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ALLERGY/ANAPHYLAXIS POLICY (KS/P&B/121)

Committee Responsible:	Pastoral and Boarding Committee
Lead Officer:	First Aid Officer
Date of Review:	June 2025
Date to be Reviewed:	June 2028
Signed:	
Date:	

ALLERGY/ANAPHYLAXIS POLICY

REVIEW SHEET

The information in the table below details earlier versions of this document with a brief description of each review and how to distinguish amendments made since the previous version date.

Version Number	Version Description	Date of Revision
1	Original – New Policy	June 2028

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Version:	01	Owner:	First Aid Officer
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ALLERGY/ANAPHYLAXIS POLICY

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ALLERGY/ANAPHYLAXIS POLICY

1.0 INTRODUCTION

- 1.1 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.
- 1.2 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.
- 1.3 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).
- 1.4 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.
- 1.5 Common UK Allergens include (but are not limited to):-
Peanuts, Tree Nuts, Sesame, Milk, Egg, Fish, Latex, Insect venom, Pollen and Animal Dander.
- 1.6 This policy sets out how Keswick School will support pupils with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in school life.

2.0 ROLES AND RESPONSIBILITIES

2.1 Parent Responsibilities

- On entry to the school, it is the parent's responsibility to inform HOY/SENCO/First Aid Officer 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, see Appendix 1) 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.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.

2.2 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.

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- 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.
- First Aid Officer will ensure that an 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 First Aid Officer will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.
- First Aid 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.

2.3 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 them on their person at all times.

3.0 ALLERGY ACTION PLANS

3.1 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.

3.2 Keswick School recommends where possible using, alongside a school IHCP the British Society of Allergy and Clinical Immunology (BSACI plans preferred, see Appendix 1), to ensure continuity. This is a national plan that has been agreed by the BSACI, Anaphylaxis UK and Allergy UK.

3.3 It is the parent/carer's responsibility to complete the allergy action plan with help from a healthcare professional (e.g. GP/Allergy Specialist) and provide this to the school.

4.0 EMERGENCY TREATMENT AND MANAGEMENT OF ANAPHYLAXIS

What to look for:

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

4.2 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.

4.3 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.

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- 4.4 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.
- 4.5 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.
- 4.6 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.
- 4.7 What does adrenaline do?
- It opens up the airways
 - It stops swelling
 - It raises the blood pressure
- 4.8 **As soon as anaphylaxis is suspected, adrenaline must be administered without delay. Action:**
- Keep the young person where they are, call for help and do not leave them unattended.
 - **LIE CHILD FLAT WITH LEGS RAISED** – they can be propped up if struggling to breathe but this should be for as short a time as possible.
 - **USE ADRENALINE AUTO-INJECTOR WITHOUT DELAY** and note the time given. AAls should be given into the muscle in the outer thigh. Specific instructions vary by brand – always follow the instructions on the device.
 - **CALL 999** and state **ANAPHYLAXIS (ana-fil-axis)**.
 - If no improvement after 5 minutes, administer second AAl.
 - If no signs of life commence CPR.
 - Call parent/carer as soon as possible.
- 4.9 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.
- 4.10 All pupils must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can reoccur after treatment.

5.0 SUPPLY, STORAGE AND CARE OF MEDICATION

- 5.1 Depending on their level of understanding and competence, pupils will be encouraged to take responsibility for and to carry their own **two** AAls on them at all times (in a suitable bag/container).
- 5.2 Pupils should have spare medication held by the school, **accessible to all staff**.
- 5.3 Medication should be stored in a suitable location (First aid room, cabinet 2) and clearly labelled with the pupil's photo and name. The pupil's medication storage container should contain:
- Two AAls i.e. EpiPen® or Jext® or Emerade®
 - Antihistamine as tablets or syrup (if included on allergy action plan)
 - Asthma inhaler is available

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5.4 It is the responsibility of the child's parents to ensure that the anaphylaxis kit is up-to-date and clearly labelled, however the First Aid Officer will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.

5.5 Older children and medication

5.5.1 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.

5.6 Storage

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

5.7 Disposal

5.7.1 AAIs are single use only and must be disposed of as sharps. Used AAIs can be given to ambulance paramedics on arrival or can be disposed of in a pre-ordered sharps bin. Sharps bins to be obtained from and disposed of by Keswick Community Hospital. The sharps bin is kept in the First Aid room.

6.0 'SPARE' ADRENALINE AUTO-INJECTORS IN SCHOOL

6.1 Keswick School has purchased spare **AAIs for emergency use for young people who are at risk of anaphylaxis**, but their own devices are not available or not working (e.g. because they are out of date).

6.2 These are stored in ORANGE containers (2), clearly labelled. One in the Asthma emergency 'grab bag' and one in Cabinet 2 with the other AAI's. **Accessible and known to all staff.**

6.3 The First Aid Officer is responsible for checking the spare medication is in date on a monthly basis and to replace as needed.

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

6.5 If anaphylaxis is suspected **in an undiagnosed individual** call the emergency services and state you suspect ANAPHYLAXIS. Follow advice from them as to whether administration of the spare AAI is appropriate.

7.0 STAFF TRAINING

7.1 The named staff members (at least 2) responsible for co-ordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy are Shaun Singleton, First Aid Officer and Wendy Lightfoot, Deputy Headteacher.

7.2 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

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- Administering emergency treatment (including AAls) 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
- Online training
- Specific staff will have face to face training with a recognised training provider annually.

8.0 INCLUSION AND SAFEGUARDING

8.1 Keswick 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.

9.0 CATERING

9.1 The School canteen follow the Food Information Regulations 2014 which states that allergen information relating to the 'Top 14' allergens must be available for all food products.

9.2 The First Aid Officer will inform the Catering Manager of pupils with food allergies.

10.0 SCHOOL TRIPS

10.1 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.

10.2 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.

10.3 Overnight school trips should be possible with careful planning. Trip leader should contact parents/carers when possible. Trip leader will make restaurant/hotel staff aware that a student with a food allergy is present with the group.

10.4 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. 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.

10.5 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.

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11.0 RISK ASSESSMENT

11.1 Keswick School will conduct an individual assessment, and create an Allergy Action Plan/IHCP for all new pupils with allergies or any pupils newly diagnosed, to help identify any gaps in our systems and processes for keeping allergic children safe.

12.0 USEFUL LINKS

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

AllergyWise for Schools (including certificate) online training - <https://www.anaphylaxis.org.uk/education/allergywise-for-schools-information/>

BSACI Allergy Action Plans – <https://www.bsaci.org/resources/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>

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Allergy Action Plan

ALLERGY ACTION PLAN

This child has the following allergies:

.....

Name:

.....

DOB:

.....

Photo

.....

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

Anaphylaxis may occur without skin symptoms: ALWAYS consider anaphylaxis in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY**

- | | | |
|--|--|---|
| <p>A AIRWAY</p> <ul style="list-style-type: none"> • Persistent cough • Hoarse voice • Difficulty swallowing • Swollen tongue | <p>B BREATHING</p> <ul style="list-style-type: none"> • Difficult or noisy breathing • Wheeze or persistent cough | <p>C CONSCIOUSNESS</p> <ul style="list-style-type: none"> • Persistent dizziness • Pale or floppy • Suddenly sleepy • Collapse/unconscious |
|--|--|---|

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

- 1 Lie child flat with legs raised** (if breathing is difficult, allow child to sit)

 ✓
  ✓
  ✗
- 2 Immediately dial 999** for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")
- 3 In a school with "spare" back-up adrenaline autoinjectors, ADMINISTER the SPARE AUTOINJECTOR** if available
- 4 Commence CPR** if there are no signs of life
- 5 Stay with child** until ambulance arrives, do **NOT** stand child up
- 6 Phone parent/emergency contact**

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

You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis. For more information about managing anaphylaxis in schools and "spare" back-up adrenaline autoinjectors, visit: sparepensinschools.uk

● Mild/moderate reaction:

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

Action to take:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- **Give antihistamine:**
..... (if vomited, can repeat dose)
- Phone parent/emergency contact

Emergency contact details:

1) Name:



2) Name:



Parental consent: I hereby **authorise** school staff to administer the medicines listed on this plan, including a "spare" back-up adrenaline autoinjector (AAI) if available, in accordance with Department of Health Guidance on the use of AAI's in schools.

Signed:

Print name:

Date:

For more information about managing anaphylaxis in schools and "spare" back-up adrenaline autoinjectors, visit: sparepensinschools.uk

Additional instructions:

If wheezy: DIAL 999 and GIVE ADRENALINE using a "back-up" adrenaline autoinjector if available, then use asthma reliever (blue puffer) via spacer

This BSACI Action Plan for Allergic Reactions is for children and young people with mild food allergies, who need to avoid certain allergens. For children at risk of anaphylaxis and who have been prescribed an adrenaline autoinjector device, there are BSACI Action Plans which include instructions for adrenaline autoinjectors. These can be downloaded at bsaci.org

For further information, consult NICE Clinical Guidance CG116 Food allergy in children and young people at guidance.nice.org.uk/CG116

This is a medical document that can only be completed by the child's healthcare professional. It must not be altered without their permission. This document provides medical **authorisation** for schools to administer a "spare" adrenaline autoinjector in the event of the above-named child having anaphylaxis (as permitted by the Human Medicines (Amendment) Regulations 2017). The healthcare professional named below confirms that there are no medical contra-indications to the above-named child being administered an adrenaline autoinjector by school staff in an emergency. **This plan has been prepared by:**

Sign & print name:

Hospital/Clinic:



Date:

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The 14 Regulated Allergens

In the UK, food businesses must inform, under food law if they use any of the 14 regulated allergens as ingredients in the food and drink they provide.

Food law identifies the following 14 allergens as the most potent and prevalent:

- celery
- cereals containing gluten (such as wheat, rye, barley and oats)
- crustaceans (such as prawns, crabs and lobsters)
- eggs
- fish
- lupin
- milk
- molluscs (such as mussels and oysters)
- mustard
- peanuts
- sesame
- soybeans
- sulphur dioxide and sulphites (at a concentration of more than ten parts per million)
- tree nuts (such as almonds, hazelnuts, walnuts, brazil nuts, cashews, pecans, pistachios and macadamia nuts)

Students who maybe allergic to ingredients not included in the 14 allergens, should be advised to check labels or ask staff for specific information of food contents

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AAI Usage Record

Name of student:	Date:	Time:
Location:		

Amount of medication administered in school: 1 EpiPen contain 300micrograms (0.3ml) of adrenaline
Member of staff administrating:

Name of student:	Date:	Time:
Location:		

Amount of medication administered in school: 1 EpiPen contain 300micrograms (0.3ml) of adrenaline
Member of staff administrating:

Name of student:	Date:	Time:
Location:		

Amount of medication administered in school: 1 EpiPen contain 300micrograms (0.3ml) of adrenaline
Member of staff administrating:

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