



ANAPHYLAXIS AND ALLERGIES MANAGEMENT POLICY

Policy area

Staff, Students, Health and Safety

Statutory regulation

Children's Wellbeing and Schools Act 2026

SLT Lead

Designated Safeguarding Lead (Tracy Preston) – Line Manager of Nurse

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Anaphylaxis and allergies management in school and the use of emergency Adrenaline Autoinjector (AAI)

1. Introduction

An allergy is an immune system response to a substance (allergen) that is normally harmless to most people. Allergic reactions can range from mild symptoms, such as itching, sneezing, or skin rashes, to severe and potentially life-threatening reactions known as anaphylaxis.

This policy should be read in conjunction with the First Aid and Medicine Management Policy which can be found in Staff Resources [here](#).

Anaphylaxis is a serious medical emergency that requires immediate treatment. It can affect multiple body systems and typically occurs within minutes of exposure to an allergen, although reactions may occasionally be delayed. Common triggers include certain foods, insect stings, medications, latex, and other environmental allergens.

Healthcare professionals generally recognise anaphylaxis as a severe allergic reaction involving the airway, breathing, and/or circulation. Symptoms are often described using the ABC framework:

- **Airway** – swelling of the tongue or throat, difficulty speaking or swallowing.
- **Breathing** – wheezing, persistent cough, shortness of breath, or noisy breathing.
- **Circulation** – dizziness, collapse, loss of consciousness, or signs of low blood pressure.

Although an individual may develop an allergy to any substance containing a protein, the most common allergens affecting children and young people in the United Kingdom include, but are not limited to:

- Peanuts
- Tree nuts
- Sesame
- Milk
- Eggs
- Fish
- Shellfish
- Wheat
- Soya
- Latex
- Insect venom
- Pollen
- Animal dander

King Alfred School is committed to providing a safe, inclusive, and supportive environment for all pupils, including those with allergies and those at risk of anaphylaxis. The school recognises its duty to support pupils with medical conditions and to take reasonable steps to reduce the risk of allergic reactions whilst ensuring that pupils can participate fully in all aspects of school life.

This policy outlines the measures in place to identify, manage, and minimise allergy risks and to ensure that appropriate procedures are followed in the event of an allergic reaction or medical emergency.

The Governing Body has overall responsibility for ensuring that suitable arrangements are in place for the management of allergies within the school. Day-to-day responsibility for implementation of this policy rests with the Headteacher and the designated Allergy Lead.

Named Governor with responsibility for allergy management: Grace Edghill

Designated Senior Leader/Allergy Lead: Tracy Preston

This policy applies to all pupils, staff, volunteers, contractors, visitors, and others working within or visiting the school. The policy will be reviewed annually, or sooner if legislation, guidance, or the needs of the school community change, and will be published on the school website.

The policy remains in force regardless of whether there are currently any pupils with diagnosed allergies on roll.

2. Roles and responsibilities

Parents and Carers

Parents and carers play a vital role in ensuring that the school has accurate and up-to-date information regarding their child's allergy and medical needs. Parents and carers are responsible for:

- Informing the School Nurse and the school of any diagnosed allergy, suspected allergy, previous serious allergic reaction, history of anaphylaxis, and any prescribed medication upon admission and whenever circumstances change.
- Providing the school with a current Allergy Action Plan, preferably using a BSACI-approved template, completed and signed by the relevant healthcare professional. Where no Allergy Action Plan is in place, parents should work with their healthcare professional and the school to establish one as soon as reasonably practicable.
- Supplying all prescribed emergency medication, including adrenaline auto-injectors (AAIs), and ensuring that medication remains in date and is replaced promptly when required.
- Informing the school immediately of any changes to their child's allergy status, treatment, medication, or emergency procedures.
- Ensuring that emergency contact details remain accurate and up to date at all times.

The school will work in partnership with parents and carers to ensure that pupils with allergies are appropriately supported and included in all aspects of school life.

Designated Allergy Lead

The Designated Allergy Lead is Tracy Preston, who reports to the Head and the nominated Governor with responsibility for allergy management.

The Designated Allergy Lead is responsible for:

- Promoting the safety, wellbeing, inclusion, and participation of pupils and staff with allergies.
- Providing strategic oversight of allergy management across the school.
- Acting as the principal point of contact for staff, pupils, parents, and external agencies regarding allergy management.

- Ensuring that accurate and up-to-date allergy information is recorded, maintained, and communicated to relevant staff.
- Overseeing the implementation and monitoring of this Allergy and Anaphylaxis Policy.
- Ensuring that appropriate allergy risk assessments are completed for school activities, educational visits, events, and curriculum activities where allergens may be present.
- Promoting allergy awareness and fostering an allergy-aware culture throughout the school community.
- Ensuring that all staff receive appropriate allergy and anaphylaxis training on induction and at least annually thereafter.
- Monitoring the availability, accessibility, and expiry dates of any stock adrenaline auto-injectors held by the school.
- Ensuring that all staff understand emergency procedures and know how to access emergency medication.
- Maintaining records of allergic reactions, near misses, and emergency interventions, and ensuring that incidents are investigated, reviewed, and reported where required, including under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR).
- Ensuring that lessons learned from incidents are communicated appropriately and incorporated into future practice.
- Reviewing this policy annually, or sooner where required by changes in legislation, guidance, or school circumstances.

Staff Responsibilities

All staff have a duty to support the school's allergy management arrangements and to act in accordance with this policy.

All staff are responsible for:

- Completing allergy awareness and anaphylaxis training on induction and at least annually thereafter.
- Familiarising themselves with pupils who have known allergies and understanding the measures in place to support them.
- Remaining vigilant for signs and symptoms of allergic reactions, recognising that reactions can occur at any time and not solely during meal or snack times.
- Taking reasonable steps to minimise allergy risks during classroom activities, practical lessons, educational visits, extracurricular activities, and school events.
- Following pupils' Allergy Action Plans and emergency procedures in the event of an allergic reaction.
- Reporting all allergic reactions, suspected allergic reactions, and near misses in accordance with school procedures.

Staff leading educational visits and residential trips are additionally responsible for:

- Ensuring that appropriate emergency medication and Allergy Action Plans always accompany pupils.
- Confirming that pupils with allergies have immediate access to their prescribed medication.
- Completing appropriate risk assessments before visits and activities.
- Consulting with parents and relevant staff where additional control measures may be required.
- Ensuring that no pupil is excluded from participation unless a suitable risk assessment determines that the risks cannot be managed safely.

School Nurse Responsibilities

The School Nurse is responsible for:

- Maintaining an up-to-date register of pupils with diagnosed allergies and those prescribed adrenaline auto-injectors.
- Ensuring that current Allergy Action Plans are held alongside pupils' emergency medication and are readily accessible to relevant staff.
- Conducting regular checks of emergency medication, including expiry dates and condition, and notifying parents when replacements are required.
- Maintaining records of any administration of adrenaline auto-injectors or other emergency treatment provided at school.
- Supporting staff training, awareness, and the implementation of individual healthcare arrangements where appropriate.
- Ensuring that allergic reactions, incidents, and near misses are recorded and reported internally and externally where required.
- Working collaboratively with parents, healthcare professionals, and school staff to support the safe management of pupils with allergies.

3. Allergy Action Plans + Individual Healthcare Plans (IHP)

All pupils diagnosed with an allergy will have an up-to-date Allergy Action Plan and an Individual Healthcare Plan (IHP) where appropriate.

Allergy Action Plans

The school will use Allergy Action Plans developed by the British Society for Allergy and Clinical Immunology (BSACI), wherever available. These nationally recognised plans have been developed in partnership with Allergy UK and Anaphylaxis UK and provide clear guidance for the recognition and emergency treatment of allergic reactions and anaphylaxis.

BSACI Allergy Action Plans are medical documents and must be completed, signed, and reviewed by an appropriate healthcare professional in partnership with the pupil's parent or carer. The plans include medical and parental consent for the administration of prescribed emergency medication and, where applicable, the use of a spare adrenaline auto-injector (AAI) held by the school.

A copy of the Allergy Action Plan will be:

- Held alongside the pupil's prescribed emergency medication.
- Accessible to relevant staff who have responsibility for the pupil.
- Available during educational visits, off-site activities, residential visits, and other school-related events.
- Reviewed whenever there is a change in the pupil's allergy management or treatment and at least annually.

Individual Healthcare Plans (IHPs)

In addition to the Allergy Action Plan, the school may maintain an Individual Healthcare Plan (IHP) for pupils whose allergy requires additional support, risk management, or reasonable adjustments within the school environment.

The IHP will be developed collaboratively between the school, parents or carers, healthcare professionals (where appropriate), and the pupil where suitable. The Designated Allergy Lead and School Nurse will ensure that Allergy Action Plans and Individual Healthcare Plans are reviewed regularly and updated promptly following any change in diagnosis, treatment, medication, or clinical advice.

All relevant staff will be informed of the contents of a pupil's Allergy Action Plan and Individual Healthcare Plan and will receive any necessary training to support its implementation.

4. Emergency treatment and management of anaphylaxis.

How to recognise Anaphylaxis and allergic reactions

Mild-moderate allergic reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

ACTION:

- Stay with the student, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine according to the student's 's health care plan
- Phone parent/emergency contact asking them to collect the student

Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction):

- Airway: Persistent cough Hoarse voice Difficulty swallowing, swollen tongue
- Breathing: Difficult or noisy breathing, wheeze, or persistent cough
- Consciousness: Persistent dizziness, becoming pale or flop, suddenly sleepy, collapse, unconscious

If ANY one (or more) of these signs are present:

1. Lie the child flat with legs raised: (if breathing is difficult, allow the child to sit)
2. Use Adrenaline Auto-Injector without delay – adrenaline must be injected into the muscle in the front quarter of the outer thigh.
3. Dial 999 to request an ambulance and say ANAPHYLAXIS
4. If known, advise the time the AAI was given

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

After giving the Adrenaline Auto-Injector:

1. Stay with child until the ambulance arrives, do NOT stand the child up
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement after 5 minutes, give a further dose of adrenaline using another autoinjector device, if available.

Anaphylaxis may occur without initial mild signs: ALWAYS use adrenaline autoinjector FIRST in someone with a known food allergy who has SUDDEN BREATHING DIFFICULTY (persistent cough, hoarse voice, wheeze) – even if no skin symptoms are present.

5. Supply, storage and care of medication

Younger Pupils

For younger pupils who are not able to carry and manage their own medication safely, emergency medication will be stored in a clearly labelled allergy kit within the pupil's classroom or another agreed location that is immediately accessible to staff.

Each pupil's allergy kit should contain, where prescribed:

- Two prescribed adrenaline auto-injectors (AAs), such as EpiPen® or Jext®.
- A current BSACI Allergy Action Plan.

- Prescribed antihistamine medication (tablet or liquid form), where specified in the Allergy Action Plan.
- A prescribed asthma reliever inhaler, where specified in the Allergy Action Plan.

The allergy kit must be clearly labelled with the pupil's name and be readily accessible at all times. Medication must not be locked away or stored in a location that could delay treatment during an emergency.

Parents and carers are responsible for ensuring that all medication supplied to the school is in date, clearly labelled, and replaced before its expiry date. As an additional safeguard, the School Nurse will undertake termly checks of medication held on site and will notify parents where replacement medication is required.

Older Pupils

Where appropriate and following discussion with parents, healthcare professionals, and the school, older pupils should be encouraged to take increasing responsibility for carrying and managing their own emergency medication.

Pupils prescribed adrenaline auto-injectors should normally always carry two AAls with them unless an alternative arrangement has been agreed and documented within their Individual Healthcare Plan.

Staff should remain aware that anaphylaxis can develop rapidly and that a pupil experiencing a severe allergic reaction may be unable to self-administer medication. In such circumstances, staff must be prepared to respond in accordance with the pupil's Allergy Action Plan and the school's emergency procedures.

Storage of Medication

All adrenaline auto-injectors (AAls) must:

- Be stored in accordance with the manufacturer's instructions.
- Be kept at room temperature and protected from direct sunlight and extremes of heat or cold.
- Not be refrigerated or frozen.
- Be stored in a location that is clearly identified and known to relevant staff.
- Always be readily accessible and never locked away.

Where the school holds spare emergency AAls, these will be stored in a central and accessible location in accordance with Department for Education and Department of Health guidance.

Care and Monitoring

The School Nurse will maintain oversight of medication held within school and will:

- Conduct regular checks of expiry dates and the condition of medication.
- Maintain appropriate records of medication held on site.
- Notify parents when replacement medication is required.
- Ensure that medication accompanies pupils on educational visits, residential trips, and off-site activities.

Disposal of Medication

Adrenaline auto-injectors are single-use devices and must not be reused.

Following administration, used AAls should be handed to attending ambulance personnel wherever possible. Where this is not possible, they must be disposed of safely in accordance with manufacturer guidance and the school's sharps disposal procedures.

Expired or damaged medication should be returned to parents for safe disposal through a pharmacy or disposed of in accordance with local healthcare waste procedures.

6. 'Spare' adrenaline auto-injectors in school

The school maintains a supply of spare adrenaline auto-injectors (AAIs) for emergency use in accordance with Department of Health and Social Care guidance and relevant medicines legislation.

Adrenaline auto-injectors currently available in the UK include EpiPen®, Jext® and Emerade®. The school will normally purchase the brand most commonly prescribed to pupils attending the school to ensure familiarity amongst staff and consistency with pupil medication.

Spare AAIs are held as an emergency back-up and are not intended to replace a pupil's own prescribed medication. Pupils who have been prescribed AAIs are expected to have access to their own in-date devices in accordance with their Allergy Action Plan.

The school's spare AAIs may be used:

- When a pupil at risk of anaphylaxis requires adrenaline and their own prescribed AAI is unavailable, inaccessible, damaged, misfiring, or out of date.
- When a second dose of adrenaline is required before emergency services arrive.
- In exceptional emergency circumstances where an individual is experiencing suspected anaphylaxis and immediate treatment is required to preserve life.

Storage of Spare AAIs

Spare AAIs are stored in clearly labelled emergency anaphylaxis kits. These kits are:

- Clearly identifiable.
- Stored securely but not locked away.
- Readily accessible in an emergency.
- Known to all relevant staff members.

Spare AAIs are currently located at:

- Medical Room (Manor Wood)
- Front of House (Manor Wood)
- Upper School Staffroom (Manor Wood)
- Lower School Staffroom (Manor Wood)
- Staff Room (Ivy Wood)
- DT Building outside wall (Ivy Wood)

Staff must ensure that emergency medication can be accessed without delay. Guidance recommends that AAIs should be available within minutes of a suspected anaphylactic reaction.

Monitoring and Maintenance

The School Nurse is responsible for:

- Maintaining the school's stock of spare AAIs.

- Undertaking monthly checks to ensure that devices remain in date and are fit for use.
- Arranging replacement of devices before expiry.
- Maintaining records of stock checks and replacement dates.
- Ensuring that staff are informed of the location of spare AAls and any changes to storage arrangements.

Consent and Record Keeping

Where a pupil has a diagnosed allergy and is at risk of anaphylaxis, written parental consent for the use of the school's spare AAI will be obtained and recorded through the pupil's Allergy Action Plan and/or Individual Healthcare Plan.

Following the administration of any spare AAI:

- Emergency services (999) must be called immediately.
- Parents or carers must be informed as soon as practicable.
- The incident must be recorded in accordance with school procedures.
- The circumstances of the incident will be reviewed to identify any lessons learned and any necessary changes to practice.

7. Staff Training

The members of staff responsible for coordinating allergy awareness and anaphylaxis training, and for overseeing the implementation and review of this policy, are:

- **Magda Krajewska-Lewandowska**
- **Elizabeth Hayton**

Training Requirements

The school is committed to ensuring that all staff have the knowledge and confidence to support pupils with allergies and to respond appropriately in the event of an allergic reaction or anaphylaxis.

All staff will receive allergy awareness and anaphylaxis training:

- As part of their induction when joining the school.
- At least annually thereafter.
- Prior to educational visits, residential trips, camps, or activities where additional allergy risks may be present.
- Following any significant changes to school procedures, guidance, or identified training needs.

The Designated Allergy Lead will maintain records of staff training and ensure that training remains current and appropriate to the needs of the school community.

Training Content

Staff training will include, as a minimum:

- Understanding common allergens and allergy triggers.

- Awareness of the potential impact of allergies on pupils' health, wellbeing, and participation in school life.
- Recognising the signs and symptoms of mild, moderate, and severe allergic reactions.
- Recognising the signs and symptoms of anaphylaxis and understanding the importance of early intervention.
- Understanding when and how to seek emergency medical assistance, including calling 999.
- Familiarity with the school's Allergy and Anaphylaxis Policy, Allergy Action Plans, and Individual Healthcare Plans.
- Understanding measures to reduce the risk of allergic reactions, including allergen avoidance strategies and risk management procedures.
- Knowledge of staff roles and responsibilities in supporting pupils with allergies.
- Practical training in the administration of adrenaline auto-injectors (AAIs), including the use of the brands held by the school.
- Understanding the location, storage, and accessibility of pupils' prescribed medication and the school's spare AAIs.
- Procedures for recording, reporting, and reviewing allergic reactions, near misses, and emergency interventions.

Emergency Preparedness

To ensure staff remain confident in responding to emergencies, the School Nurse will conduct annual anaphylaxis training, including a practical hands-on workshop on the administration of adrenaline auto-injectors (AAIs). Staff who work directly with pupils at risk of anaphylaxis may receive additional role-specific training, where appropriate.

7. Inclusion and safeguarding

KAS 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.

8. Nut-Free School Approach

Nut-Related Aspects: If the school is aware of a student who suffers from a nut allergy, the school lunch caterer is made aware of our policy and is requested to eliminate nuts and food items with nuts as ingredients from meals as far as possible. This does not extend to those foods labelled "may contain traces of nuts". The catering at the school does not knowingly use any nut products in any of their menus. Students are encouraged to self-manage their allergy as far as possible in preparation for life after school where nut-free environments are rare.

Dairy and Egg-Related Aspects: Students with dairy products or egg allergies are managed by the school in consultation with the parents on a case-by-case basis.

Insect-Related Aspects: Diligent management of wasp, bee, and ant nests on school grounds and proximity. All wasp, bee, ant, and other insect issues are reported to the Estates helpdesk, who will monitor and appropriately deal with the issue. The school has a pest control contract in place to assist in dealing with infestations of any kind.

Latex-Related Aspects: If a pupil is allergic to latex they should avoid contact with some everyday items including rubber gloves (unless latex-free), balloons, pencil erasers, rubber bands, rubber balls, and tubes and stoppers used for science experiments.

The school's catering company has a robust allergy management plan in place with supporting paperwork, information, instruction, training, and supervision. The School Nurse ensures that the catering manager is aware of all allergic pupils' requirements, with the students' dietary requirements being detailed on laminated sheets which are displayed by the servery.

The school aims to maintain a **nut-free environment** in order to reduce the risk of accidental exposure for pupils, staff and visitors with severe nut allergies.

To support this aim, **no member of the school community, including pupils, staff, visitors, contractors and volunteers, should bring nuts or nut-containing products onto the school site.** This includes, but is not limited to:

- Peanuts and tree nuts in any form;
- Peanut butter, nut butters and chocolate spreads containing nuts;
- Snack bars, cereals and confectionery containing nuts;
- Cakes, biscuits and other food products containing nuts.

Nuts and nut-containing products must not be used in lessons, curriculum activities, celebrations, events or school trips. Staff should also ensure that such products are not stored or consumed in offices, classrooms or staffrooms.

The school's catering provider operates a nut-free food preparation policy and does not knowingly use nuts or nut-containing ingredients in food prepared on site. However, as food manufacturing processes may involve cross-contamination, the school cannot guarantee a completely nut-free environment. All members of the school community are, therefore, expected to support the school's allergen risk-reduction measures at all times.

The external caterers operate a "nut-free" policy from a catering/kitchen perspective. Whilst this does not guarantee a nut-free environment, as traces of nuts are found in a great deal of foodstuffs, it will reduce the chances of exposure to pupils with allergies. The school will review policies after a reaction has occurred and update and monitor the policy and health care plans on an ongoing basis.