



St Hilda's School
HARPENDEN
Caring, Curious & Confident

ALLERGY AND ANAPHYLAXIS POLICY

Name of Policy	Allergy Policy
Reviewed by	Dan Sayers Natalie Atkins Jan Radgman Daniel James
Review Date	September 2026
Next Review Date	September 2027
To be Read in Conjunction with	• Safeguarding Policy • First Aid Policy • First Aid (Administration of Medicines) Policy
Legislation Referenced	• Children's Wellbeing and Schools Act 2026. • Keeping Children Safe in Education (DfE September 2026) • Equality Act 2010 • Children Act 1989 • Education Act 2002 and the Education (Independent School Standards) Regulations 2014 • Health and Safety at Work etc Act 1974 • The Special Educational Needs and Disability (SEND) code of practice: • The Early Years Foundation Stage (EYFS) statutory framework.

Unless otherwise stated, all Policies of St Hilda's School apply to the school in its entirety. This comprises all staff and pupils in the Early Years Foundation Stage (EYFS), the Junior School (Key Stage 1) and the Senior School (Key Stage 2).

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1. Introduction

In line with Benedict's Law, St Hilda's is committed to providing a safe, inclusive, and welcoming environment for all pupils, staff and visitors with allergies. Recognising the serious and potentially life-threatening risk posed by anaphylaxis, this dedicated policy establishes robust risk-mitigation measures and emergency response protocols.

An allergy is where your body reacts to something (an "allergen") that's normally harmless like food, pollen, dust, insect bites or animals. The symptoms can be mild, but for some people they can be very serious. Asthma, food allergy, eczema and seasonal rhinitis (hay fever) are all forms of allergy.

Anaphylactic reactions usually begin within minutes of being in contact with the allergen i.e. eating a trigger food, although can occur several hours later. Anaphylaxis involves difficulty in breathing and affects the heart rhythm. In extreme cases there can be a dramatic fall in blood pressure leading to collapse.

Once started, anaphylaxis reactions progress quickly. Investigations into fatal anaphylaxis show that there is only a 20-30 minute window of opportunity during which steps can be taken to prevent death – therefore giving emergency adrenaline immediately and calling Emergency Services (999) is crucial. **Anaphylaxis always requires an emergency response.**

Anaphylaxis can occur without any other signs (such as a skin rash) being present. Always consider anaphylaxis in someone with a known food allergy who has sudden difficulty in breathing. Giving adrenaline in this context is very safe and may be lifesaving.

The most common causes of "whole body" allergic reactions – including anaphylaxis – are:

- **Foods.** Under UK law, the following 14 regulated allergens are identified as the most potent and prevalent:
 - celery
 - cereals containing gluten (such as wheat, rye, barley and oats)
 - crustaceans (such as prawns, crabs and lobsters)
 - eggs
 - fish
 - lupin
 - milk
 - molluscs (such as mussels and oysters)
 - mustard
 - peanuts
 - sesame
 - soybeans
 - sulphur dioxide and sulphites (at a concentration of more than ten parts per million)
 - tree nuts (such as almonds, hazelnuts, walnuts, brazil nuts, cashews, pecans, pistachios and macadamia nuts)
- **Insect stings** (e.g. bee or wasp);
- **Medication** (e.g. antibiotics or pain medicines such as ibuprofen);
- **Latex** (e.g. rubber gloves, balloons, swimming caps).

The vast majority of anaphylaxis reactions to food require the person to have eaten the food, although serious allergic reactions can also happen through skin or other contact. Students who have a skin reaction need monitoring every 5 minutes for at least an hour.

St Hilda's has a whole school awareness approach, because it ensures all staff and pupils are aware of what allergies are, the importance of reducing the likelihood of a person coming into contact with their allergen/s, the signs and symptoms, how to deal with allergic reactions and to ensure procedures are in place to minimise risk of exposure.

Coeliac disease and food intolerance can present symptoms which are similar to those of food allergy; it is important that Coeliac disease and food intolerance is managed through dietary avoidance, but these conditions do not pose a risk of anaphylaxis. Coeliac Disease and Gluten Intolerance are covered in section 16 further below.

Eczema, asthma and allergies sometimes occur together – known as the atopic triad. It is important that these are managed properly in order to keep the individual healthy. Asthma training is needed by all staff and an individual's asthma care plan needs to be included with their individual healthcare plan. Asthma is covered further at section 15 below.

St Hilda's understands that severe allergies are included in the Equality Act 2010, which considers a person disabled if they have a physical or mental impairment that has a substantial and long-term negative effect on their ability to carry out normal daily activities. Seasonal rhinitis (such as hay fever) is explicitly excluded from the definition of disability, unless it aggravates the effect of another health condition.

2. Emergency Treatment and Management of Anaphylaxis

Symptoms of Allergic Reaction and/or Anaphylaxis

Symptoms usually come on quickly, within minutes of exposure to the allergen.

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
- mild throat tightness
- sudden change in behaviour

These symptoms can sometimes be treated with antihistamines. If they persist or worsen, Auto-Adrenaline Injectors will be given.

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, persistent cough.
- 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 may 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 can be fatal.

As soon as anaphylaxis is suspected, adrenaline must be administered without delay.

Actions to be taken in the event of suspected Anaphylaxis

- Keep the individual where they are, call for help and do not leave them unattended.
- LIE the individual FLAT WITH LEGS RAISED – they can be propped up if struggling to breathe but this should be for as short a time as possible.
- **USE ADRENALINE DEVICE WITHOUT DELAY** and note the time given. Adrenaline Auto-Injectors should be given into the muscle in the outer thigh or nasal into the nostril. If given to the thigh, rub the site after administering. Specific instructions vary by brand – always follow the instructions on the device.
- CALL 999 and state ANAPHYLAXIS (ana-fil-axis).
- Call parent/carer as soon as possible.
- If no improvement after 5 minutes, administer a second adrenaline device to the opposite thigh to the one in which the first device was administered.
- If no signs of life commence CPR.

Whilst waiting for the ambulance, keep the individual where they are. 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 individuals must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can recur after treatment.

3. Minimising Risk and Exposure to Allergens

Minimising the risk of exposure to allergens is central to ensuring that individuals with allergies are safe from harm. Even a small amount of an allergen can cause a reaction.

Any food can cause a reaction with serious consequences for an individual. Blanket bans can create a false sense of security. Whilst there are 14 key food allergens that cause over 90% of reactions, any food can cause a reaction, and all staff must remain vigilant at all times.

St Hilda's is allergy aware, ensuring that its staff and pupils are actively aware of the risk posed by allergens, take steps to minimise the risk of exposure and have robust emergency response plans in place.

St Hilda's completes a school wide allergy risk assessment that seeks to minimise the risks of exposure to known allergens. The risk assessment will:

- Identify measures to manage the risks of exposure to a food allergen through food provided by the school (including any catering suppliers).
- Identify measures to manage risks of exposure to a food allergen through food brought in by others (for example, parents, pupils, staff).
- Conduct specific risk assessments to manage the risks of exposure to allergens in individuals when planning external visits or trips.
- Adopt reasonable measures to manage the risk of individuals being exposed to known allergens.
- Identify any food used within the curriculum and make adaptations to remove allergens that pose a risk for the whole group not just the pupil who has the allergy.

- Identify non-food allergens within the environment and make adaptations to reduce allergens that pose a risk; for example, therapy or school dogs would require enhanced cleaning and limiting to specific areas, hygiene measures after pupils have worked with the therapy dog.

St Hilda's will ensure that allergies are included in all school risk assessments to identify risks and plan control measures to minimise the risk of exposure.

St Hilda's will ensure that the risk of exposure is minimised by

- Creating and implementing Individual Healthcare Plans for all pupils who have a diagnosed allergy.
- All school staff being given allergy training every year.
- Educating pupils through awareness assemblies and within PSHCE lessons.
- Educating Friends of St Hilda's ("FOSH") members about school expectations for allergy management.
- Communicating with all visiting and temporary staff that they will be teaching a pupil with an allergy, by way of a safeguarding card in each classroom detailing the pupils in that class with any allergies or medical conditions, with their photos. The school will ensure that any temporary and visiting staff have been trained in allergy and anaphylaxis emergency response, and this will be recorded on SmartLog
- Working closely with parents/carers and health professionals to understand a pupil's allergy.
- Monitoring this policy to ensure that the agreed practices are implemented.
- Establishing and maintaining high hygiene standards amongst staff, pupils and visitors.

4. Food Provision and Catering

St Hilda's will manage the risk of food allergy and provide clear information on allergens in food provided by:

- Ensuring the contract with the school catering company is compliant with the Food Standards Authority allergen management regulations.
- Ensuring school caterers provide information on food allergens to parents/carers and have this available for the students to check independently for reassurance.
- Provide pupils' allergen information to caterers in a timely manner to ensure that pupils can eat safely.
- Enabling parents/carers to liaise with the catering company or school chef.
- Ensuring that food is always labelled as unlabelled food poses a potentially greater risk of allergen exposure than packaged food with precautionary ("may contain") labelling suggesting a risk of contamination with allergen. This applies to foods used within the classroom curriculum (e.g. cooking) as well that from the school kitchen or canteen.
- Using red coloured plates to distinguish meals which are to be served to individual pupils with allergies.
- Teaching pupils not to food share, trade food or share utensils or food containers with the reasons why .

When staff provide food for pupils, they receive additional training to ensure they understand how to read labels for food allergens and how to prevent cross-contamination during the handling, preparation and serving of food.

These procedures apply to school led breakfast and after school provision. Where this is provided by a third party, St Hilda's will ensure that this policy is shared and the third-party provider meets the same procedures.

The School does not allow pupils or parents to bring any food items (including pre-packaged foods) into school to be handed out to friends in class, for example as a birthday treat.

Identifying pupils with allergies for the purposes of food provision

In order to identify students with allergies at the point of service, all pupils from Pre-Nursery to Form VI who have an allergy have an individual photo card, with details of their allergy and treatment required, displayed on the wall in the kitchen, in the area where food is prepared. Red plates are used to distinguish meals for pupils with allergies, and two people within the catering team will check that the correct meal is being given to the correct child.

The same photo cards, with details of the allergy and treatment required, are also displayed on the wall in the dining room, above labelled bags containing individually-prescribed Adrenaline Auto-Injectors for any pupils in Forms I to VI. The school's spare Adrenaline Auto-Injectors are stored in labelled hanging bags next to these. These spare devices are for emergency use for ALL pupils (regardless of which form they are in, staff or visitors).

For pupils with allergies in the Reception class, the same photo cards, again with details of the allergy and treatment required, are also displayed in the Reception classroom along with any individually-prescribed Adrenaline Auto-Injectors.

For pupils with allergies in the Pre-Nursery and Nursery classes, the same photo cards, again with details of the allergy and treatment required, are also displayed in the Early Years kitchen, where individually-prescribed Adrenaline Auto-Injectors for any pupils in Pre-Nursery and Nursery are stored.

All individually prescribed Adrenaline Auto-Injectors for pupils in Pre-Nursery, Nursery and Reception follow the child around the school. For lessons in areas of the school other than the EYFS classrooms, any devices are taken by a designated member of staff to whichever room that child is in at any given point in time, including onto the field or playground for playtimes. During lunch, devices are taken to the Dining Room by a designated member of staff for the duration of the time pupils in Pre-Nursery and Nursery are in the dining room and are then passed back to the EYFS staff when the children return to the EYFS classrooms after lunch.

Cleaning of areas where food is provided

In addition to the regular cleaning of school premises, where any pupil at St Hilda's has a contact allergy (that is, is at risk of an allergic or anaphylactic reaction to an allergen), staff will ensure that surface areas (such as chairs and desktops) which may have come into contact with potential allergens will be wiped thoroughly before the pupil in question is present in that room. **St Hilda's is not in a position to guarantee a completely allergen-free environment, rather it seeks to minimise the risk of exposure.**

Friends of St Hilda's events

St Hilda's ensures that events run by Friends of St Hilda's (FOSH) comply with this Policy and that FOSH members who are serving food have a basic awareness of allergen management.

5. Medication and Adrenaline Auto-Injectors (AIs)

People at risk of anaphylaxis are prescribed two Adrenaline Auto-Injectors. Please see below for details of how both prescribed and emergency spare AIs are stored at St Hilda's.

Serious anaphylaxis is a time critical situation; delays in administering adrenaline may lead to a fatal reaction. An AI needs to be administered within 5 minutes so should be stored in an appropriate central location that is unlocked and accessible at all times (including during wrap around care).

AIs must be stored at room temperature, in line with manufacturer's guidelines (the recommended temperature range for storage is 15-25°C) and not be exposed to extremes of heat. They should not be refrigerated or left in direct sunlight.

Spare AIs

The Human Medicines (Amendment) Regulations 2017 permit "spare" adrenaline devices to be used for the purpose of saving a life. This might be, for example, a child or member of staff presenting for the first time with anaphylaxis due to an undiagnosed allergy.

Storage of AIs at St Hilda's

i. Pre-Nursery and Nursery

Individually prescribed AIs for pupils in the Pre-Nursery and Nursery classes are stored in labelled hanging bags in the Early Years kitchen, again with photo cards of the individual pupil and details of the allergy and treatment required. When pupils in the Pre-Nursery or Nursery classes are taken to any area of the school other than the Pre-Nursery/Nursery classrooms and outdoor area, all individually prescribed AIs "follow the child around the school", therefore are carried by a designated member of staff to whichever room the child is in at any point in the school day.

ii. Reception

Individually prescribed AIs for pupils in Reception are stored in the Reception classroom, in labelled hanging bags below photo cards of the individual pupil and details of the allergy and treatment required. When pupils in the Reception class are taken to any area of the school other than the Reception classroom, all individually prescribed AIs "follow the child around the school", therefore are carried by a designated member of staff to whichever room the child is in at any point in the school day.

iii. Form I to Form VI

Individually prescribed AIs for pupils in Forms I to VI are stored in labelled hanging bags on the wall in the Dining Room, below photo cards of the individual pupil and details of the allergy and treatment required.

iv. Lone teachers in KSI

As an exception to 5(iii) above, in the situation where a KSI class has a lone teacher, any individually prescribed AI for pupils in that class will be stored in labelled hanging bags in the classroom, to ensure easy access by a lone teacher in charge, and the taken to the Dining Room for the duration of lunch break.

v. ***Spare Adrenaline Devices***

St Hilda's holds spare adrenaline devices for use in emergency situations. These are not a replacement for a student's own adrenaline device. Students prescribed adrenaline are expected to have their own adrenaline devices with them at school, which are stored in the manner set out at sections 5i-iii above.

St Hilda's holds two spare "EpiPen" branded AAls, one with 0.15mg dosage and one with 0.3mg dosage.

These are located in a red hanging bag on the wall in the dining room, labelled "SCHOOL EPIPENS" (see also the school **First Aid (Administration of Medicines) Policy**).

The Business Manager is responsible for checking that AAls are in date and remain clear (not cloudy) on a monthly basis, and will secure replacements one month before the current adrenaline device expires. The task of carrying out these checks may be delegated to a designated member of staff in the School Office.

AAls that are used will be disposed of in a sharps box, kept {insert} or given to the paramedic. AAls that are out of date or where the adrenaline has degraded will be taken to a pharmacy to be disposed of.

Action to be taken in the event of an anaphylactic reaction

All staff are aware of the following action to be taken in the event of anaphylactic reaction:

- Adrenaline should be administered as soon as possible, within five minutes. Do not wait to contact the emergency services before administering adrenaline.
- The child, young person or individual should not be moved. AAls should be brought to them (whether their own prescribed AAls or "spare" AAls).
- If the child, young person or individual has their own prescribed AAls, these should be used in the first instance.
- If the child, young person or individual does not have prescribed AAls, the school's "spare" AAls can be used.
- If the child, young person or individual's prescribed AAls are not available or misfire, the school's "spare" AAls can be used.
- If the individual has serious allergy and asthma and there is any doubt if they are presenting with anaphylaxis or having an asthma attack always administer the adrenaline first.

The Human Medicines (Amendment) Regulations 2017 do not require consent to have been obtained for "spare" adrenaline devices to be used. In an emergency situation anyone may take reasonable action to save a life without checking whether prior consent has been given.

6. Staff Training and Emergency Response

All staff, including teaching staff, support staff, catering staff and others who may oversee students including at breakfast or after school clubs are trained in allergy awareness and emergency response. St Hilda's is responsible for ensuring that supply, cover, coaching, and peripatetic staff have received allergy awareness training.

Training is carried out through in person interactive training (including a face to face paediatric first aid course) and online training through SmartLog and includes the following:

- Allergy awareness, the risks it poses, how allergic reactions occur and how to manage them
- Allergy includes multiple co-existing conditions: asthma, eczema, hay-fever
- Understanding the difference between food allergy, intolerance and coeliac disease
- Understanding that a student can be allergic to any food, not just the top 14 allergens
- Recognising the symptoms of allergic reactions and what treatment is needed
- the symptoms of anaphylaxis and what treatment is needed
- Knowing how to locate and administer adrenaline or an asthma inhaler. All types of adrenaline devices are used to train with as the pupil may have different ones to the spare adrenaline
- How to report an allergic reaction including
 - Mild to moderate
 - Anaphylaxis
 - Near miss/incident
- Understanding their responsibilities in risk reduction to ensure that pupils are prevented from coming into contact with their allergens
- Understanding the impact that allergy can have on a pupil's wellbeing
- Understanding the school's allergy safety policy and
 - How to check if a pupil is on the record of those with a known allergy
 - How to use an allergy or asthma action plan

Emergency preparedness

St Hilda's will annually hold a practice response to anaphylaxis, review how the practice went and update policy and procedures.

Throughout the year staff will be reminded of key aspects of the policy such as:

- how to find out who has an allergy
- the storage of spare adrenaline
- practice with adrenaline trainer devices

St Hilda's will communicate key messages regarding risk reduction leading up to events, trips and end of term celebrations.

During fire drills or lockdown practices, St Hilda's will ensure that a student's adrenaline device is with them. During any fire drill or practice evacuation, a designated member of the Office staff is responsible for collecting all the adrenaline devices which are stored in the Dining Room. In the event of a real emergency evacuation (not a practice or drill), that designated member of staff will collect all the adrenaline devices **if it is safe for them to do so**.

7. Roles and Responsibilities

Allergy lead and governing body

The Allergy Lead at St Hilda's is Natalie Atkins, a member of the senior leadership team who is responsible for allergy safety which includes driving the implementation of the allergy safety policy and contributing to the review of the policy.

The Head, the Allergy Lead, the Head of Early Years and the Business Manager are responsible for ensuring that the school's policy sets out the arrangements to reduce the risk of individuals coming into contact with their known allergens and sets out the emergency response plan for cases of

anaphylaxis. The Business Manager may delegate various duties in this regard to a designated member of the School Office staff.

The Head and Board of Governors monitor this policy with it being a standing agenda item at Board meetings. The governor who works closely with the allergy lead and reports to the meetings is Dr Katharine Solomons.

St Hilda's includes the risks pertaining to students and staff with allergy on the school's risk register.

The allergy lead is responsible for:

- holding a register of pupils and staff with allergies including whether they hold adrenaline and whether they have an allergy action plan
- ensures that systems are robust for the identification of pupils at mealtimes
- Communication about:
 - the policy
 - the pupils who are on the register of those with allergies
 - the importance of recording and reporting near misses and incidents
- Communication with
 - governors to provide updates about the policy implementation
 - Health and Safety and Designated Safeguarding Leads to keep allergy safety as part of their roles
 - Parents/carers to enable them to input into IHPs (Individual Healthcare Plans) and to request allergy action plans when appropriate
 - Pupils to develop an understanding of allergy through information assemblies and workshops, participating in awareness days and weeks
- Overseeing the creation and communication of IHCPs.
- Training
 - ensuring that all staff annual training and that allergy is included in induction
 - ensures that all staff have the opportunity to practice with trainer adrenaline devices
 - at least annually but ideally a few times a year.

Business Manager:

The Business Manager is responsible for:

- Communication with outside agencies such as the Health and Safety Executive (HSE) if a report under RIDDOR is needed.
- Communication with the school's catering supplier regarding the procedures in the kitchen and procedures for ensuring that pupils with an allergy are provided with a safe meal.
- Ensuring that spare AAls are in date, and securing replacements before the expiry date.

Admissions Officer:

The Admissions Officer is responsible for collecting information relating to allergies and other medical conditions during the enrolment process by way of the New Starter Form, and for recording this on engage and sharing with the School Office. The School Office will then prepare the photos and allergy/medical condition information to be displayed in the school kitchen, and will share this information with staff and the school's catering supplier.

This information will also be used by the Allergy Lead in the production of the Individual Healthcare Plans.

All Staff:

All staff at St Hilda's are responsible for

- understanding their role in implementing this policy, recognising signs of allergic reactions, and acting swiftly in an emergency;
- supporting the creation of the students IHCP;
- implementing the students IHCP;
- creating an inclusive curriculum;
- curriculum adaptation to minimise risks;
- completing risk assessments for curriculum activities involving food, trips and visits including sporting events;
- building proactive relationships with parents/carers;
- reporting near misses and incidents.

Parents:

Parents are responsible for:

- adhering to this policy;
- providing the school with the information they need to create individual health care plans;
- updating the school when reactions happen outside of school or any changes to the student's allergy and its management;
- ensuring that the student always has in date medication with them at school.

8. Identification of Individuals with Allergies

Admissions Data Collection for Pupils

St Hilda's collects detailed medical information from parents/carers regarding known allergies, dietary restrictions, and treatment histories prior to admission, via the New Starter Medical Form which is required for all pupils prior to admission. This information is then recorded by the Admissions Officer and/or the School Office both on the school's MIS system (currently engage) and within the physical file for each pupil held in the school office. The information is also shared with the school's catering suppliers and all staff.

This information is likewise also obtained and shared in relation to all prospective pupils who visit the school premises during the school week as part of the admissions process, and are present in the school for any time in the absence of a parent / guardian. Information relating to medical conditions, including allergies, are not obtained in relation to prospective pupils who are visiting the school under the constant supervision of a parent / guardian in the course of a weekday or weekend open event or activity day.

Information Sharing

The UK GDPR does not prevent the sharing of a pupil's health information (special category data). Relevant information is securely compiled and shared as necessary, as detailed above, in a controlled way with teaching staff, support staff, supply cover, and catering teams while maintaining appropriate data privacy.

Staff

All joining staff are required to complete a pre-employment questionnaire, which includes whether they have any allergies. If an allergy is declared, there will be a discussion and action plan created to ensure that the member of staff has a safe working environment.

Visitors and regular volunteers

Visitors and regular volunteers are asked about allergies ahead of their visit. If an allergy is declared, the allergy lead will be notified, and this information will be communicated as necessary to ensure that the visitor or regular volunteer has a safe working environment.

9. Student Individual Healthcare Plans (IHCPs) and Allergy Action Plans

Allergy action plans

These are clinical documents that are created by a GP / consultant/paediatrician/allergy nurse or allergy clinic, which detail the pupil's allergy and medication. They contain parent/carer contact details and must be signed by the parent/carer as the parental authority to administer medication including the administration of spare adrenaline devices.

These will only be updated by the medical professional following a review of the pupil's allergy management, this could be annually or 5 yearly. Parents/carers or school need to update the photo of the pupil annually so that the student is recognisable. Parents / carers will also need to provide a new copy of the Allergy Action Plan at the start of every new academic year in September.

Allergy action plans are issued for pupils who have an IgE food allergy and often a venom allergy that could lead to anaphylaxis. They are not issued for all allergies. Pupils with non IgE allergies don't experience anaphylaxis and so an allergy action plan is not issued.

Individual Healthcare Plans (IHCPs)

Individual healthcare plans are an essential communication tool that provide clarity about the arrangements which need to be in place to ensure that a pupil is fully included in the life of the school. It will identify exact risk-mitigation measures that need to be followed.

Individual Healthcare Plans are school owned documents that are co-created by school, parents/carers and pupils. They should include any advice received from health professionals.

Where a pupil has an allergy action plan and or an asthma plan, this must be included with the IHCP. It is good practice to review IHCPs annually or when staff change however they must be reviewed if an incident or near miss occurs. They need to be brought to the attention of supply or cover staff.

Duties of the school in relation to Allergy Action Plans and IHCPs

St Hilda's will ensure that

- Pupils with an allergy action plan and/or an asthma plan have an individual healthcare plan;
- Pupils without an allergy action plan or asthma plan but who have an allergy that needs active management over and above what other pupils need will have an individual healthcare plan;

- individual healthcare plans are created for any pupils who are awaiting a diagnosis.

10. School Trips, External Visits and Sporting Fixtures

St Hilda's ensures that pupils with allergies are fully included in all trips, sporting events, or co-curricular activities. A risk assessment addressing the potential for allergen exposure in each activity, emergency medication, transport, and proximity to local emergency care will be undertaken with control measures identified. In order to ensure that the pupil is safe and included, alternative activities will be planned where necessary. This will include the safe storage of adrenaline for the duration of the school trip.

Staff leading school trips will ensure they carry all relevant emergency supplies. Before departure, trip leaders will check that they have any personal AAs or other medication (e.g. antihistamines) prescribed for any pupils on the trip. Pupils unable to produce their required

For away sports fixtures, St Hilda's will notify the host school of all visiting St Hilda's pupils with allergies and/or medical conditions, regardless of whether it is asked by the host school and whether it has been confirmed in advance that food will be provided by the host school.

11. Serious Incidents and "Near Misses"

St Hilda's approaches serious incidents and "near misses" in a "no blame" spirit, seeking to learn lessons and address any issues which the incident identified, so that pupils are better protected in the future.

St Hilda's is aware that, in the event of an incident, materials such as residues of food consumed or handled, or samples of fluids may constitute evidence, which may need to be seized and retained.

St Hilda's uses CPOMS to record allergic reactions (incidents) and near misses (e.g., accidental exposure without reaction, or labelling errors) immediately. The incident or near miss will be reviewed and a report written.

St Hilda's will share any such reports with the pupil's parents/carers and the individual involved. They will be given the opportunity to discuss what happened and to contribute their views to the consequent review into lessons learned. St Hilda's will confirm and document what has been learned from the incident and outline any actions it is taking as a result. The student's IHCP will be updated if necessary.

If unsafe food was supplied by the school operating as a food business, the incident must be reported to the local authority environmental health team.

12. Wellbeing and Support

At St Hilda's, allergy safety is a priority and actions to ensure that pupils are included and safe are embedded into the school's culture.

Staff at St Hilda's recognise that pupils with an allergy may become anxious as a result of their risk of exposure to allergens and the potential for anaphylaxis, which may be compounded by living with difficult-to-control asthma or eczema.

St Hilda's will do the following to support the wellbeing of its pupils:

- regularly communicate to pupils, parents and staff about allergies, ensuring ongoing awareness and appreciation of the severity of the potential risks;

- include allergy and anaphylaxis lessons during assembly, tutor time or in PSHCE lessons;
- plan school celebrations, rewards, and communal events inclusively from the outset to
- involve pupils and staff with allergies in developing and reviewing the policy and procedures for allergy management;
- understand that any bullying in relation to allergies is extremely serious and actively monitor, prevent, and address any stigmatisation or bullying directed at individuals due to their allergies or dietary constraints;
- invite new joiners with allergies to have a tour of the kitchen and canteen so they can meet staff and get used to the mealtime environment which may help to reduce anxiety and enable staff to identify pupils with allergies in the dining room;
- ensure proactive engagement with new joiners with known allergies, setting out the school, college or setting's policies and the support available.

13. School policy specifically in relation to nuts

St Hilda's requests that nuts or products containing nuts are not brought into the school setting, including outdoor areas.

St Hilda's is not in a position to guarantee a completely nut free environment, rather it seeks to minimise risk of exposure and encourage self-responsibility.

This Policy also applies to food brought into the staff room for consumption by staff, including both pre-packaged and home-made food items. If a member of staff brings in a home made item, this must be displayed with all ingredients listed and a notice that the provider cannot guarantee no cross contamination. A template form is available in the staff room for this purpose.

Any food brought into St Hilda's for FOSH events such as the Christmas Bazaar and Friday Treats will be subject to this policy and must be nut free.

14. Pupils' snack boxes

Pupils must only bring in the following foods in snack boxes in order to limit the possibility of nut / nut containing products and to encourage healthy eating: fruits/vegetables, plain crackers, oat cakes and/or rice cakes.

In the case of pre-packaged foods,. Parents should check food packaging for the following labels:

- Not suitable for nut allergy sufferers
- This product may contain nuts
- This product may contain traces of nuts

Snack times will be monitored by staff for products containing nuts and to limit food sharing. Snack box items will be removed and disposed of by staff if found to contain nuts or nut products.

Staff will ensure that all pupils sit down to eat their snacks, either on the astroturf or under the covered walkway, under the supervision of a member of staff at all times.

15. Asthma and Use of Inhalers

St Hilda's collects detailed medical information about all medical conditions, including asthma, via the New Starter Form which is required for all pupils prior to admission. This information is then recorded by the Admissions Officer and/or the School Office both on the school's MIS system (currently engage) and within the physical file for each pupil held in the school office. The information is also shared with all staff.

Storage of inhalers

Individually prescribed inhalers for pupils with asthma are stored in red labelled bags with a photo card of the relevant pupil and the treatment required in the event of an asthma attack.

For pupils in Pre-Nursery and Nursery, these inhalers and photo cards are stored on the wall in the EYFS kitchen. For pupils in Reception, these inhalers and photo cards are stored on the wall in the Reception classroom. For all pupils in the Early Years (Pre-Nursery, Nursery and Reception), individually prescribed inhalers "follow the child around the school", therefore are carried by a designated member of staff to whichever room the child is in at any point in the school day.

For pupils in Forms I-VI, these inhalers and photo cards are stored on the wall in the Dining Room.

Asthma Symptoms

The most common day-to-day symptoms of asthma are:

- Dry cough
- Wheeze (a 'whistle' heard on breathing out) often when exercising
- Shortness of breath when exposed to a trigger or exercising
- Tight chest
- Tummy ache in younger children.

How to respond to an Asthma attack

In the event of an asthma attack, staff will take the following steps:

- Stay with the child and keep them calm. Anxiety can worsen symptoms.
- Sit them upright (do not lie them down).
- Give their reliever inhaler immediately, through a spacer if available.
- Follow their personalised Asthma Action Plan if the school has one.
- Use the school's emergency inhaler if their own is unavailable or ineffective and parental consent exists.
- Send someone to get help while one adult stays with the child.
- Check for severe symptoms which indicate a medical emergency, such as:
 - Difficulty speaking
 - Inability to walk
 - Extreme breathlessness
 - Drowsiness or exhaustion
 - No improvement after inhaler use
- Call 999 if symptoms worsen or do not improve after treatment

16. Coeliac Disease

Coeliac disease is a serious autoimmune condition where the body's immune system reacts to gluten. Coeliac disease is not an allergy or food intolerance and the only treatment is a strict gluten free diet for life.

St Hilda's collects detailed medical information about all medical conditions, via the New Starter Form which is required for all pupils prior to admission. This information is then recorded by the Admissions Officer and/or the School Office both on the school's MIS system (currently engage) and within the physical file for each pupil held in the school office. The information is also shared with the school's catering supplier and all staff.

In the case of pupils with coeliac disease, the school will take the steps as set out above in this policy to minimise the risk of exposure to foods containing gluten.

This section will also apply to cases of non-coeliac gluten sensitivity, where a pupil has received medical advice to avoid gluten.

17. Safeguarding

St Hilda's recognises that a safeguarding referral may be needed if an incident highlights concerns that a child might be at an increased risk of being neglected, abused or exploited by persons inside or outside of their family unit because of their medical condition. This might occur where relevant information about a child or young person's medical condition is not provided to a school, college or setting, or where they are repeatedly sent without essential medication, thereby putting the individual at risk.

18. Unacceptable Practice

All staff at St Hilda's are clear about what constitutes unacceptable practice and are committed to ensuring that only good practice occurs. Should unacceptable practice occur the school will follow its own procedures to identify and address this using staff conduct policies.

Examples of unacceptable practice include (but are not limited to):

- preventing pupils from easily accessing and having their medication administered in line with what is agreed in their Individual Healthcare Plan (for example prescribed adrenaline devices and asthma reliever inhalers) when and where necessary;
- assuming that every pupil with the same condition requires the same support;
- assuming that older pupils do not require support related to their allergy, even if they are able to take increasing responsibility for its management;
- ignoring the views of the pupil or their parents or carer;
- ignoring medical evidence or the opinion and advice of healthcare professionals;
- assuming that a pupil does not have an allergy because they do not yet have a diagnosis, for example while medical investigation is under way;
- sending a pupil who becomes unwell to a school office or medical room without suitable supervision. In the case of an emergency or suspected emergency (for example anaphylaxis) help should come to the pupil;
- penalising pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments and health management. This includes excluding

pupils from rewards for 100% attendance where their non-attendance is the result of a medical condition. This should be reflected in attendance policies;

- requiring parents / carers (or otherwise making them feel obliged) to attend the school, college or setting to administer medication or provide medical support to their child; or
- preventing pupils from participating or creating unnecessary barriers to them participating in any aspect of school life, including external visits and trips, e.g. by requiring parents to accompany the pupil. This does not prevent the school from making arrangements for a parent to accompany a pupil on a trip, where this has been offered by the parent and is considered by the school to be the best practice in the individual circumstances for ensuring the safety and wellbeing of the pupil in question.

19. Statutory Duties

The duties under Section 34 of the Children's Wellbeing and Schools Act 2026 place a requirement on LA-maintained schools, Academies and PRUs to have allergy safety policies, publish them and keep them under review.

The duty of care under section 3 of the Children Act 1989 for any person with the care of a child to do all that is reasonable for the purposes of safeguarding or promoting the welfare of the child;

The duties to safeguard and promote the welfare of pupils and students under sections 20 and 175 of the Education Act 2002, the Education (Independent School Standards) Regulations 2014 (and associated statutory guidance Keeping Children Safe in Education) and the Non-Maintained Special Schools (England) Regulations 2015;

The duty of the employer under section 2 of the Health and Safety at Work etc Act 1974 to take reasonable steps to ensure that employees are not exposed to risks to their health and safety;

The duties under the Equality Act 2010 to provide equality of opportunity for all, including those who are disabled.

The Special Educational Needs and Disability (SEND) SEND code of practice: 0 to 25 years.

The Early Years Foundation Stage (EYFS) statutory framework.

20. Further resources

The following further resources are available to support schools and families in relation to allergy and anaphylaxis:

Anaphylaxis UK: <https://www.anaphylaxis.org.uk/education>

Allergy UK: <https://www.allergyuk.org/about-allergy/types-of-allergies>

Allergy Safety in Schools July 2026: <https://www.gov.uk/government/publications/allergy-safety-in-schools>

Department of Health 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

Spare Pens in School: <https://www.sparepensinschools.uk>

Benedict's law: <https://benedictblythe.com/benedicts-law>
<https://www.anaphylaxis.org.uk/education/benedicts-law>

Food:

Allergy Guidance for Schools: <https://www.gov.uk/government/publications/school-food-standards-resources-for-schools/allergy-guidance-for-schools>

Allergy Guidance for food businesses: <https://www.gov.uk/government/publications/allergen-guidance-for-food-businesses>

21. Policy Review and Publication

This policy is published on the school website and will be reviewed annually, by the Senior Management Team, in line with the school's review schedule for policies.