



Highfield School

Allergy Safety Policy

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Introduction

Allergy is a medical condition in which the body reacts adversely to substances that are normally harmless, including foods, insect stings, contact allergens and airborne allergens. Many individuals with allergies to food or insect stings are at risk of anaphylaxis — a serious, potentially fatal allergic reaction affecting the whole body, in particular the Airway, Breathing and Circulation.

Highfield School takes allergy safety with the utmost seriousness. Around one in five children and young people with allergies experience their first allergic reaction whilst in school. Anaphylaxis is a medical emergency which can be fatal. This policy exists to ensure the school minimises the risk of allergen exposure, is prepared to respond immediately in an emergency, and supports the full inclusion of pupils with allergies in every aspect of school life.

This policy is a dedicated allergy safety policy, separate from the school's Medical Conditions Policy, in accordance with the DfE statutory guidance 2026. Both policies apply to children and young people with allergy.

This policy applies to all areas of school life, including the classroom, dining, sports, co-curricular activities, school trips, visits and off-site activities.

Scope

This policy applies to:

- All pupils enrolled at Highfield School (Prep and Pre-Prep)
- All members of staff, including teaching staff, support staff, supply staff, coaches and volunteers
- Visitors to the school site
- Third-party providers operating on or in the vicinity of the school site (e.g. breakfast clubs, after-school clubs, external sports coaches)
- All school-organised activities including off-site visits, trips and residential events

Roles and Responsibilities

Named Director

A named member of the governing body has overall responsibility for the allergy safety policy. Their responsibilities include:

- Ensuring the policy is published on the school website and reviewed at least annually
- Overseeing the lessons-learned review following any serious incident or near miss relating to allergy
- Holding the named senior leader to account for implementation of this policy



Named Senior Leader

A named senior leader is responsible for the day-to-day implementation of this policy. Their responsibilities include:

- Coordinating the identification of pupils and staff with allergies
- Ensuring Individual Healthcare Plans (IHPs) are in place for all pupils with allergy who require one
- Overseeing staff allergy awareness and emergency response training
- Ensuring adrenaline devices (prescribed and spare/generic) are stocked, maintained and accessible
- Reviewing and updating this policy at least annually and after any serious incident or near miss

School Nurses

The School Nurses play a central clinical role in allergy safety. Their responsibilities include:

- Maintaining an up-to-date digital record of all pupils with known allergies
- Developing and reviewing Individual Healthcare Plans (IHPs) and Allergy Action Plans for pupils with allergy, in collaboration with the pupil, parents/carers and relevant healthcare professionals
- Providing or coordinating allergy awareness and anaphylaxis emergency response training for all staff
- Managing, checking and replenishing prescribed and generic adrenaline auto-injectors (AAIs) and ensuring they are accessible across the school site
- Advising the catering team
- Liaising with parents/carers and external healthcare professionals as required
- Recording and reporting serious incidents and near misses relating to allergy

Catering Staff

- Always following allergen management procedures, including safe food preparation, labelling and service
- Ensuring menus clearly identify the 14 major allergens as required by food labelling regulations
- Never serving food to a pupil known to have an allergy to any ingredient in that food
- Notifying the School Nurse or member of senior leadership team immediately of any concern relating to accidental allergen exposure
- Identifying and training allergy champions within the team

All Staff

All staff, including teachers, support staff, supply staff, coaches and volunteers, are responsible for:

- Being aware of which pupils in their care have allergies and the potential consequences
- Always following this allergy safety policy and individual pupils' IHPs
- Completing allergy awareness and anaphylaxis emergency response training as required
- Never giving food to a pupil with a known allergy without first checking their IHP or confirming with the School Nurse
- Knowing the location of adrenaline auto-injectors on site and how to use them
- Calling 999 immediately in the event of suspected anaphylaxis and administering an AAI without delay
- Reporting any incident or near miss to the School Nurse and named senior leader

Parents and Carers



- Notifying the school of a child's allergy diagnosis as soon as possible, and before the child starts at the school
- Providing the school with up-to-date written medical information including an Allergy Action Plan from their child's allergist or GP
- Ensuring prescribed AAls and any other emergency medications are provided in date and in sufficient supply
- Informing the school promptly of any changes to their child's allergy diagnosis, prescribed medication or Allergy Action Plan
- Supporting their child to understand and manage their allergy appropriately for their age and level of understanding

Identifying Pupils and Staff with Allergy

The school proactively identifies all pupils and staff with allergies through the following mechanisms:

- Pre-admission forms completed by parents/carers
- Annual health updates for returning pupils
- Information provided by parents/carers, healthcare professionals or the pupil at any point during enrolment
- Staff health declarations

A record of all pupils and staff with known allergies is maintained by the School Nurses and kept confidential but accessible to relevant staff. The record is reviewed and updated at the start of each term and whenever new information is received.

The school will not wait for a formal medical diagnosis before putting protective arrangements in place. Where a pupil is reported to have or be at risk of allergy, arrangements will be made based on the reported needs and available information and reviewed as further clinical advice is received.

Minimising the Risk of Allergen Exposure

Food Allergen Management

The school takes a proportionate and practical approach to managing food allergen risk. The following measures are in place:

- All 14 major allergens are declared on menus and, where possible, on individual food items
- Catering staff receive allergen awareness training and safe food handling guidance
- Separate preparation areas and utensils are used for allergen-free meals where required
- Pupils with known food allergies are provided with pre-agreed safe meals where possible
- Food purchased externally is not allowed in school
- The school takes an allergy aware approach and does everything reasonably possible to minimise accidental exposure but cannot guarantee an entirely allergen-free environment

Environmental Allergen Management

- Contact allergens (e.g. latex) and airborne allergens (e.g. grass pollen) relevant to individual pupils are identified in their IHP and reasonable adjustments made
- Relevant allergen risks are communicated to staff, including those responsible for science, art, DT and outdoor learning
- Insect sting risk is considered for outdoor activities and relevant staff briefed

Off-Site Activities

Allergy safety measures extend to all off-site activities including day visits, residential trips and sporting fixtures. Before any off-site activity:

- The trip organiser checks the IHPs of all participating pupils and planning regarding allergy management are incorporated into the trip risk assessment at every stage



- Prescribed AAls/ EURneffy and any other emergency medications are carried by the appropriate staff member
- 2 prescribed AAls / EURneffy remain readily accessible throughout
- At least one staff member accompanying the trip is trained in allergy emergency response and anaphylaxis treatment
- Catering arrangements at the destination are discussed in advance and safe food confirmed for pupils with food allergies
- Emergency action plans are in place and 999 is the first call in any suspected anaphylaxis emergency

Individual Healthcare Plans (IHPs) and Allergy Action Plans

Every pupil at risk of anaphylaxis will have an Individual Healthcare Plan (IHP) developed by the school in collaboration with the pupil, their parents/carers and relevant healthcare professionals and an Allergy Action Plan in their emergency bag.

The IHP will include or reference:

- Details of the pupil's allergy or allergies and known triggers
- Symptoms and signs of an allergic reaction and anaphylaxis
- Reference the pupil's Allergy Action Plan (hard copy held in emergency bag)
- Details of prescribed emergency medication, including AAls, and where they are stored
- Any special arrangements needed on site or off site (trips/ match days)
- The extent to which the pupil can self-manage their allergy

Allergy Action plan will include:

- Detail step by step instructions of what to do in an emergency
- Clear dosage instructions for emergency medication
- Contain emergency contact details
- Plan made in conjunction with parents and healthcare professional's

IHPs and Allergy action plans are reviewed at least annually, at the start of each academic year, and whenever there is a significant change in the pupil's condition or prescribed medication. Reviews involve the pupil (where appropriate), parents/carers and the School Nurse.

Adrenaline Auto-Injectors (AAls) or EURneffy devices

Prescribed AAls / EURneffy

Pupils who have been prescribed AAls/ EURneffy by a medical professional must provide the school with at least two in-date devices.

Prescribed AAls/ EURneffy are:

- Stored securely but accessible in school in the pupil's individual emergency bag (held in the appropriate location for their year group, as detailed in the school's First Aid Policy)
- Carried by staff and accessible to the pupil during off-site activities
- Checked regularly every term for expiry date by the School Nurses
- Replaced promptly by parents/carers when used or approaching expiry

Generic (Spare) AAls

Highfield School holds generic (spare) AAls for use in an emergency when a pupil's prescribed device is unavailable or has been used or if needed for a person with no known allergies. In accordance with the Human Medicines (Administration of Prescription Only Medicines) (England) Regulations 2026 (Benedict's Law):

- Generic AAI's are held in pairs at five locations on the school site (Appendix 1)
- Locations chosen to try to ensure they can be used within 5 minutes of anaphylaxis being identified
- Generic AAI's may be used on any pupil who appears to be experiencing anaphylaxis, including those without a prior diagnosis
- All staff are trained in the recognition of anaphylaxis and the use of AAI's
- Generic AAI's are checked termly for expiry date and condition by the School Nurse, documentation on the specific devices (expiry etc) held digitally by School Nurses
- The use of a generic AAI is always followed by an immediate call to 999
- Parents/carers are notified immediately following use of any AAI
- Records are kept of all instances in which a generic AAI is used

Staff Training

Allergy awareness and anaphylaxis emergency response training is provided to all staff at Highfield School.

Training includes:

- Understanding allergy and the 14 major food allergens
- Recognising the signs and symptoms of an allergic reaction and anaphylaxis
- Knowing the location of AAI's on site
- How to use an AAI and EURneffy (both prescribed and generic/spare devices)
- Emergency response procedure for anaphylaxis

All staff complete allergy awareness training at induction and receive an annual update. Staff who have specific responsibility for pupils with allergy (e.g. those supporting a pupil named in an IHP) receive additional condition-specific training as appropriate.

Temporary staff, volunteers and relevant external providers, as well as ensuring anyone joining mid-year receives appropriate training before taking responsibility for pupils.

Training records are maintained by the Senior Leadership Team and reviewed annually.

Allergic reactions

Allergic reactions occur when a susceptible person is exposed to something (an "allergen") they are allergic to.

Most allergic reactions do not affect the Airway/Breathing/ Circulation ("ABC") and can be treated with an oral antihistamine. Allergic reactions are unpredictable. Most reactions do not result in anaphylaxis. However, when anaphylaxis occurs, reactions usually start off as less severe (e.g. skin rash, vomiting) but then become anaphylaxis – so someone having a reaction should always be monitored (e.g. in the HC) for at least 60 minutes afterwards, just in case the reaction gets worse.

Symptoms of a mild to moderate allergic reaction (not anaphylaxis) include:

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

Mild reactions can worsen and become anaphylaxis, affecting the Airway/Breathing/Circulation ("ABC")

Emergency Response to Anaphylaxis

SIGNS OF ANAPHYLAXIS (a potentially life-threatening allergic reaction)

- A: Airways: Swelling in the throat, tongue or upper airways (tightening in the throat, hoarse voice, difficulty swallowing)
- B: Breathing: Sudden onset wheezing, breathing difficulty, persistent cough, noisy breathing
- C: Circulation: Dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness

Anaphylaxis reactions involve the Airway/Breathing/Circulation (“ABC”). Reactions usually progress quickly and can be life-threatening – so anaphylaxis always requires an immediate emergency response.

Anaphylaxis reactions to food usually begin within 30 minutes of eating the trigger food, but can sometimes occur 4-6 hours later.

Giving emergency adrenaline immediately and calling Emergency Services (999) is essential. Anaphylaxis always requires an emergency response. Anaphylaxis can occur without any other signs (such as a skin rash) being present. Always consider anaphylaxis in someone with a known food allergy who has sudden difficulty in breathing. Giving adrenaline in this context is very safe and may be lifesaving.

The following steps should be followed:

- Recognise symptoms of anaphylaxis (ABC)
- Call 999 immediately
- Administer the pupil's prescribed AAI/ EURneffy (or generic AAI if prescribed device unavailable) following the Allergy Action Plan
- Lay the pupil flat (or seated upright if breathing is difficult); do not allow them to stand or walk
- A second AAI/ EURneffy may be given after 5 minutes if there is no improvement and a second device is available
- Stay with the pupil until the ambulance arrives — continue to monitor their condition
- On arrival of paramedics, provide a clear account of what happened, what medication was given and when
- Contact the pupil's parents/carers as soon as possible
- Inform the School Nurse, named senior leader and Head
- Complete a full incident report as soon as practicable

Following any use of an AAI / EURneffy or emergency response to anaphylaxis, a lessons-learned review will be conducted by the named director and named senior leader in accordance with the school's serious incident and near-miss procedures.

Serious Incidents and Near Misses

A serious incident is any event relating to allergy in which a pupil, member of staff or visitor with allergy is harmed or placed at immediate and significant risk of harm, including situations requiring emergency medication, urgent clinical intervention or attendance by the emergency services.



A near miss is an event that did not result in harm but had the clear potential to do so — for example, a pupil receiving food containing a known allergen, an AAI being unavailable when needed, or a failure to follow an IHP that could have led to serious consequences.

All serious incidents and near misses must be:

- Recorded as soon as practicable by the member of staff involved or the School Nurse
- Reported to the named senior leader and named director
- Shared with the pupil's parents/carers, with the opportunity to discuss what happened
- Subject to a lessons-learned review to determine whether changes to policy, procedures or training are required

The named director and named senior leader will consider whether the incident could reasonably have been foreseen, whether policies and IHPs were followed, whether they were adequate, and what preventative steps might be taken in future. This policy will be updated as a result where necessary.

Promoting the Wellbeing of Pupils with Allergy

Highfield School is committed to the full inclusion of pupils with allergies in every aspect of school life. The school recognises that pupils with allergies may experience anxiety, social isolation or bullying on account of their condition.

The school will:

- Ensure pupils with allergies can participate in all school activities, including meals, trips, sports and social events
- Work with pupils, parents/carers and healthcare professionals to find practical solutions that enable full participation
- Promote understanding and empathy among the school community through age-appropriate education about allergy
- Take seriously and act promptly on any reported bullying related to a pupil's allergy
- Support the mental health and wellbeing of pupils with allergies, including through access to the school's pastoral and counselling provision
- Involve the pupil in decisions about their own allergy management in a way that is appropriate to their age and understanding

Complaints

Highfield School is committed to dealing with all complaints fairly and impartially, and to providing a high-quality service to those who complain. Parents can be assured that all concerns and complaints will be treated seriously and confidentially

Complaints procedure permits complaints to be raised and investigated following a serious incident or “near miss” relating to a child or young person’s allergy. This includes complaints arising from a prolonged failure to put arrangements in place or to deliver arrangements agreed through the allergy safety policy, Allergy Action Plan or an Individual Healthcare Plan.

Unacceptable practice

Deviation without reasonable cause from accepted practice i.e.

- a child with a suspected allergic reaction should never be sent to the Health Centre alone but be escorted by a staff member
- a child with suspected anaphylaxis should not be made to walk to the Health Centre (help/adrenaline should come to them)



- adrenaline/999 should never be delayed while waiting for a nurse, senior member of staff or parent.
- Emergency contacts of the child should be contacted as soon as possible but do not delay actions to do this

Review and Evaluation

This policy will be reviewed at least annually by the named senior leader and named director, and following any serious incident or near miss relating to allergy. The review will consider whether the policy remains fit for purpose, reflects current guidance and accurately describes the school's arrangements.

Governance

The Directors will review this policy, Individual Healthcare Plans and allergy-related near misses annually at a Directors' meeting, or sooner where necessary.

References

- DfE Statutory Guidance: Supporting Children and Young People with Medical Conditions and Allergy (July 2026)
- Human Medicines (Administration of Prescription Only Medicines) (England) Regulations 2026
- Children and Families Act 2014, section 100
- Equality Act 2010
- Food Information for Consumers Regulation (EU) No 1169/2011
- Highfield School Supporting Children and Young People with Medical Conditions Policy (2026)
- Highfield School First Aid Policy (2026)
- Highfield School Complaints Policy (2026)
- Anaphylaxis UK: www.anaphylaxis.org.uk
- Allergy UK: www.allergyuk.org

Appendix 1: Locations of Generic (Spare) Adrenaline Auto-Injectors on Site

Generic AAI's are stored in the following locations and checked termly by the School Nurses:

- Pre Prep Atrium
- Dining hall
- Pavillion
- Cafe
- Master's house

Each location holds two devices except Pre Prep Atrium which holds two Junior AAI and two adult AAI

The School Nurse maintains a log of all devices, including batch numbers and expiry dates.

Appendix 2: Anaphylaxis Emergency Response — Quick Reference



Recognise the signs of anaphylaxis



- Tightening of the throat
- Hoarse voice
- Difficulty swallowing
- Swollen tongue



- Sudden wheezing
- Difficult or noisy breathing
- Persistent cough



- Persistent dizziness
- Pale or floppy
- Suddenly sleepy
- Collapse/unconscious

If any one (or more) of these signs are present: **Don't delay**

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



② Give adrenaline device without delay
(use the school's spare device if needed)



Scan this code for instructions on how to use adrenaline devices

③ Immediately dial 999 for ambulance
and say **ANAPHYLAXIS** (ana-fill-axis)



After giving adrenaline:

- Stay with person until ambulance arrives, do NOT stand them up.
 - Keep them lying down, even if things seem to be getting better.
- Phone parent/emergency contact.



If no improvement after 5 minutes, give another dose of adrenaline using a second device, if available.

Commence CPR at any time if there are no signs of life



ALWAYS GIVE ADRENALINE DEVICE FIRST if someone has **SEVERE AND SUDDEN BREATHING DIFFICULTY** (including wheeze, persistent cough or hoarse voice). **THEN SEEK MEDICAL HELP. Anaphylaxis can occur without skin symptoms**



