Boundary Oak School

Allergy and Anaphylaxis Policy

2026 - 2027

PERSON RESPONSIBLE FOR THE LATEST REVISION	School Nurse and Deputy Head Co-Curricular
LAST REVIEW	November 2026
NEXT REVIEW	November 2028

1) OVERVIEW

Purpose of the Policy

To minimise the risk of any individual suffering an allergic reaction whilst at school or attending any school related activity. To ensure staff are properly prepared to recognise and manage allergic reactions should they arise.

Links with other policies

- Safeguarding
- Medical conditions policy
- Asthma Policy
- Health and safety
- Behaviour
- Anti bullying

Introduction and Core Principles

This policy outlines Boundary Oak School's approach to allergy management. Following Benedict's Law, we are committed to providing a safe, inclusive, and welcoming environment for all children, young people, staff, and visitors with allergies. Recognising the serious and potentially life-threatening risk posed by anaphylaxis, this dedicated policy establishes robust risk-mitigation measures and emergency response protocols. 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 has been developed with regard to the Depart for Education's Allergy Safety in Schools guidance (July 2026). Although the July 2026 guidance is not yet statutory for independent schools, the Act provides for equivalent allergy-safety requirements to be introduced through the Independent School Standards. Boundary Oak School has adopted the guidance as its standard of practice.

This policy applies to all staff, pupils, parents and visitors to the school and should be read alongside these other policies:

- Medical Policy
- First Aid Policy
- Medicines Management Policy

Boundary Oak School has a whole school awareness approach, because it ensures all staff and Pupils are aware of what allergies are, the importance of avoiding the individuals' allergens, the signs & symptoms, how to deal with allergic reactions, and to ensure procedures are in place to minimise risk of exposure.

Coeliac disease and food intolerance can present symptoms which are similar to those of food allergy; it is important that Coeliac disease and food intolerance is be managed through dietary avoidance, but these conditions do not pose a risk of anaphylaxis and so they are not within this allergy safety policy.

Eczema, asthma and allergies sometimes occur together – known as the atopic triad. It is important that these are managed well in order to keep the individual healthy. Asthma training is needed by all staff and an individual's asthma care plan needs to be included with their individual healthcare plan. These conditions are not included in this allergy safety policy.

Boundary Oak School understands that severe allergies are included in the Equality Act, 2010. The act considers a person disabled if they have a physical or mental impairment that has a substantial and long-term negative effect on their ability to carry out normal daily activities. Seasonal rhinitis (such as hay fever) is explicitly excluded from the definition of disability, unless it aggravates the effect of another health condition.

2) WHAT IS AN ALLERGY?

Allergy is a spectrum of different allergic diseases. Reactions occur when a susceptible person is exposed to something (an "allergen") they are allergic to. Asthma, food allergy, eczema and seasonal rhinitis (hay fever) are all forms of allergy.

Anaphylactic reactions usually begin within minutes of being in contact with the allergen i.e. eating a trigger food, though can occur several hours later (i.e. allergy to Mammalian meat). Anaphylaxis involves difficulty in breathing and affects the heart rhythm. In extreme cases there could be a dramatic fall in blood pressure leading to collapse.

Once started, anaphylaxis reactions progress quickly. Investigations into fatal anaphylaxis show that there is only a 20–30-minute window of opportunity during which steps can be taken to prevent death – therefore giving emergency adrenaline immediately and calling Emergency Services (999) is crucial. 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 most common causes of "whole body" allergic reactions – including anaphylaxis – are:

- foods (e.g. peanuts, tree nuts, cow's milk/dairy foods, egg, wheat, fish/shellfish and sesame);
- insect stings (e.g. bee, wasp);

- medication (e.g. antibiotics, pain medicines such as ibuprofen);
- latex (e.g. rubber gloves, balloons, swimming caps).

Even for food allergy, the vast majority of anaphylaxis reactions require the person to have eaten the food, although less serious allergic reactions can happen through skin or other contact. Anaphylaxis reactions due to skin contact are very rare. Students who have a skin reaction need monitoring in accordance with Allergy Action Plans.

3) DEFINITIONS

Anaphylaxis

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

Allergen

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

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

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

Adrenaline Auto-injector

A single-use device that contains a pre-measured dose of adrenaline. It is used to treat anaphylaxis by injecting adrenaline into the upper outer thigh muscle. Adrenaline auto-injectors are commonly known as AAIs, adrenaline pens, or by brand names such as EpiPen. The three brands licensed for use in the UK are EpiPen, Jext Pen and Emerade. For this policy, they are referred to as adrenaline auto-injectors.

Allergy Action Plan

This is a document filled out by a healthcare professional, detailing a person's allergy and their treatment plan.

Individual Healthcare Plan

A detailed document outlining an individual pupil's condition, history, treatment, risks and action plan. This document should be created by schools in collaboration with parents/carers and, where appropriate, pupils. All pupils with an allergy should have an Individual Healthcare Plan and it should be read in conjunction with their Allergy Action Plan.

Risk Assessment

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

Spare Pens

From 2017 schools have been able to purchase spare adrenaline pens. These should be held as a back-up, in case pupils' own adrenaline pens are not available. They can also be used to treat a person who experiences anaphylaxis but has not been prescribed their own adrenaline.

4) MINIMISING RISK & EXPOSURE TO ALLERGENS

Minimising risk and the exposure to allergens is central to ensuring that individuals with allergies are safe from harm. Even a small amount of allergen can cause a reaction. Any food can cause a reaction with serious consequences for the individual and Boundary Oak School will only eliminate a food following a risk assessment supported by medical advice when necessary. Where a food is restricted, this will be to the smallest area for the time necessary; for example, the cooking room for the duration of the lesson when the student with allergy is cooking. Blanket bans, especially to nuts, create a false sense of security. Whilst there are 14 key food allergens that cause over 90% of reactions, any food can cause a reaction.

Boundary Oak School is allergy aware ensuring that the staff and students are actively aware of the risk posed by allergens, take steps to minimise the risk of exposure and have robust emergency response plans in place.

5) IDENTIFICATION OF INDIVIDUALS WITH ALLERGIES

Admissions Data Collection

Boundary Oak School collects detailed medical information from parents/carers regarding known allergies, dietary restrictions, and treatment histories prior to admission. By completing online medical form on my school portal.

Information Sharing

UK GDPR does not prevent the sharing of a student's health information (special category data). Relevant information is securely compiled and shared as necessary in a controlled way with teaching staff, support staff, supply cover, and catering teams while maintaining appropriate data privacy. This is done through: Isams, SharePoint, Classcharts and Socs.

Transition

Allergy information and existing care plans are shared as part of a student's transition. Boundary Oak School will request allergy information from the previous school or setting and will consider whether any of the arrangements are suitable to implement. We work with parents/carers and the student if appropriate to write a new IHP Staff will provide information about students for transition visits ahead of a formal move.

Staff

Pre-employment questionnaires will ask whether they have any allergies. If an allergy is declared, there will be a discussion and action plan created to ensure that the member of staff has a safe working environment.

Visitors and Regular Volunteers

They will be asked about allergies ahead of their visit. If an allergy is declared, the allergy lead will be notified, and this information will be communicated as necessary to ensure that the visitor or regular volunteer has a safe working environment.

6) ROLES & RESPONSIBILITES

Boundary Oak School takes a whole-school approach to allergy management.

Designated Senior Leader for Allergy Safety

The Designated Allergy Lead is Joe Davis, Deputy Head of Co-curricular. They report to the Head Teacher and are responsible for:

- Ensuring the safety, inclusion and wellbeing of pupils with allergy.
- Taking decisions on allergy management across the school.
- Championing and practising allergy awareness across the school.
- Being the overarching point of contact for staff, pupils and parents with concerns or questions about allergy management.
- Ensures that systems are robust for the identification of students at mealtimes
- Communication about:
    - the policy
    - the Pupils who are on the register of those with allergies
    - the importance of recording and reporting near misses and incidents
    - that IHPs are created and communicated
- Making sure all staff are appropriately trained, have good allergy awareness and realise their role in allergy management (including what activities need an allergy risk assessment).
- Ensuring staff, pupils and parents have a good awareness of the school's Allergy and Anaphylaxis Policy, and other related procedures.
- Ensuring there is an Anaphylaxis Drill once a year.

At regular intervals the Designated Allergy Lead will check procedures and report to the SMT.

School Nurse/Healthcare Team

The School Nurse is responsible for:

- Collecting and coordinating the paperwork (including Allergy Action Plans and Individual Healthcare Plans) and information from families (this is likely to involve liaising with the Admissions Team for new joiners).

- Support the Designated Allergy Lead on how this information is disseminated to all school staff, including the Catering Team, occasional staff and staff running clubs.
- Ensuring the information from families is up-to-date and reviewed annually (at a minimum).

- Coordinating medication with families. Whilst it's the parents and carers responsibility to ensure medication is up to date, the nursing team should also have systems in place to check this and notify the parents when they see the expiry date is approaching.
- Holding a register of students and staff with allergies including whether they hold adrenaline and whether they have an allergy action plan
- Keeping an adrenaline auto-injector register to include Adrenaline auto-injectors prescribed to pupils and Spare Pens, including brand, dose and expiry date. The location of Spare Pens should also be documented.
- Regularly checking spare pens are where they should be, and that they are in date. (kitt medical)
- Replacing the spare pens, when necessary
- Providing on-site adrenaline auto-injector training for other members of staff and pupils and refresher training as required eg. before school trips.
- Reviewing the stock of the school's spare adrenaline pens (check the school has enough and the locations are correct) and ensuring staff know where they are.
- Keep a record of any allergic reactions or near-misses and ensure an investigation is held as to the cause and put in place any learnings.
- KITT MEDICAL, our supplier and has online records of above, must input the data as required.
- Regularly reviewing and updating the Allergy and Anaphylaxis Policy.

Admissions Team

The admissions team is likely to be the first to learn of a pupil or visitor's allergy. They should work with the School Nurse to ensure that:

- There is a clear method to capture allergy information or special dietary information at the earliest opportunity through a taster day medical form.
- There is a clear structure in place to communicate this information to the relevant parties (i.e. school nursing team, catering team).

All staff

All school staff, to include teaching staff, support staff, domestic staff, occasional staff (for example sports coaches, music teachers and those running breakfast and afterschool clubs) are responsible for:

- Championing and practising allergy awareness across the school.

- Understanding their role in implementing this policy, recognising signs of allergic reactions, and acting swiftly in an emergency asking for support if needed.
- Being aware of pupils with allergies and what they are allergic to.
- Considering the risk to pupils with allergies posed by any activities and assessing whether the use of any allergen in activity is necessary and/or appropriate. Curriculum adaptation to minimise risks.
- Ensuring pupils always have access to their medication or carrying it on their behalf.
- Being able to recognise and respond to an allergic reaction, including anaphylaxis.
- Taking part in training and anaphylaxis drills as required (at least once a year) and to tell a manager if you have not received any in the last 12 months.
- Considering the safety, inclusion and wellbeing of pupils with allergies at all times.
- Preventing and responding to allergy-related bullying, in line with the school's anti-bullying policy.
- Creating an inclusive curriculum
- Completing risk assessments for, curriculum activities involving food, trips and visits including sporting events
- Building proactive relationships with parents/carers
- Reporting near misses and incidents

All parents

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

- Being aware of and understanding the school's Allergy and Anaphylaxis Policy and considering the safety and wellbeing of pupils with allergies.
- Providing the School Nurse with information about their child's medical needs, including dietary requirements and allergies, history of their allergy, any previous allergic reactions or anaphylaxis. They should also inform the School Nurse of any related conditions, for example asthma, hayfever, rhinitis or eczema.
- Considering and adhering to any food restrictions or guidance the school has in place when providing food, for example in packed lunches, as snacks or for fundraising events. The school do not allow any foods that contain nuts or sesame.
- Refraining from telling the school their child has an allergy or intolerance if this is a preference or dietary choice.
- Encouraging their child to be allergy aware.

Parents of children with allergies

In addition to point 'All Parents', the parents and carers of children with allergies should:

- Work with the school to fill out an Individual Healthcare Plan and provide an accompanying Allergy Action Plan.
- If applicable, provide the school or their child with two labelled adrenaline pens and any other medication, for example antihistamine (with a dispenser, ie. spoon or syringe), inhalers or creams.
- Ensure medication is in-date and replaced at the appropriate time.
- Update school with any changes to their child's condition and ensure the relevant paperwork is updated too.
- Provide the school with an up-to-date photograph of their child and sign the associated permission for it to be shared appropriately as part of their allergy management.
- Support their child to understand their allergy diagnosis and to advocate for themselves and to take reasonable steps to reduce the risk of an allergic reaction occurring eg. not eating the food they are allergic to.

All Pupils

All pupils at the school should:

- Be allergy aware.
- Understand the risks allergens might pose to their peers.
- Learn how they can support their peers and be alert to allergy-related bullying.
- Older pupils will learn how to recognise and respond to an allergic reaction and to support their peers and staff in case of an emergency.
- If bringing in food from home, check the ingredients don't contain nuts or sesame.

Pupils with Allergies

In addition to point 'All Pupils', pupils with allergies are responsible for:

- Knowing what their allergies are and how to mitigate personal risk, appropriate to age of pupil.
- Avoiding their allergen as best as they can.
- Understand that they should notify a member of staff if they are not feeling well or suspect they might be having an allergic reaction.
- If in Year 6 or above, to always carry two adrenaline auto-injectors with them. They must only use them for their intended purpose.

- Adrenaline auto-injectors for pupils in Pre-School – Year 5, will be kept by the teacher in the classroom.
- Understand how and when to use their adrenaline auto-injector.
- Talking to the Designated Allergy Lead or a member of staff if they are concerned by any school processes or systems related to their allergy.
- Raising concerns with a member of staff if they experience any inappropriate behaviour in relation to their allergies.

7) INFORMATION & DOCUMENTATION

Dietary List

The school has a list of pupils who have a diagnosed food allergy. This includes children who have a history of anaphylaxis or have been prescribed an adrenaline auto-injector, as well as pupils with an allergy where no adrenaline auto-injector has been prescribed.

Adrenaline Auto-Injector Register

The school has a register of pupils who have been prescribed an adrenaline auto-injector.

Individual Health Care Plan and Risk Assessment

All Pupils with an Allergy will require a risk assessment, some pupils with allergies may require an Individual Health Care Plan. The information on this plan includes:

- Known allergens and risk factors for allergic reactions.
- A history of their allergic reactions.
- Detail of the medication the pupil has been prescribed including dose, this should include adrenaline pens, antihistamine etc.
- A copy of parental consent to administer medication, including the use of spare adrenaline pens in case of suspected anaphylaxis.
- A photograph of each pupil.
- A copy of their Allergy Action Plan.

8) ASSESSING RISK

Boundary Oak School completes a school wide allergy risk assessment that seeks to minimise the risks of exposure to known allergens. Allergens can crop up in unexpected places. Staff (including visiting staff) will consider allergies in all activity planning and include it in risk assessments.

The risk assessment will include:

- Identifying the food used within the curriculum and making adaptions to remove allergens that pose a risk for the whole group not just the student who has the allergy. For example, using food packing, science experiments, food technology.
- Conducting specific risk assessments to manage the risks of exposure to allergens in individuals when planning external visits or trips
- Identify measures to manage risks of exposure to a food allergen through food brought in by others (for example, parents, students, staff).
- Identify measures to manage the risks of exposure to a food allergen through food provided by the school, college or setting
- Putting in reasonable measures to manage the risk of individuals being exposed to allergens where they have a known allergy to airborne or contact allergens
- Identifying non-food allergens within the environment and making adaptions to remove/reduce allergens that pose a risk; for example, hatching a chick, therapy or school dogs would require enhanced cleaning and limiting to specific areas, hygiene measures after students have worked with the therapy dog

Inclusion of pupils with allergies must be considered alongside safety and they should not be excluded. If necessary, adapt the activity.

Boundary Oak School will ensure that allergy is included in all school risk assessments to identify risks and plan control measures to minimise the risk of exposure.

9) FOOD, INCLUDING MEALTIMES AND SNACKS

Boundary Oak School is committed to providing a safe meal for all students, including those with food allergies, the school will manage the risk of food allergy and provide clear information on allergens in food provided by:

Catering in School

Due diligence is carried out with regards to allergen management when appointing catering staff.

- All catering staff and other staff preparing food will receive relevant and appropriate allergen awareness training.

- Anyone preparing food for pupils with allergies will follow good hygiene practices, food safety and allergen management procedures.
- The catering team will endeavour to get to know the pupils with allergies and what their allergies are supported by all school staff.
- The school has robust procedures in place to identify pupils with food allergies; the catering department have a dietary list of all pupils with food allergies. Pupils in Pre-School and Pre-Prep are supported by their teachers/support staff who are familiar with them.
- Food containing the main 14 allergens (see Allergens definition) will be clearly identified for pupils, staff and visitors to see. Other ingredient information will be available on request.
- Food packaged to go will comply with PPDS legislation (Natasha's Law) requiring the allergen information to be displayed on the packaging at the point the food was provided.
- Where changes are made to the ingredients this will be communicated to pupils with dietary needs by catering staff.
- All food in the boarding pupils tuck shop is pre-packaged with ingredients list.

Food Brought into School

- Where food is not directly provided by the school (for example brought in as treats or to celebrate birthdays) parent/carer permission will sought in advance to ensure inclusion and safety for students with allergies.
- Any food brought into school for fundraising events should have allergens clearly labelled.
- Pupils taught not to food share, trade food or share utensils or food containers with the reasons why

Food Bans or Restrictions

- This school is an Allergen Aware school. We have students with a wide range of allergies to different foods, so we encourage a considered approach to bringing in food.
- We try to restrict nuts and sesame as much as possible on the site and check all foods coming into the kitchen.
- All food coming onto school premises or taken on a school trip or to a match should be checked to ensure nuts and sesame are not an ingredient in another product. Please check the label on all foods brought in.

Food Hygiene for Pupils

- Pupils will wash their hands before and after eating.

- Pupils are aware to eat food on their plate and not to throw food
- Pupils taught not to food share, trade food or share utensils or food containers with the reasons why.
- Water bottles and packed lunches should be clearly labelled.

10) SCHOOL TRIPS & SPORT FIXTURES

Boundary Oak School ensures that students with allergies are fully included in every trip, sporting event, or extracurricular activities. A risk assessment addressing allergen exposure in each activity, emergency medication, transport, and proximity to local emergency care will be undertaken with control measures identified. To ensure that the student is safe and included, alternative activities will be planned. This will include the safe storage adrenaline for the duration of the school trip.

- Staff leading the trip will have a register of pupils with allergies with medication details.
- Allergies will be considered on the risk assessment and catering provision put in place.
- Staff Lead/School Nurse will consult with the parents if the trip requires an overnight stay.
- Staff accompanying the trip will be trained to recognise and respond to an allergic reaction.
- Allergens will be clearly labelled on catered packed lunches.
- If attending Match Tea at another school, sports staff will send details of their dietary requirements ahead to ensure they have a safe meal.
- See Adrenaline Auto-Injectors section for School Trips and Sports Fixtures

11) INSECT STINGS

Pupils with a known insect venom allergy should:

- Avoid walking around in bare feet or sandals when outside and when possible, keep arms and legs covered.
- Avoid wearing strong perfumes or cosmetics.
- Keep food and drink covered.

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

As the school keeps bees, a risk assessment will be carried out should a pupil have a bee sting allergy.

12) ANIMALS

It is normally the dander that causes a person with an animal allergy to react.

Precautions to limit the risk of an allergic reaction include:

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

13) ALLERGIC RHINITIS/HAYFEVER

Pupils with seasonal pollen allergy and hayfever should take their daily medication before attending school.

An emergency stock of over-the-counter antihistamine is kept in the medical room.

14) WELL-BEING AND SUPPORT

Allergy safety is a priority and actions to ensure that students are included and safe are embedded into the school's culture. Pupils with allergy become anxious as a result of the risk of exposure to allergens and the potential for anaphylaxis, which may be compounded by living with difficult-to-control asthma or eczema. Pupils may experience anxiety and depression and are more susceptible to bullying.

- No child with allergies should be excluded from taking part in a school activity, whether on the school premises or a school trip.
- regularly communicate to students, parents and staff about allergies, ensuring ongoing awareness and appreciation of the severity of the potential risks
- includes allergy and anaphylaxis lessons during assembly, tutor time or in PSHE
- Plan school celebrations, rewards, and communal events inclusively from the outset to eliminate social isolation

- Pupils with allergies may require additional pastoral support including regular check-ins from their Form Tutor.
- Affected pupils will be given consideration in advance of wider school discussions about allergy and school Allergy Awareness initiatives.
- Bullying related to allergy will be treated in line with the school's anti-bullying policy.

15) ADRENALINE AUTO-INJECTORS

Storage of Adrenaline Auto-Injectors

- Pupils prescribed with adrenaline auto-injectors will have easy access to two, in-date pens at all times.
- Pupils in Year 6 – Year 11 are encouraged to always carry two adrenaline auto-injectors on their person.
- Adrenaline Auto-injectors for pupils in Pre-School – Year 5 are kept in the classroom and a teacher/teaching assistant will be responsible for ensuring that they are taken with the pupil when they move around the school site.
- Spare adrenaline auto-injectors can also be kept in the medical room.
- Adrenaline auto-injectors must not be kept locked away.
- Adrenaline auto-injectors should be stored at moderate temperatures (see manufacturer's guidelines), not in direct sunlight or above a heat source (for example a radiator).
- Expired adrenaline auto-injectors will be returned to parents for disposal and a replacement will be requested.
- Used adrenaline auto-injectors will be handed to the ambulance crew on arrival for sharps disposal.

Spare Adrenaline Auto-Injectors

This school has 12 spare adrenaline pens too be used in accordance with government guidance (6 of each dose).

The adrenaline pens are clearly signposted and are stored in the Dining Hall and DT Foyer and medical room.

The Designated Allergy Lead, in liaison with the Head Teacher, is responsible for:

- Deciding how many spare pens are required.
- What dosage is required, based on the Resuscitation Council UK's age-based guidance (see page).
- Which brand(s) to buy. Schools are recommended to buy a single brand if possible to avoid confusion. (Jett pens via KITT MEDICAL)
- The purchasing of spare adrenaline pens.
- Distribution around the site and clear signage.
- KITT MEDICAL- supports in all of the above, when data inputted.

Adrenaline Auto-Injectors on school trips and match days

- If pupils do not have two prescribed adrenaline auto-injector, they will not be able to go on a school trip.
- Adrenaline auto-injectors will be always kept close to the pupils e.g. not stored in the hold of the coach when travelling or left in changing rooms.
- Adrenaline auto-injectors will be protected from extreme temperatures.
- Staff accompanying the pupils will be aware of pupils with allergies and be trained to recognise and respond to an allergic reaction.
- Whole School events (speech day, pantomime) spare pens can be taken with Discussion senior team if felt this is required on risk assessments.

16) RESPONDING TO AN ALLERGIC REACTION/ANAPHYLAXIS

See appendix A on recognising and responding to an allergic reaction.

- If a pupil has an allergic reaction, they will be treated in accordance with their Allergy Action Plan and a member of staff will instigate the school's Emergency Medical Procedure.
- Although the school will normally seek advance consent for the use of a spare adrenaline device, absence of recorded consent must never delay emergency treatment. In an emergency reasonable action must be taken to save life without checking prior consent.
- If anaphylaxis is suspected adrenaline will be administered without delay, lying the pupil down with their legs raised as described in the Appendix. They will be treated where they are and medication brought to them.
- Adrenaline should be administered as soon as possible, within five minutes. Do not wait to contact the emergency services before administering adrenaline.
- A pupil's own prescribed medication will be used to treat allergic reactions if immediately available.
- This will be administered by the pupil themselves [if age appropriate] or by a member of staff. Ideally the member of staff will be trained, but in an emergency, anyone will administer adrenaline.
- If the pupil's own adrenaline auto-injector is not available or misfires, then a spare adrenaline auto-injector will be used.
- If anaphylaxis is suspected but the pupil does not have a prescribed adrenaline pen or Allergy Action Plan, a member of staff will ensure they are lying down with their legs raised, call 999 and explain anaphylaxis is suspected. They will inform the operator that spare adrenaline auto-injectors are available and follow instructions from the operator. The MHRA says that in exceptional circumstances, a spare adrenaline auto-injector can be administered to anyone for the purposes of saving their life.

- The pupil will not be moved until a medical professional/ paramedic has arrived, even if they are feeling better.
- If the individual has serious allergy and asthma and there is any doubt if they are presenting with anaphylaxis or having an asthma attack always administer the adrenaline first
- Anyone who has had suspected anaphylaxis and received adrenaline must go to hospital, even if they appear to have recovered. A member of staff will accompany the pupil in an ambulance and stay until a parent or guardian arrives.

17) TRAINING

The school is committed to training all staff annually to give them a good understanding of allergy. This includes:

- Understanding what an allergy is.
- How to reduce the risk of an allergic reaction occurring.
- How to recognise and treat an allergic reaction, including anaphylaxis.
- How the school manages allergy, for example Emergency Response Plan, documentation, communication etc.
- Where adrenaline auto-injectors are kept (both prescribed pens and spare pens) and how to access them.
- The importance of inclusion of pupils with food allergies, the impact of allergy on mental health and wellbeing and the risk of allergy related bullying.
- Understanding food labelling.
- Taking part in an anaphylaxis drill.

Emergency preparedness

The school will carry out an anaphylaxis drill annually. This includes:

- An exercise simulating an event where a pupil or member of staff has an allergic reaction and testing the whole school response.
- We will review how the practice went and update policy and procedures.

Throughout the year staff will be reminded of key aspects of the policy such as:

- how to find out who has an allergy
- the storage of spare adrenaline
- practice with adrenaline trainer devices

The School will communicate key messages regarding risk reduction leading up to festivals, trips and end of term celebrations.

During fire drills and lockdown practices, Boundary Oak School will ensure that a student's adrenaline device is with them. Should a real evacuation happen, the student may have to go home without adrenaline if this has not been taken out during a fire evacuation

Serious incidents and near misses

Boundary Oak School approaches serious incidents and "near misses" in a "no blame" spirit, seeking to learn lessons and address any issues which the incident identified, so that students are better protected in the future.

Boundary Oak School is aware, when an incident occurs that materials such as residues of food consumed or handled or samples of fluids may constitute evidence, which may need to be seized and retained.

Reporting is done via school nurse and allergy lead; it is documented on a medical incident form, and via CPOMS. This is to record any allergic reactions (incidents) and near misses (e.g., accidental exposure without reaction, or labelling errors) immediately. The incident or near miss will be reviewed and a report written.

Boundary Oak School will share the report with the student's parents/carers, the student and the individual involved. They should be given the opportunity to discuss what happened and to contribute their views to the consequent lessons learned review. Boundary Oak School will confirm what it has learned from the incident and outline any actions it is taking as a result. The student's IHP will be updated if necessary.

If unsafe food was supplied by the school operating as a food business, the incident must be reported to the local authority environmental health team.

18) ASTHMA

It is vital that pupils with allergies keep their asthma well controlled, because asthma can exacerbate allergic reactions. [See Asthma protocol]

19) SAFEGUARDING

Boundary Oak recognises that a safeguarding referral may be needed if an incident highlighted concern that the child or young person might be at an increased risk of being neglected, abused or exploited by persons inside or outside of their family unit because of their medical condition. This might occur where relevant

information about a child or young person's medical condition is not provided to a school, college or setting, or where they are repeatedly sent without essential medication, thereby putting the individual at risk.

20) UNACCEPTABLE PRACTICES

Boundary Oak staff are clear about what constitutes unacceptable practice and are committed to ensuring that only good practice occurs. Should unacceptable practice occur the school will follow its own procedures to identify and address this using staff conduct policies.

Examples of unacceptable practice include (but are not limited to):

- preventing children and young people from easily accessing and administering their medication in line with what is agreed in their Individual Healthcare Plan (for example prescribed adrenaline devices and asthma reliever inhalers) when and where necessary;
- assuming that every child with the same condition requires the same support;
- assuming that older children and young people do not require support related to their allergy, even if they are able to take increasing responsibility for its management;
- ignoring the views of the child or young person or their parents or carer;
- ignoring medical evidence or the opinion and advice of healthcare professionals;
- assuming that a child or young person does not have an allergy because they do not yet have a diagnosis, for example while medical investigation is under way;
- sending a child or young person who becomes unwell to a school office or medical room without suitable supervision. In the case of an emergency or suspected emergency (for example anaphylaxis) help should come to the child or young person;
- penalising children or young people for their attendance record if their absences are related to their medical condition, e.g. hospital appointments and health management. This includes excluding children and young people from rewards for 100% attendance where their non-attendance is the result of a medical condition. This should be reflected in attendance policies;
- requiring parents / carers (or otherwise making them feel obliged) to attend the school, college or setting to administer medication or provide medical support to their child; or
- preventing children and young people from participating or creating unnecessary barriers to them participating in any aspect of school, college or setting life, including external visits and trips, e.g. by requiring parents to accompany the child.

21) FURTHER READING

Anaphylaxis UK:

for teachers by teachers, the one stop shop for all school allergy needs:
https://www.anaphylaxis.org.uk/education

Allergy UK:

https://www.allergyuk.org/about-allergy/types-of-allergies

Allergy Safety in Schools July 2026:

- https://www.gov.uk/government/publications/allergy-safety-in-schools
- Guidance on the use of adrenaline auto-injectors in schools

Spare Pens in School

https://www.sparepensinschools.uk

Benedict's law

- https://benedictblythe.com/benedicts-law
- https://www.anaphylaxis.org.uk/education/benedicts-law

Food

- Allergy Guidance for Schools:https://www.gov.uk/government/publications/school-food-standards-resources-for-schools/allergy-guidance-for-schools
- Allergy Guidance for food businesses: https://www.gov.uk/government/publications/allergen-guidance-for-food-businesses

22) APPENDICES

Appendix A: Managing Allergic Reactions

ALLERGIC REACTIONS VARY

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

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

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

MILD TO MODERATE ALLERGIC REACTIONS

Symptoms include:

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

Response:

- Stay with pupil
- Call for help
- Locate adrenaline pens
- Give antihistamine
- Make a note of the time
- Phone parent or guardian
- Continue to monitor the pupil

SERIOUS ALLERGIC REACTIONS / ANAPHYLAXIS

The most serious type of reaction is called **ANAPHYLAXIS.**

Anaphylaxis is uncommon, and children experiencing it almost always fully recover.

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

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

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

RESPONDING TO ANAPHYLAXIS – SYMPTOMS OF ANAPHYLAXI

A IS FOR AIRWAY

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

B IS FOR BREATHING

- Difficult or noisy breathing
- Wheeze or cough

C IS FOR CIRCULATION

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

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

DELIVERING ADRENALINE

1. Take the medication to the patient, rather than moving them.
2. The patient should be lying down with legs raised. If they are having trouble breathing, they can sit with legs outstretched.

3. It is not necessary to remove clothing but make sure you're not injecting into thick seams, buttons, zips or even a mobile phone in a pocket.
4. Inject adrenaline into the upper outer thigh according to the manufacturer's instructions.
5. Make a note of the time you gave the first dose and call 999 (or get someone else to do this while you give adrenaline). Tell them you have given adrenaline for anaphylaxis.
6. Stay with the patient and do not let them get up or move, even if they are feeling better (this can cause cardiac arrest).
7. Call the pupil's emergency contact.
8. If their condition has not improved or symptoms have got worse, give a second dose of adrenaline after 5 minutes, using a second device. Call 999 again and tell them you have given a second dose and to check that help is on the way.
9. Start CPR if necessary.
10. Hand over used devices to paramedics and remember to get replacements.

Appendix B

Recognise the signs of anaphylaxis

A (Airways)
- Tightening of the throat
- Hoarse voice
- Difficulty swallowing
- Swollen tongue

B (Breathing)
- Sudden wheezing
- Difficult or noisy breathing
- Persistent cough

C (Circulation)
- 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 dose for instructions on how to use adrenaline devices

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

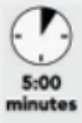


After giving adrenaline:

- 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