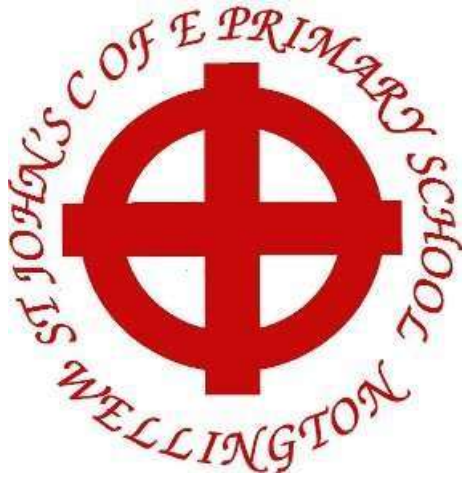


St John's Church of England VA Primary School



Anaphylaxis Policy

June 2026

Agreed by SLT

Agreed: June 2026

Review: June 2027

Anaphylaxis Policy

Sharing joy and hope in the community

When considering matters of allergies and medical needs it is important for all the school community to reflect, considering our vision statement, 'Sharing joy and hope in the community'; along with the school values Respect, Compassion, Friendship, Service and Endurance. Through this we will ensure we are guided into good decisions to support all those in the St John's community.

Purpose

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

Laura Plant and Oliver Priestley are the named staff members responsible for promoting and maintaining allergy awareness across our school community; coordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy; recording and collating allergy and special dietary information.

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1. Introduction

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

Anaphylaxis is a serious, life-threatening allergic reaction. It is at the extreme end of the allergic spectrum. The whole body is affected often within minutes of exposure to

the allergen, but sometimes it can be hours later. Causes can include foods, insect stings, or drugs.

Definition:

Anaphylaxis is a severe life threatening generalised or systemic hypersensitivity reaction.

An allergic reaction is considered to be anaphylaxis when it involves difficulty breathing or affects the heart rhythm or blood pressure. Anaphylaxis symptoms are often referred to as the ABC symptoms (Airway, Breathing and Circulation).

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

Common UK Allergens include (but are not limited to):-

Peanuts, Tree Nuts, Sesame, Milk, Egg, Fish, Latex, Insect venom, Pollen and Animal Dander.

This policy sets out how St John's Church of England Primary School will support pupils with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in school life.

2. Role and Responsibilities

Parent/Carer responsibilities:

- To be aware of our school's allergy policy.
- On entry to the school, it is the parent's responsibility to inform reception staff/ SENCO of any allergies. This information should include all previous severe allergic reactions, history of anaphylaxis and details of all prescribed medication.
- Parents are to supply a copy of their child's Allergy Action Plan (BSACI plans preferred) to school. If they do not currently have an Allergy Action Plan this should be developed as soon as possible in collaboration with a healthcare professional e.g. GP/allergy specialist.
- Parents are responsible for ensuring any required medication is supplied, in date and replaced as necessary.
- Parents are requested to keep the school up to date with any changes in allergy management. The Allergy Action Plan will be kept updated accordingly.

Staff Responsibilities:

- All staff will promote and maintain allergy awareness among pupils.

- All staff will complete anaphylaxis training. Training is provided for all staff on a yearly basis and on an ad-hoc basis for any new members of staff.
- Staff must be aware of the pupils in their care (regular or cover classes) who have known allergies as an allergic reaction could occur at any time and not just at mealtimes. Any food-related activities must be supervised with due caution.
- Staff will be able to recognise the signs of severe allergic reactions and anaphylaxis.
- Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils with medical conditions, including allergies, carry their medication. Pupils unable to produce their required medication will not be able to attend the excursion.
- Pastoral Deputy Head/SENCO will ensure that the up-to-date Allergy Action Plan is kept with the pupil's medication.
- It is the parent's responsibility to ensure all medication is in date. However, the Pastoral Deputy Head/SENCO will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.
- Pastoral Deputy Head/SENCO keeps a register of pupils who have been prescribed an AAI and a record of use of any AAI(s) and emergency treatment given.

Pupil Responsibilities

- Pupils are responsible for being aware of their allergens and the risks they pose.
- Pupils are encouraged to have a good awareness of their symptoms and to let an adult know as soon as they suspect they are having an allergic reaction.
- Pupils who are trained and confident to administer their own auto-injectors will be encouraged to take responsibility for carrying them on their person at all times.
- Pupils without allergies are responsible for being aware of allergens and the risk they pose to their peers.
- Pupils will wash their hands before and after eating.

3. Allergy Action Plans

Allergy action plans are designed to function as Individual Healthcare Plans for children with food allergies, providing medical and parental consent for schools to administer

medicines in the event of an allergic reaction, including consent to administer a spare adrenaline autoinjector.

St John's Church of England Primary School recommends using the British Society of Allergy and Clinical Immunology (BSACI) Allergy Action Plan to ensure continuity. This is a national plan that has been agreed by the BSACI, the Anaphylaxis Campaign and Allergy UK.

It is the parent/carer's responsibility to complete the allergy action plan with help from a healthcare professional (e.g. GP/ Allergy Specialist) and provide this to the school.

4. Emergency Treatment and Management of Anaphylaxis

What to look for

Mild to moderate allergic reaction symptoms may include:

- swelling of the mouth/throat, lips, face or eyes
- a tingling or itchy feeling in the mouth
- difficulty swallowing or speaking
- difficulty breathing
- sudden collapse/unconsciousness
- hives, a red raised rash anywhere on the body
- abdominal pain, nausea, vomiting
- sudden feeling of weakness
- strong feelings of impending doom

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

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

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

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

Anaphylaxis can develop very rapidly, so a treatment is needed that works rapidly. Adrenaline is the mainstay of treatment and it starts to work within seconds.

Adrenaline should be administered by an injection into the muscle (intramuscular injection)

What does adrenaline do?

- It opens up the airways
- It stops swelling
- It raises the blood pressure

Adrenaline must be administered with the minimum of delay as it is more effective in preventing an allergic reaction from progressing to anaphylaxis than in reversing it once the symptoms have become severe.

ACTION:

- Stay with the child and call for help. DO NOT MOVE CHILD OR LEAVE UNATTENDED
- Remove trigger if possible (e.g. Insect stinger)
- Lie child flat (with legs elevated) – A sitting position may make breathing easier but this should be for as short a time as possible
- USE ADRENALINE WITHOUT DELAY and note time given. (inject at upper, outer thigh - through clothing if necessary)
- CALL 999 and state ANAPHYLAXIS
- If no improvement after 5 minutes, administer second adrenaline auto-injector
- If no signs of life commence CPR
- Phone parent/carer as soon as possible

Whilst waiting for the ambulance, keep the child where they are. Do not stand them up or sit them in a chair, even if they are feeling better.

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

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives, or staff will accompany the pupil to hospital by ambulance.

5. Supply, storage and care of medication

For younger children or those assessed as not ready to take responsibility for their own medication there should be an anaphylaxis kit which is kept safely, not locked away and accessible to all staff.

(Around age 11 years +) Pupils will be encouraged to take responsibility for and to carry their own two adrenaline injectors on them at all times (in a suitable bag/container).

Medication should be stored in a rigid box and clearly labelled with the pupil's name and a photograph.

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

The pupil's medication storage box should contain:

- adrenaline injectors i.e. EpiPen® or Jext® or Emerade® (two of the same type being prescribed)
- an up-to-date allergy action plan
- antihistamine as tablets or syrup (if included on plan)
- spoon if required
- asthma inhaler (if included on plan).

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

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

Older children and medication

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

Disposal

AAs are single use only and must be disposed of as sharps. Used AAs can be given to ambulance paramedics on arrival or can be disposed of in a pre-ordered sharps bin.

Sharps bins to be obtained from and disposed of by a clinical waste contractor/specialist collection service/local authority. The sharps bin is kept in the disabled toilet.

6. 'Spare' adrenaline auto injectors in school

St John's has purchased spare adrenaline auto-injector (AAI) devices for emergency use in children who are risk of anaphylaxis, but their own devices are not available or not working (e.g. because they are out of date).

These are stored in a rigid box in its original packaging, clearly labelled 'Emergency Anaphylaxis Adrenaline Pen', kept safely, not locked away and accessible and known to all staff.

St John's holds 2 spare pens which are kept in the following location(s):

Classroom of focused child

School office

The Pastoral Deputy Head/SENCO is responsible for checking the spare medication is in date on a monthly basis and to replace as needed.

Written parental permission for use of the spare AAIs is included in the pupil's Allergy Action Plan.

If anaphylaxis is suspected in an undiagnosed individual call the emergency services and state you suspect ANAPHYLAXIS. Follow advice from them as to whether administration of the spare AAI is appropriate.

7. Staff Training

Laura Plant and Oliver Priestley are the named staff members responsible for co-ordinating all staff anaphylaxis training and the upkeep of the school's anaphylaxis policy.

All staff will complete anaphylaxis awareness training at the start of every new academic year. Training is also available on an ad-hoc basis for any new members of staff and will include online AllergyWise anaphylaxis training.

Training includes:

- Knowing the common allergens and triggers of allergy
- Spotting the signs and symptoms of an allergic reaction and anaphylaxis. Early recognition of symptoms is key, including knowing when to call for emergency services
- Administering emergency treatment (including AAIs) in the event of anaphylaxis – knowing how and when to administer the medication/device
- Measures to reduce the risk of a child having an allergic reaction e.g. allergen avoidance Knowing who is responsible for what
- Associated conditions e.g. asthma

- Managing allergy action plans and ensuring these are up to date
- A practical session using trainer devices (these can be obtained from the manufacturers' websites www.epipen.co.uk and www.jext.co.uk and www.emeradebausch.co.uk)

8. Inclusion and safeguarding

St John's is committed to ensuring that all children with medical conditions, including allergies, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

9. Catering

All food businesses (including school caterers) must follow the Food Information Regulations 2014 which states that allergen information relating to the 'Top 14' allergens must be available for all food products.

The school menu is available for parents to view a month in advance with all ingredients listed and allergens highlighted on the school website and via email.

The school office will inform the Catering Manager of pupils with food allergies.

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

- Bottles, other drinks and lunch boxes provided by parents for pupils with food allergies should be clearly labelled with the name of the child for whom they are intended.
- The pupil should be taught to also check with catering staff, before purchasing food or selecting their lunch choice.
- Where food is provided by the school, staff should be educated about how to read labels for food allergens and instructed about measures to prevent cross contamination during the handling, preparation and serving of food.
Examples include:
 - preparing food for children with food allergies first;
 - careful cleaning (using warm soapy water) of food preparation areas and utensils.
- Food should not be given to primary school age food-allergic children without parental engagement and permission (e.g. birthday parties, food treats).
- Foods containing nuts are discouraged from being brought into school.
- Use of food in crafts, cooking classes, science experiments and special events (e.g. fetes, assemblies, cultural events) needs to be considered and may need to be

restricted/risk assessed depending on the allergies of particular children and their age.

10. **School trips and Sporting Excursions**

Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils with medical conditions, including allergies, carry their medication. Pupils unable to produce their required medication will not be able to attend the excursion.

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

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

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

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

11. **Allergy awareness**

St John's aims to be a nut free school. We raise awareness through posters and newsletter items

12. **Risk Assessment**

St John's will conduct a detailed risk assessment to help identify any gaps in our systems and processes for keeping allergic children safe for all new joining pupils with allergies and any pupils newly diagnosed. The Risk assessment is saved on the EEC portal.

13. **Useful Links**

Anaphylaxis Campaign- <https://www.anaphylaxis.org.uk>

- AllergyWise training for schools - <https://www.anaphylaxis.org.uk/informationtraining/allergywise-training/for-schools/>

- AllergyWise training for Healthcare Professionals
<https://www.anaphylaxis.org.uk/information-training/allergywise-training/for-healthcareprofessionals/>

Allergy UK - <https://www.allergyuk.org>

- Whole school allergy and awareness management (Allergy UK)
<https://www.allergyuk.org/schools/whole-school-allergy-awareness-andmanagement>

Spare Pens in Schools - <http://www.sparepensinschools.uk>

Official guidance relating to supporting pupils with medical needs in schools:
<http://medicalconditionsatschool.org.uk/documents/Legal-Situation-in-Schools.pdf>

Education for Health <http://www.educationforhealth.org>

Food allergy quality standards (The National Institute for Health and Care Excellence, March 2016) <https://www.nice.org.uk/guidance/qs118>

Anaphylaxis: assessment and referral after emergency treatment (The National Institute for Health and Care Excellence, 2020)
<https://www.nice.org.uk/guidance/cg134?unlid=22904150420167115834>

Guidance on the use of adrenaline auto-injectors in schools (Department of Health, 2017)
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf