



Denefield School

Allergy & Anaphylaxis Policy

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Allergy and Anaphylaxis Policy

This policy is informed by the Department for Education statutory guidance [Allergy Safety in Schools \(2026\)](#) and [Supporting Pupils with Medical Conditions at School](#), together with guidance from BSACI, Allergy UK and Anaphylaxis UK.

The purpose of this policy is (a) to minimise the risk of any student suffering a serious allergic reaction whilst at school or attending any school related activity and (b) to ensure staff are properly prepared to recognise and manage serious allergic reactions should they arise.

The named staff members responsible for coordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy are:

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1. Introduction

An allergy is a reaction of the body's immune system to substances that are usually harmless. The reaction can cause minor symptoms such as itching, sneezing or rashes but sometimes causes a much more severe reaction called anaphylaxis.

Anaphylaxis is a serious, life-threatening allergic reaction. The whole body is affected often within minutes of exposure to the allergen, but sometimes it can be hours later. Causes can include foods, insect stings, and drugs.

Most healthcare professionals consider an allergic reaction to be anaphylaxis when it involves difficulty breathing or affects the heart rhythm or blood pressure. Anaphylaxis symptoms are often referred to as the ABC symptoms (Airway, Breathing, Circulation).

It is possible to be allergic to anything which contains a protein; however, most people will react to a small group of potent allergens.

Common UK Allergens include (but are not limited to): peanuts, tree nuts, sesame, milk, egg, fish, latex, insect venom, pollen and animal dander.

Where applicable, the school will meet its duties under the Equality Act 2010 and make reasonable adjustments for students with allergies. This policy sets out how Denefield School will support students with allergies to ensure they are safe and are not disadvantaged whilst taking part in school life.

2. Role and responsibilities

Parent / carer responsibilities

- On entry to the school, it is the parent's / carer's responsibility to inform the Medical Lead. This information should include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication.
- Parents / carers are to supply a copy of their child's Allergy Action Plan (for example [BSACI plans](#)) to the school. If they do not currently have an Allergy Action Plan this should be developed as soon as possible in collaboration with a healthcare professional, e.g. school nurse/GP/allergy specialist.
- Parents / carers are to complete the Individual Healthcare Plan that the school will provide.
- Parents / carers are responsible for ensuring any required medication is supplied, in date and replaced as necessary and permission to administer is given in writing.
- Parents / carers are requested to keep the school up to date with any changes in allergy management. The Allergy Action Plan will be kept updated accordingly.

Staff responsibilities

- All student-facing staff will complete anaphylaxis training. Training is provided for staff on a yearly basis and on an ad-hoc basis for any new members of staff.
- Staff (including supply staff) must be aware of the students in their care who have known allergies as a reaction could occur at any time and not just at mealtimes. Any food-related activities must be supervised with due caution.

- Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all students with medical conditions, including allergies, carry their medication. See section 11.
- The medical lead will ensure that the up-to-date Allergy Action Plan is kept with the student's medication.
- It is the parent's responsibility to ensure all medication is in-date however the medical lead will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.
- The medical lead keeps a register of students who have been prescribed an adrenaline auto-injector (AAI) and a record of use of any AAI(s) and emergency treatment given.
- The medical lead ensures that any reaction or near misses are recorded and reported internally or in accordance with RIDDOR.
- The DSL reports any near misses to the board of trustees.

Trustee responsibilities

- Ensure arrangements are in place to support pupils with allergies.
- Review incidents and monitoring information.
- Ensure sufficient training and resources are available.
- Monitor compliance with this policy.

Student responsibilities

- Students are encouraged to have a good awareness of their symptoms and to let an adult know as soon as they suspect they are having an allergic reaction.
- Students who are trained and confident to administer their own AAIs will be encouraged to take responsibility for always carrying them on their person.

3. Identification of students with allergies

The school will maintain an up-to-date allergy register. Information will be reviewed:

- on admission;
- annually;
- following any diagnosis or change in condition;
- before transition between key stages.

Relevant allergy information will be shared with contractors, visitors, lettings users and external providers where there is a foreseeable risk to a pupil with allergies.

4. Allergy Action Plans

Allergy action plans are designed to function as individual healthcare plans for children with food allergies, providing medical and parental consent for schools to administer medicines in the event of an allergic reaction, including consent to administer a spare adrenaline auto-injector.

British Society of Allergy and Clinical Immunology (BSACI) Allergy Action Plans are produced by a medical professional and cannot be created by school. This is a national plan that has been agreed by the BSACI, Anaphylaxis UK and Allergy UK.

Information about students with severe allergies is supplied to staff in inset training and followed up in writing. A list of students is securely kept in the staffroom as references, and all staff access medical information for students in their classes and tutor groups via Classcharts. Confidentiality is respected and information is retained in accordance with the school's data retention schedule and data protection obligations.

Individual Healthcare Plans are reviewed at least annually and whenever:

- there is a change in diagnosis;
- medication changes;
- following an allergic reaction or near miss;
- following transition to a new school phase.

5. Emergency Treatment and Management of Anaphylaxis

What to look for:

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

Mild to moderate allergic reaction symptoms may include:

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

More serious symptoms are often referred to as the ABC symptoms and can include:

- AIRWAY - swelling in the throat, tongue or upper airways (tightening of the throat, hoarse voice, difficulty swallowing).
- BREATHING - sudden onset wheezing, breathing difficulty, noisy breathing.
- CIRCULATION - dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness.

The term for this more severe reaction is anaphylaxis. In extreme cases there could be a dramatic fall in blood pressure. The person may become weak and floppy and may have a sense of something terrible happening. This may lead to collapse and unconsciousness and, on rare occasions, can be fatal.

If the student has been exposed to something they are known to be allergic to, then it is more likely to be an anaphylactic reaction.

Anaphylaxis can develop very rapidly. It is treated with adrenaline which starts to work within seconds by opening up airways, stopping swelling and raising blood pressure.

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

Action:

- Keep the child where they are, call for help and do not leave them unattended.
- **LIE CHILD FLAT WITH LEGS RAISED** – they can be propped up if struggling to breathe but this should be for as short a time as possible.
- **USE ADRENALINE AUTO-INJECTOR WITHOUT DELAY**, within five minutes, and note

the time given. AAI should be given into the muscle in the outer thigh. Specific instructions vary by brand – always follow the instructions on the device.

- CALL **999** and state **ANAPHYLAXIS (ana-fil-axis)**.
- If no improvement after 5 minutes, administer second AAI.
- If no signs of life commence CPR.
- Call parent/carer as soon as possible.

Whilst you are waiting for the ambulance, keep the child where they are. Do not stand them up, or sit them in a chair, even if they are feeling better. This could lower their blood pressure drastically, causing their heart to stop.

All students must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can recur after treatment.

6. Supply, storage and care of medication

Depending on their level of understanding and competence, students will be encouraged to take responsibility for and to carry their own **two** AAIs on them at all times in a suitable bag/container. This should be clearly labelled and easy to locate in the student's bag.

Student medication and a spare AAI are kept in a secure cupboard in the welfare area, however, all staff have a key and trained first aiders have immediate access. Spare AAIs are kept in the attendance / medical office and reception and are not locked away.

Medication is stored in a container and clearly labelled with the student's name. The student's medication storage container should contain:

- Two AAIs i.e. EpiPen® or Jext®
- An up-to-date allergy action plan
- Antihistamine as tablets or syrup (if included on allergy action plan)
- Spoon if required
- Asthma inhaler (if included on allergy action plan).

It is the responsibility of the child's parents to ensure that the anaphylaxis kit is up-to-date and clearly labelled, however the Medical Lead will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.

Parents can subscribe to expiry alerts for the relevant AAIs their child is prescribed, to make sure they can get replacement devices in good time.

Older children and medication

Older children and teenagers should, whenever possible, assume responsibility for their emergency kit under the guidance of their parents. However, symptoms of anaphylaxis can come on very suddenly, so school staff need to be prepared to administer medication if the young person cannot.

Storage

AAIs should be stored at room temperature, protected from direct sunlight and temperature extremes.

Disposal

AAIs are single use only and must be disposed of as sharps. Used AAIs can be given to

ambulance paramedics on arrival or can be disposed of in a sharps bin. Denefield's sharps bin is kept in the medical room.

7. 'Spare' adrenaline auto-injectors in school

Spare AAls may be administered in accordance with current national guidance where a pupil's prescribed device is unavailable, unusable, or where an individual is experiencing anaphylaxis. These are stored in pairs in these locations:

- 1) The attendance / medical office: in a box on the shelf above the sink, closest for the canteen
- 2) The science staffroom on the second floor of the science block, closest for food tech lessons

They are clearly labelled 'Emergency Anaphylaxis Adrenaline Pen', kept safely, and are accessible and known to all staff.

If a student who uses an AAI goes on the school visit, the medical lead will contact parents / carers to ensure they have packed this as well as a spare.

The Medical Lead is responsible for checking the spare medication is in date on a monthly basis and to replace as needed.

Written parental permission for use of the spare AAls is included in the student's allergy action plan.

8. Staff Training

The named staff members responsible for coordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy are:

Anna Williams	DSL
Kerrie Sharp	Medical lead

All staff will complete allergy and anaphylaxis training annually, and on an ad-hoc basis during induction of new staff. Records of training are maintained by the Medical Lead, including dates, attendees and refresher training.

Training includes:

- Knowing the common allergens and their triggers
- Spotting the signs and symptoms of an allergic reaction and anaphylaxis. Understanding that early recognition of symptoms is key, knowing when to call for emergency services
- Administering emergency treatment (including AAls) in the event of anaphylaxis – knowing how and when to administer the medication/device
- Measures to reduce the risk of a child having an allergic reaction e.g. allergen avoidance, knowing who is responsible for what
- Managing allergy action plans and ensuring these are up to date

9. Inclusion and safeguarding

Denefield School is committed to ensuring that all children with medical conditions are properly

supported in school so that they may play a full and active role in school life, maintain physical and mental health and achieve their academic potential.

10. Catering

The school contracts Harrisons to provide catering services. Their training and safeguarding programme includes awareness of allergies, anaphylaxis, recognition of symptoms, emergency procedures and the appropriate role of cleaning operatives in supporting the school's response.

Harrisons Catering Company keeps lists of ingredients and students are advised to always ask to check ingredients if they have an allergy. This is safer than relying on a published menu. See appendix A.

The medical lead will inform the Catering Manager of students with food allergies, providing photographs as well as specific allergen information.

Parents/carers are encouraged to arrange to meet with the Catering Manager to discuss their child's needs. This can be done via the medical lead.

The school also adheres to the following Department of Health guidance recommendations:

- Where food is provided by the school, staff should be educated about how to read labels for food allergens and instructed about measures to prevent cross contamination during the handling, preparation and serving of food. Examples include: preparing food for children with food allergies first; careful cleaning (using warm soapy water) of food preparation areas and utensils. For further information, parents/carers are encouraged to liaise with the Catering Manager.
- Use of food in crafts, cooking classes, science experiments and special events (e.g. fetes, assemblies, cultural events) need to be considered and may need to be restricted/risk assessed depending on the allergies of particular children and their age.

11. Food lessons

The technology department puts the following measures in place to ensure a safe environment for students with allergies:

- No cooking with nuts
- Ingredient lists are provided to parents before the lesson
- Substitutes are provided if allergic to an ingredient e.g. egg
- A gluten free alternative is given if required
- Recipes can be adapted if necessary
- Gloves are available if needed
- Seating plans can be altered
- A booklet with student's name, photo and allergen is always readily available and kept up to date in the department.
- Class lists are printed for each class, those with allergies are highlighted
- Class lists are easily viewed on class charts with a clear indication of all students in that class who have an allergy.

12. School trips and visits

Staff leading school trips will ensure they carry all relevant emergency supplies, supplied by the medical lead. Trip leaders will check that all students with medical conditions, including allergies, carry their medication, in liaison with the Medical Lead. If a student keeps a spare adrenaline auto-injector at school, it will be supplied in the first aid kit. Where a student does not have required medication available, the school will undertake an urgent risk assessment and liaise with parents/carers to determine whether safe participation is possible.

All the activities on the school trip will be risk assessed to see if they pose a threat to allergic students and alternative activities planned to ensure inclusion.

Overnight school trips should be possible with careful planning and a meeting for parents with the lead member of staff planning the trip should be arranged. Staff at the venue for an overnight school trip should be briefed early on that an allergic child is attending and will need appropriate food (if provided by the venue).

Sporting Excursions

Allergic children should have every opportunity to attend sports trips to other schools. The school will ensure that the P.E. teacher/s are fully aware of the situation. The school being visited will be notified that a member of the team has an allergy when arranging the fixture. A member of staff trained in administering adrenaline will accompany the team. If another school feels that they are not equipped to cater for any food-allergic child, the school will arrange for the child to take alternative/their own food.

Most parents are keen that their children should be included in the full life of the school where possible, and the school will need their co-operation with any special arrangements required.

13. Allergy awareness and nut bans

Denefield School does not operate a blanket ban on any particular allergen, in line with Anaphylaxis UK. This is because nuts are only one of many allergens that could affect students, and no school could guarantee a truly allergen free environment for a child living with food allergy. We have adopted a culture of allergy awareness and education.

A 'whole school awareness of allergies' ensures teachers, students and all other staff are aware of what allergies are, the importance of avoiding the students' allergens, the signs & symptoms, how to deal with allergic reactions and to ensure policies and procedures are in place to minimise risk.

14. Risk Assessment

Denefield School will conduct an individual risk assessment for all new joining students with allergies and any students newly diagnosed, to help identify any gaps in our systems and processes for keeping allergic children safe.

15. Reviews

The school, led by a member of the senior leadership team as delegated by the headteacher will formally investigate and review any "near miss" or serious incident, including the actions taken. This would include review of policies and procedures, individual healthcare plans, any

risk assessments and lessons learned. Such incidents are recorded and shared with relevant staff and trustees where appropriate.

16. Useful Links

- Department for Education [Allergy safety in schools statutory guidance](#)
- Anaphylaxis UK - <https://www.anaphylaxis.org.uk/>
- Safer Schools Programme - <https://www.anaphylaxis.org.uk/education/safer-schools-programme/>
- Allergy UK - <https://www.allergyuk.org>
- Spare Pens in Schools - <http://www.sparepensinschools.uk>
- Department for Education Supporting pupils at school with medical conditions - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf
- Department of Health Guidance on the use of adrenaline auto-injectors in schools - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf
- Food allergy quality standards (The National Institute for Health and Care Excellence, March 2016) <https://www.nice.org.uk/guidance/qs118>
- Anaphylaxis: assessment and referral after emergency treatment (The National Institute for Health and Care Excellence, 2020) <https://www.nice.org.uk/guidance/cg134?unlid=22904150420167115834>