

ALLERGY SAFETY POLICY

Policy Title: Allergy Safety Policy	Effective Date:	Sept 2026
Staff Member Responsible: Allergy Lead Rachel Hope-Johnstone, Lead Health and Wellbeing Nurse	Review Date:	Sept 2027

ALLERGY SAFETY POLICY

1. Aims and Objectives

This policy outlines Westonbirt School's approach to allergy management, in line with the Department for Education's draft [statutory] guidance published in 2026 ([Supporting children and young people with medical conditions and allergy](#)). It also anticipates the likelihood of Benedict's Law coming into force in 2027.

Benedict's Law will introduce a consistent national framework for allergy safety in schools, requiring whole-school allergy policies, mandatory staff training, access to adrenaline devices, and the creation of Individual Healthcare Plans for pupils with allergies.

This policy outlines how the whole-school community works to reduce the risk of an allergic reaction occurring, and the procedures in place to respond effectively if one does. It also sets out how we support our pupils with allergies to ensure their wellbeing and inclusion, as well as demonstrating our commitment to being an allergy-aware school.

This policy applies to all staff, pupils, parents and visitors to the school and should be read alongside the First Aid Policy, Medical Conditions Policy and Medication Management Policy

What is Allergy?

Allergy occurs when a person reacts to a substance that is usually considered harmless. It is an immune response and instead of ignoring the substance, the body produces histamine which triggers an allergic reaction.

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

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

An allergy is different to an intolerance. Whilst an intolerance may cause uncomfortable symptoms it does not involve the immune system.

2. Definitions

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

ALLERGEN: A normally harmless substance that, for some, triggers an allergic reaction. You can be allergic to anything. The most common allergens are food, medication, animal dander (skin cells shed by animals with fur or feathers) and pollen. Latex and wasp and bee stings are less common allergens.

Most severe allergic reactions to food are caused by just 9 foods. These are eggs, milk, peanuts, tree nuts (which includes nuts such as hazelnut, cashew nut, pistachio, almond, walnut, pecan, Brazil nut, macadamia etc), sesame, fish, shellfish, soya and wheat.

There are 14 allergens required by UK law to be highlighted on pre-packed food, referred to as the "main 14" in this template. These allergens are celery, cereals containing gluten, crustaceans, egg, fish, lupin, milk, molluscs, mustard, peanuts, tree nuts, soya, sulphites (or sulphur dioxide), and sesame.

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ADRENALINE AUTO-INJECTOR: Single-use device which carries a pre-measured dose of adrenaline. Adrenaline auto-injectors are used to treat anaphylaxis by injecting adrenaline directly into the upper, outer thigh muscle. Adrenaline auto-injectors are commonly referred to as AAls, adrenaline pens or by the brand name EpiPen. There are two brands licensed for use in the UK: EpiPen and Jext Pen. For the purposes of this Policy we will refer to them as Adrenaline Devices or ADs to include other adrenaline devices such as EURNeffy (see below)

ALLERGY ACTION PLAN: This is a document filled out by a healthcare professional, detailing a person's allergy and their treatment plan¹.

ASTHMA: Asthma is a common, long-term condition which effects the lungs. People with asthma have airways that are more sensitive and can become inflamed and narrow on exposure to certain triggers. This can lead to difficulty in breathing.

ASTHMA ACTION PLAN: This is a document filled out by a healthcare professional, detailing a person's asthma, information about triggers, symptoms, medicines to be used if they have asthma symptoms, and when to seek emergency help when they have an asthma attack.²

DESIGNATED ALLERGY LEAD: The member of staff responsible for overseeing allergy and asthma management across the school and acting as the main point of contact for pupils, parents and staff. This is referred to as the named senior leader in the statutory guidance.

EMERGENCY RESPONSE PLAN: A document (also known as a Critical Incident Plan) that outlines a school's procedure for managing an emergency and should be fit for purpose to manage a serious allergic reaction (anaphylaxis).

EURNEFFY: EURNeffy (also known as Neffy) is a nasal spray which delivers adrenaline. It is a needle-free alternative to an adrenaline auto-injector.

INDIVIDUAL HEALTHCARE PLAN: 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 that requires active management should have an Individual Healthcare Plan and it should be read in conjunction with their Allergy Action Plan.

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

SPARE ADRENALINE DEVICES: Schools are able to purchase spare adrenaline **devices**. These should be held as a back-up, in case pupils' prescribed adrenaline **devices** are not available.

¹ The Allergy Team recommends the BSACI Allergy Action Plan paediatric templates which include versions for: people without a prescribed adrenaline device, and people prescribed with different brands of adrenaline device. [Paediatric Allergy Action Plans - BSACI](#)

² The Allergy Team recommends the Asthma and Lung UK Asthma Action Plan template. <https://www.asthmaandlung.org.uk/conditions/asthma/child/manage/action-plan>

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They can also be used to treat a person who experiences anaphylaxis but has not been prescribed their own adrenaline.³

3. ROLES AND RESPONSIBILITIES

Westonbirt School takes a whole-school approach to allergy management.

3.1 Named Allergy Governor

The Named Allergy Governor is Mark Dingle. They work in partnership with the Designated Allergy Lead to ensure allergy safety is overseen at governing body level. They are responsible for:

- Ensuring allergy-related risks are included on the school's risk register and actively managed by the governing body;
- Providing strategic oversight of the school's Allergy Safety Policy, ensuring it is reviewed at least annually and published on the school's website;
- Acting as the governing body's named point of contact for allergy-related matters;
- Satisfying themselves that the school's allergy management arrangements meet legal and statutory requirements and reflect best practice;
- Receiving regular updates from the Designated Allergy Lead and ensuring the governing body is appropriately sighted on allergy compliance; and
- Reviewing records of allergic reaction incidents and near-misses and ensuring the school acts on any learnings to reduce the risk of future incidents.

3.2 Designated Allergy Lead

The Designated Allergy Lead is Myles Nash. They report into Mark Dingle and Dina Provic, The Head of the Senior School. They are responsible for:

- Leading the publication and implementation of a school-wide Allergy Safety Policy;
- Ensuring the safety, inclusion and wellbeing of pupils, staff and visitors with an allergy;
- Taking decisions on allergy management across the school;
- Championing and practising allergy and asthma awareness across the school;
- Being the overarching point of contact for staff, pupils and parents with concerns or questions about allergy management;
- Ensuring allergy information is recorded, up-to-date and communicated to all staff⁴;

³ Currently only EpiPen and Jext pens are legally available for schools to hold as spares but legislation is likely to change soon, making EURNeffy (approved for use in the UK in 2025) available to purchase.

⁴ Although the Designated Allergy Lead will have ultimate responsibility, the collation of information may be delegated to another member of staff, for example the school nurse or administrator.

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- Making sure all staff are appropriately trained, have good allergy awareness and realise their role in allergy management (including what activities need an allergy risk assessment);
- Ensuring staff, pupils and parents have a good awareness of the school's Allergy Safety Policy, and other related procedures⁵;
- Reviewing the school's stock of spare adrenaline devices (checking the school has an appropriate number for the setting, that they hold the correct dose, that spare adrenaline devices are stored appropriately) and ensuring staff know where they are;
- Keeping a record of any allergic reactions or near-misses, reporting these to the governing body and appropriate authority (e.g. Under RIDDOR) where necessary, investigating the incidents and ensuring that the findings of investigations into incidents are used to update relevant policies and procedures.
- Regularly reviewing and updating the Allergy Safety Policy; and
- Ensuring there is an annual anaphylaxis drill at and that lessons learned are used to update the allergy safety policy and school procedures as appropriate.

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

3.3 School nurse/ Healthcare team/ Medical Lead

Rachel Hope-Johnstone, Lead Health and Wellbeing Nurse and the Health and Wellbeing team are responsible for:

- Collecting and coordinating the paperwork (including Allergy Action Plans, Asthma Action Plans and Individual Healthcare Plans) and information from families to ensure that arrangements are in place before the pupil starts, or within 2 weeks for a mid-year transfer, liaising with the admissions team as needed;
- Working with HR to keep an updated list of staff with allergies (and creating an individual healthcare plan if necessary) and ensuring arrangements are in place to support them;
- Supporting the Designated Allergy Lead with disseminating this information to all school staff, including the catering team, occasional staff and those running clubs
- Ensuring the information from families is up-to-date and reviewed annually (at a minimum), coordinating medication with families and ensuring medication is in date⁶;

⁵ Consider obtaining and recording confirmation from staff that they have read and understood the policy.

⁶ While it is the responsibility of parents/carers to ensure medication is up to date, the nursing team/medical lead should also have systems in place to check this and notify the parents/carers when they see the expiry dates are approaching in respect of medicines held by the school

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- Keeping an adrenaline device register to include adrenaline devices prescribed to pupils and the school's stock and location of spare adrenaline devices, including brand, dose and expiry date.;
- Regularly checking spare adrenaline devices are where they should be, are easily accessible in case of emergency, and that they are in date;
- Replacing the spare adrenaline devices when necessary;
- Providing on-site adrenaline device training for staff and pupils and refresher training as required e.g. before school trips
- Working with the Food Department sharing information on pupils' allergies and working to make the subject accessible for pupils and staff with allergies.

3.4 Admissions Team

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

- There is a clear method to capture allergy information or special dietary information at the earliest opportunity.
- 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;
- Plans are made for emergency medication if the child is to be left without parental supervision; and
- There is liaison with the child's previous school, or future school to ensure a smooth transition between settings.

3.5 All staff

All school staff, including teaching staff, boarding staff, support staff, occasional staff (for example sports coaches, music teachers and those running breakfast and afterschool are responsible for:

- Championing and practising allergy and asthma awareness across the school;
- Reading, understanding and putting into practice the Allergy Safety Policy and related procedures, and asking for support if needed;
- Being aware of pupils (and staff, when necessary) with allergies and what they are allergic to;
- Considering the risk to pupils with allergies posed by any activities and assessing whether the use of any allergen in activity is necessary and/or appropriate;

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- Ensuring pupils always have access to their medication, including carrying it on their behalf if necessary⁷;
- Being able to recognise and respond to an allergic reaction, including anaphylaxis, after appropriate training;
- Taking part in training and anaphylaxis drills as required (at least once a year). Whilst it is the school's responsibility to ensure staff have received annual training, if the member of staff is aware they have not received any allergy training in the last 12 months they should alert a manager;
- Considering the safety, inclusion and wellbeing of pupils with allergies at all times. Preventing and responding to allergy-related bullying, in line with the school's anti-bullying policy;
- Forwarding any communication or information that comes directly to them from parents regarding allergens to the Westonbirt Health and Wellbeing; and
- Ensuring that pupils have their medication and their Allergy Action Plan or Individual Health Care Plan with them when leaving the school site for a match or trip.
- Working with the Westonbirt School Health and Wellbeing team prior to taking residential trips and ensuring all staff on the trip are aware of the pupils allergies. Lead trip organisers responsible for sharing allergy/ allergen information with catering services and making sure pupils are catered for appropriately. Lead trip organiser also responsible for Ensuring that pupils have their medication and their Allergy Action Plan or Individual Health Care Plan with them when leaving the school site.

3.6 All parents

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

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

⁷ This may depend on the age of the pupils and the management of adrenaline devices in the school

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3.7 Parents of children with allergies

In addition to paragraph 4.6, the parents and carers of children with 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 labelled adrenaline devices 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;
- Ensure their child has access to their allergy medication, including two adrenaline devices, if prescribed, on the journey to and from school;
- Update the school with any changes to their child's condition and ensure the relevant paperwork is updated too;
- Provide the school with an up-to-date photograph of their child and sign the associated permission for it to be shared appropriately as part of their allergy management; and
- Support their child to understand their allergy diagnosis, advocate for themselves, and take reasonable steps to reduce the risk of an allergic reaction occurring e.g. not eating the food to which they are allergic.
- Ensure their child knows what their allergy is and what treatment they require

3.8 All pupils

All pupils at the school should:

- Be allergy aware;
- Understand the risks that allergens might pose to their peers and respect measures to support them;
- Learn how they can support the wellbeing of their peers and be alert to allergy-related bullying.

Senior School pupils should:

- learn how to recognise an allergic reaction and support their peers and staff in case of an emergency; and

3.9 Pupils with allergies

In addition to paragraph 4.8, pupils with allergies, as appropriate to their age and capability, are responsible for:

- Knowing what their allergies are and how to mitigate personal risk;
- Avoiding their allergen as best as they can;
- Understanding the importance of following the school specific processes of lunch and snack services and how that mitigates risk;

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- Understanding that they should notify a member of staff if they are not feeling well, or suspect they might be having an allergic reaction;
- Always carrying two adrenaline auto-injectors with them;
- Understanding how and when to use their adrenaline auto-injector and only using them for their intended purpose;
- Talking to the Designated Allergy Lead or a member of staff if they are concerned by any school processes or systems related to their allergy;
- Raising concerns with a member of staff if they experience any inappropriate behaviour in relation to their allergies;
- [If leaving the school site with permission during the school day [or from a boarding school], knowing what to do if they have an allergic reaction off the school premises including how to treat themselves and how to raise the alarm to get help]; and
- Ensuring they have their medication with them on the journey to and from school.

4. INFORMATION AND DOCUMENTATION

4.1 Register of pupils and staff with an allergy

The school has a register of pupils and record of staff who have a diagnosed allergy. This includes children and staff who have a history of anaphylaxis or have been prescribed adrenaline devices, as well as pupils and staff with an allergy where no adrenaline devices have been prescribed.

All pupils with allergies are recorded on the pupils Medical ISAMS and have a visible medical flag on the school register stating their allergy and treatment.

Westonbirt School HR department work with the health and wellbeing team to share allergy information about staff- it is the responsibility of the member of staff to share this information.

4.2 Individual Healthcare Plans

Each pupil with an allergy requiring active management by the school has an Individual Healthcare Plan⁸. The information on this plan includes:

- Known allergens, risk factors for allergic reactions and any adaptations needed;
- A history of their allergic reactions;
- If the pupil has asthma and any other medical conditions and necessary detail;
- Details of the medication that the pupil has been prescribed, including their dose, this should include adrenaline devices, antihistamine etc;

⁸ This is likely to include anyone with a food allergy, whether they have a prescribed adrenaline device or not.

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- A copy of parental consent to administer medication, including the use of spare adrenaline devices in case of suspected anaphylaxis, and asthma inhalers;
- An indication of how the child's condition may impact on their learning or wellbeing;
- If the child is able to take responsibility for their condition including in an emergency;
- A photograph of each pupil and emergency contact details; and
- A copy of their Allergy and/or Asthma Action Plan.

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. Some examples include:

- Classroom activities, for example craft using food packaging, science experiments where allergens are present, food lessons or cooking;
- Bringing animals into the school, for example a dog or hatching chick eggs can pose a risk;
- Running activities or clubs where they might hand out snacks or food "treats". Ensure safe food is provided or consider an alternative non-food treat for all pupils; and
- Planning special events, such as cultural days and celebrations.

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

6. FOOD, INCLUDING MEALTIMES & SNACKS & FOOD LESSONS

6.1 Catering in school

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

- Due diligence is carried out with regard to allergen management when appointing catering providers;
- All catering staff and other staff preparing food will receive relevant and appropriate allergen awareness training;
- Catering staff are available to discuss the provision of allergen safe meals with parents/carers;
- Anyone preparing food for those with allergies will follow good hygiene practices, food safety and allergen management procedures;
- The catering team will endeavour to get to know the pupils with allergies and what their allergies are, supported by school staff;
- The catering team will endeavour to provide varied meal options to students and staff with allergies;

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- The school has robust procedures in place to identify pupils with food allergies, these are Posters including pictures of pupils with allergies and their treatment. A folder with all allergy health care plans in the catering office all staff must make themselves familiar with.
- The Westonbirt Health and Wellbeing team share any allergy information received about pupils with the Catering department.
- Dishes and menus containing the main 14 allergens (see Allergens definition) will be clearly labelled using full words, not symbols or abbreviations. Other ingredient information will be available on request. Pupils with extensive allergies have their food served on a red tray.
- Information on allergens will be available for the pupil to check independently;
- Pre-packaged food will comply with PPDS legislation (Natasha's Law) requiring the allergen information to be displayed on the packaging;
- The catering department will communicate to pupils with dietary needs where changes are made to the ingredients which involve the introduction of a known allergen
- The catering department have a visible 'allergy server' dressed in a purple apron and hat on every service so pupils and staff can ask them any questions relating to allergens in food.

Early Years and Prep Schools

- The Nursery and Prep Schools have additional procedures in place to support the safe management of food allergies.
- Pupils with a known food allergy wear a coloured allergy-awareness lanyard when attending lunch in the dining hall. This provides a clear visual reminder to catering and supervising staff that the pupil has a diagnosed food allergy.
- There is an allergy-aware server as part of the catering team. This is the person pupils with allergies go to get their food.
- The Prep School Head of Compliance works closely with the Catering Team to ensure that food is clearly labelled and that relevant allergen information is available.
- Nursery and Prep staff are aware of the food allergies affecting pupils in their care and provide appropriate supervision and support during mealtimes.
- Staff supervising pupils in the dining hall must be familiar with the school's allergy procedures and know how to respond to an allergic reaction, including the location and use of emergency medication where required.
- Healthcare Plans and emergency medication arrangements are maintained for pupils with diagnosed food allergies in accordance with this policy and the school's Managing Medicines in School Policy.
- These arrangements are intended to provide an additional layer of protection and do not replace the need for pupils with known allergies to follow their individual Healthcare Plan.

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6.2 Food brought into school

Westonbirt School recognises that food brought into school by pupils, parents or staff may contain allergens and that this can present a risk to pupils with food allergies.

To help minimise this risk:

- Pupils should not routinely share food, snacks or drinks with other pupils, particularly where a pupil has a known food allergy.
- Food brought into school should be appropriately packaged and, where possible, have clear ingredient and allergen information available.
- Parents and staff should not bring food into school for pupils to share without considering the potential allergy risks.
- Westonbirt School endeavours to be a 'nut free' environment.
- Where food is being provided for a group of pupils, such as at a birthday celebration, school event, fundraiser or parent/teacher event, the organiser should consider known food allergies and liaise with the appropriate school staff where necessary.
- Birthday cakes and other food brought in for pupils to share should only be provided where the school has appropriate information about the ingredients and allergens. Where a pupil has a known allergy, parents should not assume that a cake or other food is safe for their child. The pupil's Healthcare Plan should be followed.
- Tuck and other food brought into boarding houses should be managed in a way that considers the needs of pupils with known food allergies. Pupils should be reminded not to share food with others.
- Food brought on educational visits, residential trips and sports fixtures must be considered as part of the trip/activity risk assessment. Staff should be aware of pupils with food allergies and ensure that appropriate arrangements are in place for their individual needs, including access to emergency medication.
- Staff organising events or activities where food will be provided should consider allergen safety as part of their planning and seek advice from the Health & Wellbeing Centre where required.
- Pupils with a known food allergy who are responsible for carrying their own emergency medication must have their prescribed medication with them at all times, including during off-site activities and sporting fixtures, in accordance with their Healthcare Plan and the school's Managing Medicines in School Policy.
- A product carrying a precautionary allergen statement must not be assumed to be safe for a pupil with a diagnosed allergy. Where a pupil's allergen is identified in a "may contain" statement, the food should not be provided to that pupil unless its suitability has been specifically assessed and agreed in accordance with their Healthcare Plan and the school's allergen management procedures.
- Where there is uncertainty about the ingredients or allergen status of a food product, staff should seek advice from the Catering Team and/or Health & Wellbeing Centre before the food is provided.

6.3 Food bans or restrictions

- Westonbirt School is an Allergen Aware School. We have pupils with a wide range of food allergies and therefore encourage a considered approach to food brought into school.

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- The School endeavours to maintain a nut-free environment and asks pupils, parents and staff to avoid bringing foods containing nuts into school wherever possible. However, as allergens cannot be completely removed from the school environment, individual Healthcare Plans, appropriate food labelling, staff awareness and access to emergency medication remain essential in managing food allergies safely.

6.4 Food hygiene for pupils

- The school will encourage pupils to wash their hands with soap and warm water before and after eating;
- Parents/carers and pupils will be advised that water bottles and packed lunches should be clearly labelled, and food should not be shared or swapped; and
- Throwing food is not allowed.
- All pupils who use the boarding faculties are reminded that Westonbirt school is an allergy aware school, and there may be restriction in what they can bring in to and eat in the boarding houses.

6.5 Food Lessons

- The school encourage all pupils to partake in food lessons
- The Food department work closely with the Health and Wellbeing department in managing pupils with allergens and making sure the classes are accessible and safe for all.
- The Food department have their own first aid kit and EpiPen's in case of anaphylaxis.

7. EDUCATIONAL VISITS AND SPORTS FIXTURES

- Staff leading the trip will have a register of pupils with allergies and details of their medication. Staff should notify the trip leader if they themselves have any allergies;
- Allergies will be considered on the risk assessment and catering provision put in place;
- Parents, and pupils where appropriate, may be consulted if considered necessary, or if the trip requires an overnight stay;
- Staff (and some pupils, if appropriate) accompanying the trip will be trained to recognise and respond to an allergic reaction;
- 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; and
- Pupils should have their own adrenaline device and should not be allowed to leave the school site without 2 in date working adrenaline devices. It is the trip leaders responsibility to check this. All staff members on the trip should know where pupils adrenaline devices are.

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8. INSECT STINGS

Those with a known insect venom allergy should:

- Avoid walking around in bare feet or sandals when outside and when possible keep arms and legs covered;
- Avoid wearing strong perfumes or cosmetics; and
- Keep food and drink covered.
- There are Bee hives on the school grounds these are managed by the science department. The Health and Wellbeing department stock an allergy medicine kit including, 2xs EpiPens and liquid Chlorphenamine this is taken out by the staff member when pupils are accessing the hives.

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

9. ANIMALS

It's normally the dander (flakes of skin) saliva or urine that causes a person with an animal allergy to react.

Precautions to limit the risk of an allergic reaction include:

- A pupil with a known animal allergy should avoid the animal to which they are allergic;
- If an animal comes on site a risk assessment will be done prior to the visit;
- Areas visited by animals will be cleaned thoroughly;
- Anyone in contact with an animal will wash their hands after contact;
- If an animal lives on site, for example in a Boarding House, pupils, parents and staff will be made aware and consideration and adaptations will be made; and
- School trips that include visits to animals will be carefully risk assessed.

10. ALLERGIC RHINITIS/ HAY FEVER

- Day pupils are encouraged to take daily antihistamine prior to coming into school if they are known to suffer with allergic rhinitis/ hay fever.
- The Health and Wellbeing centre stock over the counter antihistamine and with consent from parents can give to pupils if necessary
- The Health and Wellbeing team support boarding pupils and can give them daily antihistamines if required.
- If a boarder needs further treatment the Health and Wellbeing department will work with the school doctor to support this.

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11. INCLUSION AND MENTAL HEALTH

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

- Staff are alert to the possibility of allergy-related bullying and are proactive in safeguarding the wellbeing and inclusion of pupils with allergies;
- No child should be excluded from taking part in a school activity, whether on the school premises or a school trip because of their allergies;
- Pupils with allergies may require additional pastoral support including regular check-ins from their *Tutor/ House Parent* etc;
- Affected pupils will be given consideration in advance of wider school discussions about allergy and school Allergy Awareness initiatives;
- Bullying related to allergy will be treated in line with the school's anti-bullying policy; and
- Uniform policies take into account that children may need emergency medication near them at all times.
- The health and wellbeing team work with pupils allergy teams to make sure they have the best support possible in school and are able to partake in all activities.

12. ADRENALINE DEVICES

See the government guidance on [Adrenaline Devices in Schools](#).

12.1 Storage of adrenaline devices

- Pupils prescribed with adrenaline devices will have easy access to two, in-date devices at all times;
- In the senior school pupils with known allergies who require adrenaline devices keep these on them in clearly visible bags either separate to their school bag or in their school bag. Pupils share this information with health and wellbeing staff who share with the wider staff group.
- In Nursery and Prep School, Pupils with known allergies who require adrenaline devices keep these in the school office in a pouch with their photo on and health care plan included.
- Spot checks will be made monthly to ensure adrenaline devices are where they should be and in date.
- Adrenaline devices must not be kept locked away or in rooms with restricted access;⁹

⁹ All staff should have unrestricted access to adrenaline devices.

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- Adrenaline devices should be stored at moderate temperatures (see manufacturer's guidelines), not in direct sunlight or above a heat source (for example a radiator); and
- Used or out of date devices should be disposed of as sharps.

12.2 Spare adrenaline devices¹⁰

This school has a minimum of 10 spare adrenaline devices to be used in accordance with government guidance.

- There are adrenaline devices available across the whole school site, there should not be one more than 2 minutes away from a pupil.
- Locations of adrenaline devices across the school: Health and Wellbeing centre, Health and Wellbeing emergency grab bag, main house dining hall, Food Department, CCF department, Prep school office, Prep School dining hall, Leisure centre.
- Spot checks will be made monthly to ensure adrenaline devices are where they should be and in date.

The [Allergy Lead and Lead Nurse] are responsible for:

- Deciding how many spare devices are required
- What dosage is required, based on the Resuscitation Council UK's age-based guidance (see page 11);
- Which brand(s) to buy. Schools are recommended to buy a single brand if possible, to avoid confusion;
- The purchasing of spare adrenaline devices. See government guidance above; and
- Distribution around the school site and clear signage.

12.3 Adrenaline devices on off-site activities

- No child with a prescribed adrenaline devices will be able to go on a school trip without two of their own devices. It is the trip leader's responsibility to check they have them;
- Adrenaline devices will be always kept close to the pupils e.g. not stored in the hold of the coach when travelling or left in changing rooms;
- Adrenaline devices will be protected from extreme temperatures;
- Staff accompanying the pupils will be aware of pupils with allergies and be trained to recognise and respond to an allergic reaction; and
- Consider whether to take spare adrenaline devices to off-site activities. This should be recorded as part of the risk assessment process.

¹⁰ You may want to include spare asthma inhalers in this section too.

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13. RESPONDING TO AN ALLERGIC REACTION /ANAPHYLAXIS

See the appendix to this policy for details of how to recognise and respond to an allergic reaction.

In all cases:

- A pupil with a known allergy should be treated in accordance with their Allergy Action Plan and/or Individual Healthcare Plan.
- If anaphylaxis is suspected adrenaline should be administered without delay, using one of the school's spare device if needed
- Anyone who has had suspected anaphylaxis and received adrenaline must go to hospital, even if they appear to have recovered. A member of staff should accompany the pupil in an ambulance until a parent or guardian arrives.
- Following the anaphylaxis a case review to understand what happened will take place.

14. TRAINING

The school is committed to ensuring that all staff receive regular (at least annual) allergy awareness training. This training should cover all staff, including teaching staff, support staff, catering staff, site staff and others who may oversee children at breakfast or after-school clubs.

This training will cover:

- Understanding what an allergy is;
- How to reduce the risk of an allergic reaction occurring;
- How to recognise and treat an allergic reaction, including anaphylaxis;¹¹
- How to treat an asthma attack using a reliever inhaler;
- How the school manages allergy, for example understanding the school's Allergy Safety Policy, emergency response, documentation, communication etc;
- How to check who has an allergy, and how to use an IHP and Allergy or Asthma Action Plan;
- Where adrenaline devices are kept (both prescribed devices and spare devices) and how to access them;
- The importance of inclusion of pupils with food allergies, the impact of allergy on mental health and wellbeing and the risk of allergy related bullying;
- Understanding food labelling;
- How to report an allergic reaction or near miss; and
- Taking part in an anaphylaxis drill.

¹¹ Staff should be given the opportunity to practise with a training adrenaline auto-injector

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The school will carry out an anaphylaxis drill once a year. This involves an exercise simulating an event where a pupil or member of staff has an allergic reaction and testing the whole school response.

15. ASTHMA

The school understands that it is vital that pupils with allergies keep their asthma well controlled. Asthma can exacerbate allergic reactions, and poorly managed asthma increases the severity of an allergic reaction. Westonbirt School Asthma Policy: [Asthma Policy- Sept 2026](#)

16. REPORTING ALLERGIC REACTIONS

The school will log all allergic reaction incidents and near-misses as soon as is feasible after they occur.

16.1 Each record should include: Who was affected, what happened, when and where, why the incident occurred (as far as is known), how staff and the pupil responded; what was done to support the individual; whether emergency services were called and how the incident concluded

- All incident reports should be shared with:
 - the pupil's parents or carers, who will be given the opportunity to discuss the incident and contribute their views to the review; and
 - the Named Allergy Governor and the governing body, so they can consider what lessons to learn and whether policy changes are required.
- Any learning from an incident should be shared appropriately with staff so they can act on it.
- It may be necessary to share the report with other agencies, for example:
 - schools that operate as food businesses must report any allergen-related food safety incidents to their local authority;
 - Incidents arising directly from a work activity that result in death or immediate hospitalisation must be reported to the Health and Safety Executive under RIDDOR.
- Following any incident or near miss the school will meet with the child or young person and their parents/ carers to ensure they are confident the setting remains safe.
- The school recognises the impact of an incident or near miss not just on the individual and their family, but also on staff who responded and children who witnessed it and will offer appropriate support.

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MANAGING ALLERGIC REACTIONS

ALLERGIC REACTIONS VARY

Allergic reactions are unpredictable and can be affected by factors such as illness or hormonal fluctuations.

You cannot assume someone will react the same way twice, even to the same allergen.

Reactions are not always linear. They don't always progress from mild to moderate to more serious; sometimes they are life-threatening within minutes.

MILD TO MODERATE ALLERGIC REACTIONS

Symptoms include:

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

Response:

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

SERIOUS ALLERGIC REACTIONS / ANAPHYLAXIS

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

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

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

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



RESPONDING TO ANAPHYLAXIS

SYMPTOMS OF ANAPHYLAXIS

A – Airway

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

B – Breathing

- Difficult or noisy breathing
- Wheeze or cough

C - Circulation

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

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

DELIVERING ADRENALINE

1. Treat the patient where they are. Take the medication to the patient, rather than moving them.
2. The patient should be lying down with legs raised. If they are having trouble breathing, they can sit with legs outstretched.
3. It is not necessary to remove clothing but make sure you're not injecting into thick seams, buttons, zips or even a mobile phone in a pocket.
4. Inject adrenaline into the upper outer thigh according to the manufacturer's instructions. Pupils may be able to do this themselves, but some will require or want adult support. Whilst all members of staff should be trained, in an emergency, anyone can administer adrenaline.
5. Make a note of the time you gave the first dose.
6. Call 999 for an ambulance (or get someone else to do this while you give adrenaline). Tell them you have given adrenaline for anaphylaxis.
7. Stay with the patient and do not let them get up or move, even if they are feeling better (this can cause cardiac arrest).
8. Call the pupil's emergency contact.

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9. If their condition has not improved or symptoms have got worse, give a second dose of adrenaline after 5 minutes, using a second device. Call 999 again and tell them you have given a second dose and to check that help is on the way.
10. Start CPR if necessary.
11. Hand over used devices to paramedics and remember to get replacements.
12. Anyone who has had suspected anaphylaxis and received adrenaline must go to hospital, even if they appear to have recovered. A member of staff should accompany them in an ambulance until a parent or guardian arrives.

For more information see the Government's [Guidance for the use of adrenaline auto-injectors in schools.](#)

ALLERGY SAFETY POLICY

Westonbirt School Blank Allergy Health Care Plan

Name:

DOB:

Year:

Contacts:

Parent:

Photo Here
(to be added Sept 2026)

Allergy Information

Confirmed allergy/allergies:

Diagnosis confirmed by:

☐ GP ☐ Allergy Clinic ☐ Paediatrician ☐ Other: _____

Clinician's details: _____

Date diagnosed: _____

How can this allergy be triggered? (Tick all that apply)

☐ Ingestion (eating or drinking the allergen)

☐ Skin contact

☐ Airborne exposure (breathing in particles, vapours or dust)

☐ Injection (e.g. insect sting, medication)

☐ Cross-contamination/cross-contact

☐ Other: _____

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Typical Reaction

Please tick all that apply:

☐ Skin rash/hives

☐ Itching

☐ Swelling

☐ Sneezing/runny nose

☐ Redness

☐ Stomach pain

☐ Nausea/vomiting

☐ Diarrhoea

☐ Wheezing

☐ Difficulty breathing

☐ Itchy or watery eyes

☐ Other: _____

Treatment Required

(e.g., ice pack, bite cream, antihistamine, call parent)

Prevention and Daily Management

Please describe any measures needed to reduce the risk of exposure including any regular medication:

☐ None

☐ Antihistamine

☐ Other medication

Medication Name: _____

Dose: _____

Please note the school health and wellbeing centre have a stock of over-the-counter antihistamines. NB: Pupils are not to carry medication on them in school other than emergency medication such as EpiPens and inhalers.

ALLERGY SAFETY POLICY

Agreement

I confirm that the information provided is accurate and will notify the school of any changes.

Parent/Carer Signature: _____ Date: _____

School Representative: _____ Date: _____

Severe Reaction

Call **999 immediately** if the pupil develops:

- Difficulty breathing
- Persistent cough
- Wheezing
- Swelling of tongue or throat
- Difficulty talking or swallowing
- Collapse or becoming floppy/unresponsive
- Rapid worsening of symptoms

If prescribed, administer the pupil's adrenaline auto-injector in accordance with their individual Anaphylaxis Action Plan.

Inform parents/carers as soon as possible.