Reigate Grammar School Group

Allergen and Anaphylaxis Policy

Including Early Years Foundation Stage

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This Policy uses the framework from The Allergy Team which was reviewed by Paediatric Allergy Consultant, Professor Adam Fox.

Contents

1. Aims and Objectives

This policy outlines the Reigate Grammar School (RGS) Group approach to allergy management, including how the whole-school communities in each school work to reduce the risk of an allergic reaction happening and the procedures in place to respond if one does. It also sets out how we support our students 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, students, parents and visitors to the school and should be read alongside these other policies:

- Safeguarding and Child Protection Policy
- First Aid Policy/Administration of Medicines Policy
- Risk Assessment Policy

2. What is an allergy?

Allergy can be an immediate or delayed reaction which 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.

Allergic reactions vary in severity: from mild local reactions to "whole body" reactions to more serious reactions like anaphylaxis. Common allergic conditions [DfE Statutory Guidance: Allergy Safety in Schools (July 2026) (pg10)] include:

- Anaphylaxis is a potentially fatal reaction affecting one or more of the airway, breathing and circulation (ABC); as such it should always be treated as a medical emergency. Anaphylaxis is commonly caused by food allergens, insect stings, medication and latex.
- Asthma is a lung disease caused by inflammation and tightening of the airways. It is usually allergic in nature in children, caused by airborne allergens. Exposure to allergens can provoke an asthma attack, a potentially life-threatening condition.
- Hay Fever is an allergic reaction triggered by airborne allergens. Symptoms include sneezing, a runny or stuffed nose, itchy or watery eyes. Although not life threatening, it can cause significant discomfort and distress, and impact upon individual's ability to engage in school activities.
- Skin allergies (e.g. eczema, contact dermatitis, hives) are caused by contact with allergens, including nickel, latex, some chemicals and foods. Symptoms include itching and changes to the skin. Reactions can be delayed many hours. Although not life threatening, it can cause significant discomfort and distress, especially if comments are made by peers, and impact upon individual's ability to engage in school activities.
- Gastrointestinal symptoms can be caused by some food allergies, including stomach pain, vomiting and diarrhoea.

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), contact allergens (e.g. latex and nickel), medication and airborne allergens such as pollen.

Intolerance to foods or an ingredient that the body is unable to digest is different to allergy and does not cause a serious allergic reaction. It can cause long-term health problems if not avoided. Common food intolerances include lactose and gluten. Coeliac disease is an autoimmune condition where the small intestine is hypersensitive to gluten. Exposure can cause significant illness, and repeated exposure carries serious long term health risks. It is not an intolerance or an allergy. Both food intolerances and coeliac disease are covered by the medical and first aid policies of the schools.

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 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 adrenaline pens.

Allergy Action Plan: This is a document filled out by a healthcare professional, detailing a person's allergy and their treatment plan. We recommend the BSACI Allergy Action Plan paediatric templates which include versions for: people without a prescribed adrenaline pen, and people prescribed with different brands of adrenaline pen. Paediatric Allergy Action Plans - BSACI

Designated Allergy Lead: The member of staff responsible in each of the RGS Group of Schools for overseeing allergy management across the school and acting as the main point of contact for students, 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. [Neffy was approved for use in the UK in 2025. There is a factsheet attached to this Policy for reference.]

Individual Healthcare Plan: A detailed document outlining an individual student's medical conditions, history, treatment, risks and action plan. This document should be created by schools in collaboration with parents/carers and, where appropriate, students. A student with an allergy will have an Individual Healthcare Plan where their allergy has a functional impact in School, places them at risk of harm and requires arrangements additional to or different from those made generally. Where an Allergy Action Plan and/or Asthma Action Plan has been provided by a healthcare professional, this should form part of or be attached to the Individual Healthcare Plan where one is required.

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 students' prescribed adrenaline pens are not available. Consent is sought from parents and healthcare professionals for these to be administered to students with allergies. In exceptional circumstances they can also be used to treat a person who has the symptoms of anaphylaxis but has not been prescribed their own adrenaline, if instructed to do so by a healthcare professional (e.g. on a call with the ambulance service).

4. Roles and Responsibilities

The RGS Group takes a whole-school approach to allergy management in each School.

The designated allergy leads (see appendix) report into their Headteacher and the lead Governor for Safeguarding at their School. The RGS Group also has an overall lead Allergy Governor. They are responsible for:

- ensuring the safety, inclusion and wellbeing of students 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, students and parents with concerns or questions about allergy management;

- ensuring allergy information is recorded, up-to-date and communicated to all staff. The collation and sharing of this information may be delegated to another member of staff e.g. School Nurse;
- 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, students and parents have a good awareness of the school's Allergy and Anaphylaxis Policy, and other related procedures;
- reviewing the school's stock of spare adrenaline pens i.e. checking that 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;
- keeping a record of any allergic reactions or near-misses, reporting these 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
- assessing the need for anaphylaxis drills and implement as appropriate to ensure staff understand how to respond in an emergency. At regular intervals the Designated Allergy Lead will check procedures and report to the SLT.

4.1 School Nurse/Medical Lead

The School Nurse or Medical Lead in each of the Schools in the Group 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;
- supporting the Designated Allergy Lead with disseminating this information to all school staff, including the catering team, occasional staff and those running clubs;
- 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 e.g. reminding families around expiry dates;
- keeping an adrenaline pen and reliever inhaler register to include adrenaline pens and reliever inhalers prescribed to students and the school's stock of spare adrenaline pens and reliever inhalers, including brand, dose and expiry date (the location of spare adrenaline pens and reliever inhalers should also be documented);
- regularly checking spare adrenaline pens and reliever inhalers are where they should be, and that they are in date;
- replacing the spare adrenaline pens and reliever inhalers when necessary; and
- providing adrenaline pen training for staff and students, and refresher training as required e.g. before school trips. This training may be delivered by appropriately trained staff in school, by external providers or online.

4.2 Admissions Team

The admissions team is likely to be the first to learn of a student or visitor's allergy. They should work with the Designated Allergy Lead and school nurse/medical lead to ensure that:

- there is a clear method to capture allergy information or special dietary information at the earliest opportunity and before any taster/induction 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. school nurse/medical lead, catering team);
- 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.

4.3 All Staff

All school staff, including teaching staff, professional services staff, occasional staff (for example sports coaches, music teachers and those running breakfast and after-school clubs) 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 students (and staff, when necessary) with allergies and what they are allergic to;
- considering the risk to students with allergies posed by any activities and assessing whether the use of any allergen in activity is necessary and/or appropriate;
- knowing how to access medication e.g. adrenaline pen in an emergency;
- 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 students 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 School Nurse/Medical Lead; and
- ensuring that students have their medication and knowing how to access their Allergy Action Plan or Individual Healthcare Plan when leaving school site e.g. for a match or trip.

4.4 All parents

All parents and carers (whether their child/ren have 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 students with allergies;
- providing the school (i.e. the School Nurse/Medical Lead) 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.

4.5 Parents of children with allergies

In addition to point 4.4, 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, 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;
- 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.

4.6 All students

All students 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 students may learn how to recognise an allergic reaction and support their peers and staff in case of an emergency; and
- 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, appropriate to the setting within the RGS Group.

4.7 Students with allergies

In addition to point 4.6, students with allergies are responsible for:

- 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 pens 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 Lead, School Nurse/Medical 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;
- students permitted to leave the school site during the day at the senior schools are responsible for knowing what to do if they have an allergic reaction off school premises. This should include how to treat themselves and raise the alarm to get help; and
- if age and capability appropriate, ensuring they have their medication with them on the journey to and from school.

5. Information and Documentation

5.1 Register of students with an allergy

The school has a register of students who have a diagnosed allergy. This includes children who have a history of anaphylaxis or have been prescribed adrenaline pens; students with an allergy where no adrenaline pens have been prescribed; and students who have asthma.

A student may have, or be suspected of having, an allergy and no clinical advice is available, for example, because the diagnostic process is underway. In these circumstances the school will work closely with the parents and child to put in arrangements to support them, including notifying staff and completing an Individual Healthcare Plan, if there is an impact on participation in school activities and/or additional arrangements are required to reduce the risk of harm. [DfE Statutory Guidance: Allergy Safety in Schools (July 2026) (pg46)].

5.2 Individual Healthcare Plans

Not all children with an allergy will require an Individual Healthcare Plan (IHP). Some allergies will have little or no impact on the child or young person while they are at school, college or in an early years setting, or will not pose a risk to the child or young person. Some allergies will not require arrangements which are additional to or different from those made generally. [DfE Statutory Guidance: Allergy Safety in Schools (July 2026) (pg48)].

Schools, colleges and settings should consider the following principles:

- If the arrangements or support which a child or young person requires would be available to **any** individual as part of the setting's normal policies, an IHP may not be required.
- If the child or young person only needs **non**-prescription medication **and** the setting's medical conditions policy would permit them to carry and administer it, an IHP may not be required.

If relevant, the IHP will be prepared in discussion with the student's parents, and the student if appropriate to their age and understanding.

The information on this plan includes:

- Known allergens and risk factors for allergic reactions;
- A history of their allergic reactions;
- Potential impacts of the condition on education, including considerations for off-site visits;
- Detail of the medication the student 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;
- Arrangements for support of the student, including an emergency response plan;
- A photograph of each student; and
- A copy of their Allergy Action Plan or Asthma Action Plan, which should be issued by their healthcare professional.

5.3 Staff and visitors with allergies

Staff are asked to inform Human Resources of any medical conditions, including allergies, which may require medical support or an individual risk assessment. Useful information to record in an individual risk assessment includes where they store their medication whilst on site, and consent to administer the spare Adrenaline Pens. Permission will be sought by HR to share the risk assessment with key staff who may need to support them.

Staff are asked to offer all visitors the opportunity to share any information which may assist the school in providing a safe and comfortable visit, including dietary requirements and allergies we may need to be aware of.

6. 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 old food packaging, science experiments where allergens are present, food lessons or cooking, regular materials including allergens (e.g. some glues);
- 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 students; and
- Planning special events, such as cultural days and celebrations.

Inclusion of students 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. Food, including meal times and snacks

7.1 Catering in school

The Group is committed to providing a safe meal for all students, staff and visitors, including those with food allergies. There are separate procedures available for each school within the Group.

7.2 Food brought into school

Students across the Group may bring food into school e.g. to eat themselves, or for fundraisers, on school trips and to sports fixtures. Please see individual protocols for schools in the appendix.

7.3 Food restrictions

The RGS Group is Allergen Aware but we are not, for example, guaranteed to be completely nut free. We have students with a wide range of allergies and intolerances to different foods, so we encourage a considered approach to bringing food into school.

8. Educational visits and sports fixtures

- The risks posed to students with allergies, and how to mitigate them, should be considered throughout the trip planning process. A child should not be excluded from a school visit due to their medical condition, so it may be necessary to amend trips, especially core curriculum visits, to ensure all members of a class or group can participate;
- Staff leading the trip will have a register of students 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 appropriate catering provision put in place. It will be communicated to parents if preventing allergen exposure cannot be guaranteed. This should only be in exceptional circumstances, e.g. catering on overseas visits;
- Parents, and students where appropriate, may be consulted on arrangements if considered necessary, for example if the trip requires an overnight stay;
- If attending Match Tea at another school, students may wish to take their own allergy free snacks with them as we cannot guarantee the labelling of foods at other schools/venues. Individual school protocols detail this further. See Adrenaline Pens section for School Trips and Sports Fixtures.

9. Insect bites

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; and
- keep food and drink covered.

If a wasp or bee nest is discovered, the Estates Team at the School should be notified immediately so that the situation can be dealt with and the area made safe in the meantime.

10. Animals

It is 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 student 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;
- 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, students, parents and staff will be made aware and consideration and adaptations will be made; and
- School trips that include visits to animals will be carefully risk assessed.

11. Allergic Rhinitis/Hay fever

Medication for students who have seasonal pollen allergy, hay fever or other persistent nasal allergy due to house dust mites or other allergens is provided by parents when required and administered under their instruction by the relevant staff in each setting. If children have a persistent or particular issue, mitigations will be considered on a case-by-case basis.

12. Inclusion and Mental Health

Allergies can have a significant impact on mental health and wellbeing. Students 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 unless, in extreme circumstances, the risk associated with the trip cannot be mitigated;
- Students with allergies may require additional pastoral support including regular check-ins from their tutor/house parent etc;
- Affected students and their families are supported to understand the arrangements in place to support them, for example through tours of catering facilities before joining the school;
- Affected students 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. Adrenaline pens

See the Government guidance on Adrenaline Pens in Schools.

13.1 Storage of adrenaline pens

- Students prescribed with adrenaline pens will have easy access to two, in-date pens at all times;
- Pens may be stored centrally in each setting, with children taking responsibility for their own adrenaline pens as they grow older and more independent. This will be decided on an individual basis and in liaison with parents.
- 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 adrenaline pens should be handed to paramedics. Out of date pens will be disposed of as sharps or returned to a pharmacy for disposal.

13.2 Spare adrenaline pens

- If a child or adult is prescribed an adrenaline pen, their personal device should be used if available;
- Spare adrenaline pens should be used if:
  - An individual's prescribed adrenaline pen is not available, misfires, or they require more than two doses (advised by a medical professional, e.g. ambulance service);
  - An individual does not have a prescribed adrenaline pen. The adrenaline pen should be administered following the advice of a medical professional, e.g. the ambulance service, wherever possible.
- It is good practice to have prior consent to administer a spare adrenaline pen. However, in an emergency situation a spare adrenaline pen can be administered by a member of school staff without prior consent as it is considered to be a reasonable action to save a life.

13.3 Adrenaline pens on off-site activities

- No child with a prescribed adrenaline pen will be able to go on a school trip or off-site fixture without two of their own devices. It is the parents' responsibility to ensure that their child has the correct medication with them;
- Adrenaline pens will be kept close to the students at all times e.g. not stored in the hold of the coach when travelling or left in changing rooms;
- Where possible, spare adrenaline pens from the school will also be carried, subject to availability and the number of off-site activities taking place. NB: When several year groups are off-site at multiple venues the RGS Group is not able to provide spare adrenaline pens.

- Staff accompanying the students will be aware of students with allergies and be trained to recognise and respond to an allergic reaction.

14. Responding to an allergic reaction/anaphylaxis

See **appendix** on recognising and responding to an allergic reaction

If a student has an allergic reaction:

- Treat the student in accordance with their Allergy Action Plan;
- Treat the student where they are. Lie them down with their legs raised and bring medication to them;
- Use student's own prescribed medication if immediately available; If anaphylaxis is suspected administer adrenaline without delay;
- Student may administer the adrenaline pen themselves (if they are able to) or a member of staff can administer pen.
- If the student's own adrenaline pen is not available or misfires, then use a spare adrenaline pen;
- If anaphylaxis is suspected but the student does not have a prescribed adrenaline pen or Allergy Action Plan providing consent to administer spare adrenaline pens, lie the student down with their legs raised, **call 999** 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 but that this should be done under medical professional advice
- 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 student 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. Training

The school is committed to training all staff annually to give them a good understanding of allergy. In line with DfE Statutory Guidance: Allergy Safety in Schools (July 2026) (pg25) this training includes:

- Understanding what an allergy is and the risks they pose;
- Understand that allergy includes multiple conditions (food allergy, asthma, eczema, hay fever, others), which can co-exist;
- Understand the difference between food allergy, coeliac disease and food intolerance;
- How to reduce the risk of an allergic reaction occurring;
- Know where to find information on individual with allergies and their allergy triggers;
- 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 and reliever inhalers are kept (both prescribed pens and spare pens) and how to access them;
- The importance of inclusion of students with allergies, the impact of allergy on mental health and wellbeing, and the risk of allergy related bullying;
- Understanding their responsibilities in reducing the risk of individuals with a known allergy coming into contact with their known allergens;
- Understand how to report an allergic reaction or near miss; and
- Understanding food labelling.

The school will carry out anaphylaxis drills in a schedule determined by the allergy lead. This includes an exercise simulating an event where a student or member of staff has an allergic reaction and testing the school response.

16. Asthma

It is vital that students with allergies keep their asthma well controlled, because asthma can exacerbate allergic reactions.

See the government guidance on emergency asthma inhalers in schools

- All children with prescribed reliever inhalers will have ready access to these, which are held centrally or with the child as they grow older and more independent. This will be decided on an individual basis and in liaison with parents.
- Spot checks will be made to ensure reliever inhalers are where they should be and in date;
- Reliever inhalers must not be kept locked away;
- Each school will keep a supply of spare salbutamol inhalers and spacers. These **must** only be used if a child's prescribed inhaler is not available, for example because it is empty or broken. There must be written consent from a parent for the child to be provided with the spare inhaler;
- See **appendix** for details of where each school locates their spare salbutamol inhalers and spacers.
- No child with a prescribed reliever inhaler will be able to go on a school trip or off-site fixture without their own device. It is the parents' responsibility to ensure that their child has the correct medication with them;
- Where possible, the school will provide a spare reliever inhaler to be carried on the trip and used if required. NB: When several year groups are off-site at multiple venues the RGS Group is not able to provide spare reliever inhalers;
- Reliever inhalers will be kept close to the students at all times e.g. not stored in the hold of the coach when travelling or left in changing rooms;
- Staff accompanying the students will be aware of students with allergies and be trained to recognise and respond to an asthma attack.

17. Reporting allergic reactions

The group recognises that staff who respond to an allergic reaction do so under extreme pressure and in good faith. We reassure staff that mistakes, hesitation or imperfect technique when responding to medical emergencies are **not** misconduct; the expectation is simply that staff act reasonably to the best of their ability. As such, we investigate incidents and near misses in a **no blame** spirit of seeking to learn lessons and address any issues which the incident identified, so that students, colleagues and visitors are better protected in the future [DfE Statutory Guidance: Allergy Safety in Schools (July 2026) (pg59)].

Each school will record allergic reaction incidents and near-misses and investigate the cause to learn from the incident. Prompt action will be taken, where feasible, to reduce the risk of future incidents. The record should include:

- **Who** was affected;
- **What** happened, **when** and **where**;
- **Why** the incident occurred (as far as is known);
- **How** staff and students responded;
    - **what** was done to support the individual;
    - whether **emergency services** were called;
- **How** the incident concluded.
- **What** has been learned from the incident
- **What** actions were taken as a result of this learning

Parents will be notified of the incident or near miss as soon as possible. Parents and students will be given the opportunity to discuss what happened and to contribute their views to the lessons learned review.

We recognise that incidents are potentially serious events and can be distressing to the student and their family, staff involved in responding to the incident and peers who may have witnessed it. Therefore, support will be offered to all these individuals following an incident, and their views sought to the investigation and lessons learned review. [DfE Statutory Guidance: Allergy Safety in Schools (July 2026) (pg64)].

RIDDOR reports will be submitted if the student's allergic reaction arose directly from the way the school undertook a work activity and resulted in death or immediate hospitalisation. The school will work with parents and students to ensure relevant healthcare professionals are notified.

Incident reports and trends will be reviewed termly at the Health and Safety Committee at each school, and Governors are provided with an executive summary.

An incident relating to the management of a pupil's medical condition, including allergy, will not in itself normally constitute a safeguarding concern. However, where an incident or pattern of concerns indicates that a pupil may be at increased risk of neglect, abuse or exploitation because of their medical condition — for example where relevant medical information is withheld or a pupil is repeatedly sent to School without essential medication — the concern must be referred to the DSL in accordance with the Safeguarding and Child Protection Policy.

Appendix 1: 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
- Mild throat tightness
- Hives or itchy rash on skin
- Abdominal pain
- Vomiting
- Change in behaviour

Response:

- Stay with the student
- Call for help
- Locate adrenaline pens
- Give antihistamine – obtain consent using normal school procedures
- Make a note of the time
- Phone parent or guardian
- Continue to monitor the student in a safe place for at least 60 minutes after reaction, as mild reactions can sometimes develop into anaphylaxis.

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.

Anaphylaxis usually occurs within 20 minutes of eating a food but can begin 4-6 hours later.

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

Appendix 2: Responding to Anaphylaxis

Symptoms of Anaphylaxis

A – Airway	B – Breathing	C – Circulation
• Persistent cough • Hoarse voice • Difficulty swallowing • Swollen Tongue • Significant tightening in the throat	• Difficult or noisy breathing • Wheeze or cough	• Persistent dizziness • Pale, clammy skin • Sleepy • Tiredness • Confusion • Collapse or unconscious

If you suspect anaphylaxis, give adrenaline first before you do anything else. Adrenaline should be administered within 5 minutes of the symptoms starting.

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 student's emergency contact.**
8. **If their condition has not improved or symptoms have become worse, give a second dose of adrenaline after five 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 pens in schools.

Recognise the signs of anaphylaxis

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

B
- Sudden wheezing
- Difficult or noisy breathing
- Persistent cough

C
- 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.

5:00 minutes

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

Appendix 3: Responding to Asthma

Asthma is a condition that affects the airways. When a person with asthma comes into contact with something that irritates their airway the muscles around the walls of the airway tighten so that the airway becomes narrow and the lining inflames and starts to swell. Sometimes sticky mucous or phlegm builds up, which may further narrow the airways. This makes it very difficult to breathe and leads to symptoms of asthma.

Recognising Asthma

- The airways in the lungs become restricted.
- The student will have difficulty speaking.
- The student may wheeze and have difficulty breathing out.
- The student may become quickly distressed, anxious and exhausted.
- They may appear blue around the lips and mouth.

Procedure for an asthma attack:

- Stay calm and reassure the student.
- Ensure the student sits upright and slightly forward with their hands on their knees.
- Loosen any tight clothing.
- Encourage slow deep breaths with an open chest.
- Ensure that the reliever (blue inhaler) is taken and call the school office or nearest first aider.
- The student should take two puffs of their blue inhaler and if they do not start to feel better, they should proceed to take two more puffs of their inhaler every two minutes, taking up to ten puffs.
- If the student still does not feel better after taking their inhaler as above, or exhibits any of the following symptoms call 999 and request an ambulance urgently:
    - The student is unable to talk or increasingly distressed
    - The student is disorientated or collapses
    - The student looks blue around the mouth and lips
- If an ambulance does not arrive within 15 minutes, repeat the blue inhaler procedure outlined above while you wait.
- Inform the parents as soon as possible about the attack.

Minor attacks should not interrupt the student's involvement in the school day and they should be able to return to normal activities after an appropriate period of monitoring for further allergic reaction. However, each individual instance must be assessed according to the severity of the attack and the emotional reaction of the student to the attack.

Important: a pupil with asthma and food allergy who suddenly develops breathing difficulty may be experiencing anaphylaxis. If anaphylaxis is suspected, give adrenaline immediately. A reliever inhaler must not be given instead of adrenaline to treat anaphylaxis.

Appendix 4: Summary of key staff in the Group

The RGS Group Allergy Governor: Dr Shrilla Banerjee

The **Designated Allergy Leads** at each school in the RGS Group are:

School	Designated Allergy Lead	School Nurse/Medical Lead
Chinthurst School	Jenny Blanks, Operations Manager	TBC – September 2026
Micklefield School	Christianne James, Operations Manager	Nicola Roessler, School Office Manager
Reigate Grammar School	Michelle Pope, Deputy Head	Nicola Harvey, School Nurse
Reigate St Mary's Preparatory and Choir School	Roisin Gibbs, Operations Manager	Jana Lukacova, School Nurse/Office Administrator
RGS Surrey Hills	Lana Crouch, Teacher of Science and Sport and Asst House Parent	Rachael Evans, School Nurse
St Christopher's School	Laura Fisher	Laura Fisher