Protocol for dealing with Allergies and Intolerances

Person(s) responsible for this policy		**School Nurse**	
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Introduction

On average, one or two pupils in every class of 30 will have an allergy so it is vital that the whole school community understands allergy risk prevention and knows what to do in an emergency. Benedicte's Law was introduced in Sept 2026.

This policy describes the systems and procedures staff at SCHS and SCPS follows to ensure that they:

- Minimise the risk of anyone suffering a serious allergic reaction whilst at school or attending any school related activity.
- Ensure staff are properly prepared and trained to recognise and manage serious allergic reactions should they arise.
- Support pupils with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in school life.

This policy applies to all staff at SCHS, pupils, parents and visitors. It is complementary to and operates in conjunction with other GDST policies including:

- First Aid Policy
- Administration of Medicines Protocol
- GDST Pupil Health and Wellbeing Policy and Procedures
- GDST Food and Catering Safety Policy and Procedures
- Safeguarding Policy

An allergy is a reaction of the body's immune system to substances that are normally harmless. The reaction usually causes minor symptoms such as itching, sneezing or rashes but sometimes causes a much more serious reaction called anaphylaxis.

Anaphylaxis is a serious, life-threatening allergic reaction. It is at the extreme end of the allergic spectrum. The whole body is affected often within minutes of exposure to the allergen, but sometimes it can be hours later. Causes can include foods, insect stings, and

drugs. Even a tiny amount of the allergen can trigger a severe reaction in a highly allergic person.

Most healthcare professionals consider an allergic reaction to be anaphylaxis when it involves difficulty breathing or affects the heart rhythm or blood pressure. Anaphylaxis symptoms are often referred to as the ABC symptoms (Airway, Breathing, Circulation).

It is possible to be allergic to anything which contains a protein; however, most people will react to a small group of potent allergens. Common UK Allergens include (but are not limited to): Peanuts, tree nuts, sesame, milk, egg, fish, latex, insect venom (wasp and bee stings), pollen, animal dander, house dust mites and some drugs / medicines.

Allergy Awareness

The staff at SCHS are 'Allergen Aware'. This means that:

- They take all allergies seriously. However, they also understand that it is not possible to eliminate allergens or guarantee that any specific allergen will not be present on the school premises or off-site venues visited on school trips or sporting fixtures. Instead, if they know a pupil, member of staff, or a visitor has an allergy, they will take reasonable steps to ensure that they are not exposed to that allergen.

- They take a whole school approach – allergies are considered in all aspects of school life – lessons, school trips, extra-curricular activities, before and after school clubs, special events, on school transport, and of course meal / snack provision, and appropriate steps taken to reduce the risks.

- They are committed to ensuring that all pupils and staff with 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 learn how to manage their conditions.

- The staff at SCHS
    - Are all trained to recognise the symptoms - instant or delayed
    - Are all trained to administer AAI's
    - Are all aware of the locations of the spare AAI's and ensure that spares x 2 are taken on all trips or fixtures.
    - Take part in drills and refresher events on AAI's
    - Ask parents to inform them if their child has, or is suspected of having any allergies
    - Ask staff to make them aware if they have any allergies

- Encourage visitors to inform them if they have any allergies in order that the school can take the necessary steps / inform the relevant people to minimise their exposure to their allergens and treat them appropriately in the event of an allergic reaction.

3. Roles and Responsibilities

SCHS Responsibilities

- The school will collate information regarding each pupil's allergies and food intolerances via Admissions+ before they join the school. The information is recorded on SIMS so that it is available to all the school's electronic management systems, e.g. CPOMS, EVOLVE, Classcharts. The school nurse updates an allergen list of pupils each term (or when it changes) which is then passed to the catering team, DFO - SIMS and Class Charts are updated.
- The DFO at school will ask **staff** to make them aware if they have any food allergies in order that they can advise the Catering Manager and treat them appropriately in the event of an allergic reaction. On starting new staff are requested to alert the school to any allergies. The HR manager informs the DFO of the relevant medical information.
- The school will request **visitors** make them aware if they have any allergies, e.g. There is a specific allergy form to complete before visiting or on arrival. This will be sent to the Nurse, DFO and Asst DFO and whichever staff member they are linked to. We display an appropriately worded notice at reception.
- The school will appoint an **SLT Allergen Champion** whose role is to make sure allergies are considered in strategic discussions and planning of all aspects of school life and generally promote whole school allergy awareness. At Streatham & Clapham Prep and Senior the SLT Allergen Champion is Alison Bullock, DFO.
- The school ensures that partners who work with the school, e.g. before and after school club providers and holiday camp providers, have comprehensive and effective allergy management policies and procedures.
- All incidents or near misses will be documented and reported to Trust and added to Sphera if necessary.

Staff Responsibilities

- **All staff** will complete Allergy and Anaphylaxis Awareness e-learning training every 2 years. Additional training is provided for all staff as part of the annual September inset training, and on an ad-hoc basis for any new members of staff. Anaphylaxis drills are taking place with staff at random times. All staff have been trained to use AAIs and know of the locations of the emergency AAIs. All staff are trained to ensure they take 2 x spare AAIs on each trip / fixture, whether there is an allergy pupil or not as anaphylaxis can happen for the first time.

- **All staff** must be aware of the pupils in their care (regular or cover classes) who have known allergies, as an allergic reaction could occur at any time. They must take appropriate steps to reduce pupil's exposure to their allergens, and the importance of taking immediate action in the event of signs of an allergic reaction. Any food-related activities must be risk assessed and supervised with due caution. This information is on class charts. Pupils and staff should be always carrying 2 x AAIs with them if they suffer from Anaphylaxis.

- **All staff** leading school trips / off-site activities including sports fixtures will:
    - Liaise with the School Nurse at least two weeks before the trip to ensure that they are well informed about all the medical conditions of the pupils prior to the trip / visit.
    - Ensure they carry all relevant emergency supplies.
    - Check that all pupils with medical conditions, including allergies, carry their personal medication. Pupils who have not brought all their own emergency medication with them will be covered with the 2 x emergency AAIs that are taken on every trip. The school's provide Emergency Adrenaline Auto-Injectors for trips as well as on site for use in an emergency. This should then be taken up with parents.

- **Form teachers** and the **School Nurse** will make regular spot checks to ensure pupils have both their AAIs (or nasal adrenaline sprays) in school with them and remind them of the importance of always carrying their AAIs (or nasal adrenaline sprays) with them whilst they are at school, to any off-site sports activity or school trip, and on journeys to / from school. If a pupil does not have their AAIs (or nasal adrenaline sprays) with them, their parent/guardian will be contacted and asked to bring them into school as soon as possible. The Nurse will also complete spot checks in the dining hall at lunchtime.

- The **Admissions Team** will obtain allergy / food intolerance information for any child visiting the school, e.g. for Open Days, Taster days or Assessment days and communicate this information to the relevant staff e.g. School Nurse, Catering Manager.

- The **Director of Sport** should liaise with the trip leader of visiting sports teams to obtain allergy / food intolerance information for any child visiting the school for sporting activities where possible e.g. fixtures, matches and galas, and communicate this information to the relevant staff e.g. School Nurse, Catering Manager.

- **The School Nurse will**:
    - Keep a register of pupils who have been prescribed an AAI (or nasal adrenaline sprays) and a record of use of any AAI or nasal adrenaline sprays and emergency treatment given.
    - Keep a list of staff that have allergies
    - Ensure that up-to-date Allergy Action Plans have been completed for all pupils who have been prescribed an AAI (or nasal adrenaline sprays); the Allergy Action Plans are available to all staff in the medical room, kitchen, SIMS and ClassCharts in the Senior school.
    - Check the school's Emergency AAIs are in date monthly and replace them as necessary.
    - Ensure that information regarding each pupil's allergies and food intolerances is updated annually, and more frequently if the school becomes aware that a pupil has developed a new condition.
    - Meet with the Catering Manager termly to fully inform them of each pupil's food allergies / special dietary needs and share information without delay for any new allergies, or changes to existing allergies.
    - Inform all staff of the names / identity of pupils with allergies and the allergens they need to avoid.
    - Provide practical training for staff in the use of AAIs / nasal adrenaline sprays and refresher training as required e.g. before school trips
    - Liaise with all Trip Leaders before school trips / off-site activities to ensure that they are well informed about all the medical conditions of the pupils prior to the trip / activity.

  SCHS will keep the photographs of pupils with food allergies and intolerances displayed behind food service counters and in the staff room up to date.

- The **School Nurse** and **SLT Allergen Champion** will regularly review this policy and monitor its implementation within the school. They will also ensure that all allergy incidents / near misses are logged, reported to Trust and entered onto Sphera if needed.
- **Catering staff and all staff who prepare food, serve pupils or supervise food service, e.g. lunch time supervisors, TAs serving breaktime snacks, staff working breakfast clubs, after school clubs, enrichment programs, cookery clubs and tuck shops/snack bars.**

All SCHS / Holroyd Howe catering staff and all staff who prepare food, serve pupils or supervise food service complete the **Navitas Allergy Awareness Course**, a Level 2 qualification every 3 years (contact Clare Cunningham for access details) so that they are aware of the very serious risks associated with food allergies, and the actions that must be taken to prevent allergen cross contamination. The Food Allergy Awareness e-learning course on GDST Learn should be done as a refresher annually in the 2 intervening years.

They also receive training on:

- the school's systems to identify pupils with food allergies and take the time to learn who they are
- the food labelling systems, and
- the importance of reporting all allergy incidents or near misses to the DFO and the School nurse in order that they can be recorded on Sphera (accident reporting system).

Parents Responsibilities

- On entry to the school, it is the parent's responsibility to:
  - Inform the school of any allergies their child may suffer from on the Admissions + system. This information should include all previous serious allergic reactions, intolerances, history of anaphylaxis and details of all prescribed medication.
  - Consent to the pupil's allergy medications being administered in school and for the use of the school's Emergency AAIs in an emergency.
  - 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 by their GP or allergy specialist.
  - Ensure any required medication is supplied, in date and replaced as necessary.

- Parents are requested to inform the School Nurse in writing (or through parent SIMS/ Admissions +), as soon as they become aware, if their child develops an allergy or intolerance during their time at the school.

- Parents are requested to inform the school if their child suffers a severe allergic reaction outside of school and keep the school up to date with any changes in allergy management. The Allergy Action Plan should be updated accordingly.

- Parents of Senior School age pupils are responsible for reminding and checking their child always carries two AAIs (or nasal Adrenaline sprays) with them, including on journeys to / from school, and to any off-site sports activity.

- Parents with children in the Prep School should provide the school with two AAIs or nasal adrenaline sprays), both of which should be kept with the child during the school day and be taken on any off-site sports activities or school trips. Parents should also ensure their child has immediate access to **two** AAIs (or nasal adrenaline sprays) on their journeys to / from school.

- Parents/carers are encouraged to meet with the School Nurse and Catering Manager, prior to the child joining the school, and at any time if they have concerns, to discuss their child's needs.

- All parents should adhere 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. Parents are reminded of this regularly.

Pupil Responsibilities

All pupils should:

- Be allergy aware
- Understand the risks allergens might pose to their peers
- Not share food/drinks with other pupils and understand that this helps keep pupils with allergies safe.
- Learn how they can support their peers and be alert to allergy-related bullying.
- Older pupils will learn how to recognise and respond to an allergic reaction and to support their peers and staff in case of an emergency

Pupils with allergies:

- Are responsible for knowing what their allergies are, mitigating personal risk and avoiding their allergen as best as they can (depending on their age).
- Are aware of the process for lunch and what they need to do. (blue trays at Senior School; blue trays and cards at Prep school, plated meals where appropriate)
- Are encouraged to have a good awareness of their symptoms and to let an adult know as soon as they suspect they are having an allergic reaction.
- Who are trained and confident to administer their own AAIs (or nasal adrenaline sprays) will be encouraged to take responsibility for carrying them on their person at all times, including during the school day, on off-site sports activities and school trips, and on their journeys to / from school. This is anticipated to be all senior school pupils and may include some of the older junior school pupils.
- Who are permitted to leave the school site on their own during the school day should know what to do if they have an allergic reaction off the school premises. This should include how to treat themselves and raise the alarm to get help.

4. Allergy Action Plans

Allergy Action Plans are designed to function as individual healthcare plans for pupils with allergies, providing medical and parental consent for schools to administer medicines in the event of an allergic reaction, including consent to administer the school's Emergency Adrenaline Auto-Injector. An electronic copy will be stored on SIMS and a paper copy should be kept with the pupil's emergency medication.

SCHS prefers to use the British Society of Allergy and Clinical Immunology (BSACI) Allergy Action Plans to ensure continuity. This is a national plan that has been agreed by the BSACI, Anaphylaxis UK and Allergy UK.

It is the parent/carer's responsibility to provide the school with the allergy action plan completed by a healthcare professional (e.g. GP / Allergy Specialist).

5. Emergency Treatment and Management of Anaphylaxis

What to look for:

Symptoms usually come on quickly, within minutes of exposure to the allergen. Serious symptoms can occur without mild or moderate symptoms occurring first. **However, Benedicte's Law training has shown us that the symptoms can be delayed.**

IF ANAPHYLAXIS IS SUSPECTED, ADRENALINE MUST BE ADMINISTERED WITHOUT DELAY.

Mild to moderate allergic reaction symptoms may include:

- A red raised rash (known as hives or urticaria) anywhere on the body
- A tingling or itchy feeling in the mouth
- Swelling of lips, face or eyes
- Stomach pain or vomiting.

Treatment

Where available follow the pupil's Allergy Action Plan, otherwise:

- Administer antihistamine medication e.g. Cetirizine or Loratadine
- Monitor the person to ensure that the symptoms are improving within 30 minutes.
- If the person is an AAI or nasal adrenaline spray carrier be prepared to administer the device if person's condition deteriorates. A second AAI can be administered if no improvement after 5 mins or if the patient declines again.
- If the person is not an AAI or nasal adrenaline spray carrier be prepared to call the Emergency Services, advise the call handler of suspected anaphylaxis and follow their instructions. Let them know that the school has Emergency AAI
- Ensure the person rests under supervision for at least one hour after the reaction has resolved to ensure no further symptoms
- Parents should be informed of the reaction and treatment given.
- The incident should be recorded on CPOMS and Sphera.
- In the event of an allergy incident that could have been prevented an investigation should take place in order to identify any steps that could be taken to prevent this happening in the future.

More serious symptoms are often referred to as the ABC symptoms and can include:

- AIRWAY - swelling in the throat, tongue or upper airways (tightening of the throat, hoarse voice, difficulty swallowing).
- BREATHING - sudden onset wheezing, breathing difficulty, noisy breathing.
- CIRCULATION - dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness.

The term for this more serious reaction is **anaphylaxis**. In extreme cases there could be a dramatic fall in blood pressure. The person may become weak and floppy and may have a sense of something terrible happening. This may lead to collapse and unconsciousness and, on rare occasions, can be fatal.

Anaphylaxis can develop very rapidly, so **adrenaline must be administered without delay.** Adrenaline starts to work within seconds; it opens up the airways, stops swelling and raises the blood pressure.

How to use an Adrenaline Auto-Injector

- Click here for an infographic on correct use of Adrenaline Auto-Injectors – MHRA
- Click here for a video on correct use of Adrenaline Auto-Injectors – MHRA
- http://www.anaphylaxis.org.uk/what-to-do-in-an-emergency/
- Using an Adrenaline Pen to Treat Anaphylaxis
- http://www.epipen.co.uk
- http://www.jext.co.uk/

How to use a Nasal Adrenaline Spray (EURneffy)

1. Insert the tip into one nostril.
2. Press the plunger to release the full dose of adrenaline.

The plunger should **not** be pressed before inserting the product into the nostril, otherwise the single dose will be lost prior to use.

More information here:

- MHRA - Adrenaline Nasal Spray (Neffy)
- Anaphylaxis UK – Neffy

Action:

- Keep the person where they are, call for help and do not leave them unattended.
- **USE ADRENALINE AUTO-INJECTOR WITHOUT DELAY –** inject into the muscle in the outer thigh. Specific instructions vary by brand – always follow the instructions on the device. Note the time given and write this on the device itself or on the back of affected person's hand.
- CALL **999** and state **ANAPHYLAXIS (ana-fil-axis)** even if the person appears to improve after adrenaline has been given.
- **LIE PERSON FLAT WITH LEGS RAISED** – they can be propped up if struggling to breathe but this should be for as short a time as possible. Do not allow them to stand or walk, even if they feel better.
- Allocate roles immediately where possible: one member of staff should stay with the person, one should collect second adrenaline device/emergency kit, and one should arrange for SLT/Medical Room to be informed and for someone to meet the ambulance.

- Do not give the person anything to eat or drink.
- Antihistamines must not delay the administration of adrenaline where anaphylaxis is suspected
- If no improvement after 5 minutes, administer second AAI (or nasal adrenaline spray).
- If the person is wheezy or has asthma symptoms, follow their Allergy Action Plan/Asthma Plan. Reliever inhaler may be used if indicated, but this must not delay adrenaline or the 999 call.
- If no signs of life commence CPR.
- Call parent/carer as soon as possible, but this must not delay adrenaline, calling 999 or emergency treatment.
- Keep a clear record of the timeline, including symptoms, suspected trigger, time adrenaline was administered, time 999 was called, any second dose given, and any other treatment.

Whilst you are waiting for the ambulance, keep the person where they are and keep them as calm as possible. Do NOT stand them up, or sit them in a chair, even if they are feeling better. This could lower their blood pressure drastically, causing their heart to stop.

All pupils and staff **must** go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can reoccur after treatment.

- The incident should be recorded on CPOMS and Sphera.
- An investigation should take place in order to identify any steps that could be taken to prevent this happening in the future.

AAIs or nasal adrenaline sprays should be administered by the pupil themselves (if age appropriate) or by a member of staff. Ideally the member of staff will be trained, but in an emergency, **anyone** can administer adrenaline.

If anaphylactic symptoms occur in a person who has **not** been prescribed an AAI or nasal adrenaline spray, or who has not previously had allergic symptoms, call 999 and follow the emergency services instructions. Let them know that the school has Emergency Adrenaline Auto-Injectors.

6. Supply, Storage and Care of Medication

Depending on their level of understanding and competence, pupils will be encouraged to take responsibility for and to carry their own **two** AAIs (or nasal adrenaline sprays) on them at all times including during the school day, on off-site sports activities and school trips, and

on their daily journeys to / from school, in a suitable bag/container. It is anticipated that all senior school pupils and some of the oldest junior school pupils will always carry their own AAIs (or nasal Adrenaline sprays).

For younger children or those not ready to take responsibility for their own medication, their anaphylaxis kit containing **two** AAIs (or nasal adrenaline sprays) will be kept safely near to the pupil, e.g. in a box looked after by the teacher, or in a bum bag clipped to the back of the pupil's chair during lessons and stored in a box near the supervising staff during break times / sports lessons etc, or stored in a central safe place.

It must be accessible at all times**.** The anaphylaxis kit will be taken on all off-site activities and school trips (depending on the age and maturity of the child carried by the pupil or a member of staff accompanying them) and be given to parents / carers at the end of each school day so that they can accompany pupils on the daily journey to / from school.

The School Nurse and Form teachers will make regular checks that pupils have both their AAI (or nasal adrenaline sprays) in school with them. If a pupil does not have their AAIs (or nasal adrenaline sprays) with them, their parent/guardian will be contacted and asked to bring them into school as soon as possible.

Pupils will **not** be allowed to go on school trips / off-site activities / sports fixtures if they don't have both their personal AAIs or nasal adrenaline sprays with them. The school provides Emergency AAIs for trips and at school for use in an emergency. Any allergy medication not carried by a pupil should be stored in a suitable container and clearly labelled with the pupil's name. This pupil's medication storage container could contain:

- Two AAIs (EpiPen® or Jext®) or nasal adrenaline sprays
- An up-to-date allergy action plan
- Antihistamine as tablets or syrup (if included on allergy action plan)
- Spoon if required
- Asthma inhaler (if included on allergy action plan).

It is the responsibility of the pupil's parents to ensure that the anaphylaxis kit is up-to-date and clearly labelled. Parents can subscribe to expiry alerts for the relevant AAIs their child is prescribed, to make sure they can get replacement devices in good time.

Storage

AAIs and nasal adrenaline sprays should be stored in pairs at room temperature, protected from direct sunlight and temperature extremes (e.g. not stored near a radiator). They must be available to use all times, and never locked away in a cupboard, or stored in an office or room where access is restricted.

Disposal

AAIs and nasal adrenaline sprays are single use only. Used AAIs can be given to ambulance paramedics on arrival or can be disposed of in a sharps bin usually available in the Medical Room.

7. Emergency Adrenaline Auto-Injectors in School

SCHS have Emergency AAIs for use in emergencies e.g.:

- on pupils / staff who are risk of anaphylaxis, but their own devices are not available or not working e.g. because they are out of date or misfires.
- If someone presents with symptoms of anaphylaxis without a previous medical history of allergy. Ref updated guidance from the MHRA.

These are stored safely, but not locked away, in pairs in red colour bags labelled 'Emergency AAIs in the following locations:

Senior School:

RECEPTION
MEDICAL ROOM
DINING HALL
6TH FORM CANTEEN
P.E OFFICE
MILLENIUM BUILDING - outside recital hall

Prep School:

MEDICAL ROOM
DINING HALL
SPORTS HALL
LIFT LOBBY SECOND FLOOR

It should be possible for someone to collect the school's Emergency AAIs from their storage location and then get back to the ill person within a maximum of 5 minutes.

The School Nurse is responsible for checking the school's Emergency AAIs are in date monthly and replacing as needed.

Written parental permission (consent) for use of the school's Emergency AAIs is stored on SIMS and is included in the pupil's Allergy Action Plan.

11. Catering

SCHS complies with the Food Information Regulations 2014 which requires allergen information relating to the 'Top 14' allergens to be available for all food products prepared, served and sold to customers. The 'Top 14' allergens are:

- Peanuts
- Tree nuts e.g. walnuts, almonds, Brazil nuts, hazelnuts
- Milk
- Eggs
- Fish
- Molluscs e.g. mussels
- Crustaceans e.g. prawns
- Cereals containing gluten e.g. wheat and barley
- Soya / soybeans
- Sesame
- Celery
- Mustard
- Lupin
- Sulphur dioxide and sulphite

How the information is provided depends on how the food is served / sold and will include:

- On a menu, chalkboard or in an information pack
- On a sign or notice or label close to the food
- A label on the food packaging
- Verbal information – staff and pupils are encouraged to ask the catering staff for information about ingredients and allergies.

Other foods can also trigger serious allergic reactions in a small proportion of people e.g.:

- Legumes such as peas and chickpeas
- Fruits and vegetables e.g. onions, tomatoes and citrus fruits
- Seeds e.g. sunflower seeds, poppy seeds and pine nuts
- Herbs and spices e.g. cinnamon, garlic and chives

Anyone (staff and pupils) allergic to foods not in the 'top 14' should inform the school in order that the catering staff can be alerted.

Staff and pupils are encouraged to carefully read ingredient lists and labels and check with catering staff before purchasing food or selecting their lunch choice if they are unsure if it contains their allergens or have any concerns regarding allergies.

The school menu is available for parents to view in advance

The School Nurse will meet with the DFO and Catering Manager at least annually to fully inform them of pupils with food allergies / special dietary needs and share information without delay for any new allergies, or changes to existing allergies.

SCHS has implemented a system to **easily identify junior school pupils** who have food allergies / intolerances in the dining room / during activities where food is served. The system is:

- Each pupil with an allergy uses a blue tray at lunch time. In the Prep School they also have an allergy card with them on the tray that specifies the allergen. The Allergy Champion at the Prep checks the plated meal is correct by using the card on the blue tray and issues the plated meal. For the EYFS girls the Nurse serves them lunch after checking the plated meal with the Allergy Champion and the card on the tray.
- Photographs of pupils (Prep and Seniors) with food allergies are displayed behind the food service counter in the dining room(s) and staff room.

It is the responsibility of Nurse to keep the allergy cards and catering information up to date and to keep the photographs up to date.

Whilst **EYFS children** are eating there should always be a member of staff in the room with a valid paediatric first aid certificate. EYFS children must always be within sight and hearing of a member of staff whilst eating. Where possible, staff should sit facing children whilst they eat so they can make sure children are eating in a way to prevent food sharing and be aware of any unexpected allergic reactions. (EYFS Statutory Framework 1 Sept 2025).

Relevant SCHS staff who eat food prepared by the school caterers will be asked to complete an *'Allergy and Food Intolerance Notification Form'* which will be returned to the Catering Manager if they advise that they have a food allergy or food intolerance.

Water bottles, other drinks and snack boxes provided by parents for pupils with food allergies should be clearly labelled with the name of the child for whom they are intended.

More information on food allergens and food intolerances in general and how they should be managed in the catering environment, is included in the **Food Allergies** section on *myGDST*.

12. Snacks, Cafes Tuck Shops, Bake Sales, Treats and Rewards

SCHS

- Does not allow home-made items to be brought into school. Any shop bought items must have the ingredients listed and be free from nuts. In exceptional circumstance e.g. for pre-arranged cake and bake sales, items must be fully labelled with their ingredients so all allergens can be easily identified. Home-baked, unlabelled items are returned to reception to await being taken home at the end of the day. Any bake sales must be agreed through DFO and SLT due to the risks.
- Staff must not to give pupils sweets / cakes as treats or rewards unless authorised by DFO and provided by the Catering team.

13. Nut Bans

SCHS is a "nut aware" school, committed to providing safe food for all students, staff and visitors.

AllergyUK do not recommend 'No Nuts' policies in schools, as:

- It is not possible to guarantee or enforce a nut free zone,
- Staff cannot monitor all food and snacks brought in from home,
- It may make staff and pupils less vigilant about checking ingredients' labels,
- It can create a false sense of security for staff and pupils with nut allergies,
- It does not safely prepare children and young people for environments where nuts may be present,
- It does not consider the needs of staff and pupils with different food allergies (of which there are many) and it is not practical to restrict them all.

They advocate instead for schools to adopt a culture of allergy awareness and education as it ensures teachers, pupils and all other staff are aware of what allergies are, the importance of avoiding the pupils' allergens, the signs & symptoms, how to deal with allergic reactions and to ensure policies and procedures are in place to minimise risk. SCHS adopt this approach.

medication with them and always keep it close to them. They must not be stored in the hold of the coach or plane when travelling or left in changing rooms at sports fixtures.

Pupils will not be able to attend the school trip / off-site activity if they have not brought all their own emergency medication with them.

A designated member of staff should check the food choices of all younger pupils with food allergies / intolerances on school trips to ensure they are safe for them to eat.

In the event of an allergy incident affecting either pupils or staff on a school trip / off-site visit all details should be recorded and reported to the School Nurse on return to school so that they can be recorded on the **Sphera** accident reporting system.

17. Inclusion and Safeguarding

SCHS is committed to ensuring that all pupils 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.

A group of organisations (Anaphylaxis UK, Allergy UK and the BSACI) reported in 2021 that 32% of children surveyed reported being bullied due to food allergies.

Allergy bullying can have profound consequences on the lives of its victims. They can suffer short-term physical consequences including stress-related reactions that heighten sensitivities as well as long-term effects such as anxiety and depression. Allergy bullying can result in pupils being fearful about attending school and the emotional toll can cause academic performance to suffer.

Pupils with allergies may require additional pastoral support including regular check-ins with their Class or Form Teacher.

Bullying related to allergy will be treated in line with the school's anti-bullying policy

More information about Allergy Bullying and ways to help pupils who suffer from allergies can be found here:

- What are the impacts of allergy bullying?
- Bullying and food allergies

18. Useful Links

- NHS – Allergies https://www.nhs.uk/conditions/allergies/
- Benedict's Law https://benedictblythe.com/benedicts-law/
- Natasha's Law https://www.narf.org.uk/what-is-natashas-law

- Anaphylaxis UK - https://www.anaphylaxis.org.uk
    - Safer Schools Programme https://www.anaphylaxis.org.uk/education/about-safer-schools-programme/
    - Factsheets - http://www.anaphylaxis.org.uk/our-factsheets/
- Allergy UK - https://www.allergyuk.org
    - Resources for managing allergies at school - https://www.allergyuk.org/living with an-allergy/at-school/
- BSACI Allergy Action Plans https://www.bsaci.org/resources/allergy-action-plans/
- Anaphylaxis UK - Emergency Adrenaline Auto-Injectors https://www.anaphylaxis.org.uk/education/essential-guidance-for-schools-on-using-spare-adrenaline-auto-injectors-aais/
- DoH - Guidance on the Use of Adrenaline Auto-Injectors in Schools https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf
- MHRA - Guidance on the Use of Adrenalin Auto-Injectors – June 2023
- MHRA - Clarification that Emergency Adrenaline Auto-Injectors can be administered to anyone in exceptional and life-threatening circumstances updated guidance from the MHRA.
- MHRA - Adrenaline Nasal Spray (Neffy) - needle-free emergency treatment for anaphylaxis approved for use in the UK
- Anaphylaxis UK – Neffy - needle-free emergency treatment for anaphylaxis approved for use in the UK
- DfE - Supporting Pupils at School with Medical Conditions https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf
- DfE Allergy Guidance for Schools (February 2025) https://www.gov.uk/government/publications/school-food-standards-resources-for-schools/allergy-guidance-for-schools
- Food Allergy Quality Standards (NICE, March 2016) www.nice.org.uk/guidance/qs118
- Anaphylaxis: assessment and referral after emergency treatment (NICE, 2020) https://www.nice.org.uk/guidance/cg134?unlid=22904150420167115834
- Allergy Care Pathway for Anaphylaxis https://www.rcpch.ac.uk/resources/allergy-care-pathway-anaphylaxis
- https://theallergyteam.com/
- https://www.narf.org.uk/allergy-school - practical resources to help junior school aged children learn about food allergies

Appendix 1

Serious Allergic Reaction / Anaphylactic Shock Investigation Form

SPHERA reference number: ……..

NAME of affected person ……

Pupil …Yes / No…… Age …… Year …… Class …….

Employee … Yes / No …… Role ……

Visitor Yes / No …….

Known allergy / food intolerance sufferer? …Yes / No…… **Severity**: Severe / Moderate / Minor

Allergens …….

Normal precautions taken to prevent allergen incident:, e.g. Coloured lanyard / wristband, plated meal, front of the queue, staff supervision, photograph behind serving counter

1. Where and when did the incident happen?

Date: **Time**:

Location

- **Where the food was eaten**: ……..
- **Where the ill effects were suffered:** ……

2. What ill effects were caused?

Treatment at school:

Did the person go to hospital?

3. What activities were being carried out at the time of the incident?

Was there anything unusual or different about the environment / activity at the time of the incident?

4. What happened? Please specify what food was eaten / how person came in contact with the allergen

Were the normal precautions in place?

If yes, why were they not sufficient to prevent the incident?

5. Who else was directly involved in the incident? Eg catering staff, teachers / supervising staff, pupils, others

Were there any witnesses?

6. What caused the incident?

Immediate cause:

Underlying / root causes:

7. Had the staff involved been trained in food allergy awareness / prevention?

Yes

- – name / type of training / date
- – name / type of training / date
- – name / type of training / date

No

- - name / reason for not being trained
- - name / reason for not being trained
- - name / reason for not being trained

8. Did the room / area layout influence the incident?

9. Did any other conditions influence the incident?

Part C – Risk control action plan

Steps required to prevent a future incident:

1.

2.

3.

4.

State

1.
2.
3.
4.

Action taken to prevent a future incident:
1. 2. 3. 4.

Other Documentary evidence attached:

1.
2.
3.
4.

Incident investigated by:

Name	**Role**	**Date**

Author of report: **Date of report:**

Report Issued to: **Date**

- Head

- Head of Year (if pupil involved)
- DFO
- Catering Manager
- Head of H&S, GDST Trust Office