

Exeter School

Allergy and Anaphylaxis Policy

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Outline

This policy outlines Exeter School's approach to allergy management, including how the whole school community works to reduce the risk of an allergic reaction happening and the procedures in place to respond 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 these other policies:

- First Aid policy
- Safeguarding and Child Protection Policy and Procedures
- Healthy Eating policy
- Anti-bullying policy
- Offsite Trips and Visits Policy

1. Introduction and Definitions

- An allergy is the response of the body's immune system to normally harmless substances, such as pollens, foods, and house dust mite. Whilst in most people these substances (allergens) pose no problem, in allergic individuals their immune system identifies them as a 'threat' and produces an inappropriate response. This can be relatively minor, such as localised itching, but in more severe cases it causes anaphylaxis, a condition which can lead to upper respiratory obstruction and collapse and can be fatal.
- Allergies are very common. They're particularly common in children. Some allergies go away as a child gets older, although many are lifelong.
- Around 4% of preschool-aged children and 2.4% of school-aged children have food allergy. (Turner et al. Lancet Public Health. 2024)
- Almost 20% of food allergy deaths in school aged children happen in school. (Turner et al. J Allergy Clin Immunol. 2015)

Allergy occurs when a person comes into contact with a particular **allergen**, they are allergic to, a reaction occurs. This begins when the allergen (for example, pollen) enters the body, triggering an antibody response. When the allergen comes into contact with the antibodies, these cells respond by releasing certain substances, one of which is called histamine. These substances cause swelling, inflammation and itching of the surrounding tissues, which is extremely irritating and uncomfortable.

Allergic reactions usually happen quickly within a few minutes of exposure to an allergen.

Common symptoms of an allergic reaction include:

- Sneezing
- Wheezing / coughing / shortness of breath
- Sinus pain / runny nose
- Nettle rash / hives
- Swelling



- Itchy eyes, ears, lips throat and mouth
- Sickness, vomiting & diarrhoea

The most common causes of allergic reactions are:

- [Pollen](#) from trees and grasses
- Proteins secreted from [house dust mites](#)
- [Moulds](#)
- [Foods](#) such as peanuts, tree nuts, milk and eggs
- Pets such as [cats and dogs](#), and other furry or hairy animals such as horses, rabbits and guinea pigs
- Insects such as [wasps and bees](#)
- [Medicines](#) (these may cause reactions by binding to proteins in the blood, which then trigger the reaction).

Anaphylaxis is a life threatening severe allergic reaction. It is a medical emergency and requires immediate treatment. A severe allergic reaction can cause an anaphylactic shock and must be treated with an Adrenaline Auto-Injector (AAI).

This following section provides the most up-to-date guidance on anaphylaxis and AAIs. Knowing how to recognise the early signs of anaphylaxis and administer AAI's can save a life.

Anaphylaxis lies along a spectrum of severity in terms of allergic symptoms.¹¹ (Figure 1).

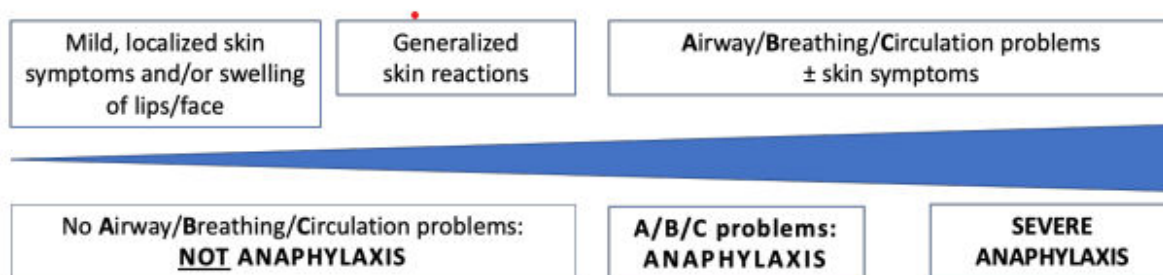


Figure 1: Spectrum of severity of allergy symptoms

RCUK Emergency treatment of anaphylaxis | May 2021

Knowing how to recognise the symptoms of anaphylaxis can provide individuals and their caregivers with peace of mind, empowering them to navigate their allergy management and attend Exeter School confidently.

Anaphylaxis can occur rapidly and escalate quickly, making it essential to recognise the signs and symptoms early on.



Airway

- Swollen tongue
- Difficulty swallowing
- Throat tightness
- Change in voice (hoarse or croaky sounds)

Breathing

- Difficult or noisy breathing
- Chest tightness
- Persistent cough
- Sudden onset wheeze (whistling noise due to a narrowed airway)

Circulation

- Feeling faint or dizzy
- Collapse
- Sudden loss of consciousness (unresponsive)
- Pale and floppy (in babies and young children)

Mild to moderate symptoms may include:

- a red raised itchy rash (known as hives or urticaria) anywhere on the body
- swelling of the face, lips and/or eyes
- a tingling or itchy feeling in the mouth
- mild throat tightness
- stomach pain, vomiting or diarrhoea

What is the treatment for a serious allergic reaction; anaphylaxis?

For mild allergic symptoms, a person may be prescribed antihistamine medicine taken by mouth. But if a person is at risk of a serious allergic reaction (anaphylaxis), they may be prescribed adrenaline – the emergency medicine used to treat anaphylaxis. It is also known as epinephrine.

Because anaphylaxis can happen very quickly, adrenaline is available in different forms that are designed to be easy to use. All Exeter School staff are trained in how to use prescribed adrenaline.

Options currently available on prescription in the UK include:

- Adrenaline Auto-Injectors (AAIs) – such as EpiPen & EpiPen Junior:
- EpiPen - Patients over 25kg: 300micrograms/0.3ml
- EpiPen Junior - Patients between 7.5kg and 25kg: 150micrograms/0.3ml
- Intranasal adrenaline – EURneffy, 2mg/100microlitre, a needle-free nasal spray. Licensed for children and adults ≥ 30kg EURneffy is available as a pack of 2 single-dose nasal sprays. The SmPC for EURneffy recommends patients should always carry two nasal sprays to treat an allergy emergency.
- As Adrenaline is sensitive to light EpiPens or EURneffy should be stored in the outer carton. and not above 25°C. Do not refrigerate or freeze these products. Spare EpiPens on the school



site are stored out of direct sunlight, indoors and in a labelled container. Pupils should also ensure any adrenaline devices they carry are stored in an insulated case which keeps the adrenaline out of direct sunlight and at a temperature between 2-25C. School trips where the temperature is known to be out of this range, staff, pupils and their families will need to plan how to maintain this temperature of 2-25C for the medication.

- Children with a known allergy and a prescription for adrenaline must always carry or have access to two adrenaline devices. This is essential because one device may misfire or malfunction, and a second dose may be required due to the severity or duration of symptoms.

Senior School pupils must always carry two in-date forms of prescribed adrenaline as a second dose may be needed if symptoms do not improve after five minutes or get worse. The insulated case they carry this in should also hold their Allergy Action Plan.

Junior School and Pre-Prep school pupils have a designated area in their reception for storing their 2 AAI's and their Allergy Action Plans (these can be found on iSAMS). Staff are briefed on this and will ensure the AAI's travel with pupils if going to off-site activities, or to further parts of the school site such as the School Astro pitches.

If a pupil in the Junior School travels to and from school by coach/public transport, they must sign out and sign in their AAI's at the start and end of the day.

The most common causes of anaphylactic reactions include:

- Foods – including nuts, milk, fish, shellfish, eggs and some fruits
- Medicines and drugs – including some antibiotics and non-steroidal anti-inflammatory drugs (NSAIDs) like aspirin
- Insect stings – particularly wasp and bee stings
- General anaesthetic
- Contrast agents – dyes used in some medical tests to help certain areas of your body show up better on scans
- Latex – a type of rubber found in some rubber gloves and condoms.

In some cases, there's no obvious trigger. This is known as idiopathic anaphylaxis.

Most severe allergic reactions to food are caused by just 14 foods, (see link: <https://www.anaphylaxis.org.uk/about-anaphylaxis/14-major-food-allergens>)

There are 14 allergens required by law to be highlighted on pre-packed food. These allergens are celery, cereals containing gluten, crustaceans, eggs, fish, lupin, milk, molluscs, mustard, peanuts, tree nuts, soya, sulphites (or sulphur dioxide), and sesame.

An **Allergy Action Plan** is a document filled out by a healthcare professional, detailing a person's allergy and their treatment plan. Example plans can be found here:

<https://www.bsaci.org/resources/resources/paediatric-allergy-action-plans>



A **Risk Assessment** is a detailed document outlining an activity, the risks it poses, and any actions taken to mitigate those risks. Allergy should be included on all risk assessments for events on and off the school site.

Spare AAI's, from 2017 schools have been able to purchase generic Adrenaline Auto-Injectors. Exeter school currently have x11 spare AAI kits containing both adult and paediatric (junior) doses of adrenaline. These are held as back-ups in case pupils own AAIs are not available. Adrenaline Auto-Injector's can also be used to treat any individual who may be experiencing symptoms of anaphylaxis, but who has not been prescribed their own Adrenaline Auto-Injector. Please see the Amendment of Schedule 17 of the Humans Medicines Regulations (2017) 'whereby administration of the prescription only medicine comprising of an autoinjector containing adrenaline shall be to a pupil at that school who is known to be at risk of anaphylaxis; and ...where the pupil requires the medicinal product in an emergency.'

These kits are held in the School Dining Hall, adjacent to the Swimming Pool, Music School, Sixth Form Centre, Junior School Reception the Bursary and the Sports Hall.

Further reading:

<https://www.gov.uk/government/publications/using-emergency-adrenaline-auto-injectors-in-schools>

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions-3>

2. Benedict's Law and the Department for Education Allergy Safety Guidance (2026)

Commitment to Best Practice

The School is committed to maintaining the highest standards of allergy awareness, prevention and emergency response. Although the Department for Education's statutory guidance, **Allergy Safety in Schools** (published 6 July 2026 and effective from 1 September 2026), currently applies to maintained schools, academies and pupil referral units in England, the School has chosen to adopt the principles and expectations of the guidance voluntarily as a benchmark of best practice.

This guidance has been introduced following legislative reforms commonly referred to as "**Benedict's Law**", named in memory of Benedict Blythe, and reflects a national commitment to improving allergy safety and reducing the risk of serious allergic reactions and anaphylaxis in educational settings.

2.1 School Commitment

In line with the principles underpinning Benedict's Law, the School will:

- Maintain and annually review a comprehensive Allergy and Anaphylaxis Policy.
- Identify pupils with diagnosed allergies and establish appropriate risk management measures.
- Ensure that Individual Healthcare Plans (IHCPs) are in place for pupils whose allergies require them and that such plans are reviewed regularly and whenever circumstances change by the School Nurse with the child/young person and their families.



- Provide appropriate allergy awareness and anaphylaxis training for staff, proportionate to their role and responsibilities.
- Thus, enabling staff in recognising and responding to allergic reactions, including the administration of prescribed Adrenaline Auto-Injectors (AAIs) if required.
- Ensure that allergy information is communicated effectively to relevant staff while maintaining appropriate confidentiality in line with GDPR.
- Promote an "allergy-aware" culture that supports inclusion, avoids unnecessary exclusion, and encourages all members of the school community to contribute to a safe environment for pupils with allergies.
- Record, review and learn from allergy-related incidents, near misses and emergency responses to support continuous improvement.

2.2 Alignment with National Guidance

The School will use the Department for Education's published templates and supporting materials, including the **Allergy Safety Policy Template** and **Individual Healthcare Plan Template**, as reference documents when reviewing and developing its own procedures.

The School recognises that the Government has stated its intention to introduce equivalent allergy safety requirements for the independent school sector in due course. Accordingly, this policy will be reviewed in light of any future changes to legislation, regulatory standards, Department for Education guidance, Independent Schools Inspectorate (ISI) expectations, or sector-specific best practice recommendations.

2.3 Policy Review

In addition to the School's standard review cycle, this section of the policy will be reviewed promptly following:

- Any significant change in statutory or regulatory requirements;
- Updated guidance from the Department for Education, ISI, ISC or relevant health authorities;
- Any serious allergy-related incident, anaphylactic emergency, or identified procedural weakness.

Through these measures, the School seeks not only to meet current expectations but to demonstrate a proactive commitment to safeguarding pupils with allergies and ensuring that allergy safety remains embedded within the School's wider culture of health, wellbeing and pupil welfare.



3. Roles and responsibilities

3.1 Parent responsibilities

- On being accepted for entry to the school, it is the parent's responsibility to inform the admissions staff/school nurse of any allergies. This information should include all previous severe allergic reactions, history of anaphylaxis and details of all prescribed medication.
- Parents are to supply a copy of their child's Allergy Action Plan to the school nurse. If they do not have an Allergy Action Plan, this will be developed as soon as possible by the school nurse in collaboration with the child's parents.
- Parents are responsible for ensuring any prescribed medication is supplied, in date and replaced as necessary.
- Parents are requested to keep the school up to date with any changes in allergy management.

3.2 Staff responsibilities

- Mr Mike Glanville (Deputy Head (Pastoral)) is the school's Designated Allergy Lead (DAL) with the overarching responsibility for allergy management.
- The school nurse will ensure that a Confidential Health Questionnaire and Special Dietary Needs form is completed for all new pupils. If a food allergy is stated and the pupil requires a school meal, the school nurse will ensure the schools catering manager is aware. The Special Dietary Needs Form will be shared with the catering manager and with our catering partners Sodexo and includes a photo of the pupil so staff can recognise each individual pupil and their needs.
- To ensure there is a whole school approach to allergy and anaphylaxis, all Exeter School staff will have a responsibility to keep pupils with allergies safe in school.
- As the school nurse becomes aware of a pupil with an allergy once contacted by parents, they will provide the catering manager with an updated Diet Summary Sheet with any changes to pupils with allergies who require a school meal.
- The school nurse will update pupil health records and ensure house staff, form tutors, reception staff, sports staff, the catering manager and the dining hall staff are made aware of all pupils with food allergies and those who have been prescribed an Adrenaline Auto-Injector.
- The school nurse will keep a record of all pupils with food related allergies. As well as being shared with the catering staff, this is also shared with the sports staff for sport teas and with any staff requesting pupil food allergy information (i.e., in case of food experiments in lessons, treat days or school trips).
- Staff must be aware of the pupils in their care who have known allergies as an allergic reaction could occur at any time. Any food related activities must be supervised with due caution.
- All Exeter School staff will complete anaphylaxis training. Training is provided on a yearly basis during INSET at the start of the school year and on an ad-hoc basis for any new members of staff as required and provided by the Allergy Team. Contractors, those on a green lanyards, will receive similar training suitable for their role within the School.
- Staff leading school trips/off site fixtures will ensure they carry all relevant emergency supplies. Trip leaders and sports staff will check that all pupils with medical conditions, including allergies, have their medication with them. **Pupils unable to produce their prescribed AAIs for treatment of anaphylaxis will not be able to attend the trip.**
- The school nurse will regularly write to parents of pupils prescribed an AAI, reminding them of the importance of bringing in their medication and the potential consequence of not being allowed off the school site if they do not.



- The parents, pupils and the school nurse will ensure that an up-to-date Allergy Action Plan is kept with the pupil's medication.
- It is the parents' responsibility to ensure all medication is in date however the school nurse will check medication kept at school on a termly basis and will send a reminder to parents if medication is approaching expiry.
- The school nurse will keep a register of pupils who have been prescribed an AAI and will distribute this list of pupils to all staff at the beginning of term and on a regular basis. Additional copies, also provided by the school nurse, will be kept in the head's reception, reception in the junior school, the music department, the sports office, staff common rooms and the offices of the Deputy Head (Enrichment, Character and Community) and Deputy Head (Junior School).
- The school nurse and any member of the senior school staff can carry out spot checks to ask pupils known to be prescribed an AAI if they are carrying their spare AAI with them. Advice and guidance will be given if pupils are found not to be carrying their prescribed AAIs on them.

3.3 Pupils with allergies responsibilities

Pupils with allergies will know what they are allergic to and how to mitigate personal risk (age dependent). Pupils with allergies will avoid their allergen as best they can and they will notify a member of staff as soon as possible if they are not feeling well or suspect they may be having an allergic reaction.

If age-appropriate, pupils prescribed an AAI will always carry this with them and will only use them for their intended purpose. Pupils prescribed an AAI will understand how and when to use their Adrenaline Auto-Injector. Pupils with allergies will be supported and should feel comfortable raising a concern to a member of staff if they experience any inappropriate behaviour in relation to their allergies.

4. Mild to Moderate Allergic Reactions

Mild/moderate reaction:

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

Action to take:

- Stay with person, call for help if needed
- Locate adrenaline autoinjector(s)
- Give antihistamine:

Loratadine 5mg

(If vomited, can repeat dose)
- Phone parent/emergency contact
- Do not take a shower to help with itchy skin, this can worsen the reaction



5. Emergency treatment of anaphylaxis

See below:

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

Anaphylaxis may occur without skin symptoms: **ALWAYS** consider anaphylaxis in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY**

AIRWAY

Persistent cough, hoarse voice, difficulty swallowing, swollen tongue

BREATHING

Difficult or noisy breathing, wheeze or persistent cough

CONSCIOUSNESS

Persistent dizziness, pale or floppy, suddenly sleepy, collapse, unconscious

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

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



2. Use Adrenaline autoinjector without delay

3. Dial 999 for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

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

AFTER GIVING ADRENALINE:

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

You can dial 999 from any phone, even if there is no credit left on a mobile.

Medical observation in hospital is recommended after anaphylaxis.

In addition to the above:

If a pupil stops breathing, start CPR: Begin chest compressions and rescue breaths if the person is unresponsive and not breathing normally. Do not delay CPR while waiting for emergency services to arrive

All pupils must go to hospital for observation after anaphylaxis even if they appear to have recovered as a secondary reaction can occur.



For a pupil, member of staff or visitor who you suspect may be having an anaphylactic reaction, but who doesn't have a prescribed AAI

1. Lie the individual down flat with their legs raised or sit them up if having breathing difficulties and avoid moving them.
2. Call 999 telling the operator you suspect this is anaphylaxis and tell the operator you have access to a generic AAI (adult and paediatric doses).
3. Send another person/member of staff to locate the generic Adrenaline Auto-Injector.
4. With agreement from the operator administer the generic AAI if any swelling of the tongue/lips, difficulty in breathing or feeling faint is present. Note the time given.
5. If symptoms do not improve within five minutes of a first dose of adrenaline, give a second dose using another generic AAI.
6. Perform emergency first aid (CPR) if the individual stops breathing.
7. Stay with the individual until the emergency services arrive.

Post emergency

The priority should always be the individual. When the emergency has been dealt with and the individual is safe, the incident needs to be further investigated.

- Where did it happen?
- Why did it happen?
- Have they recovered?
- Where are they?
- Are they comfortable?
- Who treated the individual?
- Did they self-administer?

The school nurse will review any significant event as soon as possible and an incident form will be completed if necessary. A replacement AAI(s) will be necessary as soon as possible.

The catering manager will be notified if the allergic reaction was due to food eaten in the dining hall and the ingredients in the food will be requested.

6. Supply, storage and care of medication

Antihistamine medication and AAI's

- The school nurse stocks Cetirizine and Loratadine 10mg tablets and Cetirizine 1mg/ml oral solution in the medical room.
- All AAI's will be kept in an easily accessible, clearly labelled and non-locked cupboard (medical room in the bursary and junior school office).
- All AAI'S will be clearly labelled with the pupil's name and expiry dates will be checked regularly by the school nurse.
- Parents will be contacted by the school nurse to replace any out of date or used AAI's.
- AAI's are single use only and will be disposed of as sharps after use by either the school nurse or given to the ambulance paramedic. Out of date AAI's will either be disposed of as sharps by the school nurse or given to parents to dispose of.



Generic Adrenaline Auto-Injectors

The school holds spare generic AAI's, these can be found in the dining hall (on the wall to the left as you enter through the dining hall foyer), in the swimming pool reception in the PE office, at the entrance to the Music School and Sixth Form Centre. These are clearly labelled in easily identifiable green boxes. There is also a spare generic AAI in the medical room.

Government guidance for the use of generic Adrenaline Auto-Injectors is that children aged 6 and over should use an adult dose AAI (300 micrograms) and those under the age of 6 years should use a junior dose AAI (150 micrograms). As all the pupils on the Junior and Senior School site are age 7 and above all except one set in the dining hall are generic Adrenaline Auto-Injector boxes each contain two doses of EpiPen Adult (300mcg).

<https://www.gov.uk/government/publications/using-emergency-adrenaline-auto-injectors-in-schools>

The box will also contain an up-to-date list of pupils who can be given the generic EpiPens, but please remember that these AAIs can be given to any individual having symptoms of anaphylaxis even if they have not been prescribed an AAI.

The school nurse is responsible for checking the generic AAIs are in date and the pupil lists are updated regularly.

7. Staff training

All pupil-facing Exeter School staff will complete allergy and anaphylaxis awareness training at the start of every new academic year. Training is also available on an ad-hoc basis for any new members of staff. Contractors, those on green lanyards, will receive similar training that is suitable to their role.

Training will include:

- Knowing common allergens and triggers of allergy.
- Spotting the signs and symptoms of an allergic reaction and anaphylaxis. Early recognition is key, including knowing when to call for emergency services.
- Administering emergency treatment including AAIs in the event of anaphylaxis – knowing how and when to administer these.
- Measures to reduce the risk of a child having an allergic reaction e.g., allergen avoidance.
- Pupil wellbeing and mental health impact.
- A practical session using trainer devices.

8. Inclusion and mental health

Exeter School is committed to ensuring that all children with medical conditions, including allergies, in terms of both physical and mental health are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

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



No child with an allergy will be excluded from taking part in a school activity. All attempts will be made to ensure children with allergies can take part in school trips and off-site activities, i.e., generic AAI's will be given to trip leaders if the pupil forgets to bring their AAI with them.

Pupils with allergies may require additional pastoral support including regular check ins with their form tutor/head of year. Pupils with allergies will be given consideration in advance of wider school discussions about allergy and school allergy awareness initiatives. Bullying related to allergies will be treated in line with the schools anti-bullying policy.

9. Catering

The school menu is available for parents to view on the school intranet three weekly in advance. The school's catering is delivered by Sodexo. The unit adheres to the Sodexo UK&I Corporate Allergen Management Policy and is subject to an annual audit. The latest Sodexo allergen policy is available on request.

The school catering manager and dining hall staff will be made aware of and supported to identify any pupils with food allergies. Photographs of pupils with food allergies and intolerances will be issued to the catering team and updated by the school nurse as required.

At least one member of the catering staff is an Allergen Champion who is key to ensuring the safety of pupils in school with food allergies and intolerances.

The school catering department will not use whole peanuts, tree nuts, or kiwi fruit as ingredients but may inadvertently use some ingredients that include a trace of peanuts or tree nuts. While the catering department cannot claim to be nut free, it must make every effort to ensure a safe environment for severely allergic pupils and seek to label foods which may contain nuts.

The school nurse will make the catering manager and kitchen staff aware of all pupils at risk. Parents of pupils with any food allergy must complete a Sodexo Special Dietary Needs Form provided by the school nurse. A copy of this will be kept by the catering manager and by the school nurse.

Once a term the school nurse will provide the catering manager with an up-to-date Diet Summary Sheet listing all the pupils with food allergies who have a school meal. The school nurse will update the catering manager throughout the term if there are any changes or additions regarding pupils with allergies who have a school meal.

Prepacked food for direct sale (PPDS) which clearly labels all ingredients and allergens will be used for packed teas and for pupils needing lunch off site.

Cross contamination

It is possible to contaminate a food object/item which was previously considered safe, by placing it alongside an item which contains allergens.

All possible precautions will be taken to keep items that are considered safe, separate from other items. Separate utensils for use in preparing and serving allergen related foods and thorough sanitising is undertaken.



Safe treats

Pupils, teachers, and parents bringing food items into school on special occasions (e.g., birthday cakes or items for charity 'cake' sales – see below) are to be aware that foods should be nut free. Cross contamination must not take place. All staff must be aware of these dangers. The school nurse includes regular reminders in parent newsletters and as part of staff training/during staff briefings/meetings.

Staff will ask the school nurse for an up-to-date list of pupils with allergies should they be organising to bring food into school for an event.

Cake sales and other events where pupils and staff may bring in home prepared food

Food prepared at home cannot be guaranteed allergen free. Staff running an event should ensure pupils who have allergies or other dietary requirements have a pre-packed alternative that is clearly labelled with the 14 main allergens above, (see Natasha's Law) and the ingredients. This should also be placed in such a way that avoids cross contamination, a separate table and member of staff supervising the sale (who is allergy aware). Staff supervising should be proactive in questioning those that might have allergies.

10. School trips and residentials

All pupils have a right to go on school trips and residentials providing the appropriate risk assessments have taken place; pupils with allergies should be able to enjoy off site activities like any other child.

Parents will be contacted by the trip leader about the duration and type of trip/residential and where appropriate any risk assessment will be thoroughly discussed.

Named pupils with food and other allergies must be identified on the school risk assessment form for each visit. The Deputy Head (Enrichment, Character and Community) and Deputy Head (Junior School) will monitor that this is completed effectively.

For residential trips, trip leaders will check with the company being used that there is adequate provision to accommodate pupils with special diets.

When planning for residential trips, the Deputy Head (Enrichment, Character and Community), Deputy Head (Junior School) or individual trip leaders will notify the school nurse prior to the trip of pupils attending and the school nurse will identify any pupils with an allergy. Trip leaders will be informed if a pupil has an allergy and if pupils are prescribed an AAI.

Two in date AAI's and appropriate antihistamine medication must always be carried. In some cases, senior school pupils may carry two AAI's themselves, however, it is the responsibility of the trip leader to ensure all pupils with allergies have access to two AAIs for the trip (this may include a generic AAI as outlined in section 5). Where necessary they must collect a second AAI (locations detailed above) and an Allergy Action Plan from the nurse's room (senior school) or from the office (Junior school) prior to the trip and to return it afterwards.

If pupils do not have access to two AAI's they may not be allowed to go on the trip.

Staff taking pupils in minibuses will complete the minibus checklist/mileage form which includes confirmation that any pupils with AAI's have two in date devices with them before travel.

Pupil AAI's will be signed out to the trip leaders, and it is the responsibility of the trip leader to return the AAI back to the medical room/junior school reception.



11. Sporting activities at school

All children with allergies who have been prescribed an AAI should have this with them when taking part in sport.

Junior school pupils will collect their AAI'S from the junior school office to take to sports and games with them.

Senior school pupils who have been prescribed an AAI should carry a spare one in their school/sports bag.

There are always in date generic AAI's in the swimming pool reception and PE office, which are easily accessible.

12. Sporting fixtures off-site

Similar to off-site trips, **two** in date AAI's and appropriate antihistamine medication must always be carried. In some cases, senior school pupils may carry two AAI's themselves, however, it is the responsibility of the sports coach/team leader to ensure all pupils with allergies have access to two AAI's for the trip (this may include a generic AAI as outlined in section 5). Where necessary they must collect a second AAI (locations detailed above) and an Allergy Action Plan from the nurse's room (senior school) or from reception (junior school) prior to the trip and to return it afterwards.

If pupils do not have access to two AAI's they will not be allowed to travel.

Staff taking pupils in minibuses will complete the minibus checklist/mileage form which includes confirmation that any pupils with AAI's have two in date devices with them before travel.

Sports coaches/team leaders must notify the registration secretary (senior school) and Head's PA (junior school) of those pupils attending a fixture. Staff will check before departure for any fixture that they have the required number of AAI's.

All sports coaches and team leaders will be informed if a pupil has an allergy and if pupils are prescribed AAI's. Lists are maintained by the school nurse and displayed prominently in the PE Office.

13. Managing insect sting allergy

Insect sting allergy causes a lot of anxiety and needs careful management. Pupils need to take special care outdoors:

- Pupils should always wear footwear on the school grounds and make sure any food or drink is kept covered.
- Adults supervising activities will know where to locate AAI's for the management of anaphylaxis.



14. Providing food to visitors on the Exeter School site

Food on site is provided by the Sodexo catering team who ensure Exeter School are compliant with Natasha's Law.

'Natasha's Law requires all pre-packed foods for direct sale (PPDS) – food made on the premises and packaged for sale, such as sandwiches, salads and cakes - to display a full ingredients list with the top 14 allergens clearly highlighted.'