

Allergy and Anaphylaxis Policy

Approved: July 2026

For review: July 2027

Version: JFK-T&L - 18.1

Contents

1. Introduction
2. Roles and responsibilities
3. Allergy action plans
4. Emergency treatment and management of anaphylaxis
5. Supply, storage and care of medication
6. 'Spare' adrenaline auto-injectors in school
7. Staff training
8. Inclusion and safeguarding
9. Catering
10. School trips
11. Allergy awareness and nut bans
12. Risk assessment
13. Useful links

1. Introduction

An allergy is a reaction of 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. 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, and drugs.

Most healthcare professionals consider an allergic reaction 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, 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 Oak Learning Trust and its schools 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

The named staff members responsible for coordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy and kit are:

Facilities And Estates Manager
Head teacher / Head of School

Parent Responsibilities

- On entry to the school, it is the parent's responsibility to inform **reception staff/teacher/SEND/CO/First Aider** of any allergies. This information should include all previous serious 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. School nurse/GP/allergy specialist and provided to school.
- 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 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.
- The Facilities and Estates Manager and Office Manager are responsible for sharing the training with all staff via the Kitt Medical portal. This training is available at all times, and there are no limits on the number of staff who complete it, nor the number of times they complete it.
- Staff (regular or cover classes) must be aware of the pupils in their care 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 leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils with medical conditions, including allergies, have their medication and allergy plan and will carry it for them or allow them to carry it themselves if appropriate. Pupils unable to produce their required medication will not be able to attend the excursion.
- The Office Manager and First Aid lead 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 Office Manager and First Aid lead will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.
- The Office Manager and First Aid lead keeps a register of pupils who have been prescribed an adrenaline auto-injector (AAI) and a record of use of any AAI(s) and emergency treatment given.

- The Office Manager and First Aid lead will ensure that any reaction or near misses is recorded and reported internally and in accordance with RIDDOR.

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 auto- injector.

British Society of Allergy and Clinical Immunology (BSACI) Allergy Action Plans are produced by a medical professional and should not be created by the school. These are a national plan that has been agreed by the BSACI, Anaphylaxis UK and Allergy UK. Allergy action plans are designed to function as an individual healthcare plan.

4. Emergency Treatment and Management of Anaphylaxis

What to look for:

Symptoms usually come on quickly, within minutes of exposure to the allergen.

Mild to moderate allergic reaction symptoms may include:

- a red raised rash (known as hives or urticaria) anywhere on the body
- a tingling or itchy feeling in the mouth
- swelling of lips, face or eyes
- stomach pain or vomiting.

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 this more severe 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, on rare occasions, can 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.

What does adrenaline do?

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

As soon as anaphylaxis is suspected, adrenaline must be administered without delay. Action:

- Keep the child where they are, call for help and do not leave them unattended.
- **LIE CHILD FLAT WITH LEGS RAISED** – they can be propped up if struggling to breathe but this should be for as short a time as possible.
- **USE ADRENALINE AUTO-INJECTOR WITHOUT DELAY** and note the time given. AAls should be given into the muscle in the outer thigh. Specific instructions vary by brand – always follow the instructions on the device.
- **CALL 999** and state **ANAPHYLAXIS (ana-fil-axis)**.
- If no improvement after 5 minutes, administer second AAI.
- If no signs of life commence CPR.
- Call parent/carer as soon as possible.

Whilst you are 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. This could lower their blood pressure drastically, causing their heart to stop.

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

School keeps adrenaline auto-injectors for use in anyone who is displaying anaphylactic symptoms, even if they do not have their own prescribed medication or if that is not available.

5. Supply, storage and care of medication

Depending on their level of understanding and competence, pupils will be encouraged to take responsibility for, and to carry, their own **two** AAls on them at all times in a suitable bag/container, which will be located in the class medical box. If any pupil is in another part of the school (e.g. Forest School, yard, main hall) their medication will be taken and available in that area.

For younger children or those not ready to take responsibility for their own medication, there should be an anaphylaxis kit which is kept within 5 minutes of them, not locked away and **accessible to all staff**.

Medication should be stored in a suitable container and clearly labelled with the pupil's name. The pupil's medication storage container should contain:

- Two AAls i.e. EpiPen® or Jext®
- An up-to-date allergy action plan

- Antihistamine as tablets or syrup (if included on allergy action plan)
- Spoon if required
- Asthma inhaler (if included on allergy action 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 Office Manager and First Aid lead 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 AAls 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 responsibility for their emergency kit under the guidance 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.

Storage

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

Disposal

AAls are single use only and must be disposed of as sharps. Used AAls 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. The sharps bin is kept in the school office.

6. 'Spare' adrenaline auto-injectors in school

Oak Learning Trust Schools have purchased a **Kitt Medical Anaphylaxis Kitt with spare AAls for emergency use**. Emergency use may include: children who are at risk of anaphylaxis, but their own devices are not available or not working (e.g. because they are out of date, or they may need multiple doses of adrenaline before the emergency services arrive); or they may need to be used on someone experiencing anaphylaxis for the first time.

You should never use a child's prescribed AAI on another person, as this leaves the child vulnerable.

These are stored in the school's Anaphylaxis Kitt(s) which are clearly labelled 'Emergency

Allergy Medication'. These are kept safely, not locked away and are **accessible and known to all staff**. The school holds several keys with which they can access the medication. The school will also hold a spare key in an 'Emergency Break Glass' box in case immediate access in an emergency is required. All accessories are provided by Kitt Medical.

Oak Learning Trust schools hold **four or eight** spare pens which are kept in Anaphylaxis Kitts in the following location(s):-

- The main school hall
- The kitchen area in The Treehouse

The Office Manager and First Aid lead are responsible for checking the spare medication is in date on a monthly basis and to replace as needed. Reminder prompts are scheduled on the Kitt Medical portal.

The Office Manager and First Aid lead are responsible for communicating to all staff members where the Anaphylaxis Kitt(s) are located.

All pupils at risk of anaphylaxis should have an Allergy Action Plan that describes exactly what to do and who to contact in the event that they have an allergic reaction. In the event of an anaphylactic emergency, if the individual does not have access to their own AAI, the spare AAI should be used without delay.

Written parental permission for use of the spare AAIs is included in the pupil's allergy action plan.

7. Staff Training

The named staff members (at least 2) responsible for coordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy are:

Facilities and Estates Manager
Office Manger

These staff members will be administrators on the Kitt portal account where online training is available and can be sent out via a variety of distribution means to all staff members.

These staff members will also ensure that the details of the adrenaline devices is promptly confirmed on the portal and check-ups on the Anaphylaxis Kitts, prompted by the portal at frequent intervals, are carried out.

It is recommended that the training be completed at least once a year (at a minimum) by all staff members.

- Additional ad-hoc training sessions will be provided for new staff or anyone requiring refresher training.
- Additional training will be delivered to classroom staff who teach a child with known allergies.
- A trainer AAI pen will be held by Office Manger which can be used for practical training alongside the online training.

Training includes:

- Knowing the common allergens and triggers of allergies
- 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
- Understanding what it is like for those individuals living with allergies

Oak Learning Trust schools ensure that staff undertake a practical session using trainer devices. A trainer device is included with the Kitt Medical service. Additional trainer devices can be obtained from the manufacturers' websites: www.epipen.co.uk and www.jext.co.uk

8. Inclusion and safeguarding

Oak Learning Trust 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's menu is available for parents to view **weekly** in advance with all ingredients listed and allergens highlighted on the organisation website at www.jfkprimary.co.uk

The Office Manager will inform the cook of pupils with food allergies.

When identifying and informing catering staff, the following procedures are followed in school:

- Parents/carers complete an admission form that indicates whether the pupil has any allergies.
- Once identified, a further Allergy Intolerance document is completed by parents/carers. A letter with supporting medical evidence is also provided by medical authorities.
- Based on this information, an Allergy/Intensive Care Plan is completed by the school and parents/carers that follows advice from the medical professionals.
- A copy of the Allergy Intolerance document and the Allergy/Intensive Care Plan is provided to the catering site manager. Alongside this are photographs of all pupils identified to be displayed within the kitchen.
- Daily, the school system extracts and creates a school meal report for the catering manager. This identifies pupils with specific requirements, including allergies, who are present in school.
- Specific tableware (red plate/red cup) is used to help staff identify pupils in the dining hall who have allergies.
- Lunchtime Supervisors have a list of all pupils that have medical conditions; this includes allergies.
- Located within the staffroom on the Safeguarding board are copies of pupils who have medical conditions, including allergies. These are accompanied with a photograph.
- Information held by the school regarding pupils with allergies are checked annually at the start of the academic year, with any updates to plans completed, and then shared with the catering site manager. This is completed by the office manager.
- Any changes to medical information should be shared by the parents informing the school. Updated documents are then completed by parents, which are submitted to the school.

Parents/carers are encouraged to meet with the Office Manager and First Aid lead to discuss their child's needs.

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.
- If food is purchased from the school canteen/tuck shop, parents should check the appropriateness of foods by speaking directly to the catering manager.
- 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. For further information, parents/carers are encouraged to liaise with the Catering Manager.
- Food should not be given to primary school age food-allergic children without parental engagement and permission (e.g. birthday parties, food treats).
- 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

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 should 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).

Sporting Excursions

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 and nut bans

Oak Learning Trust schools support the approach advocated by Anaphylaxis UK towards nut bans/nut free schools. They would not necessarily support a blanket ban on any particular allergen in any establishment, including in schools. This is because nuts are only one of many allergens that could affect pupils, and no school could guarantee a truly allergen free environment for a child living with food allergy. They advocate instead for schools to adopt a culture of allergy awareness and education.

A 'whole school awareness of allergies' is a much better approach, as it ensures teachers, pupils and all other staff are aware of what allergies are, the importance of avoiding the pupils' allergens, the signs & symptoms, how to deal with allergic reactions and to ensure policies and procedures are in place to minimise risk.

12. Risk Assessment

Oak Learning Trust schools will conduct a detailed individual risk assessment for all new joining pupils with allergies and any pupils newly diagnosed, to help identify any gaps in our systems and processes for keeping allergic children safe.

School and individual risk assessments can be downloaded for free from:
<https://www.anaphylaxis.org.uk/downloads-form/safer-schools-download/>.

13. Useful Links

Kitt Medical – <https://www.kittmedical.com/>

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

- Safer Schools Programme - <https://www.anaphylaxis.org.uk/education/safer-schools-programme/>
- AllergyWise for Schools online training - <https://www.allergywise.org.uk/p/allergywise-for-schools1>

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

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

BSACI Allergy Action Plans - <https://www.bsaci.org/professional-resources/resources/paediatric-allergy-action-plans/>

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

Department for Education Supporting pupils at school with medical conditions - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf

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

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>

July 2026

Review: July 2027