Anaphylaxis Policy

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1.0 INTRODUCTION

This policy outlines Lingfield College'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 ones 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 mentioned above.

2.0 WHAT IS AN ALLERGY?

Allergy occurs when a person reacts to a substance that is usually considered harmless. It is an immune response and instead of ignoring the substance, the body produces histamine which triggers an allergic reaction. Whilst most allergic reactions are mild, causing minor symptoms, some can be very serious and cause anaphylaxis, which is a life-threatening medical emergency. People can be allergic to anything, but serious allergic reactions are most commonly caused by food, insect venom (such as a wasp or bee sting), latex and medication.

3.0 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 UK 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: Single-use device which carries a pre-measured dose of adrenaline. Adrenaline auto-injectors are used to treat anaphylaxis by injecting adrenaline directly into the upper, outer thigh muscle. Adrenaline auto-injectors are commonly referred to as AAIs, adrenaline pens or by the brand name EpiPen. There are two brands licensed for use in the UK: EpiPen and Jext Pen. For the purposes of this Policy, we will refer to them as AAIs.

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

DESIGNATED ALLERGY LEAD(S): The member(s) of staff responsible for overseeing allergy management across the school and acting as the main point of contact for pupils, parents and staff.

NEFFY: Neffy (official name in the UK is EURNeffy) is a nasal spray which delivers adrenaline. It is a needle-free alternative to an adrenaline auto-injector approved.

INDIVIDUAL HEALTHCARE PLAN: A detailed document outlining an individual pupil's medical conditions, 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 type that fulfils one or more of the following criteria should have an Individual Healthcare Plan and it should be read in conjunction with their Allergy Action Plan:

1. Risk of Anaphylaxis (Severe Allergies)

- Any student who has a severe allergy that poses a life-threatening risk must have an IHCP. This automatically applies to anyone prescribed:
- Adrenaline Auto-Injectors (AAIs), such as EpiPens or Jext devices.
- Daily emergency rescue medications (e.g., specific combinations of antihistamines and asthma relievers)

2. Functional Impact on the School Day

An allergy sufferer requires an IHCP if their condition has a **functional impact** on how they navigate the school environment. This includes:

- **Dietary Adjustments:** Students with food allergies who require specialized catering arrangements, supervised mealtimes, or cross-contamination protocols.
- **Curriculum Modifications:** Students who cannot safely participate in specific lessons without adjustments (e.g., a child with a severe wheat allergy who cannot handle standard play-dough, or a student with severe dairy allergies restricted from certain food technology classes).
- **Environmental Triggers:** Students with severe airborne or contact allergies (e.g., severe latex, animal dander, or mold allergies) that require proactive environmental controls within the classrooms.

3. Co-existing Asthma

- Any allergy sufferer who also has asthma must have an IHCP. Because poorly managed asthma drastically increases the severity and risk of a fatal allergic reaction, their Asthma Action Plan must be integrated alongside their Allergy Action Plan within the overarching IHCP.

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 ADRENALINE PENS: Schools are able to purchase spare adrenaline pens. These should be held as a back-up in case pupils' prescribed 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

4.0 ROLES AND RESPONSIBILITIES

Lingfield College takes a whole-school approach to allergy management.

4.1 Designated Allergy Lead(s)

The Designated Allergy Leads are the Deputy Head (Pastoral) – Senior School, the Head of Prep and the Head of Nursery. They report into the Safeguarding Team. They are responsible for:

- Ensuring the safety, inclusion and wellbeing of pupils and staff with an 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;
- Ensuring allergy information is recorded, up-to-date and communicated to all staff
- 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.
- Overseeing the review of the school's stock of spare adrenaline pens (check the school has an appropriate number for the setting, that they hold the correct dose, that spare adrenaline pens are stored appropriately) and ensuring staff know where they are;
- Overseeing record-keeping of any allergic reactions or near-misses, reporting these to the H&S/Compliance Manager for further reporting to the appropriate authority (e.g. under RIDDOR) where necessary and ensuring the circumstances are investigated and learnings shared;
- Regularly reviewing and updating the Allergy and Anaphylaxis Policy; and
- Ensuring there is an anaphylaxis drill once a year.
- At regular intervals, the Designated Allergy Leads will check procedures and liaise with the Nominated Governor and the H&S/Compliance Manager.

4.2 School Medical Administrators

The School Medical Administrators are 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);
- Supporting the SLT with disseminating this information to all school staff, including the catering team, occasional staff and those running clubs with relevant information available on iSAMS.
- Ensuring the information from families is up-to-date, and reviewed annually (at a minimum)
- Coordinating medication with families and ensuring medication is in date (whilst it's the responsibility of parents/carers to ensure medication is up to date, the Senior School Medical Administrator/Prep Office should also have systems in place to check this and notify the parents/carers when they see the expiry dates are approaching in respect of medicines held by the school);
- Keeping an adrenaline pen register to include adrenaline pens prescribed to pupils and the school's stock of spare adrenaline pens, including brand, dose and expiry date. The location of spare adrenaline pens should also be documented;
- Regularly checking spare adrenaline pens are where they should be, and that they are in date;
- Replacing the spare adrenaline pens when necessary;
- Providing on-site adrenaline pen training for staff and pupils and refresher training as required e.g. before school trips;

4.3 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 Designated Allergy Leads and the School Medical Administrators to ensure that:

- There is a clear method to capture allergy information or special dietary information at the earliest opportunity, e.g. before a school visit, an Open Day or Taster Days if food is offered or likely to be eaten;
- There is a clear structure in place to communicate this information to the relevant parties (i.e., catering team, sports staff/coaches);
- Parents and applicants are informed of catering arrangements during admission events; and
- Plans are made for emergency medication if the child is to be left without parental supervision.

4.4 All staff

All school staff, including teaching staff, support staff, and non-teaching staff are responsible for:

- Championing and practising allergy awareness across the school;
- Reading, understanding and putting into practice the Allergy and Anaphylaxis Policy and related procedures, and asking for support if needed;
- Being aware of pupils (and staff, when necessary) 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;
- Ensuring pupils always have access to their medication or carrying it on their behalf (depending on the age of the pupils and the management of adrenaline pens in the Prep and Senior schools);
- Being able to recognise and respond to an allergic reaction, including anaphylaxis, after appropriate training;
- Taking part in training and anaphylaxis drills as required (at least once a year). Whilst it is the school's responsibility to ensure staff have received annual training, if the member of staff is aware they have not received any allergy training in the last 12 months they should alert a manager;
- 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;
- Forwarding any communication or information that comes directly to them from parents regarding allergens to the Designated Allergy Leads;
- Ensuring that pupils have their medication and their Allergy Action Plan or Individual Health Care Plan with them when leaving school site, for a match or trip.

4.5 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 (either via the Admissions Team or directly to the School medical Administrators) 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 of any related conditions, for example asthma, hay fever, 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;
- Refraining from telling the school their child has an allergy or intolerance if this is a preference or dietary choice; and
- Encouraging their child to be allergy aware.

4.6 Parents of children with allergies

In addition to point 4.5, 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 completed and signed by a suitably qualified healthcare professional;

- If applicable, provide the school or their child with two labelled AAIs and any other medication, for example antihistamine (with a dispenser, i.e.. spoon or syringe), inhalers or creams;
- Ensure medication is in-date and replaced at the appropriate time;
- Ensure their child has access to their allergy medication, including two adrenaline pens if prescribed, on the journey to and from school;
- Update school with any changes to their child's condition and ensure the relevant paperwork is updated too;
- Provide the school permission for their child's school photo (via the Admissions Photo Consent Form or separately) 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 e.g. not eating the food to which they are allergic.

4.7 All pupils

All pupils at the school should:

- Be allergy aware;
- Understand the risks allergens might pose to their peers and respect measures to support them;
- Learn how they can support their peers and be alert to allergy-related bullying;
- Older pupils will learn how to recognise an allergic reaction and support their peers and staff in case of an emergency; and
- If pupils bring food from home, or if 6th Formers leave school to get lunch and bring that back with them, the ingredients must adhere to food restrictions or guidance about food being brought in.

All of the above should be done in an age and capability appropriate way.

4.8 Pupils with allergies

In addition to point 4.7, pupils with allergies are responsible for:

- themselves and raise the alarm to get help;
- If age and capability appropriate, knowing what their allergies are and how to mitigate personal risk (this will depend on age and capability);
- Avoiding their allergen as best as they can;
- Understanding the importance of following the school specific processes of lunch and snack services and how that mitigates risk;
- Understanding that they should notify a member of staff if they are not feeling well, or suspect they might be having an allergic reaction;
- Carrying two adrenaline auto-injectors with them at all times if age and capability appropriate. They must only use them for their intended purpose;
- Understanding how and when to use their adrenaline auto-injector;
- Talking to the Designated Allergy Leads 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;
- Pupils permitted to leave the school site should know what to do if they have an allergic reaction off school premises.
- This should include how to treat, ensuring they have their medication with them on the journey to and from school.

5.0 INFORMATION AND DOCUMENTATION

5.1 Register of pupils with an allergy

The school has a register of pupils who have a diagnosed allergy. This includes children who have a history of anaphylaxis or have been prescribed adrenaline pens, as well as pupils with an allergy where no adrenaline pens have been prescribed.

5.2 Individual Healthcare Plans

Pupils with an allergy and fulfilling the IHCP criteria (risk of Anaphylaxis, functional impact on the school day, co-existing Asthma) in section 3.0 has an Individual Healthcare 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; and
- A copy of their Allergy Action Plan.

6.0 ASSESSING RISK

Allergens can crop up in unexpected places. Staff (including visiting staff) will consider allergies in all activity planning and include it in risk assessments. Some examples include:

- Classroom activities, for example craft using food packaging, science experiments where allergens are present, food lessons or cooking;
- Bringing animals into the school, for example a dog or hatching chick eggs can pose a risk;
- Running activities or clubs where they might hand out snacks or food "treats." Ensure safe food is provided or consider an alternative non-food treat for all pupils; and
- Planning special events, such as cultural days and celebrations.

Inclusion of pupils with allergies must be considered alongside safety and they should not be excluded. If necessary, adapt the activity. The School will ensure compliance with the Equality Act 2010.

7.0 FOOD, INCLUDING MEALTIMES & SNACKS

7.1 Catering in school

The school is committed to providing a safe meal for all students, staff and visitors, including those with food allergies.

- Due diligence is carried out with regard to allergen management when appointing catering staff;
- All catering staff and other staff preparing food will receive relevant and appropriate allergen awareness training;
- The school will adhere to the new Early Years Foundation Stage statutory guidance. The "Safer Eating" section has the relevant information for allergies (See Appendices C & D).
- Anyone preparing food for those 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 school staff;
- The catering team will endeavour to provide varied meal options to students and staff with allergies;
- The school has robust procedures in place to identify pupils with food allergies. There should be two methods in place. Ideally one should be a visual check from a member of staff familiar with the pupils who have allergies. Photos of pupils with allergies should also be available. There should be back up plans in place and documented in case of staff absences. Methods of identification are especially important in prep schools where the pupils are younger and less able to take responsibility themselves.
- Food containing the main 14 allergens (see Allergens definition) will be clearly labelled. Other ingredient information will be available on request. (For pupils or staff with allergies to food other than the "main 14" extra processes may be needed);
- Pre-packaged food will comply with PPDS legislation (Natasha's Law) requiring the allergen information to be displayed on the packaging;
- Where changes are made to the ingredients this will be communicated to pupils with dietary needs by the serving staff.

- Packaging must be checked for phrases on packaging, and ingredients for bake sales including the following:
  - Not suitable for nut allergy sufferers
  - This product contains nuts
  - This product may contain traces of nuts
  - This product may contain nut derivatives

This would indicate that this product is unsuitable for consumption at school.

- Food provided at breakfast club and after school club will follow these procedures (or adapt accordingly, but ensure procedures to ensure safety are outlined;
- Outline any other catering procedures for example avoiding food with nuts as an ingredient;

7.2 Food brought into school

Parents and staff are asked not to give out treats which may cause allergic reactions, such as chocolate containing nuts. Parents and staff have been informed that the School is Allergy aware with a nut free policy. The term 'with a nut free policy' does not relate to a specific bespoke Nut Free Policy document, but indicates the School's approach in asking all staff, pupils, visitors and parents to refrain from bringing food containing nuts onto the school premises.

Packaging must be checked for phrases on packaging including the following:

- Not suitable for nut allergy sufferers
- This product contains nuts
- This product may contain traces of nuts
- This product may contain nut derivatives

This would indicate that this product is unsuitable for consumption at school. Staff must follow the guidelines in the 'Workplace Food Allergy & Safety Policy'.

7.3 Food bans or restrictions

Messaging around this needs careful consideration. For example, bans are almost impossible to enforce but can lead to a sense of complacency or give a false sense of security. Reminding everyone to be allergy aware and to remain vigilant is vital. It is also important that the school does not give the impression of one allergen being more dangerous than others. However, as of September 2026, the school is comfortable with using the term Allergy aware with a nut free policy in order to heighten the vigilance and responsibilities of the whole school community.

7.4 Food hygiene for pupils

- Pupils will wash their hands before and after eating;
- Sharing, swapping or throwing food is not allowed;
- Water bottles and packed lunches should be clearly labelled;

8.0 EDUCATIONAL VISITS AND SPORTS FIXTURES

- Staff leading the trip will have a register of pupils with allergies and details of their medication. Staff should notify the trip leader of any allergies;
- Allergies will be considered on the risk assessment and catering provision put in place;
- Parents, and pupils where appropriate, may be consulted if considered necessary, or if the trip requires an overnight stay;
- All staff have done training. Anaphylaxis information to be added to each trip framework.
- Allergens will be clearly labelled on catered packed lunches.
- If attending Match Tea at another school, details of their dietary requirements will be sent ahead to ensure they have a safe meal; and
- See Adrenaline Pens section for School Trips and Sports Fixtures.

9.0 INSECT STINGS

Those 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 duty staff and Maintenance Team will respond to reports of wasp or bee nests and instigate proportionate measures to mitigate risk. 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.

10.0 ANIMALS

It's normally the dander (flakes of skin) saliva or urine 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 to which they are allergic;
- If an animal comes on site a risk assessment will be done prior to the visit (with the exception of the school well-being dogs – see Wellbeing Dog Policy);
- Anyone in contact with an animal will wash their hands after contact;
- School trips that include visits to animals will be carefully risk assessed.

11.0 ALLERGIC RHINITIS/ HAY FEVER

A register is kept of those staff and pupils with seasonal pollen allergy and hay fever and persistent nasal allergy.

12.0 INCLUSION AND MENTAL HEALTH

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 allergies should be excluded from taking part in a school activity, whether on the school premises or a school trip;
- Pupils with allergies may require additional pastoral support including regular check-ins from their Tutor/ Head of Year etc;
- Affected pupils will be given consideration in advance of wider school discussions about allergy and school Allergy Awareness initiatives; and
- Bullying related to allergy will be treated in line with the school's anti-bullying policy.

13.0 ADRENALINE PENS (AAIs)

The school will refer to the government guidance on Adrenaline Pens in Schools.

Guidance on the use of adrenaline auto-injectors in schools

13.1 Storage of adrenaline pens

- Pupils prescribed with adrenaline pens will have easy access to two, in-date pens if they have been provided by parents; otherwise, pupils will use the school's spare pens if either the two adrenaline pens on their person fail, or they are unable to access their own pens;
- Additional spare adrenaline pens provided by parents will be allocated to pupils will be housed in the relevant medical room, in a zipped bag with the pupil's name on the front
- Spot checks will be made to ensure adrenaline pens are where they should be and in date;
- Adrenaline pens must not be kept locked away;
- Adrenaline pens should be stored at moderate temperatures (see manufacturer's guidelines), not in direct sunlight or above a heat source (for example a radiator); and
- Used or out of date pens will be disposed of as sharps.

13.2 Spare adrenaline pens

The locations of spare adrenaline pens (mixed doses) are (See Appendix E):

- Senior School: Medical Office corridor, Sports Office, Main Dining Hall, and 6th Form Dining hall

- Prep School: Medical Office and Dining Hall

The Designated Allergy Leads are responsible for:

- Deciding how many spare pens are required
- What dosage is required, based on the Resuscitation Council UK's age-based guidance
- The suitability of existing subscriptions with AAI providers
- Distribution around the site and clear signage.

13.3 **Adrenaline pens on off-site activities**

- No child with a prescribed adrenaline pen will be able to go on a fixture or school trip without two of their own devices. It is the trip leader's responsibility to check they have them;
- Adrenaline pens will be kept close to the pupils at all times e.g. not stored in the hold of the coach when travelling or left in changing rooms;
- Adrenaline pens will be protected from extreme temperatures where practicably and reasonably possible;
- Staff accompanying the pupils will be aware of pupils with allergies and be trained to recognise and respond to an allergic reaction; and
- Consider whether to take spare adrenaline pens to off-site activities. This should be recorded as part of the risk assessment process and will be assess on a case-by-case basis, depending on the nature of the off-site activity and location.

14.0 RESPONDING TO AN ALLERGIC REACTION /ANAPHYLAXIS

See appendices A & B on recognising and responding to an allergic reaction.

If a pupil has an allergic reaction:

- Treat the pupil in accordance with their Allergy Action Plan
- If anaphylaxis is suspected administer adrenaline without delay;
- Treat the pupil where they are. Lie them down with their legs raised and bring medication to them;
- Use pupil's own prescribed medication if immediately available;
- Pupil can administer the adrenaline pen themselves (if able to) or a member of staff can administer pen. Ideally the member of staff will be trained, but in an emergency, anyone can administer adrenaline;
- If the pupil's own adrenaline pen is not available or misfires, then use a spare adrenaline pen;
- If anaphylaxis is suspected but the pupil does not have a prescribed adrenaline pen or Allergy Action Plan, lie the pupil down with their legs raised, call 999, request an ambulance and explain anaphylaxis is suspected. Inform the operator that spare adrenaline pens are available and follow instructions from the operator. The MHRA says that in exceptional circumstances, a spare adrenaline pen can be administered to anyone for the purposes of saving their life;
- Always give an AAI injection if there are ANY signs of anaphylaxis present. You should administer the pupil's own AAI if available, but if not, use a spare AAI.
- If, after 5 minutes, there is no improvement, use a second adrenaline pen and call the emergency services again and inform them that a second dose of adrenaline has been given;
- Do not move the pupil until a medical professional/ paramedic has arrived, even if they are feeling better; and
- Anyone who has had suspected anaphylaxis and received adrenaline must go to hospital, even if they appear to have recovered. A member of staff should accompany them in an ambulance until a parent or guardian arrives.

15.0 TRAINING

15.1 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 (staff should be given the opportunity to practise with a training adrenaline auto-injector);
- How the school manages allergy, for example documentation, communication etc;
- Where adrenaline pens 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; and
- Taking part in an anaphylaxis drill.

15.2 The school will conduct an anaphylaxis drill once a year. This includes:

- An exercise simulating an event where a pupil or member of staff has an allergic reaction and evaluating the whole school response.

16.0 ASTHMA

It is vital that pupils with allergies keep their asthma well controlled because asthma can exacerbate allergic reactions – see Medical Conditions Policy.

17.0 REPORTING ALLERGIC REACTIONS

The school will log and evaluate allergic reaction incidents and near-misses (Plan, Do, Check, Act).

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/moderate to more serious and sometimes they can be life-threatening.

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 person, call for help
- Locate adrenaline pens
- Give antihistamine
- Make a note of the time
- Phone emergency contact
- Monitor the pupil for 60 minutes

Serious allergic reactions / anaphylaxis

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

Anaphylaxis is uncommon, and people 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 minutes of eating a food but can begin 1-2 hours later.

Symptoms of anaphylaxis

A – Airway

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

B – Breathing

- Difficult or noisy breathing
- Wheeze or cough

C – Circulation

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

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

Responding to anaphylaxis

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 up with legs outstretched.
3. If you are using an adrenaline pen 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. Inject adrenaline into the upper outer thigh according to the manufacturer's instructions.
4. If you are using an adrenaline nasal spray (EURneffy). Hold the device with two fingers on the sides and thumb underneath, place into nostril and press firmly with your thumb until the dose is delivered.
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 (this can cause cardiac arrest). Start CPR if necessary.
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 (into the **other thigh** if using an adrenaline pen, or into the **same nostril** if using a nasal spray), using a second device. Call 999 again and tell them you have given a second dose and check that help is on the way.
9. Hand over used devices to paramedics and remember to get replacements.

For more information see the Government's Guidance for the use of adrenaline auto-injectors in schools.

theallergyteam.com

APPENDIX B

RESPONDING TO ANAPHYLAXIS

SYMPTOMS OF ANAPHYLAXIS

A – Airway

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

B – Breathing

- Difficult or noisy breathing
- Wheeze or cough

C - 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.

For more information see the Government's Guidance for the use of adrenaline auto-injectors in schools:

Guidance on the use of adrenaline auto-injectors in schools

APPENDIX C

Extract from: Early years foundation stage statutory framework

For group and school-based providers

Setting the standards for learning, development and care for children from birth to five

Dated: 13 July 2026

Effective: 01 September 2026

EYFS statutory framework for group and school-based providers

Safer eating

3.63 Whilst children are eating there should always be a member of staff in the room with a valid paediatric first aid certificate for a full course consistent with the criteria set out in Appendix B.

3.64 Before a child is admitted to the setting the provider must obtain information about any special dietary requirements, preferences, food allergies and intolerances that the child has, and any special health requirements. This information must be shared by the provider with all staff involved in the preparing and handling of food. At each mealtime and snack time providers must be clear about who is responsible for checking that the food being provided meets all the requirements for each child.

3.65 Providers must have ongoing discussions with parents and/or carers and, where appropriate, health professionals to develop allergy action plans for managing any known allergies and intolerances. This information must be kept up to date by the provider and shared with all staff. Providers should refer to the British Society for Allergy and Clinical Immunology (BSACI) allergy action plan. Providers must ensure that all staff are aware of the symptoms and treatments for allergies and anaphylaxis, the differences between allergies and intolerances and that children can develop allergies at any time, especially during the introduction of solid foods which is sometimes called complementary feeding or weaning. Providers should refer to the NHS advice on food allergies: Food allergy - NHS (www.nhs.uk) and treatment of anaphylaxis: Anaphylaxis - NHS (www.nhs.uk).

3.66 Providers must have ongoing discussions with parents and/or carers about the stage their child is at in regard to introducing solid foods, including to understand the textures the child is familiar with. Assumptions must not be made based on age. Providers must prepare food in a suitable way for each child's individual developmental needs, working with parents and/or carers to help children move on to the next stage at a pace right for the child. The NHS has some advice providers should refer to: Weaning - Start for Life - NHS (www.nhs.uk).

3.67 Providers must prepare food in a way to prevent choking. This guidance on food safety for young children: Food safety - Help for early years providers - GOV.UK (education.gov.uk) includes advice on food and drink to avoid, how to reduce the risk of choking and links to other useful resources for early years providers.

3.68 Babies and young children should be seated safely in a highchair or appropriately sized low chair while eating. Where possible there should be a designated eating space where distractions are minimised.

3.69 Children must always be within sight and hearing of a member of staff whilst eating. Choking can be completely silent; therefore, it is important for providers to be alert to when a child may be starting to choke. Where possible, providers should sit facing children whilst they eat, so they can make sure children are eating in a way to prevent choking and so they can prevent food sharing and be aware of any unexpected allergic reactions.

3.70 When a child experiences a choking incident that requires intervention, providers should record details of where and how the child choked and ensure parents and/or carers are made aware. The records should be reviewed periodically to identify if there are trends or common features of incidents that could be addressed to reduce the risk of choking. Appropriate action should be taken to address any identified concerns.

Annex A: Criteria for effective Paediatric First Aid (PFA) training

1. Training is designed for workers caring for young children in the absence of their parents and is appropriate to the age of the children being cared for.

2. Following training, an assessment of competence leads to the award of a certificate.

3. The certificate must be renewed every three years.

4. Adequate resuscitation and other equipment including baby and junior models must be provided, so that all trainees are able to practice and demonstrate techniques.

5. The emergency PFA course should be undertaken face-to-face63 and last for a minimum of 6 hours (excluding breaks) and cover the following areas:

• Be able to assess an emergency situation and prioritise what action to take

• Help a baby/child who is unresponsive and breathing normally.

• Help a baby/child who is unresponsive and not breathing normally.

• Help a baby/child who is having a seizure.

• Help a baby/child who is choking.

• Help a baby/child who is bleeding.

• Help a baby/child who is suffering from shock caused by severe blood loss (hypovolemic shock).

6. The full PFA course should last for a minimum of 12 hours (excluding breaks) and cover the elements listed below in addition to the areas set out in paragraph 5 (the emergency PFA training elements outlined in paragraph 5 should be delivered face-to-face).

• Help a baby/child who is suffering from anaphylactic shock.

• Help a baby/child who has had an electric shock.

• Help a baby/child who has burns or scalds.

• Help a baby/child who has a suspected fracture.

• Help a baby/child with head, neck or back injuries.

• Help a baby/child who is suspected of being poisoned.

• Help a baby/child with a foreign body in eyes, ears or nose.

• Help a baby/child with an eye injury.

• Help a baby/child with a bite or sting.

• Help a baby/child who is suffering from the effects of extreme heat or cold.

• Help a baby/child having: a diabetic emergency; an asthma attack; an allergic reaction; meningitis; and/or febrile convulsions.

• Understand the role and responsibilities of the paediatric first aider (including appropriate contents of a first aid box and how to record accidents and incidents).

7. Providers should consider whether paediatric first aiders need to undertake annual refresher training, during any three-year certification period to help maintain basic skills and keep up to date with any changes to PFA procedures.

DEVICE LOCATIONS ON SITE APPENDIX D

- **Students Personal AAIs are kept in:**
  Senior School Medical Office Grey Cabinet
  Prep School White Medical Cabinet
- **School Emergency Spare AAIs are kept in:**
  Senior School Medical Lobby
  Sports Department
  Sixth Form Dining Room
  Main Dining Room
  Prep Dining Hall

EMERGENCY: ANAPHYLAXIS ACTION PLAN

1. RECOGNIZE THE SIGNS (A.B.C.)

AIRWAY

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

BREATHING

- Difficult or noisy breathing
- Wheezing or gasping
- Inability to talk in full sentences

CONSCIOUSNESS

- Feeling dizzy or faint
- Sudden sleepiness or confusion
- Pale, floppy, or unresponsive

*(Note: Skin rashes, hives, or swelling may be present but are **not** always there in severe reactions.)*

2. IMMEDIATE EMERGENCY ACTION

STEP 1: POSITION THE PUPIL

- **Lay them flat** and raise their legs.
- **If breathing is difficult:** Let them sit up slightly, but **do not** let them stand or walk.

STEP 2: ADMINISTER THE PEN

- Pull off the safety cap.
- Push the pen firmly into the **outer mid-thigh** until it clicks.
- Hold in place for the required time:
  - **EpiPen:** Hold for **3 seconds**.
  - **Jext:** Hold for **10 seconds**.
- Massage the injection site gently for 10 seconds.

STEP 3: CALL 999 IMMEDIATELY

- State **"ANAPHYLAXIS"** (pronounced Anna-fill-axis).
- Give the school address and exact location on site.
- Send a staff member to the school gate to meet the ambulance
  .

STEP 4: MONITOR THE TIME

- Note the exact time the first pen was given.
- **If there is no improvement after 5 minutes, administer a second AAI** in the opposite thigh.

STAY WITH THE PUPIL AT ALL TIMES. HAND USED AAIs TO THE PARAMEDICS.

MEDICAL DEVICE LOCATIONS FLOOR PLANS **APPENDIX E**



Prep School Floor Plan

A	BLOCK	BATNORS HALL
		ST JOSEPHS BUILDING

Ground Floor - Drama Studio, Assembly Hall, Head of Prep
First Floor - Music Centre, ICT Classrooms, Classroom, Estates Department

B	BLOCK	ORCHARD LODGE

Ground Floor - Art Room, TRex Room, Outdoor Classroom

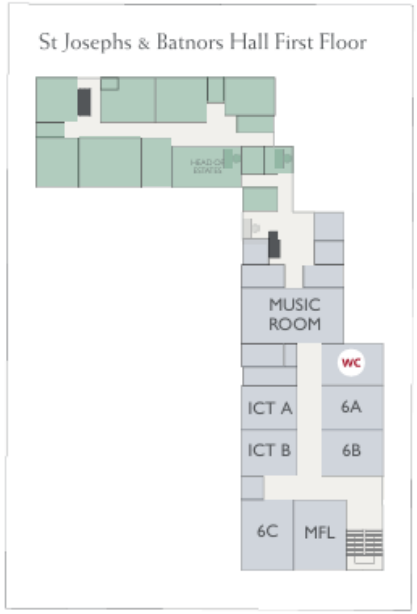
C	BLOCK	OAKLEIGH BUILDING

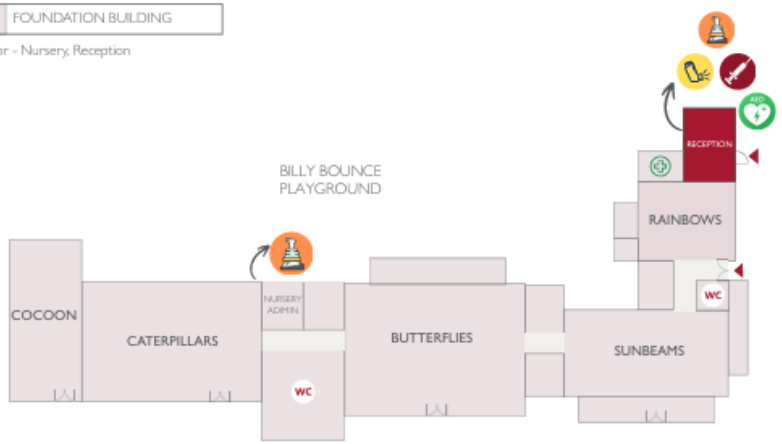
Ground Floor - Year 1 & 2, Woodland Cafe, Sports Hall, Library, STEM Lab

D	BLOCK	FOUNDATION BUILDING

Ground Floor - Nursery, Reception









ADVENTURE PLAYGROUND



OUTDOOR CLASSROOM

ORCHARDS & PLAYING FIELDS

ASTHMA KIT

LIFEVAC - CHOKING AID

ADRENALINE AUTO-INJECTOR

DEFIBRILLATOR

APPENDIX F

Emergency AAI Administration Log

Lingfield College

AAI Administration Log Own/Emergency Device

PUPIL DETAILS

- Full Name: _____
- Date of Birth: ___ / ___ / _____
- Class/Year Group: _____
- Known Allergies: _____
- Device Used: [ ] Pupil's Own AAI [ ] School's Spare Emergency AAI

INCIDENT & INJECTION DETAILS

- **Always give an adrenaline auto-injector if there are ANY signs of anaphylaxis present.**
- **You should administer the pupil's own AAI if available, if not use the spare AAI.**

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

- **Immediately call 999 and request an ambulance.**

- Date of Incident: ___ / ___ / _____
- Time of Symptoms Starting: ___: ___ AM / PM
- Location: [ ] Dining Hall [ ] Medical room [ ] Classroom [ ] Other: _____
- Suspected Trigger: [ ] Food (specify): _____ [ ] Insect Sting [ ] Unknow
- Symptoms Observed

1. Swelling of the lips, tongue, or throat
2. Difficulty swallowing or noisy/laboured breathing
3. Wheezing or persistent cough
4. Dizziness, collapse, or unconsciousness
5. Hives, itchy rash, or widespread redness

6. Abdominal pain or vomiting

FIRST DOSE

- AAI Brand & Dose: [ ] EpiPen 0.3mg [ ] EpiPen Jr 0.15mg [ ] Jext 300mcg [ ] Jext 150mcg [ ] Neffy 2mg [ ] Neffy 1mg
- Expiry Date: ____ / ____ / _____ Batch Number: _____
- Time 1st Dose Given: _____ AM / PM Site: [ ] Left Thigh [ ] Right Thigh
- Administered By (Name): _____

Signature: _____

SECOND DOSE (If symptoms did not improve after 5 minutes)

- AAI Brand & Dose: [ ] EpiPen 0.3mg [ ] EpiPen Jr 0.15mg [ ] Jext 300mcg [ ] Jext 150mcg [ ] Neffy 2mg [ ] Neffy 1mg
-
- Expiry Date: ____ / ____ / _____ Batch Number: _____
- Time 2nd Dose Given: _____ AM / PM *(If no improvement after 5 minutes)*
- Administered By (Name): _____

Signature: _____

EMERGENCY ACTIONS CHECKLIST

ALWAYS DIAL 999 AND REQUEST AN AMBULANCE IF AN AAI IS USED.

- [ ] Emergency Services (999) called. Time of call: ___: ___ AM / PM
- [ ] State to operator: "Anaphylaxis" and "Adrenaline given".
- [ ] Parents/Carers notified. Time notified: ___: ___ AM / PM
- [ ] Used AAI handed to ambulance crew. Time crew arrived: ___: ___ AM / PM

Lingfield COLLEGE

SIGN OFF

- Administered By (Name/Role): _____
- Signature: _____ Date: ____ / ____ / _____

- Witnessed By (Name/Role): _____
- Signature: _____ Date: ____ / ____ / _____

Ensure a copy of this completed form is handed directly to the ambulance crew.

APPENDIX G

EMERGENCY MEDICATION – SCHOOL STOCK

SENIOR SCHOOL - SAMPLE

Medication	Device Brand & Dose	Location	Batch Serial/Number	Earliest Expiry Auto reminder set up	Fluid Clear (Y/N	September '26 Check Date & Staff Initials	October '26 Check Date & Staff Initials
Spare Adernaline Auto-Injector (1) - 6th FORM DINING HALL	Epipen autoinjector 300mcg/0.3ml	6th Form Dining Room - Behind locked door	112065H	May-27	Y	01/09/2026 - AWi & RRu	12/10/2026 - AWi
Spare Adernaline Auto-Injector (2) - 6th FORM DINING HALL	Epipen autoinjector 300mcg/0.3ml	6th Form Dining Room - Behind locked door	112065H	May-27	Y	01/09/2026 - AWi & RRu	12/10/2026 - AWi
Spare Adernaline Auto-Injector (1) - MAIN DINING HALL	Epipen autoinjector 300mcg/0.3ml	Main Dining Room	111600A	Mar-27	Y	01/09/2026 - AWi & RRu	08/10/2026 - AWi
Spare Adernaline Auto-Injector (2) - MAIN DINING HALL	Epipen autoinjector 300mcg/0.3ml	Main Dining Room	111600A	Mar-27	Y	01/09/2026 - AWi & RRu	08/10/2026 - AWi
Spare Adernaline Auto-Injector (1) - SPORTS OFFICE	Epipen autoinjector 300mcg/0.3ml	Sports Office	111600A	Mar-27	Y	01/09/2026 - AWi & RRu	08/10/2026 - AWi
Spare Adernaline Auto-Injector (2) - SPORTS OFFICE	Epipen autoinjector 300mcg/0.3ml	Sports Office	111600A	Mar-27	Y	01/09/2026 - AWi & RRu	08/10/2026 - AWi
Spare Adernaline Auto-Injector 6+ (1) - Medical Office (KittMedical)	JEXT autoinjector 300mcg/0.3ml (Red)	Main reception - Medical Lobby	0005305475	Dec-27	Y	01/09/2026 - AWi & RRu	08/10/2026 - AWi
Spare Adernaline Auto-Injector 6+ (2) - Medical Office (KittMedical)	JEXT autoinjector 300mcg/0.3ml (Red)	Main reception - Medical Lobby	0005305475	Dec-27	Y	01/09/2026 - AWi & RRu	08/10/2026 - AWi
Spare Adernaline Auto - Under 6 (1) - Medical Office (KittMedical)	JEXT autoinjector 150mcg/0.3ml (Yelow)	Main reception - Medical Lobby	0005287924	Dec-27	Y	01/09/2026 - AWi & RRu	08/10/2026 - AWi
Spare Adernaline Auto - Under 6 (2) - Medical Office (KittMedical)	JEXT autoinjector 150mcg/0.3ml (Yelow)	Main reception - Medical Lobby	0005287924	Dec-27	Y	01/09/2026 - AWi & RRu	08/10/2026 - AWi
Spare Adernaline Auto-Injector (1) - F&N Office ?	New addition - to be purchased	TBC	TBC	TBC	TBC	N/A	N/A

November '26 Check Date & Staff	December '26 Check Date & Staff	January '27 Check Date & Staff	February '27 Check Date & Staff	March '27 Check Date & Staff	April '27 Check Date & Staff	May '27 Check Date & Staff	June '27 Check Date & Staff	July '27 Check Date & Staff	Updated
									Passed to HH 01 May 2026
									Passed to HH 01 May 2026
									Passed to PE on 28th Nov 25
									Passed to PE on 28th Nov 25
									Rec'd from Kitt Medical 25/08/2027
									Rec'd from Kitt Medical 25/08/2027
									Rec'd from Kitt Medical 25/08/2027
									Rec'd from Kitt Medical 25/08/2028

PREP SCHOOL - SAMPLE

PREP SCHOOL AUTO INJECTOR PEN LOCATION & EXPIRY REGISTER

Location	Pen Type	Qty	Dose	Expiry Date	Date Checked	Checked By	Replacement Needed	Notes
Medical Room Prep Office	EpiPen	1	0.15	03/27	9-10-26	H Dennehy		
Medical Room Prep Office	EpiPen	1	0.3	02/27	9-10-26	H Dennehy		
Prep Dining Hall - Kitt	Jext	2	0.15	12/27	9-10-26	H Dennehy		
Prep Dining Hall - Kitt	Jext	2	0.3	12/27	9-10-26	H Dennehy		
Nursery	EpiPen	1	0.15	03/27	9-10-26	H Dennehy	ETu to monitor	

Student Name	Pen Type	Year	Qty	Dose	Expiry Date	Date Checked	Checked By	Replacement Needed
Percy West	EpiPen	Nursery	2	0.15	11/26	9-10-26	H Dennehy	ETu to email parents
Ella Sawyer	EpiPen	Year 1	2	0.15	03/27	9-10-26	H Dennehy	Monitor
Charlie Das	EpiPen	Year 3	2	0.3	05/28	9-10-26	H Dennehy	
Lucy Adam	Jext	Year 5	2	0.15	09/27	9-10-26	H Dennehy	
Serenna Barley	EpiPen	Year 6	2	0.3	07/27	9-10-26	H Dennehy	

Expiry Key: Green = >6 months Amber = 3-6 months Red = <3 months (replace urgently)