EFFINGHAM
ST TERESA'S • SIXTH FORM

# EFFINGHAM TRUST

## ST TERESA'S SCHOOL AND EFFINGHAM SIXTH FORM

### ALLERGY SAFETY AND ANAPHYLAXIS POLICY

*Day School • Sixth Form • Boarding • Catering • Sport • Equestrian • Educational Visits*

## Document Control

| **Policy title** | **Allergy Safety and Anaphylaxis Policy** |
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| Organisation | Effingham Trust |
| School | St Teresa's School and Effingham Sixth Form |
| School type | Independent day and boarding school |
| Policy owner | Claire Pitchford – Allergy Lead |
| Clinical lead | Sandra O'Donnell – Lead Nurse |
| Governor oversight | Sally Haynes – Allergy Governor |
| Medical information system | ISAMS |
| Effective from | September 2026 |
| Approved by | Governing Body / Effingham Trust |
| Review frequency | Annually |
| Next scheduled review | September 2027 |
| Publication | School website and internal policy framework |

## Version Control

| **Version** | **Date** | **Author/Owner** | **Reason for change** |
|---|---|---|---|
| 1.0 | September 2026 | Claire Pitchford / Sandra O'Donnell | New Trust-wide Allergy Safety and Anaphylaxis Policy reflecting 2026 legislation and guidance. |

## 1. Policy Statement

Effingham Trust and St Teresa's School and Effingham Sixth Form are committed to ensuring that every pupil and student with an allergy can participate fully and safely in school life. The school recognises that allergies can cause reactions ranging from mild symptoms to life-threatening anaphylaxis and that anaphylaxis requires immediate treatment with adrenaline and emergency medical assistance.

The school adopts the Department for Education's 2026 Allergy Safety in Schools framework as its minimum standard of practice and applies its principles across the independent day school, Sixth Form and boarding provision.

The school will identify and record allergies; maintain IHPs and allergy action plans; ensure pupils prescribed adrenaline have two prescribed devices accessible at all times; maintain emergency AAI kits at five designated locations; provide EpiPen/AAI and EURneffy training; manage catering, boarding, sport, equestrian activities, events, trips and transport; record incidents and near misses; and promote safe inclusion.

## 2. Legislative and Regulatory Framework

This policy has been developed with reference to the Children's Wellbeing and Schools Act 2026; DfE Allergy Safety in Schools guidance; supporting pupils with medical conditions guidance; Independent School Standards; National Minimum Standards for Boarding Schools; Equality Act 2010; food safety and food information legislation including Natasha's Law; UK GDPR and Data Protection Act 2018; NHS guidance on allergy and anaphylaxis; and relevant clinical guidance.

The school will monitor changes to legislation, regulatory standards and clinical guidance and update this policy when required.

## 3. Scope

This policy applies to all pupils, Sixth Form students, boarders, teaching and non-teaching staff, nursing and medical staff, boarding staff, catering staff, sports and equestrian staff, administrative staff, facilities and cleaning staff, temporary and agency staff, volunteers, contractors, educational visit leaders, School transport staff and relevant external providers.

## 4. Whole-School Allergy Management

The school uses the following framework: Identify → Record → Risk Assess → Prevent → Train → Respond → Report → Learn → Review. Every adult working with pupils must understand that anaphylaxis is a medical emergency and adrenaline must not be delayed while waiting for a nurse, first aider or ambulance.

## 5. Roles and Responsibilities

Effingham Trust/Governing Body: approve the policy, provide resources, receive assurance, monitor significant incidents and near misses, and ensure training and risk management.

Allergy Governor – Sally Haynes: provide governance oversight and challenge; receive annual assurance; review significant incidents and near misses; monitor training and emergency AAI provision; review the annual allergy safety audit.

Allergy Lead – Claire Pitchford: coordinate the whole-school allergy approach, cross-departmental working, allergy awareness, risk assessments, events, incidents and policy review.

Lead Nurse – Sandra O'Donnell: clinical leadership for ISAMS, IHPs, allergy action plans, prescribed medication, emergency AAI arrangements, staff training, EpiPen/AAI and EURneffy training, medication audits, clinical incident review and liaison with families and healthcare professionals.

The Lead Nurse cannot be expected to be physically present at every location or activity. All relevant staff must therefore be able to recognise anaphylaxis and initiate the emergency response immediately.

## 6. Medical Information – ISAMS

ISAMS is the school's central medical information system. All known allergies and clinically relevant information will be accurately recorded on ISAMS. Relevant information includes allergen(s), diagnosis, severity/history, symptoms, IHP/allergy action plan, prescribed medication, EpiPen/AAI information, EURneffy where applicable, dose, emergency instructions, emergency contacts and risk-management arrangements.

Parents/carers must promptly inform the school of new allergies, changes to diagnosis or medication, changes in prescribed device or dose, updated action plans and significant reactions/hospital admissions. Information will be shared on a need-to-know basis.

## 7. Individual Healthcare Plans

Pupils requiring School support for allergy will have an appropriate IHP and/or allergy action plan. The plan should identify the allergen, symptoms, signs of anaphylaxis, emergency medication, prescribed EpiPens/AAIs, prescribed EURneffy where applicable, medication location, when medication should be administered, emergency, boarding, sports and educational visit arrangements, and emergency contacts. Plans will be reviewed at least annually and following significant changes or incidents.

## 8. Two-Pen / Two-Device Requirement

Where a pupil is prescribed adrenaline auto-injectors, the school expects the pupil to have two prescribed devices immediately accessible at all times. For pupils prescribed EpiPens, pupils should always carry two in-date EpiPens with them, subject to age, competence and their IHP. Where a pupil cannot safely carry their own medication, the IHP will specify how the two devices remain immediately accessible. School emergency AAI kits do not replace prescribed medication.

Prescribed adrenaline must accompany pupils during lessons away from the Medical Centre, sport, fixtures, equestrian activities, trips, residential visits, boarding activities, School events and School transport.

## 9. School Emergency AAI Kits

St Teresa's maintains emergency AAI kits at Main Reception, Main Boarding, Dining Hall, Equestrian Centre, Tennis Court, Sixth Form and Medical Centre. These provide additional emergency protection. Kits will be clearly identified, readily accessible, appropriately stored, routinely checked, expiry dates monitored, replaced before expiry and included in emergency planning. Emergency kits are spare devices and do not replace prescribed EpiPens or other prescribed adrenaline devices.

## 10. AAI Kit Audit

The Medical Centre will maintain oversight of emergency AAI kit auditing. Each check will confirm device present, correct device, expiry date, physical condition, packaging, storage, accessibility, location signage, staff awareness and replacement requirements.

## 11. EURneffy Nasal Adrenaline

The school recognises EURneffy nasal adrenaline as a prescribed emergency treatment where clinically prescribed. Where prescribed, it must be recorded on ISAMS, included in the IHP/allergy action plan, accessible, and supported by specific device training for relevant staff. Staff must follow the individual prescription and allergy action plan and must not assume EURneffy is interchangeable with an EpiPen. Where symptoms do not improve, worsen or recur, a second dose may be required in accordance with the individual's prescribed treatment and current product information.

## 12. EURneffy Training

Relevant staff will receive practical training using an appropriate trainer device. Training covers recognition of anaphylaxis, when to administer EURneffy, device-specific administration, calling 999, positioning, second-dose arrangements, monitoring, recording and reporting. EURneffy training is additional to general allergy awareness training.

## 13. Staff Training

All School staff will receive allergy awareness and anaphylaxis training appropriate to their role, including allergies, common allergens, anaphylaxis, signs and symptoms, emergency response, adrenaline administration, EpiPen/AAI familiarisation, School emergency AAI kits, ISAMS/allergy information, IHPs, catering, boarding, sport, educational visits and incident reporting. Relevant staff will receive practical EpiPen/AAI training and EURneffy training where required. Training will be monitored through a central base.

## 14. Catering

The school recognises catering as a key component of allergy safety. The Catering Manager will ensure accurate ingredient and allergen information, identification of the 14 regulated allergens, prevention/reduction of cross-contamination, appropriate staff training, safe food preparation, storage, accurate menu information and reassessment when recipes or suppliers change. Where allergen information cannot be verified, food must not be provided to a pupil with the relevant allergy.

## 15. Natasha's Law / PPDS

Where food is prepacked for direct sale (PPDS), the school will comply with applicable legal labelling requirements, including the required food name and full ingredients list with allergenic ingredients appropriately emphasised.

## 16. Dining Hall

The Dining Hall is a designated emergency AAI location. Catering and Dining Hall staff must know the kit location, understand allergy procedures, know how to summon emergency assistance and ensure appropriate allergen information is available. Allergy safety must also be considered during special meals, celebrations, Christmas events, Sixth Form events, boarding meals, buffets and hospitality.

## 17. Boarding

Allergy management applies 24 hours a day. Main Boarding maintains a designated emergency AAI kit. Boarding staff must know which boarders have significant allergies, understand IHPs, know where prescribed medication and the emergency kit are located, maintain access to medication, consider allergy risks during evening/weekend activities, ensure medication accompanies boarders during off-site activities and follow emergency procedures.

## 18. Sports and Fixtures

Pupils prescribed adrenaline must have their two prescribed devices accessible during PE, games, training, home and away fixtures, tournaments, athletics, swimming, outdoor education and equestrian activities. Before an away fixture, the responsible member of staff must confirm pupils with significant allergies, prescribed medication, two prescribed devices, IHP information, emergency arrangements and contacts.

## 19. Equestrian Centre

The Equestrian Centre is a distinct activity location and maintains a designated emergency AAI kit. Supervising staff must know the kit location, know which pupils have allergies, have access to relevant medical information, ensure pupils carry prescribed medication, know how to summon emergency assistance and receive appropriate training. Allergy risk must be included in relevant equestrian risk assessments.

## 20. Educational Visits and Residential Trips

All educational visits must consider allergy management. Trip leaders must confirm allergy information, IHPs, prescribed medication, two prescribed adrenaline devices, trained staff and emergency arrangements. Overseas or remote trips must consider language, food, local healthcare, distance from hospital, emergency services, transport, accommodation and additional emergency medication.

## 21. School Events

All School events involving food must consider allergy safety, including concerts, performances, open days, fairs, cake sales, parents' events, Christmas events, celebrations, fundraising, boarding events, Sixth Form events and sporting events. Where food is supplied by parents, pupils, staff or external providers, organisers must consider allergen information and cross-contamination.

## 22. Classroom and Curriculum

Allergy risks must be considered in Food Technology, Science, Biology, Chemistry, Art, Design Technology, gardening, practical lessons, outdoor learning and Duke of Edinburgh activities. Pupils should not be unnecessarily excluded. Where an activity creates an unacceptable risk, an alternative should be provided.

## 23. Emergency Response to Anaphylaxis

ANAPHYLAXIS IS AN EMERGENCY. Do not wait for the nurse.

1. Give the pupil's prescribed adrenaline immediately: EpiPen/other prescribed AAI or EURneffy where prescribed.
2. Call 999 and state: "ANAPHYLAXIS – LIFE-THREATENING ALLERGIC REACTION." Tell the ambulance service adrenaline has been administered.
3. Generally, keep the pupil lying down and do not allow them to stand or walk. If breathing is difficult, they may sit with legs extended.
4. If symptoms do not improve, worsen or recur, give a second dose where available and in accordance with the prescribed treatment/emergency plan.
5. Monitor airway, breathing, circulation and consciousness. Commence CPR if required.
6. The pupil must be transferred to hospital following suspected anaphylaxis.

## 24. The Five Emergency AAI Locations

Main Reception; Main Boarding; Dining Hall; Tennis Court; Equestrian Centre; Medical Centre.

The pupil's own prescribed EpiPens travel with them. Emergency School AAIs are additional protection.

## 25. Incidents and Near Misses

All allergic reactions and significant near misses must be reported, including accidental allergen exposure, incorrect food, cross-contamination, incorrect allergen information, failure to carry medication, inaccessible/expired medication and delayed adrenaline. Records should include what happened, symptoms, medication, timing of adrenaline and 999, device used, outcome, hospital attendance, immediate actions and learning points. The Allergy Lead and Lead Nurse will review significant incidents.

## 26. Safeguarding and Bullying

The school will not tolerate deliberate exposure to allergens, threats to expose another pupil, deliberate interference with medication, deliberate provision of an allergen despite knowledge of the allergy, or bullying/harassment because of allergy. Such behaviour may constitute a serious disciplinary and/or safeguarding matter.

## 27. Equality and Inclusion

The school will consider reasonable adjustments where required. Allergy should not unnecessarily prevent attendance, boarding, sport, fixtures, trips, practical lessons or events. The school's approach is: Safe inclusion, not unnecessary exclusion.

## 28. Confidentiality

Medical and allergy information is confidential. Information will be stored securely, recorded on ISAMS, accessed by appropriate staff and shared on a need-to-know basis. Confidentiality must never prevent emergency access to information required to protect a pupil.

## 29. School Transport

Where pupils with significant allergies use School transport, prescribed medication must accompany the pupil, relevant staff must know emergency arrangements, medication must remain accessible and risk assessments must consider allergy. Medication must not be inaccessible in luggage or the vehicle.

## 30. Staff with Allergies

The school recognises that staff may also experience serious allergic reactions. Appropriate workplace arrangements and reasonable adjustments will be considered where necessary. Emergency arrangements apply to staff and other adults as well as pupils.

## 31. Monitoring and Quality Assurance

The school will monitor ISAMS allergy records, IHP completion, allergy action plans, prescribed medication arrangements, two-device compliance, emergency AAI stock, expiry dates, staff training, EURneffy training, catering compliance, boarding, sport, equestrian activities, educational visits, incidents, near misses and emergency drills. The Allergy Lead and Lead Nurse will provide assurance to Senior Leadership. The Allergy Governor will receive an annual report.

## 32. Annual Allergy Safety Audit

The annual audit will cover medical records and IHPs; prescribed medication and emergency AAI stock; staff and EURneffy training; catering; boarding; sport; equestrian activities; trips; events; incidents; near misses; emergency drills; and improvement actions.

## 33. Governance Reporting

The Allergy Lead and Lead Nurse will provide annual assurance to the Governing Body. The report should include significant allergy numbers, IHP compliance, training compliance, emergency AAI audit, incidents, near misses, catering issues, trip/boarding issues, actions, outstanding risks and recommendations.

## 34. Policy Review

This policy will be reviewed at least annually and following a significant allergic reaction, serious near miss, significant legislative change, change to DfE guidance, significant clinical guidance change or significant change to School arrangements. The review will be led by the Allergy Lead and Lead Nurse and presented through governance arrangements.

## 35. St Teresa's Allergy Safety Standard

Every pupil at risk of anaphylaxis must have immediate access to appropriate adrenaline, an individual emergency plan and appropriately trained adults wherever they participate in School life. This applies across classrooms, Medical Centre, Main Reception, Dining Hall, Main Boarding, Tennis, Equestrian Centre, sport, trips, residential visits, school events.

# Approval

| **Policy** | **Allergy Safety and Anaphylaxis Policy** |
|---|---|
| Approved by | Claire Pitchford |
| Position | Deputy Headteacher: DSL and Operations and Allergy Lead |
| Date | 13/10/2026 |
| Effective from | September 2026 |
| Next review | September 2027 |