



## **Stillness Schools Federation**

### **Allergy and Anaphylaxis Policy**

Date Approved by Governors	Resources committee, May 2026
Review Date:	May 2028
Member of Senior Leadership Team responsible for allergy management	Annie Grimes / Rebecca Kelly Mitzi Nichol / Zoe Renner Thomas
Named Governor with responsibility for allergy management	Emily Mackenzie
The Named Staff Members - responsible for coordinating staff anaphylaxis training and the ownership of the school's anaphylaxis policy.	Angelica Escobar / Cherryl Leacock Nickole Peterkin
	Pamela Pryce, Inclusion Lead Patrice Augustus

**This policy is intended to be incorporated into Stillness Infant School's and Stillness Junior School's Medical Conditions and Administration of Medications Policy.**

**This policy has been produced using information and guidance from BSACI, Allergy UK Anaphylaxis UK and the new legal requirements under Benedicts Law.**

### **Benedicts Law**

The above law means that from Sept 2026 every school **must**:

- ✓ Have a comprehensive allergy and anaphylaxis policy.
- ✓ Individual Healthcare and Anaphylaxis Action Plans in place for any pupil with a known allergy.
- ✓ Hold spare in-date adrenaline auto-injectors on site.
- ✓ Ensure mandatory training for **ALL** staff to understand allergy risks and recognise the signs of anaphylaxis and be competent in administering adrenaline in an emergency.
- ✓ After any allergic incident or near miss, ensure it is recorded in the pupil's healthcare plan and the information used to continually improve the management of allergy procedures.

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## 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 Stillness Infant School will support pupils and staff with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in school life.

## 2. Roles and Responsibilities

### All Parents / Carers

- Being aware of and understanding the school's Allergy and Anaphylaxis Policy and considering the safety and wellbeing of pupils with allergies.
- Considering and adhering to any food restrictions or guidance the school has in place when providing food, for example in packed lunches, as snacks or for special events.
- Encouraging their child to be allergy aware.

### **Parent / Carers of Pupils with Allergies Responsibilities**

- On entry to the school, it is the parent's responsibility to inform the office staff/medical lead of any allergies. This information should include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication.
- Parents / Carers are to supply a copy of their child's Allergy Action Plan (BSACI plans preferred) to the 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 / Carers are responsible for ensuring any required medication is supplied, in date and replaced as necessary.
- Parents / Carers 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 school staff on an annual basis and on an ad-hoc basis for any new members of staff. This will include office staff ensuring that any long-term Agency staff have been trained.
- 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 will be risk assessed by the class teacher and must be supervised with due caution.
- Staff leading school trips will ensure that spare emergency medications are accessible if required. Trip leaders will check that all pupils with medical conditions, have their medications available. The member of school staff in charge of the pupil with an allergy will hold the medication.
- Parents will be called to bring in medication if a pupil has forgotten to bring it going out on a school trip.
- If the school does not have the pupil's required medication they will not be able to attend the school trip.
- Our Inclusion Leader 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 School Inclusion Leader will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.
- The Inclusion Leader will keep a register of pupils who have been prescribed an adrenaline auto-injector (AAI) and a record of any occasion when the AAI(s) has needed to be used and of any other emergency treatment given.
- The school office staff will ensure that any reaction (or near miss) is recorded and reported internally, to the Local Authority or in accordance with RIDDOR.

### **Pupil Responsibilities**

- Older 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.
- KS2 pupils are encouraged to take responsibility for carrying their AAI on their person in the provided bum bags at all times.

## **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. The allergy action plans are designed to function as an individual healthcare plan.

#### **Pupils with Epi Pens BSACI Plans**

<https://www.bsaci.org/wp-content/uploads/2025/07/BSACI-AllergyActionPlan-EpiPen-OCTOBER-24.pdf>

#### **Pupils with Jext BSACI Plans**

<https://www.bsaci.org/wp-content/uploads/2025/07/BSACI-AllergyActionPlan-Jext-Final-OCT-24.pdf>

## **4. Emergency Treatment and Management of Anaphylaxis**

**See Appendix 1**

## **5. Supply, Storage and Care of Medication**

For our younger children their anaphylaxis kit is kept within 5 minutes of them, not locked away and **accessible to all staff. The location is the medical cupboard in the child's classroom. Additional emergency medication is available by the school office.**

Medication is 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/carers to ensure that the anaphylaxis kit is up-to-date and clearly labelled, however the Inclusion Leader and Medical 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.

KS2 pupils are encouraged to take responsibility for carrying their AAI on their person in the provided bum bags at all times.

### **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 sharps bin. In the infant school, the sharps bin is kept in the **adult toilet** room, opposite the Inclusion Leader's office. In the junior school, the sharps bin is kept in the medical room.

## **6. Spare Adrenaline Auto-Injectors (AAI's) in School**

The Infant school has purchased the KITT Medical Spare AAls. In the infant school, they are kept safely, not locked away and **accessible and known to all staff. The location is in**

**the school entrance by the office.** In the Junior School, they are kept safely, in the main office. The medical lead takes responsibility for checking they are in date and replaced as appropriate.

The Infant School office staff check the KITT Medical spare AAI's are in date monthly and to replace as needed. A record is maintained. The company automatically send out EpiPen's to replace the stock.

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

**[See Appendix 2 - Emergency AAI's Policy.](#)**

## **7. Staff Training**

In line with Benedict's Law (Sept 2026) all adults in the Stillness Schools Federation will receive Allergy and Anaphylaxis Awareness training. Those that attend first aid courses will also be trained in the administration of AAI's and emergency procedures.

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

Infant school:

**Inclusion Leader: Pam Pryce**

**Office staff: Cherry Leacock and Angelica Escobar**

Junior School:

**Patrice Augustus**

**Mitzi Nichol and Zoe Renner-Thomas**

All adults responsible for children 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 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 AAI's) 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 Stillness Schools Federation 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 in advance with allergens highlighted. It is emailed to all families and is posted on the school website.

The school administrative officer will inform the Catering Company of pupils with food allergies. The catering company has a system in place to ensure catering staff can identify children with allergies – this includes a list with photographs, an all children wear lanyards highlighting their specific allergen. The list with photographs is maintained by the catering company and the children's lanyards are provided and kept up to date by the school office staff.

Parents/carers are encouraged to meet with the Catering Manager/Cook/Chef 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.
- Where food is provided by the school, catering 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.
- 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.

### **Lunch Boxes and Snacks**

For the protection of the children in our school no nuts will be allowed in any area at any time. This includes any food that contains Nutella® or similar, peanut butter or any other foods containing nuts.

These restrictions also apply to any packed lunches and snacks that are created or sent in from home.

The school cannot check all lunchboxes and items brought into school, therefore will take measures as reasonably practicable.

## **10. School Trips / Off Site Visits**

Staff leading school trips will ensure they carry all relevant emergency supplies.

Where we do not have the required medication for a pupil, they 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.

### **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.

### **Outdoor Lessons and Forest School**

Staff leading outdoor lessons will ensure they carry all relevant emergency supplies and a qualified first aider will attend at all times. Consideration should be given to any children identified as having nut allergies and a risk assessment should be put in place for when children take part in Forest School activities or access areas of the outdoor area that contains trees.

## **11. Allergy Awareness**

### **Nuts**

The Stillness Schools Federation 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.

### **We are an Allergy Aware School.**

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.

### **Insect Stings**

Pupils with a known insect venom allergy should:

- Avoid walking around in bare feet or sandals when outside and when possible keep arms and legs covered.
- Avoid wearing strong perfumes or scents.
- Keep food and drink covered.

The Premises Staff will monitor the grounds for wasp or bee nests.

### **Animals**

It's normally the dander (flakes of skin) saliva or urine that causes a person with an animal allergy to react. Precautions to limit the risk of an allergic reaction include:

- A pupil with a known animal allergy should avoid the animal they are allergic to.
- If an animal comes on site a risk assessment will be done prior to the visit.
- Areas visited by animals will be cleaned thoroughly.
- Anyone in contact with an animal will wash their hands after contact.

- School trips that include visits to animals will be carefully risk assessed and pupils' allergies considered.

## 12. Risk Assessment

The Stillness Schools Federation 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. Confidentiality

The information collected regarding pupils and their medical requirements discussed in this policy, although should be easily accessible by those required, confidentiality should still be observed.

Photos of children with allergies are displayed in the staffroom that alerts staff to the children with allergies, but not on general display. They are also kept on the inside door of each classroom's medical cupboard.

## Useful Links

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

**AllergyWise training for schools** -

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

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

**Safer Schools Programme** - <https://www.anaphylaxis.org.uk/education/safer-schools-programme/>

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

**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](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf)

**Whole School Allergy and Awareness Management** -

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

**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)

Spare AAI's in Schools <http://www.sparepensinschools.uk>

## Appendix 1

# Managing Allergic Reactions

## ALLERGIC REACTIONS VARY

Allergic reactions are unpredictable and can be affected by factors such as illness or hormonal fluctuations.

You cannot assume someone will react the same way twice, even to the same allergen. Reactions are not always linear. They don't always progress from mild to moderate to more serious; sometimes they are life-threatening within minutes.

## MILD TO MODERATE ALLERGIC REACTIONS

Symptoms include:

- Swollen lips, face or eyes.
- Itchy or tingling mouth.
- Hives or itchy rash on skin.
- Abdominal pain.
- Vomiting.
- Change in behaviour.

Response:

- Stay with pupil.
- Call for help.
- Locate adrenaline pens.
- Give antihistamine.
- Make a note of the time.
- Phone parent or carer.
- Continue to monitor the pupil.

## SERIOUS ALLERGIC REACTIONS / ANAPHYLAXIS

The most serious type of reaction is called **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.

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 the airways.
- ❖ It stops swelling.
- ❖ It raises the blood pressure.

It should always be treated as a time-critical medical emergency. Anaphylaxis usually occurs within 20 minutes of eating a food but can begin 2-3 hours later. People who have never had an allergic reaction before, or who have only had mild to moderate allergic reactions previously, can experience anaphylaxis.

## RESPONDING TO ANAPHYLAXIS

### SYMPTOMS OF ANAPHYLAXIS

#### A – Airway

Persistent cough

Hoarse voice

Difficulty swallowing

Swollen Tongue

#### B – Breathing

Difficult or noisy breathing

Wheeze or cough

#### C - Circulation

Persistent dizziness

Pale or floppy

Sleepy

Collapse or unconscious

**IF YOU SUSPECT ANAPHYLAXIS, GIVE ADRENALINE FIRST BEFORE YOU DO ANYTHING ELSE.**

### DELIVERING ADRENALINE

- ✓ Take the medication to the patient, rather than moving them.
- ✓ The patient should be lying down with legs raised. If they are having trouble breathing, they can sit with legs outstretched.
- ✓ It is not necessary to remove clothing but make sure you're not injecting into thick seams, buttons, zips or even a mobile phone in a pocket.
- ✓ Inject adrenaline into the upper outer thigh according to the manufacturer's instructions.
- ✓ Make a note of the time you gave the first dose and call 999 (or get someone else to do this while you give adrenaline). Tell them you have given adrenaline for anaphylaxis.
- ✓ 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. Stay with the pupil.
- ✓ Call the pupil's emergency contact.
- ✓ If their condition has not improved or symptoms have got worse, give a second dose of adrenaline after 5 minutes, using a second device.
- ✓ Call 999 again and tell them you have given a second dose and to check that help is on the way.
- ✓ Start CPR if necessary.
- ✓ Hand over used devices to paramedics and remember to get replacements.

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