FHS
Francis Holland Schools

Allergy and Anaphylaxis Prevention and Management Policy

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Allergy and Anaphylaxis Prevention and Management Policy

This policy applies to:

Francis Holland Regent's Park
Francis Holland Sloane Square
Francis Holland Prep
Francis Holland Schools Trust Staff

Where there are differences between the schools these have been clearly highlighted.

Related Policies:

First Aid and Accident Reporting
Safeguarding and Child Protection

Definitions:

Anaphylaxis	This is a severe allergic reaction that can be life-threatening and must be treated as a medical emergency.
Allergen	This is a normally harmless substance that, for some, triggers an allergic reaction. 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.
Adrenaline Auto-Injector	This is a single-use device which carries a pre-measured dose of adrenaline, an AAI is 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.
Allergy Action Plan	This is a document filled out by a healthcare professional, detailing a person's allergy and their treatment plan. [We recommend using the BSACI Allergy Action Plan paediatric templates which include versions for: people without a prescribed adrenaline pen, and people prescribed with different brands of adrenaline pen. Paediatric Allergy Action Plans - BSACI]
Designated Allergy Lead	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.
Neffy	This is a nasal spray which delivers adrenaline. It is a needle-free alternative to an adrenaline auto-injector approved. Neffy (official name in the UK is EURNeffy) was approved for use in the UK in 2025 and distribution/use started in the Autumn. There is a factsheet attached to this Policy for reference.]
Individual Healthcare Plan	This is a detailed document outlining an individual pupil's medical conditions, history, treatment, risks and action plan. This document should be created by schools in collaboration with parents/carers and, where appropriate, pupils. All pupils with an allergy should have an Individual Healthcare Plan and it should be read in conjunction with their Allergy Action Plan.
Risk Assessment	This is 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.
Spare Adrenaline Pens	Schools are able to purchase spare adrenaline pens. These should be held as a back-up, in case pupils' prescribed adrenaline pens are not available. They can also be used to treat a person who experiences anaphylaxis but has not been prescribed their own adrenaline.

1. Rationale

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

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

Allergy is the most common chronic condition in childhood. On average, one or two children in every class of 30 will have a food allergy so it's vital the whole school community understands allergy, knows how to reduce the risk of an allergic reaction and knows what to do in an emergency.

A severe allergic reaction can cause risk to life but even a mild to moderate reaction or near-miss can have widespread consequences.

Having a robust Allergy and Anaphylaxis Policy ensures everyone:

- is clear on procedures
- understands their responsibility for reducing the risk of allergic reactions happening
- knows how to respond appropriately if an allergic reaction occurs

2. Aims of this policy

This policy aims to:

- Set out our school's approach to allergy management, including how the whole-school community works to reduce the risk of exposure and the procedures in place in case of allergic reaction
- Make clear how our school supports pupils with allergies to ensure their wellbeing and inclusion
- Promote and maintain allergy awareness among the school community

3 Legislation and Guidance

This policy and guidance contained herein, is based on the Department for Education's guidance on allergies in schools and supporting pupils with medical conditions at school, the Department of Health and Social Care's guidance on using emergency adrenaline auto-injectors in schools, and the following legislation:

- Children's Wellbeing and Schools Act 2026
- The Food Information Regulations 2014
- The Food Information (Amendment) (England) Regulations 2019

4 Roles and responsibilities

We take a whole-school approach to allergy awareness. The designated Governor for Safeguarding (which includes allergy management) in the Schools is: Dr Frances Baawuah.

The DfE's Allergy Management Guidance for Schools (2025) includes:

- **Recognition of Allergies**: Schools must recognize the signs of an allergic reaction and be able to manage it effectively.
- **Policy Development**: Schools should develop a robust policy that is made available on their website.

- **Communication**: Regular communication with parents is vital to ensure that allergic pupils ar e not stigmatized and can participate in school life.
- **Support for Allergies**: Schools must support pupils with medical conditions, including allergie s, to ensure they can participate fully and safely in all aspects of school life.
- **Emergency Procedures**: Schools should have clear procedures for managing allergic reactions, including training for staff on allergy and anaphylaxis prevention and management, first aid and emergency response.

Francis Holland Schools do all they can to ensure that the school environment is favourable to pupils with allergies and especially those at risk of anaphylaxis. The Trust acknowledges that we have pupils who are severely allergic to a wide range of food stuffs, with nut allergies being the most common. In order to protect the latter group of pupils we aim for our catering to be as nut free as is reasonably possible. We do request that parents do not send meals, snacks etc. containing nuts into school. However, we cannot police what foodstuffs etc. other pupils may have with them.

In Prep, pupils are not allowed to share snacks at break times, and any cakes / treats that are sent in for birthdays are given out at the end of the day so that parents / carers can decide whether they wish their daughters to have these. No girls or staff bring products containing nuts onto the site.

Our main aim is to empower even our youngest pupils by encouraging them to take "ownership of their allergy" so that they are – age appropriately – aware of allergy self-management, including what foods are safe and unsafe, strategies for avoiding allergens, how to ask questions about food if they are unsure, how to read food labels and the confidence to refuse food if they are unsure of its suitability. We also actively promote the importance of the senior school pupils having their Adrenaline Auto-Injector pen (AAI) with them at all times.

4.1 Designated Allergy Lead

The designated allergy lead in each school is

Sloane Square	Sarah Pittaway
Regent's Park	Colette Mahieu
Francis Holland Prep	Elizabeth McLaughlin

They report to the Head, and are responsible for:

- Promoting and maintaining allergy awareness across our school community.
- Ensuring the safety, inclusion and wellbeing of pupils and staff with an allergy.
- Overseeing the recording and collation of allergy and special dietary information for all relevant pupils.
- Taking decisions on allergy management across the school.
- Being the overarching point of contact for staff, pupils and parents with concerns about allergy management.
- Ensuring that:
    - All allergy information is up to date and readily available to relevant members of staff.
    - All pupils with allergies requiring active management by the school have an Individual Healthcare Plan (previously, an allergy action plan) completed by a medical professional, recording specific arrangements for individuals.

- All staff receive an appropriate level of annual allergy and anaphylaxis training — covering recognition of symptoms, emergency response and the use of adrenaline devices — alongside full understanding of improved incident recording and lessons learnt processes.
- All staff, pupils and parents are aware of the school's policy, guidance and procedures regarding allergies.
- Allergy information is recorded, kept up-to-date and communicated to all staff as necessary [although they have ultimate responsibility, the collation of information may be delegated to another member of staff, for example the school nurse or administrator]. Updated medical information will be requested by the school before the start of each academic year.
- The school (Nurse) keeps a record of any allergic reactions or near-misses, (Operations) reporting these to the appropriate authority (e.g.under RIDDOR) where necessary and ensuring the circumstances are investigated and learnings shared.
- Relevant staff are aware of what activities need an allergy risk assessment.
- Overseeing the keeping stock of the school's adrenaline auto-injectors (AAIs). Spare AAIs will always be available in the school, for use in emergency situations, and staff will know where they are.
- Regularly reviewing and updating the Allergy and Anaphylaxis Prevention and Management Policy.
- There is an anaphylaxis drill carried out once a year.

4.2 School nurse/medical assistant

The school nurse/medical assistant is responsible for:

- Coordinating the paperwork and information from families
- Coordinating medication with families, including that medication is in date.
- Checking spare AAIs are where they should be, and are in date.
- Keeping an adrenaline pen register to include adrenaline pens prescribed to pupils and the school's stock of spare adrenaline pens, including brand, dose and expiry date. The location of spare adrenaline pens should also be documented.
- Providing on-site adrenaline pen training for staff and pupils and refresher training as required e.g. before school trips, school events (i.e., sports days), and for new members of staff.
- Any other appropriate tasks delegated by the Designated Allergy Lead.

4.3 Admissions Team

The admissions team is likely to be the first to learn of a pupil's allergy, as this information is requested as part of the admissions procedure. They work with the Designated Allergy Lead and school nursing team/medical lead to ensure that:

- There is a clear method to capture allergy information or special dietary information at the earliest opportunity [this should be in place before a school visit, an Open Day 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 nursing team, catering team);

- Parents and applicants are informed of catering arrangements during admission events; and
- Plans are made for emergency medication if the child is to be left without parental supervision.
- Parents are asked to update pupil medical information (including that related to allergy) allergy, or whenever any change takes place.

4.4 Teaching and support staff

All teaching and support staff are responsible for:

- Promoting and maintaining allergy awareness among pupils
- Maintaining awareness of our Allergy and Anaphylaxis Policy, guidance and procedures
- Being able to recognise the signs of severe allergic reactions and anaphylaxis
- Attending appropriate allergy training as required
- Being aware of specific pupils with allergies in their care
- Carefully considering the use of food or other potential allergens in lesson and activity planning
- Ensuring the wellbeing and inclusion of pupils with allergies
- Accessing training to help pupils with AAIs in an emergency

4.5 Parents

All Parents are responsible for:

- Being aware of our school's Allergy and Anaphylaxis Prevention and Management Policy and guidance.
- Providing the school with up-to-date details of their child's medical needs, dietary requirements, and any history of allergies, reactions and anaphylaxis.
- Carefully considering any food they provide to their children as snacks, and trying to limit the number of allergens included
- Following the school's guidance on food brought in to be shared
- Updating the school on any changes to their child's condition

Parents of Pupils with known allergies should:

- Work with the school to fill out an Individual Healthcare Plan and provide an accompanying Allergy Action Plan.
- If applicable, provide the school or their child with two in-date, labelled adrenaline pens and any other medication, for example antihistamine (with a dispenser, ie. spoon or syringe), inhalers or creams.
- Ensure medication is in-date and replaced at the appropriate time.
- For senior school pupils who may be travelling to/from school on their own, ensure their child has access to their allergy medication, including two adrenaline pens if prescribed.
- Update school with any changes to their child's condition and ensure the relevant paperwork is updated too.

- 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.

4.6 Pupils with allergies

These pupils are responsible for:

- Being aware of their allergens and the risks they pose. Avoiding their allergens as best they can.
- Understanding that they should notify a member of staff if they are not feeling well, or suspect they might be having an allergic reaction.
- Understanding how and when to use their adrenaline auto-injector.
- If age-appropriate, carrying their adrenaline auto-injector on their person and only using it for its intended purpose (members of staff are still expected to help administer the AAI if the pupil is not able to do so).

4.7 Pupils without allergies

These pupils are responsible for:

- Being aware of allergens and the risk they pose to their peers.
- Abiding by the school rules when it comes to bringing food or aerosols on site which may cause an allergic reaction.

Older pupils might also be expected to support their peers and staff in the case of an emergency.

5 Assessing risk

Allergens can crop up in unexpected places. Staff (including visiting staff) will consider allergies in all activity planning and include it in risk assessments. The school will conduct a risk assessment for any pupil at risk of anaphylaxis taking part in:

- Science experiments involving foods
- Crafts using food packaging
- Off-site events and school trips
- Any other activities involving animals or food, such as animal handling experiences or baking

6 Managing Risk

6.1 Hygiene procedures

- Food is provided for pupils onsite by Accent who always display the potential allergens used in their dishes
- SSQ - The few pupils who have permission to bring their own food on site are reminded of allergens and eat in one room outside the main dining room
- RP – The few pupils who have permission to bring their own food on site are reminded of allergens and the type of food they may bring to school. The school nurse sends a termly reminder to staff and pupils about what type of allergens should not be brought onto the school premises.

- FHP – All girls bring in their own break time snacks, which they are not allowed to share. Parents of pupils are regularly reminded of allergens and the type of food they may bring to school. The school nurse sends a termly reminder to staff and pupils about what type of allergens should not be brought onto the school premises.

6.2 Catering

The school is committed to providing safe food options to meet the dietary needs of pupils with allergies.

- Catering staff receive appropriate training and are able to identify pupils with allergies
- School menus are available for parents to view with allergens clearly labelled
- Food allergen information relating to the 'top 14' allergens is displayed on the packaging of all food products, allowing pupils and staff to make safer choices. Allergen information labelling will follow all legal requirements that apply to naming the food and listing ingredients, as outlined by the Food Standards Agency (FSA)
- Catering staff follow hygiene and allergy procedures when preparing food to avoid cross-contamination

6.3 Food restrictions

We acknowledge that it is impractical to enforce an allergen-free school. However, we would like to encourage pupils and staff to avoid certain high-risk foods to reduce the chances of someone experiencing a reaction. These foods include:

- Packaged nuts
- Cereal, granola or chocolate bars containing nuts
- Peanut butter or chocolate spreads containing nuts
- Peanut-based sauces, such as satay
- Sesame seeds and foods containing sesame seeds
- Nut-based milks (e.g., almond milk)

If a pupil brings these foods into school, they may be asked to eat them away from others to minimise the risk, or the food may be confiscated.

Staff should not bring nut-based products into the staffroom, or indeed into the school at all.

6.4 Insect bites and stings

When outdoors:

- Shoes should always be worn
- Food and drink should be covered

6.5 Animals

- All pupils will always wash hands after interacting with animals to avoid putting pupils with allergies at risk through later contact
- Pupils with animal allergies will not interact with animals

6.6 Support for mental health

Pupils with allergies will have additional support through:

- Pastoral care
- Regular check-ins with their form tutor
- The medical team

6.7 Events and school trips

- For events, including ones that take place outside of the school, and school trips, no pupils with allergies will be excluded from taking part. All trips must carry a spare AAI in their first aid kit.
- For events in school, such as but not limited to, fundraising events which include the sale of food and drink, a full risk assessment must be carried out to determine what can or cannot be sold which safeguards all within our school communities. Further advice on this matter can be found here: https://theallergyteam.com/how-does-natashas-law-affect-school-cake-sales/.
- Allergens will be clearly labelled on catered packed lunches.
- If attending Match Tea at another school, details of their dietary requirements will be sent ahead to ensure they have a safe meal.
- The school will plan accordingly for all events and school trips and arrange for the staff members involved to be aware of pupils' allergies and to have received adequate training
- Appropriate measures will be taken in line with the schools AAI protocols for off-site events and school trips (see section 7.5).

7 Procedures for handling an allergic reaction

7.1 Register of Pupils with AAIs

- When a pupil joins Francis Holland School parents are asked to complete an initial questionnaire informing us of any medical conditions including allergies that would put her at risk of anaphylaxis or allergic reaction. This information is stored on ISAMS and parents also complete an Allergy Action Plan. All teachers and other School staff have up to date health information on all pupils in their care.
- The school maintains a register of pupils who have been prescribed AAIs or where a doctor has provided a written plan recommending AAIs to be used in the event of anaphylaxis. The register includes:
    - Their known allergens and risk factors for anaphylaxis
    - A history of their allergic reactions
    - Whether a pupil has been prescribed medication, including AAI(s) and antihistamines (and if so, what type and dose)
    - A copy of the parental consent to administer medication (including an AAI), and whether parental consent has been given for use of the spare AAI which may be different to the personal AAI prescribed for the pupil
    - A photograph of each pupil to allow a visual check to be made
    - A copy of their Allergy Action Plan.
- The register is kept in the medical room and in the AAI boxes located on site and can be checked quickly by any member of staff as part of initiating an emergency response

7.2 Allergic reaction procedures

- As part of the whole-school awareness approach to allergies, all staff are trained in the school's allergic reaction procedure, and to recognise the signs of anaphylaxis and respond appropriately
- Members of staff are trained in the administration of AAIs – see section 7
- If a pupil has an allergic reaction, the staff member will initiate the school's emergency response plan, following the pupil's allergy action plan. If the pupil has no allergy action plan, staff will follow the school's procedures on responding to allergy and, if needed, the school's normal emergency procedures
- For mild symptoms, (e.g. skin rash, itching or sneezing) antihistamines may be given by the School Nurse, the medical assistant or by the Front Office Staff who are first aid trained in their absence. Antihistamines are included in all trip medical bags that include a first aid kit. The pupil will be monitored to ensure their condition doesn't worsen and parents informed.
- In the case of a pupil without a known history of anaphylaxis and allergy, the medical room should be contacted and appropriate first aid measures should be applied. An ambulance should be called if necessary.
- For severe symptoms, adrenaline is administered via an auto-injector device (Epipen or Jext) into the thigh muscle and may be given through clothing, or via Neffy, a new nasal spray.

7.3 Anaphylactic emergencies

If a pupil shows signs or symptoms of a severe allergic reaction, the School Nurse or first aid trained staff member will be informed immediately who will call an ambulance without delay. All staff are trained in the management and recognition of anaphylaxis and use of AAI and are therefore authorised to administer an AAI in the event of an anaphylactic emergency.

The Human Medicine (Amendment) Regulations 2017 allows all schools to buy AAI devices without a prescription, for emergency use in pupils who are at risk of anaphylaxis and have a current prescription, but their own device is not available or not working. The school's spare AAI should be used on students known to be at risk of anaphylaxis, for whom both medical authorisation and written parental consent for use of the spare AAI has been provided on the Allergy Action Plan. In exceptional circumstances, the Regulations allow for the spare AAI to be used where a child or adult has a severe allergic reaction without prior diagnosis or known allergy. The School Nurse must consult on these occasions before the AAI is given.

In the event of an Allergic reaction the following procedure should be followed;

- Alert a trained first aider immediately / call medical room.
- Send a responsible person to get the student's individual box from the medical room or an Allergy Response Kit.
- Stay with the student and monitor their condition carefully.
- If the student's condition is worsening, and the ambulance hasn't been called, call 999 and make clear it is a child anaphylaxis emergency. Follow school emergency First Aid and Accident Reporting Policy for calling an ambulance, including alerting a member of SLT.
- Administer, if necessary, the AAI, following the specific instructions carefully.

- Once 999 has been called and the AAI administered, the casualty should be managed with DRSABCD (Danger, Response, Send, Airway, Breathing, CPR, Defibrillation) until the ambulance arrives.
- The used AAI must be given to the ambulance crew to take to the hospital.
- The member of staff must inform the medical room of the incident and write an accident report and enter on ISAMS.
- Parents will replace the AAI if necessary.
- the medical team will be immediately alerted and a member of the medical team or a first aider will use the pupil's own AAI, or if it is not available, a school one. The adrenaline quickly reverses the effects of the allergic reaction, but it is short-acting. If necessary, a second AAI can be used if symptoms worsen. The pupil must go to hospital by ambulance if the AAI is used even if they appear well afterwards.
- If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives, or accompany the pupil to hospital by ambulance.

Recognition and management of an allergic reaction/anaphylaxis

Signs and symptoms include:

Mild-moderate allergic reaction:

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

ACTION:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine according to the child's allergy treatment plan
- Phone parent/emergency contact

Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction):

AIRWAY:	Persistent cough Hoarse voice Difficulty swallowing, swollen tongue
BREATHING:	Difficult or noisy breathing Wheeze or persistent cough
CONSCIOUSNESS:	Persistent dizziness Becoming pale or floppy Suddenly sleepy, collapse, unconscious

IF ANY ONE (or more) of these signs are present:

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

2. **Use Adrenaline autoinjector* without delay**
3. **Dial 999** to request ambulance and say ANAPHYLAXIS

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

After giving Adrenaline:

1. Stay with child until ambulance arrives, do NOT stand child up
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement **after 5 minutes, give a further dose** of adrenaline using another autoinjector device, if available.

Anaphylaxis may occur without initial mild signs: **ALWAYS use adrenaline autoinjector FIRST in someone with known food allergy who has SUDDEN BREATHING DIFFICULTY** (persistent cough, hoarse voice, wheeze) – even if no skin symptoms are present.

8 Adrenalin Autoinjectors

8.1 Purchasing of spare AAIs

The School Nurse buys spare AAIs and ensures they are stored according to the guidance.

	Francis Holland Prep	**Regent's Park**	**Sloane Square**
Source	Selles Medical	Selles Medical	Selles Medical
Number of Adult spares	2	7	9
Number of Junior spares	2	1	0
Brand	Epi-Pen	Epi-Pen	Epi-Pen
Emergency Allergy Response Kits location	• Medical Room	• Medical Room • Ivor Place Dining Room • Linhope House front Office • (Paediatric Kit): Medical Room • PE First Aid Kits	• Medical Room • Old School House Refectory • Dining Room • School Office • PE Office

8.2 Storage (of both spare and prescribed AAIs)

- The Trust requires pupils with known anaphylaxis to keep a minimum of one spare AAI on their person at all times. Failure to comply could result in a pupil being sent home from school or excluded from a trip.
- Pupils in the Prep school are not expected to carry their own AAI and this is held in the prep school office or by a member of teaching staff when off site.
- Parents are required to provide the School with at least one spare AAI and one pack of Antihistamine as stated on the Allergy Action Plan and this will be stored in the Medical room. These will be kept in individual boxes clearly labelled with the pupil's phot ID, name and class. They are taken on trips and visits and are allocated to the designated first aider for safe keeping.
- Parents can request the spare AAI for school holidays and is their responsibility to return it on the first day of term.
- It is the responsibility of the parent to ensure that all AAIs are in date and provide a replacement when necessary.

The Allergy Lead will make sure all AAIs are:

- Stored at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature
- Kept in a safe and suitably central location to which all staff have access at all times, but is out of the reach and sight of children
- **Not** locked away, but accessible and available for use at all times

- **Not** located more than 5 minutes away from where they may be needed
- Spare AAIs will be kept separate from any pupil's own prescribed AAI, and clearly labelled to avoid confusion.

Emergency anaphylaxis kit

The school holds an emergency anaphylaxis kit. This includes:

- Spare AAIs
- Instructions for the use of AAIs
- Instructions on storage
- Manufacturer's information
- A checklist of injectors, identified by batch number and expiry date with monthly checks recorded
- A note of arrangements for replacing injectors
- A list of pupils to whom the AAI can be administered
- A record of when AAIs have been administered

8.3 Maintenance of spare AAIs

Sarah Wheeler at Francis Holland Prep, Fleur Chambers at Regent's Park, and Kelly Wilson and Ameera Sheikh at Sloane Square are responsible for checking monthly that:

- The AAIs are present and in date
- Replacement AAIs are obtained when the expiry date is near

8.4 Disposal

AAIs can only be used once. Once an AAI has been used, it will be disposed of in line with the manufacturer's instructions in a sharps bin.

8.5 Use of AAIs off school premises

- Pupils at risk of anaphylaxis who are able to administer their own AAIs should carry their own AAI with them on school trips and off-site events
- A member of staff trained to administer AAIs in an emergency should be present on school trips and off-site events

8.6 Exercise and activity – Physical Education /Out of hours/ Off Site Activities

- Taking part in sports, games and activities is an essential part of School life for all pupils. All PE staff are aware of pupils in their lesson who are at risk of anaphylaxis. All PE staff are first aid trained including management of anaphylaxis and use of AAI.
- All staff talking pupils off site are informed of pupils who carry AAI's and what steps to take in an emergency.

9 Training

The school is committed to training all staff in allergy and anaphylaxis response. This includes:

- How to reduce and prevent the risk of allergic reactions

- Common trigger substances include peanuts, tree nuts, eggs, shellfish, insect stings and certain medicines.
- How to spot the signs of allergic reactions (including anaphylaxis) The signs and symptoms of anaphylaxis vary from one person to another and may include some of or all of the following:
- Urticarial rash anywhere on the body
- Nausea and vomiting
- Dizziness
- Swelling of eyes, lips, tongue and throat
- Cough, wheeze, tightness of chest or shortness of breath
- Sudden collapse or unconsciousness
- Where AAIs are kept on the school site, and how to access them
- The importance of acting quickly in the case of anaphylaxis.
- Symptoms usually occur within minutes of exposure to the 'trigger' substance although in some cases the reaction may be delayed for as much as a few hours.
- The wellbeing and inclusion implications of allergies
- Training will be carried out annually by the medical team.

10 Mental Health and Wellbeing

Allergies can have a significant impact on mental health and wellbeing. Pupils may experience anxiety and depression and are more susceptible to bullying.

- No child with allergies should be excluded from taking part in a school activity, whether on the school premises or a school trip.
- Pupils with allergies may require additional pastoral support including regular check-ins from their Form Tutor/school Nurse.
- Affected pupils will be given consideration in advance of wider school discussions about allergy and school Allergy Awareness initiatives, and
- Bullying related to allergy will be treated in line with the school's Anti-bullying Policy.

11 Review

Policy author/s	RP: Deputy Head Pastoral SSQ: Senior Deputy Head Pastoral Prep: Deputy Head Pastoral
This review	Spring 2026
Approved by	Governance and Nominations Committee: Summer 2026
Date of publication	August 2026
Next review	Autumn 2027