the DAL).

- Keeping a record of any allergic reactions or near misses, reporting these to the Bursar who will contact the appropriate authority (e.g.under RIDDOR) where necessary.
- Investigating any incidents and ensuring that the findings of investigations into incidents are used to update relevant policies and procedures.
- Regularly reviewing and updating the Allergy Safety Policy;
- Ensuring there is an anaphylaxis drill once a year and that lessons learned are used to update the allergy safety policy and school procedures as appropriate.

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

## Bursar

The Bursar is responsible for the health and safety of the site and reports to the governing body on incidents. They are responsible for:

- Reviewing the Allergy Incidents and Near misses record and where necessary, informing the local authority or completing a RIDDOR form.
- Feeding back all incidents and near misses that result in an allergic reaction to the governing body.

## School Matron

School Matron is responsible for:

- Collecting and coordinating the paperwork (including creating 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;
- 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;
- Creating and updating the dietary list (and photographs in the Dining Hall allergy file and displayed in the Staff Room) for all pupils with allergies, intolerances and food preferences and communicating any changes to the catering team.
- Supporting the Designated Allergy Lead with disseminating this information to all school staff, including the catering team, occasional staff and the office who will inform those running clubs
- Ensuring the information from families is up-to-date, and reviewed annually (at a minimum); Coordinating medication with families and ensuring medication is in date. A record of expiry dates of

all medication is stored on Sharepoint and the parents/carers are notified when expiry dates are approaching, in respect of medicines held by the school.

- Keeping an adrenaline device and inhaler register to include adrenaline devices and inhalers prescribed to pupils and the school's stock of spare adrenaline devices and inhalers, including location, brand, dose and expiry date.
- Regularly checking spare adrenaline devices are where they should be, and that they are in date;
- Replacing the spare adrenaline devices when necessary;
- Coordinating allergy training for staff (and older pupils) and refresher training as required e.g. before school residential trips
- Reviewing the school's stock of spare adrenaline devices (check the school has an appropriate number for the setting, that they hold the correct dose, that spare adrenaline devices are stored appropriately) and ensuring staff know where they are. The number of devices will be based on assessing risk (in agreement with the DAL).
- Record incidents and near misses in the Health and Safety book, reporting these back during the Health and Safety termly meetings.

## Admissions Team

The admissions team is likely to be the first to learn of a pupil or visitor's allergy. They should work with the Designated Allergy Lead and School Matron to ensure that:

- There is a clear method to capture allergy information or special dietary information at the earliest opportunity – parents are asked this before any school visit or Taster Days if food is offered or likely to be eaten.
- There is a clear structure in place to communicate this information to the relevant parties (i.e. School Matron, form teacher, 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.
- There is liaison with the child's previous school, or future school, to ensure a smooth transition between settings.

## All staff

All school staff 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 also includes catering staff and others who may oversee children and young people 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. Nor is it intended to include adults from outside agencies who are not regular visitors, are pupil facing but will be chaperoned at all times by a trained staff member, are responsible for:

- Championing and practising allergy 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, school trips and assessing whether the use of any allergen in activity is necessary and/or appropriate;
- Ensuring pupils always have access to their medication
- 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 School Matron;
- Ensuring that pupils have their medication, their Allergy Action Plan and/or Individual Healthcare Plan with them when leaving school site, for a match or trip.

## All parents

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

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

## Parents of pupils with allergies

In addition to responsibilities of all parents, the parents and carers of pupils with allergies should:

- Inform reception staff/Matron of any allergies. This information should include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication.
- Complete the online medical questionnaire sent to all parents of new pupils, detailing allergy/medical needs to consent the use of a school's spare AAIs (and inhalers, if applicable) in the event of a medical emergency.
- Parents are to supply a copy of their child's Allergy Action Plan (BSACI plans preferred) to school. If they do not currently have an Allergy Action Plan this should be developed as soon as possible in collaboration with a healthcare professional e.g. GP/allergy specialist.
- Work with the school to fill out an Individual Healthcare Plan
- Do their best to attend the parent allergy forum
- If applicable, provide the school or their child with two labelled adrenaline devices and any other medication, for example antihistamine (with a dispenser, ie. spoon or syringe), inhalers or creams;
- Parents are responsible for ensuring any required medication is supplied, in date and replaced as necessary.
- Parents are requested to keep the school up to date with any changes in allergy management or their child's condition and ensure the relevant paperwork is updated too;
- Ensure their child has access to their allergy medication, including two adrenaline devices if prescribed, on the journey to and from school;
- 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 eg. not eating the food to which they are allergic.

- To take responsibility for their child once he/she has been dismissed to them but remains on the school site.

### All pupils

All pupils at the school should:

- Be allergy aware;
- Understand the risks allergens might pose to their peers and respect measures to support them;
- Learn how they can support their peers and be alert to allergy-related bullying;
- Older pupils will learn how to recognise an allergic reaction and support their peers and staff in a medical emergency;

[All of the above should be done in an age and capability appropriate way.]

### Pupils with allergies

In addition to responsibilities of all pupils, pupils with allergies are also responsible for:

- Knowing what their allergies are and how to mitigate personal risk [this will depend on age and capability];
- Avoiding their allergen as best as they can;
- Understanding the importance of following the school specific processes of lunch and snack services and how that mitigates risk;
- Understanding that they should notify a member of staff if they are not feeling well, or suspect they might be having an allergic reaction;
- Pupils in Years 7 and 8 are responsible for carrying 2 adrenaline devices with them at all times. This is to be done in consultation with parents.
- Understanding how and when to use their adrenaline device and only using them for their intended purpose; [this will depend on age and capability];
- Talking to the Designated Allergy Lead or a member of staff if they are concerned by any school processes or systems related to their allergy;
- Raising concerns with a member of staff if they experience any inappropriate behaviour in relation to their allergies;
- If age and capability appropriate, ensuring they have their medication with them on the journey to and from school.

## INFORMATION GATHERING, SHARING AND DOCUMENTATION

### Register of pupils with an allergy

The school has a register of pupils who have a diagnosed allergy. This includes children who have a history of anaphylaxis or have been prescribed adrenaline devices and/or inhalers. Hard copies of the register are displayed in the Wellbeing Room, the Staff Room, the School Office and the Sports Office. All staff are emailed when there are any changes made. There is also a dietary list (with photographs) stored behind the counter in the Dining Hall and on the allergy board in the Staff Room which includes pupils with an allergy where no adrenaline devices have been prescribed.

An online medical questionnaire is sent to all parents of new pupils and to all existing pupils on a yearly basis for parents to update the school on any changes to their child's dietary or medical needs.

A history of a pupil's allergic reactions and any additional notes are stored on iSAMs.

## 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 current photo and emergency contact details;
- Known allergens, risk factors for allergic reactions and any adaptations needed;
- If the pupil has asthma and any other medical conditions and necessary detail;
- An indication of how the child's condition may impact on their health, learning or wellbeing;
- A risk assessment outlining potential risks and 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 (please note that separate risk assessments are done for each school trip);
- A copy of their Allergy and/or Asthma Action Plan (See definitions for the BSACI templates)
- Detail of the medication the pupil has been prescribed including dose, this should include adrenaline devices, antihistamine etc;
- A photograph of each pupil;

The IHP is stored in a file in the Wellbeing Room but also accompanies the child's medication at all times. There is also an IHP column on the manifests to ensure children without medication but with an IHP take them on all off-site visits. A copy of parental consent to administer medication also accompanies medication.

## Visitors

All visitors who sign in at the school office are asked to let the school know during sign in the process whether they have any medical conditions (including allergies) the school should be aware of. This is done via a column in the sign in sheet. Visitors have access to an information sheet (with photographs) of the location of spare adrenaline devices stored on site. This sheet is located on the sign in desk.

Visitors to the school who are likely to be child-facing are asked to view the allergy file with necessary information (kept by the School Office and on the board in the Staff Room).

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.

## Information Sharing

Staff will know which pupils have allergies or have quick access to the following information (e.g. in the allergy file stored behind the catering counter and on display in the staff room): 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.

Photographs and allergy information are shared only where necessary to safeguard pupils and are processed in accordance with the school's Data Protection and Privacy policies.

## ASSESSING RISK

Allergens can crop up in unexpected places. Staff will consider allergies in all activity planning and include it in risk assessments. In the event a visitor who is student-facing, it is the responsibility of the hosting member of staff to ensure risk has been assessed. 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;
- Planning special events, such as cultural days and celebrations.
- Off-site visits must include allergy considerations on the risk assessment
- Assessing the risk of children bringing in their own food from home including birthday cakes and snacks.

All children with IHPs for allergies will have a risk assessment included at the end of their IHP covering the day-to-day risks of allergies in schools.

Inclusion of pupils with allergies is considered equally alongside safety and they should not be excluded. If necessary, adapt the activity. The School will ensure compliance with the Equality Act 2010.

## FOOD, INCLUDING MEALTIMES & SNACKS

The school is committed to providing safe meals for all pupils, staff and visitors, including those with food allergies.

### Catering Staff and Food Safety.

- Due diligence will be undertaken when appointing catering staff to ensure appropriate allergen management.
- All catering staff and other staff involved in food preparation will receive relevant food hygiene and allergen awareness training.
- Catering staff are available to discuss allergen-safe meals with parents and carers.
- The school adheres to the Early Years Foundation Stage statutory guidance.
- Anyone preparing food for individuals with allergies must follow good hygiene practices, food safety requirements and allergen management procedures.
- The catering team will endeavour to get to know pupils with allergies and understand their needs, with support from school staff, and provide varied meal options for pupils and staff with allergies.
- At every mealtime and snack time, it must be clear who is responsible for checking that the food and drink provided meets each child's individual requirements.
- Food containing any of the 14 main allergens (see *Allergens* definition) must be clearly labelled. Information about other ingredients will be available on request. Children with more complex allergies are encouraged to ask if they are unsure.
- All prepacked food must comply with Prepacked for Direct Sale (PPDS) legislation (*Natasha's Law*), with allergen information displayed on the packaging.
- Any changes to ingredients will be communicated to pupils with dietary requirements by the School Matron via the catering team.

## Identifying and Supporting Pupils with Allergies

The school has robust procedures for identifying pupils with food allergies. A dietary list is emailed to all staff whenever changes are made and this is displayed in the Wellbeing Room, the Staff Room and behind the counter in the Dining Hall. A photographic register of children with intolerances, food preferences or allergies is held in a folder by the serving counter in the Dining Hall for staff to request, with an additional photographic allergy register on the wall of the Staff Room. These registers are updated immediately when parents report changes.

Staff accompanying children to meals must familiarise themselves with the dietary needs of the class, particularly when covering for another member of staff. Pupils with allergies will line up at the front of the queue.

Visitors who are likely to work directly with children will be asked to consult the allergy information sheet, which is kept in the School Office and displayed on the Staff Room noticeboard.

In Nursery, children are served their food by the member of staff in charge. Children in Nursery and Pre-Prep with allergies wear a yellow lanyard at mealtimes, displaying their photograph and allergies as a visual reminder for staff.

Pupils with allergies will have clearly labelled plates for snack time, containing food suitable for their needs. At lunchtime, a slightly different plate will be used for all pupils with allergies to ensure thorough washing and reduce the risk of allergen traces.

## Food Sold at School Events

Where food is sold on site, for example at the Year 8 fundraising stall or Bonfire Night, parents are responsible for checking allergen information with the adult(s) running the event and determining whether the food is suitable for their child. All products sold must be nut-free (but may contain traces), and ingredients must be listed for all food provided. The wellbeing of children with allergies should be considered and food alternatives provided where necessary, so all are catered for.

## Food Brought into School, Snack and Treats

- Wellesley Prep is an allergy-aware, nut-free school. However, the school cannot guarantee that items brought onto the premises will be entirely free from traces of nuts. Pupils with allergies will only be given treats supplied by their parents to minimise the risk of reactions to trace amounts.
- Parents of pupils with allergies will be asked to sign a form confirming whether they are happy for their child to eat food labelled as *"may contain"* their allergen(s). Where parents do not consent, the school will accommodate their wishes and ensure a suitable alternative is available.
- For birthdays, homemade cakes or treats are not allowed to be brought into school. Children are encouraged to bring pre-packaged items should they wish to. In EYFS birthdays will be celebrated with a special book rather than with food. Nursery children do not bring food into school.
- Reception and Pre-Prep children may bring a snack in for afternoon creche. This is carefully supervised to avoid cross-contamination and surfaces are wiped down after eating.
- If attending Match Tea at another school, pupils with allergies take their own clearly named packed meal (provided by our school). Parents are given the option to opt out of this if they deem it not necessary or they wish for their child to assume responsibility for their own allergies.
- For school trips pupils with allergies take a pre-prepared packed lunch, clearly named, from the Wellesley kitchen. For some trips, where a packed lunch is not provided and a meal is brought in from home (e.g. Dinosnores), the trip is risk assessed and children and parents are reminded to be mindful when preparing their meals. Before eating, all children are reminded of control measures such as handwashing and not sharing food.

## Food Bans or Restrictions

- This school is an Allergen Aware school. We have pupils with a wide range of allergies to different foods, so we encourage a considered approach to bringing in food;
- Peanuts and tree nuts are not permitted on the site and the catering team check all foods coming into the kitchen for these ingredients. Any nuts accidentally brought onto the school site will be disposed of immediately in the external bins.
- The school does permit foods that say 'may contain traces of nuts' on the label. Permission is obtained from all parents of children with nut allergies to confirm if they are happy for their child to ingest these foods.
- Parents are asked to check all food coming onto school premises or taken on a school trip or to a match to ensure peanuts and tree nuts are not an ingredient in another product. Common foods that contain these goods as an ingredient include: packaged nuts, cereal bars, chocolate bars, nut butters, chocolate spread, sauces.

## Food Hygiene for Pupils

- Pupils will wash their hands before eating;
- Sharing, swapping or throwing food is not allowed and
- Water bottles and packed lunches should be clearly labelled;

# EDUCATIONAL VISITS AND SPORTS FIXTURES

Staff leading the trip will have a manifest identifying pupils with medical conditions, including allergies, details of their medication, and copies of their Allergy Action Plans and Individual Healthcare Plans (IHPs). They will check that all relevant pupils have their required medication. Pupils in Years 7 and 8 (and occasionally Year 6) will carry their own medication, while for younger pupils, it will be carried in the first aid kit by the member of staff responsible.

Allergies will be considered as part of the risk assessment, and appropriate catering provision will be put in place. Parents and pupils are encouraged to meet with the trip leader and/or Matron in advance of any trip involving an overnight stay to discuss the risk assessments and procedures in place.

Staff accompanying the trip will be trained to recognise and respond to an allergic reaction.

For school trips, pupils with allergies will take a pre-prepared, clearly named packed lunch from the Wellesley kitchen. For some trips where a packed lunch is not provided and a meal is brought from home (e.g. Dinosnores), the trip will be risk assessed, and children and parents will be reminded to be mindful when preparing meals. Before eating, all children will be reminded of control measures, such as handwashing and not sharing food.

When attending Match Tea at another school, pupils with allergies will take their own clearly named packed meal, provided by our school. Parents will be given the option to opt out of this arrangement if they deem it unnecessary.

Pupils with allergies who travel to and from school on the school bus will also have access to two adrenaline devices, provided by their parents.

Please see the **Adrenaline Devices** section for further information regarding school trips and sports fixtures.

# 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;
- Keep food and drink covered.

The school grounds team will monitor the grounds for wasp or bee nests. Pupils (with or without allergies) should notify a member of staff if they find a wasp or bee nest in the school grounds and avoid them.

Spare adrenaline devices (0.15mg and 0.3mg) are stored in the Woodland Cabin as the risk of insect stings is considered higher while children are out in the woods. Any children with known allergies will have their adrenaline devices in the first aid kit accompanying the woodland session. Pupils in Years 7 and 8 will carry their own devices (this will be checked before departure).

## 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;
- The site is dog-free;
- Areas visited by animals will be cleaned thoroughly;
- Anyone in contact with an animal will wash their hands after contact;
- School trips that include visits to animals will be carefully risk assessed. Any children with animal allergies will be identified on the trip manifest.

## ASTHMA

It is vital that pupils with allergies keep their asthma well controlled, because asthma can exacerbate allergic reactions. Please see the First Aid Health and Illness Policy which contains the school asthma policy (found on the school's website and on Sharepoint).

## ALLERGIC RHINITIS/ HAY FEVER

- 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 largely 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;
- Children suffering from seasonal pollen allergy, hay fever and/or persistent nasal allergy due to house dust mites or other allergens are encouraged to take Cetirizine (or an alternative long-lasting antihistamine) at home in the mornings. Parents are asked to inform the school Matron if they are having a regular dose, particularly in the summer term. This is documented on Sharepoint and staff are encouraged to check this document before administering further antihistamine at school.
- The school stock Cetirizine and Chlorphenamine Maleate (Piriton) which can be administered in the event of hayfever symptoms. Chlorphenamine Maleate is also stored in first aid bags for trips off-site.
- Pupils with eczema may be supported by staff, if needed, to apply moisturiser or emollient during the school day;
- 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;
- The school is regularly cleaned and kept as dust-free as possible.

## 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. Wellesley Prep School is committed to ensuring that all children with medical conditions, including allergies, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

- No child with allergies should be excluded from taking part in a school activity, whether on the school premises or a school trip;
- Staff are alerted to the possibility of allergy-related bullying and are proactive in safeguarding the wellbeing and inclusion of pupils with allergies;
- Pupils with allergies may require additional pastoral support including regular check-ins from their form tutor;
- To help children with serious allergies feel informed, confident, and supported, regular group sessions are held during the school year (for allergy children in all year groups). These sessions are designed to provide practical knowledge, emotional support, and a sense of community among pupils who share similar experiences;
- Affected pupils will be given consideration in advance of wider school discussions about allergy and school Allergy Awareness initiatives;
- Bullying related to allergy will be treated in line with the school's anti-bullying policy.

## ADRENALINE DEVICES

See the government guidance on Adrenaline Devices in Schools.

### Storage of adrenaline devices

- Pupils prescribed with adrenaline devices will have easy access to two, in-date devices at all times;
- The children's adrenaline devices are stored centrally in the Wellbeing Room which can be accessed at all times (not locked away), unless approved self-carry arrangements are in place. They are clearly labelled, with the pupil's Allergy Action Plan and IHP.
- Pupils with allergies travelling to and from school on the school bus will also have access to two adrenaline devices (provided by the parents);
- Regular checks will be made to ensure adrenaline devices are where they should be and in date;
- 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);
- Used or out of date devices are either returned to the parents or will be disposed of as sharps. In some cases these may be used in staff training so staff have a realistic experience of administering an adrenaline pen (into an orange).

### Spare adrenaline devices

This school has sixteen spare adrenaline pens to be used in accordance with government guidance. 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. All parents sign consent to the use of these AAIs in the event of a medical emergency as part of the annual parent medical questionnaire.

The locations of spare adrenaline pens are clearly signposted:

| | |
|---|---|
| School Spare JR (<6 yrs) 0.15mg x2 | Dining Hall |

| | |
|---|---|
| School Spare (6+ yrs) 0.3mg x2 | Dining Hall |
| School Spare JR (<6 yrs) 0.15mg x2 | Woodland Cabin |
| School Spare (6+ yrs) 0.3mg x2 | Woodland Cabin |
| School Spare JR (<6 yrs) 0.15mg x2 | Wellbeing Room |
| School Spare (6+ yrs) 0.3mg x2 | Wellbeing Room |
| School Spare JR (<6 yrs) 0.15mg x2 | Nursery |
| School Spare (6+ yrs) 0.3mg x2 | Nursery |

The Designated Allergy Lead and School Matron are responsible for:

- Deciding how many spare pens are required (with advice from the School Bursar) based on a risk assessment of the site.
- What dosage is required, based on the Resuscitation Council UK's age-based guidance (see page 11);
- Which brand(s) to buy and where to source the adrenaline devices from;
- Distribution around the site and clear signage.

## Adrenaline devices on off-site activities

No child with a prescribed adrenaline device will be able to go on a school trip without two of their own devices. School Matron creates the manifest which is then ticked off as devices are added to the first aid bag. Pupils in Years 7 and 8 (and occasionally Year 6) carry their own AAIs. It is the trip leader's responsibility to double check they have them before departure;

Adrenaline devices will be kept close to the pupils at all times in the first aid kit 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 (with information also printed on the trip manifest) and be trained to recognise and respond to an allergic reaction;

## RESPONDING TO AN ALLERGIC REACTION /ANAPHYLAXIS

See appendix on recognising and responding to an allergic reaction.

All staff are firmly reminded: '**if in doubt, use adrenaline**'.

If a pupil has an allergic reaction:

- If anaphylaxis is suspected administer adrenaline without delay using the school spare devices if necessary (this can be done by any member of staff);
- Lie the pupil down with their legs raised (unless they have a breathing difficulty when they may need to sit with legs extended), call 999 and explain anaphylaxis is suspected. Treat the pupil where they are and bring medication to them.
- Treat the pupil in accordance with their Allergy Action Plan and/or Individual Healthcare Plan;
- Use pupil's own prescribed medication if immediately available;

- Pupil can administer the adrenaline device themselves [if able to] or a member of staff can administer device. Ideally the member of staff will be trained, but in an emergency, anyone can administer adrenaline;
- If the pupil's own adrenaline device is not available or misfires, then use a spare adrenaline device;
- If anaphylaxis is suspected but the pupil does not have a prescribed adrenaline device or Allergy Action Plan, dial 999 and Inform the operator that spare adrenaline devices are available and follow instructions from the operator. A spare adrenaline pen can be administered to anyone for the purposes of saving their life;
- If, after 5 minutes, there is no improvement and symptoms persist, following current emergency guidance, use a second adrenaline pen and call the emergency services again and inform them that a second dose of adrenaline has been given;
- Do not move the pupil until a medical professional/ paramedic has arrived, even if they are feeling better;
- Anyone who has had suspected anaphylaxis and received adrenaline must go to hospital, even if they appear to have recovered. A member of staff should accompany them in an ambulance until a parent or guardian arrives.

## TRAINING

The school is committed to training all staff annually to give them a good understanding of allergy.

We undertake whole staff training, provided by The Allergy Team.

This includes:

- Understanding what allergy means 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 [staff should be given the opportunity to practise with a training adrenaline auto-injector and a training EURNeffy device];
- How to treat an asthma attack using a reliever inhaler;
- 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);
- How the school manages allergy, for example understanding the school's Allergy Safety Policy, emergency response, documentation, communication etc;
- Where adrenaline pens are kept (both prescribed pens and spare pens) and how to access them;
- The importance of inclusion of pupils with food allergies, the impact of allergy on mental health and wellbeing and the risk of allergy related bullying;
- Understanding food labelling;
- How to report an allergic reaction or "near miss".
- Recognising the importance of the principle, 'if in doubt, use adrenaline.'
- All staff in the school will take part in an anaphylaxis drill once a year. This involves a discussion of an event or an exercise simulating an event where a pupil or member of staff has an allergic reaction and testing the school response.
- A log is kept of all staff who have completed allergy training. New staff and supply/cover staff are asked before starting if they have received allergy awareness training.

## RECORDING AND REPORTING ALLERGIC REACTIONS

The school will record all allergic reactions and near misses in the Allergy Management file on SharePoint and in the accident book. Records will be shared with relevant staff, including kitchen staff and the Bursar, to assess risks and identify measures to prevent recurrence.

Each record must include:

- Who was affected.
- What happened, when and where.
- Why the incident occurred, as far as is known.
- How the pupil and staff responded.
- What support or treatment was provided.
- Whether emergency services were called and how the incident concluded.

The form must be completed by the person responsible for the incident or the first responder and reviewed by the Designated Allergy Lead as soon as possible after the event.

Where a pupil initially shows no signs or symptoms following possible allergen exposure, all staff will be notified by email to ensure the pupil is kept under close observation for a potential delayed IgE-mediated reaction.

The Matron will contact the pupil's parents or carers to inform them of the incident and keep them updated. All incident reports will be shared with parents or carers and, where appropriate, the pupil, who will be given the opportunity to discuss the incident and contribute their views to the review. Following any incident or near miss, the school will meet with the pupil and their parents or carers to ensure they are confident that the setting remains safe.

The Bursar must be informed immediately of any incident or near miss and provided with a copy of the completed Allergy Incidents and Near misses record. The incident will also be recorded in the Health and Safety Record, shared with parents or carers and, where relevant, the affected pupil, and reviewed at the termly Health and Safety meeting. The Matron will report incidents to the Bursar during Health and Safety meetings. The Bursar will periodically share incident and near miss reports with the governing body.

The school recognises that an incident or near miss may affect not only the pupil and their family but also staff involved in the response and children who witness the event. Appropriate support will be offered to those affected.

Following an incident, the Allergy Safety Policy and any relevant procedures will be reviewed and updated where necessary. Lessons learned will be shared appropriately with staff to help prevent recurrence and ensure that agreed arrangements are implemented.

Incidents and near misses will be investigated, and the findings will inform updates to relevant policies and procedures. Reports will be made to external agencies where required, including:

- **Local authority:** Schools operating as food businesses must report allergen-related food safety incidents to their local authority where reporting thresholds are met.
- **Health and Safety Executive (HSE):** Incidents arising directly from a work activity that result in death or immediate hospitalisation must be reported under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR).
- **Healthcare professionals:** The relevant healthcare professional or team will be informed where an incident relates to the delivery of an action plan they issued. Any incident that results in the implementation of a healthcare plan will also be reported to the affected pupil's doctor.

The school acknowledges that the effects of allergen exposure may not become apparent until a pupil has returned home. Pupils, parents or carers, and other relevant individuals, including healthcare professionals,

must therefore be able to report incidents retrospectively. Any such reports will be recorded and investigated, with appropriate action taken in response.

The school's complaints procedure allows concerns about the handling of a serious incident or near miss to be raised and investigated, including cases where there has been a prolonged failure to implement agreed arrangements.

# APPENDIX

BSACI Improving Allergy Care

# ALLERGY ACTION PLAN

RCPCH Royal College of Paediatrics and Child Health · anaphylaxis UK · AllergyUK

**This child/young person has the following allergies:**

**Name:**

**DOB:**

## Mild/moderate reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Mild throat tightness
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

### Action to take:

- Stay with person, call for help if needed
- Locate adrenaline autoinjector(s)
- **Give antihistamine:**

Loratadine 5mg

**(If vomited, can repeat dose)**

- Phone parent/emergency contact
- Do not take a shower to help with itchy skin, this can worsen the reaction

## Watch for signs of ANAPHYLAXIS

**(a potentially life-threatening allergic reaction)**

Anaphylaxis may occur without skin symptoms: ALWAYS consider anaphylaxis in someone with known food allergy who has **SUDDEN DIFFICULTY IN BREATHING**

| A AIRWAY | B BREATHING | C CONSCIOUSNESS |
|---|---|---|
| • Persistent cough | • Difficult or noisy breathing | • Persistent dizziness |
| • Hoarse voice | • Wheeze or persistent cough | • Pale or floppy |
| • Difficulty swallowing | | • Suddenly sleepy |
| • Swollen tongue | | • Collapse/unconscious |

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

1. **Lie flat with legs raised** (if breathing is difficult, allow person to sit)



2. **Use Adrenaline autoinjector without delay** (eg. EpiPen®) (Dose: _____ mg)
3. **Dial 999** for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

***** IF IN DOUBT, GIVE ADRENALINE *****

**AFTER GIVING ADRENALINE:**

1. Stay with child/young person until ambulance arrives, **do NOT stand them up.** Keep them lying down, even if things seem to be getting better.
2. Phone parent/emergency contact. If you are on your own, call a friend or relative and ask them to come over.
3. If no improvement **after 5 minutes, give a further adrenaline dose** using a second autoinjector device, if available.

**Commence CPR if there are no signs of life**

You can dial 999 from any phone, even if there is no credit left on a mobile.
Medical observation in hospital is recommended after anaphylaxis.

## Emergency contact details:

1) Name: .....

.....

2) Name: .....

.....

**Parental consent:** I hereby authorise school staff to administer the medicines listed on this plan, in accordance with Department of Health Guidance on the use of AAIs in schools.

Signed: .....

Print name: .....

Date: .....

Consent is required for children under 16 years (and for young people over 16 unable to give consent themselves) except in an unforeseen emergency

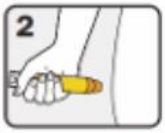
**For more information about managing anaphylaxis in schools and "spare" adrenaline autoinjectors, visit:** sparepensinschools.uk

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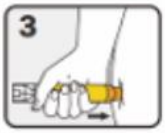
## How to give EpiPen®




PULL OFF BLUE SAFETY CAP and grasp EpiPen.
Remember: "blue to sky, orange to the thigh"




Hold leg still and PLACE ORANGE END against mid-outer thigh "with or without clothing"




PUSH DOWN HARD until a click is heard or felt and hold in place for **3 seconds**. Remove EpiPen.

## Additional instructions:

If wheezy due to an allergic reaction, GIVE ADRENALINE FIRST and then asthma reliever (e.g. blue puffer) via spacer, if prescribed

This is a medical document to be completed by a healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2017. During travel, adrenaline auto-injector devices must be carried in hand-luggage or on the person, and **NOT** in the luggage hold. **This action plan and medical authorisation to carry emergency autoinjectors has been prepared by:**

**Sign & print name:** .....

**Hospital/Clinic:** .....

.....

Date: .....

ISBA INDEPENDENT SCHOOLS' BURSARS ASSOCIATION

REFERENCE LIBRARY

# MANAGING ALLERGIC REACTIONS

## ALLERGIC REACTIONS VARY

Allergic reactions are unpredictable and can be affected by factors such as illness or hormonal fluctuations. You cannot assume someone will react the same way twice, even to the same allergen. Reactions are not always linear. They don't always progress from mild to moderate to more serious; sometimes they are life-threatening within minutes.

## MILD TO MODERATE ALLERGIC REACTIONS

### Symptoms include:

- Swollen lips, face or eyes
- Itchy or tingling mouth
- Hives or itchy rash on skin
- Abdominal pain
- Vomiting
- Change in behaviour

### Response:

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

## SERIOUS ALLERGIC REACTIONS / ANAPHYLAXIS

The most serious type of reaction is called **ANAPHYLAXIS**. Anaphylaxis is uncommon, and children experiencing it almost always fully recover.

**In rare cases, anaphylaxis can be fatal. It should always be treated as a time-critical medical emergency.**

Anaphylaxis usually occurs within 20 minutes of eating a food but can begin 2-3 hours later. People who have never had an allergic reaction before, or who have only had mild to moderate allergic reactions previously, can experience anaphylaxis.

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# RESPONDING TO ANAPHYLAXIS

## SYMPTOMS OF ANAPHYLAXIS

### A – Airway

- Persistent cough
- Hoarse voice
- Difficulty swallowing
- Swollen Tongue

### B – Breathing

- Difficult or noisy breathing
- Wheeze or cough

### C – Circulation

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

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

## DELIVERING ADRENALINE

1. Treat the patient where they are. Take the medication to the patient, rather than moving them.
2. The patient should be lying down with legs raised. If they are having trouble breathing, they can sit 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 them in an ambulance until a parent or guardian arrives.