Allergy and Anaphylaxis Policy

The Knaphill Schools	
Policy: Allergy and Anaphylaxis	
Policy Originator: Mrs Debbie Harrison	**Review Period:** Annual **Last reviewed:** Summer Term 2026
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Contents

1. Introduction

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.

Knaphill Schools are committed to promoting a whole school approach to health care, welfare and wellbeing and the safe management of those members of our school community who live with specific allergies. We believe that all allergies should be taken seriously and dealt with in a professional and appropriate way.

By our actions we will work proactively to:

- minimise the risk of exposure within the school setting
- encourage self-responsibility
- learn avoidance strategies
- have robust plans for an effective response to possible emergencies
- ensure inclusivity for all pupils

This policy sets out how **The Knaphill 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

Parent Responsibilities

- When starting education at The Knaphill Schools, it is the parent's responsibility to inform office staff of any allergies. This information should include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medications.
- Parents are required to provide a copy of their child's Allergy Action Plan to the school. If they do not currently have one, it should be developed as soon as possible in collaboration with a healthcare professional, and the Allergy and Anaphylaxis Healthcare Plan should be completed.
- Parents are required to complete the Appendix 2 Allergy & Anaphylaxis Care and Treatment Plan, a copy of which will be kept with each AAI.
- Parents are responsible for ensuring that 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 & Appendix 2 will be updated accordingly.

Staff Responsibilities

- All Staff will complete in person 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, including those covering classes, must be aware of any pupils in their care who have known allergies, as an allergic reaction can occur at any time and not just during mealtimes. Any food-related activities must be carefully supervised, and an appropriate risk assessment must be completed beforehand to ensure the safety of all pupils.

- At the start of each academic year, the Medical Officers will ask parents to complete an Appendix 2 Allergy & Anaphylaxis Care and Treatment Plan, which will be kept with each of the two AAI's the parent provides us with.
- KIS – Staff will ensure that pupils will have one AAI kept in the red medical bag in the classroom, which will go wherever the child goes and that their spare AAI is kept in the medical cupboard in the front school office. This cupboard is not locked and is accessible to all staff. Both AAI's will have a copy of their Allergy Action Plan and Appendix 2 kept with them.
- At the start of each academic year, the Medical Officers will send an email to all staff detailing pupils with medical needs, including those with allergies. The email will identify each pupil and outline their specific medical needs, ensuring that all staff are aware of the support required and any relevant medical procedures.
- Medical Officers will produce a 'Red Card' for each pupil with an allergy. The card will include the pupil's photograph, class, and details of their allergies. Red Cards will be displayed in the staff room and in the pupil's classroom in a visible location to ensure that staff are aware of the pupil's allergy needs and can respond appropriately in an emergency.
- This information will be kept up to date throughout the year and shared with staff as necessary to reflect any in-year admissions, new diagnoses, or changes to a pupil's medical needs.
- Staff leading school trips will complete an individual risk assessment before each trip.
- Designated medical officers will ensure that the up-to-date Allergy Action Plan and Appendix 2 are kept with the pupil's medication.
- It is the parent's responsibility to ensure all medication is in date. However, the school designated medical officer will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.
- School medical officers keep 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.
- School medical officers ensure that any reaction or near misses are recorded and reported internally or in accordance with RIDDOR.

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.
- KJS - Pupils who have been prescribed an EpiPen will always carry one of their own autoinjectors on their person in a specially designed bum bag. A second AAI will be stored in the school office, clearly labelled and kept in the cupboard above the sink

3. Allergy Action Plans

The Allergy action plan and Appendix 2 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 school. This is 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. Appendix 2 is created by School and should accompany the Allergy Action Plan.

4. Emergency Treatment and Management of Anaphylaxis

What to look for:
Symptoms usually come 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 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 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 there is 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 recur after treatment.

5. Supply, storage and care of medication

KJS - Pupils will be encouraged to take responsibility for and always carry one of their own AAIs with them in a suitable bum bag. The second AAI will be kept in the school office, clearly labelled and stored in the cupboard above the sink (KJS)

KIS - Staff will ensure that pupils will have one AAI clearly labelled kept in the red medical bag in the classroom, which will go wherever the child goes and that their spare AAI clearly labelled is kept in the medical cupboard in the front school office. This cupboard is not locked and is accessible to all staff. Both AAI's will have a copy of their Allergy Action Plan and Appendix 2 kept with them.

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

- AAI - EpiPen®
- An up-to-date allergy action plan
- An up-to-date Appendix 2 Allergy & Anaphylaxis Care & Treatment Plan
- Antihistamine as tablets or syrup (if included on allergy action plan)
- Spoon if required
- Asthma inhaler (if included in an 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 School Medical Officers will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.

Storage
AAIs should be stored at room temperature and protected from direct sunlight and temperature extremes. When the outside temperature exceeds 25°C and pupils are outdoors for extended periods, such as during lunch breaks or PE lessons, pupils (KJS) or staff (KIS) should bring their AAI to the school office at the beginning of lunch, where it can be kept at a cooler temperature and out of direct sun. At the end of lunch break or PE, pupils or staff should collect their AAI from the office. For activities on the school field and for school trips, both AAIs should be stored in a cool bag with an ice pack. A designated member of staff will carry the cool bag, and both staff and pupils should be aware of who is responsible for carrying it.

Disposal
AAIs are single use only and must be disposed of as sharps. Used AAIs will be given to ambulance paramedics on arrival.

6. 'Spare' adrenaline auto-injectors in school

The school has purchased spare AAIs for emergency use for pupils who are at risk of anaphylaxis when their own prescribed devices are not available or are not working (for example, if they are out of date). Spare AAIs may also be used in the event of a pupil experiencing anaphylaxis for the first time, in accordance with current guidance. Parental consent will be obtained to allow the use of spare school AAI in an emergency. Spare AAIs are stored in a clearly labelled 'Emergency bag, not locked away and **accessible and known to all staff.**

The Knaphill Schools hold spare AAIs for emergency use. These are stored in a clearly labelled "Emergency" bag kept in the school office. The School Medical Officers are 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.

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:-

Helen Martingell, Lisa Turner & Milena Wotherspoon

All staff will complete allergy and anaphylaxis training annually, and on an ad-hoc basis during induction of new staff.

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
- Practical session using trainer devices
- 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

8. Inclusion and safeguarding

The Knaphill Schools are 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 shared with parents on a half-termly basis, allowing them to view meal options in advance and choose meals for their child. For pupils with allergies, a specially designed menu is available which includes a full list of ingredients and identified allergens. The school menu can also be accessed on the school website.

The School Office Staff will inform the Catering Manager of pupils with food allergies. Parents are required to complete and sign a Special Diet Request Form annually. This enables the school and catering team to identify any allergies, intolerances, medical dietary requirements, or special dietary preferences. The information provided is used to create a dietary card for the pupil and to ensure that the Catering Manager is fully informed of any dietary needs.

KJS - For pupils with food allergies, the Catering Manager is provided with an allergy card containing the pupil's photograph and details of their allergies. Before collecting their meal, the pupil is given their allergy card, which they present to the Catering Manager. This allows the Catering Manager to verify the pupil's dietary requirements and provide the appropriate meal safely.
KIS – For pupils with food allergies, they are provided with a rainbow lanyard showing the pupil's photograph and details of their allergies. This allows the Catering Manager to verify the pupil's dietary requirements and provide the appropriate meal safely.

Parents/carers are encouraged to meet with the Catering Manager to discuss their child's needs.

10. School trips

Staff leading school trips will complete an individual risk assessment before each trip. Pupils at Knaphill Junior School who have been prescribed an EpiPen will carry it with them in a specially designed bum bag at all times. Staff of pupils at Knaphill Infant School will carry their medication for them in the red medical bag. At both schools, all spare medications will be carried out by a designated member of staff. Trip leaders will ensure that appropriate medication is readily available and that all pupils with medical conditions, including allergies, are supported throughout the trip. 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.

KJS - Residential school trips can be undertaken safely with careful planning and preparation. Prior to the trip, a meeting will be arranged between the parents and the lead member of staff to discuss the pupil's allergy management needs and any necessary arrangements. The trip venue will be informed in advance that a pupil with allergies is attending, and where meals are provided by the venue, appropriate food options will be requested to ensure the pupil's dietary needs are met safely.

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.

11. Allergy awareness and nut bans

The Knaphill Schools are allergy-aware schools and are committed to creating a safe and inclusive environment for all pupils with allergies. We recognise that it is not possible to guarantee a completely allergen-free environment; therefore, our focus is on promoting allergy awareness, education, and effective risk management across the whole school community.

As part of this commitment, we hold half-termly assemblies to educate pupils about allergies, anaphylactic shock, and the importance of helping to keep everyone safe. These assemblies help pupils understand the impact allergies can have on others and encourage a culture of care, respect, and responsibility.

The Knaphill Schools are nut, sesame, and shellfish-aware schools. We send regular half-termly reminders to parents requesting their support in avoiding these allergens in packed lunches and snacks brought into school. Through ongoing education, clear procedures, and partnership with families, we aim to minimise risks and ensure that pupils with allergies can participate fully and safely in school life.

12. Risk Assessment

The Knaphill Schools will conduct a detailed individual risk assessment for all newly admitted pupils with allergies, as well as any pupils who are newly diagnosed with an allergy. This assessment helps to identify any risks and ensures that appropriate measures are in place to keep the pupil safe. The completed risk assessment will be shared with all relevant staff to ensure they are aware of the pupil's needs and the procedures to follow in the event of an allergic reaction

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

- 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

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

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