Inspiring Futures through Learning

Inspiring Futures through Learning
Anaphylaxis Policy
September 2026

At Inspiring Futures through Learning, we are driven by our pursuit of excellence every day. We have high expectations of learning, behaviour and respect for every member of our community. We create independent, articulate thinkers and learners who have confidence in, not only their individual ambitions, but also those of the Academy and The Trust as a whole. We have collaboration at the heart of everything we do and our vision is to nurture exciting, innovative, outstanding Academies who embrace change and provide a world-class education for all it serves.

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Key:

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IFtL website		**School website**	
1	Statutory publication	A	Statutory publication
2	Good practice	B	Good practice
3	Not required	C	Not required

***** Policy level:***

1. Trust wide:
   - This one policy is relevant to everyone and consistently applied across all schools and Trust departments with no variations.
     - *Approved by the IFtL Board of Trustees.*
2. Trust core values:
   - This policy defines the values to be incorporated fully in all other policies on this subject across all schools and Trust departments. This policy should therefore from the basis of a localised school / department policy that in addition contains relevant information, procedures and / or processes contextualised to that school / department.
     - *Approved by the IFtL Board of Trustees as a Trust Core Values policy.*
     - *Approved by school / department governance bodies as a relevantly contextualised school / department policy.*

3. School / department policies
   - These are defined independently by schools / departments as appropriate
     - *Approved by school / department governance bodies.*

Purpose

This policy has been developed to minimise the risk of any pupil or adult suffering a serious allergic reaction whilst at school or attending any school related activity and to ensure all staff are properly prepared to recognise and manage serious allergic reactions should they arise.

This policy is based on the model policy for schools, published on the BSACI website and developed in coordination with the DfE.

This policy should be read in conjunction with the IFtL First Aid and Medicines Policy, which incorporates the Supporting Pupils with Medical Conditions guidance.

Within each school, a minimum of 2 named members of staff will be responsible for coordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy.

For Ashbrook School, these persons are:

- **Toni Cole – Children and Family Support/DSL**
- **Cheryl Ferguson – Pastoral support officer/DSO**

While the requirements around Benedict's Law are centred around the needs of pupils, this policy should also be read as applicable to adults within your setting.

Where schools only hold spare 150mcg AAIs and an adult experiences unexpected anaphylaxis, giving 150mcg is generally far better than administering no adrenaline at all.

Contents

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 serious 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, 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 all IFtL 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. Roles and responsibilities

Parent Responsibilities

- On entry to school, it is the parent's responsibility to inform Business Support staff or Safeguarding Lead 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.

- 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.

- 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 leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that they have the correct medication for all pupils with medical conditions, if school do not have their required medication they will not be able to attend the excursion.

- Pastoral Support Officer will ensure that the up-to-date Allergy Action Plan is kept with the pupil's medication.

- Pastoral Support Officer will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.

- Pastoral Support Officer 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.

Pupil Responsibilities

- 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 AAIs will be encouraged to take responsibility for carrying one AAI on their person at all times. The other AAI will be held by school in an agreed accessible location, to be noted on the pupil's Allergy Action Plan.

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.

IFtL Schools recommend using the British Society of Allergy and Clinical Immunology (BSACI) Allergy Action Plans to ensure continuity. This is a national plan that has been agreed by the BSACI, Anaphylaxis UK 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/School Nurse/Allergy Specialist) and provide this to the school.

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 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, 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. AAIs 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.
have recovered as a reaction can reoccur after treatment.

5. Supply, storage and care of medication

AAIs for pupils in primary school settings will be kept close to the child, for example, in the classroom, will follow them around school to PE and to lunch, and their spare pen will be kept in a central location as per school policy. Schools should decide what works best for their own settings and the agreed locations should be noted and all staff should know where AAIs are stored.

For secondary pupils, they will be encouraged to carry one of their own pen's on them, but the second pen will be stored in a central location, to be determined by local school policy.

For younger children or those 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.**

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 AAIs i.e. EpiPen® or Jext® or Emerade®
- 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 Pastoral Support Officer will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry. Medication expiry dates can be programmed into iAM Compliant as a way of monitoring and managing this.

Parents can subscribe to expiry alerts for the relevant AAIs 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
AAIs should be stored at room temperature, protected from direct sunlight and temperature extremes.

Disposal
AAIs are single use only and must be disposed of as sharps. Used AAIs can be given to ambulance paramedics on arrival . Expired AAI's should be returned to parents/carers for disposal.

6. Spare Adrenaline Auto-Injectors in Schools

All IFtL Schools hold spare **AAIs 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 container with a RED cross, clearly labelled 'Emergency Access Anaphylaxis Pen', kept safely, not locked away and **accessible and known to all** staff.

Ashbrook school holds 4 spare pens which are kept in the medication cupboard in the medical room.

The Pastoral Support Officer 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,** an AAI should be used immediately. Do not wait for advice from emergency services as treatment is time critical. If possible, one person should administer the AAI while another calls 999.

7. Staff Training

All staff will complete online allergyschool.org.uk training at the start of every new academic year. Training is also available on an ad-hoc basis for any new members of staff.

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
- 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.emerade-bausch.co.uk)

8. Inclusion and safeguarding

Ashbrook School 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 the allergen information relating to the 'top 14' allergens must be available for all food products.

The school menu is available for parents to view in advance with all ingredients listed and allergens highlighted on the school website at https://www.ashbrookschool.co.uk/

The Business support team will inform the Catering company of pupils with food allergies.

Ashbrook school have allergy posters in every year group and the Medical office, the lunchtime team and catering staff are also provided with these. The Pastoral Support Officer is responsible for keeping these up to date.

Parents/carers should follow the school caterer's procedure for notification of allergies to ensure that the child's needs are understood and can be met.
School office staff must be made aware of these procedures in order to provide parents with the correct information to ensure this process is completed.

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 celebrations, 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

Ashbrook School supports 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

Ashbrook School 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.

A template risk assessment is included as Appendix 1 of this policy.

13. Useful Links

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

- Resources for managing allergies at school - https://www.allergyuk.org/living-with-an-allergy/at-school/

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

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

Allergy safety in schools statutory guidance - https://assets.publishing.service.gov.uk/media/6a4b8f49045e1108aaa5ebbc/allergy_safety_in_schools_statutory_guidance_June_2026.pdf

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Appendix 1.

IFtL Anaphylaxis Risk Assessment

This form should be completed by the setting in liaison with the parents/carers and the child, if appropriate. It should be shared with everyone who has contact with the child/young person.

Child/Young Person Name:	Date of Birth:
Setting/School: Phase: Primary/Secondary:	Key Worker/Teacher/Tutor:
Name and role of other professionals involved in this Risk Assessment (i.e. Specialist Nurse or School Nurse):	
Date of Assessment:	Reassessment due (this would usually be annually, unless there is an incident, at which point the risk assessment should be reviewed):
I give permission for this to be shared with anyone who needs this information to keep the child/young person safe: **Signatures:** Setting Manager/Head teacher: Date Parents/Carers Date Child/Young Person Date	
What is this child/young person allergic to? Allergen exposure risks to be considered Ingestion ☐ Direct contact ☐ Indirect contact ☐	

Does this child already have an Allergy Action Plan or an Individual Healthcare Plan? YES ☐ NO ☐ Is the child prescribed adrenaline auto-injectors (AAIs)? YES ☐ NO ☐ Summary of current medical evidence seen as part of the risk assessment (copies attached)
Key Questions - Please consider the activities below and insert any considerations than need to be put in place to enable the child to take part.
Activities
Crayons/painting:
Creative activities: i.e. craft paste/glue, pasta
Science type activity: i.e. bird feeders, planting seeds, food
Musical instrument sharing (cross contamination issue):
Cooking (food prep area and ingredients):
Meal time: kitchen prepared food (is allergy information available): packed lunches:
Snacks (is allergy information available):
Drinks:
Celebrations: e.g. Birthday, Easter:
Hand washing (secondary school how accessible is this for the child):
Indoor play/PE (AAIs to be with the child):
Outdoor play/PE (AAIs to be with the child):
School field (AAIs to be with the child):
Forest school (AAIs to be with the child):
Offsite trips (are staff who accompany trip trained to use AAI?):

Allergy Management
Does the child know when they are having an allergic reaction?
What signs are there that the child is having an allergic reaction?
What action needs to be taken if the child has an allergic reaction?
If the medication is stored in one secure place are there any occasions when this will not be within 5 minutes reach if required? Yes ☐ No ☐ If Yes state when and how this can be adjusted:
If the child is trained and confident can the medication be carried by them throughout the day? Yes ☐ No ☐ If No state reason:
Does the child have two of their own prescribed AAIs?
How many staff need to be trained to meet this child's need?
Are there backup spare AAIs available and where are they located?
Outcome of Risk Assessment **New Allergy Action Plan/Individual Healthcare Plan required? YES ☐ NO ☐** **Existing Allergy Action Plan/Individual Healthcare Plan to be updated? YES ☐ NO ☐**