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Ecclesall Primary School
Anaphylaxis Policy
2026-27

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Ecclesall Primary School Anaphylaxis Policy

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Purpose	To minimise the risk of any pupil suffering a severe allergic reaction whilst at school or attending any school related activity. To ensure staff are properly prepared to recognise and manage severe allergic reactions should they arise.
Links with other policies	- Managing Medicines in School - EPS Health and Safety Policy

Emma Hardy and Angela Nickson are the named staff members responsible for co-ordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy.

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1. Introduction

An allergy is a reaction by 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 severe systemic 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 often include foods, insect stings, or drugs.

Definition: Anaphylaxis is a severe life threatening generalised or systemic hypersensitivity reaction.

This is characterised by rapidly developing life-threatening airway / breathing / circulatory problems usually associated with skin or mucosal changes.

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 not limited to):-

Peanuts, Tree Nuts, Sesame, Milk, Egg, Fish, Latex, Insect venom, Pollen and Animal Dander.

This policy sets out how Ecclesall Primary 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. Role and Responsibilities

Parent responsibilities

- On entry to the school, it is the parent's responsibility to inform Ecclesall Primary school office staff of any allergies. This information should include all previous severe allergic reactions, history of anaphylaxis and details of all prescribed medication.
- Parents are to supply a copy of their child's Care Plan ([BSACI plans](#) preferred) to school. If they do not currently have a Care Plan this should be developed as soon as possible in collaboration with a healthcare professional e.g. Schools 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 Ecclesall Care 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 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.
- 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.
- The office staff will ensure that the up to date Ecclesall Care Plan is kept with the pupil's medication.
- It is the parent's responsibility to ensure all medication is in date however the office staff will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.

The office staff keep a register of pupils who have been prescribed an AAI and a record of use of any AAI(s) and emergency treatment given. This is shared on our confidential google drive system for all staff members and is updated on a regular basis. Parents/Carers are informed immediately.

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 auto-injectors will be encouraged to take responsibility for carrying them on their person at all times.

3. Care Plans

Care 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.

It is the parent/carer's responsibility to complete the Care plan with help from a healthcare professional (e.g. GP/School Nurse/) and provide this to the school.

4. Emergency Treatment and Management of Anaphylaxis

What to look for:

- swelling of the mouth or throat
- difficulty swallowing or speaking
- difficulty breathing
- sudden collapse / unconsciousness
- hives, rash anywhere on the body
- abdominal pain, nausea, vomiting
- sudden feeling of weakness
- strong feelings of impending doom

Anaphylaxis is likely if all of the following 3 things happen:

- **sudden onset** (a reaction can start within minutes) and **rapid progression of symptoms**

- **life threatening airway and/or breathing difficulties** and/or **circulation problems** (e.g. alteration in heart rate, sudden drop in blood pressure, feeling of weakness)
- **changes to the skin** e.g. flushing, urticaria (an itchy, red, swollen skin eruption showing markings like nettle rash or hives), angioedema (swelling or puffing of the deeper layers of skin and/or soft tissues, often lips, mouth, face etc.) Note: skin changes on their own are not a sign of an anaphylactic reaction, and in some cases don't occur at all

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. Adrenaline should be administered by an **injection into the muscle** (intramuscular injection)

What does adrenaline do?

- It opens up the airways
- It stops swelling
- It raises the blood pressure

Adrenaline must be administered with the **minimum of delay** as it is more effective in preventing an allergic reaction from progressing to anaphylaxis than in reversing it once the symptoms have become severe.

ACTION:

- Stay with the child and call for help. **DO NOT MOVE CHILD OR LEAVE UNATTENDED**
- Remove trigger if possible (e.g. Insect stinger)
- Lie child flat (with or without legs elevated) – A sitting position may make breathing easier
- **USE ADRENALINE WITHOUT DELAY** and note time given. (inject at upper, outer thigh
- through clothing if necessary)
- CALL **999** and state **ANAPHYLAXIS**
- If no improvement after 5 minutes, administer second adrenaline auto-injector
- If no signs of life commence CPR
- Phone parent/carer as soon as possible

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

(Around age 11 years +) Pupils will be encouraged to take responsibility for and to carry their own two adrenaline injectors on them at all times (in a suitable bag/ container).

For younger children or those assessed as not ready to take responsibility for their own medication there should be an anaphylaxis kit which is kept safely, not locked away and **accessible to all staff** (kept centrally in the First Aid room adjacent to the main office).

Medication should be stored in a rigid box and clearly labelled with the pupil's name and a photograph.

The pupil's medication storage box should contain:

- adrenaline injectors i.e. EpiPen® or Jext® (two of the same type being prescribed)
- an up-to-date Ecclesall Care plan
- antihistamine as tablets or syrup (if included on plan)
- spoon if required
- asthma inhaler (if included on 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 office staff 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 adrenaline auto-injectors their child is prescribed, to make sure they can get replacement devices in good time.

Storage

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

Disposal

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

6. 'Spare' adrenaline auto injectors in school

Ecclesall Primary School has purchased spare **adrenaline auto-injector (AAI) devices for emergency use in children who are risk of anaphylaxis**, but their own devices are not available or not working (e.g. because they are out of date).

These are stored in a plastic rigid box, clearly labelled 'Emergency Anaphylaxis Adrenaline Pen', kept safely, not locked away and **accessible and known to all staff**.

Ecclesall Primary School holds at least 4 spare pens which are kept in the First Aid room adjacent to the school office.

The office staff (First Aiders) *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 AAls is included in the pupil's Ecclesall Care Plan.

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. Staff Training

Emma Hardy and Raj Jahangir are the named staff members responsible for co-ordinating all staff anaphylaxis training and the upkeep of the school's anaphylaxis policy.

Anaphylaxis training is covered in the Basic First Aid training that involves all staff.

All staff will complete online anaphylaxis awareness training at the start of every new academic year. Training is also available on an ad-hoc basis for any new members of staff through the Basic First Aid training.

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
- Associated conditions e.g. asthma
- Managing Care plans and ensuring these are up to date
- A practical session using trainer devices (these can be obtained from the manufacturers' websites www.epipen.co.uk and www.jext.co.uk)

8. Inclusion and safeguarding

Ecclesall Primary 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. 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 menu is available for parents to view in weekly/fortnightly/monthly advance with all ingredients listed and allergens highlighted on the school website at <https://ecclesallprimary.co.uk/>

The Office staff/First Aiders will inform Taylor Shaw Cook of pupils with food allergies.

Parents/carers are encouraged to meet with the Cook 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 Taylor Shaw cook.
- Food should not be given to primary school age food-allergic children without parental engagement and permission (e.g. birthday parties, food treats).
- Foods containing nuts are discouraged from being brought in to school.

- 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 may 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

Ecclesall Primary School supports the approach advocated by The Anaphylaxis Campaign and Allergy 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 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

Ecclesall Primary School will conduct a detailed risk assessment to help identify any gaps in our systems and processes for keeping allergic children safe for all new joining pupils with allergies and any pupils newly diagnosed.

13. Useful Links

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

- AllergyWise training for schools - <https://www.anaphylaxis.org.uk/information-training/allergywise-training/for-schools/>
- AllergyWise training for Healthcare Professionals
<https://www.anaphylaxis.org.uk/information-training/allergywise-training/for-healthcare-professionals/>

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

- Whole school allergy and awareness management (Allergy UK)
<https://www.allergyuk.org/schools/whole-school-allergy-awareness-andmanagement>

Spare Pens in Schools - <http://www.sparepensinschools.uk>

Official guidance relating to supporting pupils with medical needs in schools:
<http://medicalconditionsatschool.org.uk/documents/Legal-Situation-in-Schools.pdf>

Education for Health <http://www.educationforhealth.org>

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>

Guidance on the use of adrenaline auto-injectors in schools (Department of Health, 2017)
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf

Ecclesall Primary School

Care Plan - Form 2

Child's Name:	
Child's Class:	
Date of Birth:	
Medical diagnosis or condition:	
Date:	
Review Date:	
Family Contact Details	
Name:	
Address:	
Tel. No.: (Work):	
Tel. No.: (Mobile)	
Tel. No.: (Home):	
Clinic/Hospital & Doctor Contact	
Name:	
Phone Number:	
GP Name/Practice:	
Phone Number:	
Further Details	
Describe medical needs and give details of child's symptoms:	

Ecclesall Primary School

Care Plan - Form 2

Daily care requirements: (e.g. before sport/lunchtimes etc.)	
Medication to be kept in school: (Parents/Carers to replace at expiry date)	
Describe what constitutes and emergency for the child, and the actions to take if this occurs:	
Follow up Care:	
Signed: (Parent/Carer)	
Date:	
Signed: (Staff/Job Title)	
Date:	
Signed: (Headteacher)	
Date:	
Form copied to:	

Ecclesall Primary School - Form 3B

Parental agreement to administer medicine - LONG TERM

Please see the Administering Medicines in School Policy.
The school will not administer medicine unless you complete
and sign this form and it has been authorised by the
Headteacher.

Note: Medicines must be in the original container as dispensed by the pharmacy.

We cannot administer Paracetamol or Calpol unless specifically prescribed by a Doctor.

Child's Name:	
Child's Class:	
Date of Birth:	
Medical diagnosis or condition:	
Date:	
Name of Medicine:	
Date dispensed/expiry date:	
Dosage and method:	
Administer from/to (dates):	
Special Precautions/Side Effects:	
Self Administration:	Yes/No
Contact Details	
Name:	
Tel. No:	
Relationship to Child:	
Address:	

If your child has an Inhaler, please read the following and sign to give consent.

In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.



Signed (parent./carer): _____

I understand that I must deliver the medicine personally to a member of staff in the office.
I will make sure it is clearly labelled with the prescription details showing the medicine name and dosage, the child's name and class.

I will put the medicine in a plastic bag (a small food bag for example) and will provide a spoon/syringe for administering the medicine. I must collect or replace the medicine when it is due to expire. I will notify the school of any changes in writing.

I give consent to the school to administer medicine in accordance with the school medicine policy.

Signed (parent/carers)	_____	date	_____
		e	

Headteacher authorisation	_____	date	_____
		e	