



## **MOORLAND JUNIOR SCHOOL MOORLAND NURSERY**

### **ALLERGY AND ANAPHYLAXIS POLICY**

#### **PURPOSE**

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

The named staff members responsible for coordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy are:

- Ashleigh McKeown
- Deborah Frost
- Hayley Mosscrop

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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 Moorland Junior School & Moorland Nursery 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

- On entry to the school or nursery, it is the parent's responsibility to inform staff 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 (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 must be supervised with due caution.
- 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.
- Trip 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 First Aider will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.
- First Aider 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.
- First Aider ensures that any reaction or near misses is 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.
- 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. 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 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.

### **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 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 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. AAI 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.

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. Supply, storage and care of medication

Depending on their level of understanding and competence, pupils will be encouraged to take responsibility for and to carry their own **two** AAIs on them at all times in a suitable bag/container.

For younger children or those not ready to take responsibility for their own medication, there should be an anaphylaxis kit which is kept within 5 minutes of them, 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®
- 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 School Nurse/SENCO/First Aider (*delete or substitute as appropriate*) 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.

#### 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

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 the sharps bin. The sharps bin is kept in the school office.

### 6. 'Spare' adrenaline auto-injectors in school

Moorland Junior School and Nursery has purchased spare AAls for emergency use in children who are at risk of anaphylaxis, but their own devices are not available or not working (e.g. because they are out of date) or are experiencing anaphylaxis for the first time.

These are provided by Kitt Medical and are stored in the school dining room, clearly labelled in a wall mounted holder. Please see Appendix I of this policy. Written parental permission for use of the spare AAls is included in the pupil's allergy action plan.

### 7. Staff Training

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

Ashleigh McKeown  
Deborah Frost  
Hayley Mosscrop

All staff will complete Kitt Medical 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 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
- Managing allergy action plans and ensuring these are up to date

## 8. Inclusion and safeguarding

Moorland Junior School and Nursery 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 weekly in advance with all ingredients listed and allergens highlighted on the organisation website at [www.moorlandschool.co.uk](http://www.moorlandschool.co.uk).

The Headteacher will inform Chef of pupils with food allergies.

Parents/carers are encouraged to meet with the 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.
- 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 parties, 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**

Moorland Junior School & Nursery 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**

Moorland Junior School & Nursery 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.

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

## **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](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](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>

## RELATED POLICIES

This policy should be read alongside:

- First Aid Policy

## REVIEW

This policy is reviewed annually or sooner if required.

THIS POLICY WAS ADOPTED ON	SIGNED ON BEHALF OF THE SCHOOL	DATE FOR REVIEW
April 2026	Ashleigh McKeown	March 2027

## Allergy and Anaphylaxis Policy: Use of Spare Adrenaline Auto-Injectors (AAIs)

This policy outlines the procedures for the use of 'spare' adrenaline auto-injectors (AAIs) at Moorland Junior School & Nursery to ensure the safety of students, staff and visitors at risk of anaphylaxis. Unforeseen circumstances where an AAI may need to be used include when an individual's prescribed devices are unavailable or not functioning, or in the event of a first anaphylactic episode where there is no assigned AAI.

### Availability and Storage of Spare AAIs:

Moorland Junior School & Nursery has purchased spare adrenaline auto-injector devices for emergency use. These spare pens are to be used in the unforeseen event that a person is experiencing anaphylaxis, but their own AAI is not available, out of date, or malfunctioning. Or for those who are at risk of anaphylaxis but do not have their own devices because they either haven't been prescribed any or are unaware of the risk.

- The spare AAIs are stored in an Anaphylaxis Kit provided by Kitt Medical, clearly labelled as 'Anaphylaxis Kitt'.
- The kit is kept in a safe, easily accessible location, known to all staff members. The kit is not locked away to ensure swift access in an emergency.
- Moorland Junior School & Nursery holds **4** spare AAIs with **2** x 150mcg dose for children under the age of 6 or <30kg and **2** x 300mcg for anyone over the age of 6 or >30kg. Both doses are stored in a Kitt(s) in the following locations:
  - **School Dining Room**

The Head Teacher retains accountability for the management of the Anaphylaxis Kit, but this responsibility is delegated to Mrs Deborah Frost.

### Maintenance and Replacement of Spare AAIs:

The Headteacher/delegated person is responsible for regularly checking the spare AAIs in the case that the medication is cloudy or discoloured. This will be done on a half-term basis, and replacements will be made as necessary. The Kitt Medical Team supports this process and monitors the expiry dates through functions available on the Kitt Portal.

### Administration of Spare AAIs:

All pupils at risk of anaphylaxis should have an Allergy Action Plan that describes exactly what to do and who to contact in the event that they have an allergic reaction. In the event of an anaphylactic emergency, if the individual does not have access to their own AAI, the spare AAI should be used without delay. In addition:

- Emergency services should be called immediately, and it should be stated that **anaphylaxis** is suspected.
- Follow the advice from emergency services to determine the next steps, which may include the administration of a second injection.
- Stay with the person until medical help arrives.
- Restrict the movement of the person until medical help arrives.

In cases where anaphylaxis is suspected in an undiagnosed individual:

- Emergency services should be called immediately, and it should be stated that **anaphylaxis** is suspected.

- Follow the advice from emergency services to determine whether the administration of the spare AAI is appropriate.
- Stay with the person until medical help arrives.
- Restrict the movement of the person until medical help arrives.

#### **Legal Framework:**

Since 2017, schools have been legally able to directly purchase AAIs from a pharmaceutical supplier without a prescription. Regulation 214(2) of the Human Medicines Regulations 2012 specifies that for Prescription Only Medicines (POMs), no person may administer such medication (unless they are the person to whom it is prescribed or an appropriate practitioner). However, Regulation 238 provides an exemption for AAIs, stating that:

- The administration of adrenaline by auto-injection, for the purpose of saving life in an emergency, is exempt from the restrictions in Regulation 214(2). This provision should be reserved for exceptional circumstances that could not have been foreseen.
- The exemption applies specifically to adrenaline 1:1000 (up to 1mg), which is the concentration found in standard auto-injectors used for anaphylaxis.

#### **Staff Training:**

The headteacher and delegated person are responsible for coordinating allergy and anaphylaxis training for school staff and ensuring that the school's anaphylaxis policy is up to date.

- An allergic reaction can occur at any time, so all staff should be trained on what to do in the event of an allergic reaction. All staff members will undergo regular allergy and anaphylaxis awareness training, which includes:
  - Understanding common allergens and triggers of anaphylaxis.
  - Recognising the signs and symptoms of an allergic reaction and anaphylaxis.
  - Administering emergency treatment, including the use of AAIs, in the event of an anaphylactic reaction.

#### **Training Methods:**

- Online training is available through the Kitt Medical portal and can be sent out via a variety of distribution means to all staff members. It is recommended that the training be completed at least once a year (at a minimum) by all staff members.
- Additional ad-hoc training sessions will be provided for new staff or anyone requiring refresher training.
- Additional training will be delivered to classroom staff who teach a child with known allergies.
- A trainer AAI pen will be held by Deborah Frost which can be used for practical training alongside the online training.

For a more comprehensive allergy policy including Healthcare Plans see here:

<https://www.anaphylaxis.org.uk/wp-content/uploads/2023/03/Model-Policy-for-allergy-at-school-v2-060323.pdf>

For government guidance on the use of AAI's please see:

[https://assets.publishing.service.gov.uk/media/5a829e3940f0b6230269bcf4/Adrenaline\\_auto\\_injectors\\_in\\_schools.pdf](https://assets.publishing.service.gov.uk/media/5a829e3940f0b6230269bcf4/Adrenaline_auto_injectors_in_schools.pdf)