Malmesbury School

Allergy and Anaphylaxis Policy

Benedict's Law

Author/s	Jess Green
Review Frequency	Annually
Date approved by governors	**2nd July 2026**
Date of next review	July 2027
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 adequately prepared to recognise and manage serious allergic reactions should they arise.
Links with other policies	Supporting Pupils with Medical Conditions Policy; Safeguarding and Child Protection Policy; First Aid Policy; Educational Visits Policy; Health and Safety Policy

The following postholders have operational responsibility for coordinating allergy awareness training, maintaining allergy procedures and supporting implementation of this policy:

Brett Jouny - Headteacher
Paul Loveday – Health and Safety Lead
Sarah Edwards – Medical Lead
Emma Eagles – Data Manager
Lisa Bailey– HR Officer

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1. Introduction

An allergy is an immune system response to a substance that is usually harmless. Allergic reactions may range from mild symptoms, such as itching, sneezing or skin irritation, to a severe and potentially life-threatening reaction known as anaphylaxis.

Anaphylaxis is a serious and rapid systemic allergic reaction which may occur within minutes of exposure to an allergen, although delayed reactions can also occur. Common triggers include food, insect venom and medication.

Healthcare professionals generally regard a reaction as anaphylaxis when it causes breathing difficulties and/or affects circulation, including heart rhythm or blood pressure. These are often described as the ABC symptoms: Airway, Breathing and Circulation.

Although a person may be allergic to any substance containing protein, most individuals react to a relatively limited range of significant allergens.

Common allergens in the UK 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 Malmesbury School will support pupils with allergies in order to safeguard their health, promote inclusion, and ensure they are able to participate as fully as possible in school life.

2. Roles and responsibilities

Parent and Carer Responsibilities

On admission to the school, parents and carers must inform the Medical Lead or Pastoral Lead of any known allergy, including any history of anaphylaxis, previous serious reactions and all prescribed medication.

Parents and carers must provide the school with a current BSACI Allergy Action Plan, provided by an appropriate healthcare professional i.e., GP or allergy specialist.

Parents and carers are responsible for providing all required medication upon the pupil's admission to school. Parents must ensure the prescription label is visible clearly stating name and dosage. Parents must also ensure that it remains in date, clearly labelled, and replenished or replaced as necessary. The school is unable to safely admit a pupil or permit participation in school-related activities where essential medication has not been provided or is unavailable.

In line with the school's medicine policy, parents must complete a request for the pupil to carry their own medicine and administer their own medicine.

Parents and carers must notify the school promptly of any changes to a pupil's allergy management, medication or clinical advice so that records and action plans can be updated without delay.

Staff Responsibilities

The Headteacher will ensure that ALL staff complete 'allergy and anaphylaxis awareness'**1** training. This training will be provided annually and as part of induction for all new staff.

The Health and Safety Lead will ensure that any allergic reaction or near miss is appropriately recorded and reported internally and, where applicable, in accordance with RIDDOR requirements.

Teaching staff, support staff and cover staff must be aware of the pupils in their care who have known allergies. Staff must recognise that allergic reactions may occur at any time, not solely at mealtimes and must supervise food-related activities with appropriate caution.

Staff leading school trips must ensure that all relevant emergency medication and documentation are carried and readily accessible. A responsible adult on the trip (named by trip leader) must also check that pupils with allergies have their own prescribed medication on their person, that it is in date and that the liquid is not cloudy (relevant to Adrenaline Auto-Injector (AAI). Students will not be able to attend the trip if the requirement is not met.

The School Medical Lead will :

Maintain and regularly update the 'Medical List' and direct staff to the shared drive regularly to ensure ongoing awareness of pupils' medical needs and associated support requirements.

Maintain an up-to-date register of pupils who have been prescribed an Adrenaline Auto-Injector (AAI), together with a record of any administration of AAI medication and any emergency treatment provided. While parents and carers are responsible for ensuring medication remains within its expiry date, the School Medical Lead will undertake termly checks of all medication held on site and issue reminders where expiry dates are approaching. The Medical Lead will also coordinate 'spot checks' on students carrying AAIs.

Ensure that each pupil's current Allergy Action Plan is stored in a grab pack, close to the school's spare AAIs and is readily accessible to staff whenever required.

For all new starters and pupils with newly identified medical conditions, ensure that relevant medical information and supporting documentation is collected and recorded on SIMS; a healthcare risk assessment is completed; and all relevant information is shared with staff and recorded on SIMS.

Pupil Responsibilities

Pupils will be encouraged to recognise their symptoms and notify a member of staff immediately if they believe they are experiencing an allergic reaction, even where the trigger is unknown.

Pupils are expected to take responsibility for carrying their prescribed AAI's and any other allergy medication on their person at all times.

Pupils should report any bullying, teasing or unsafe behaviour related to their allergy to a member of staff without delay.

3. Allergy Action Plans

Allergy Action Plans serve as the individual healthcare documentation for pupils with significant allergies. They provide the clinical and parental authorisation required for the school to administer medication in the event of an allergic reaction, including, where consent has been given, the use of a spare adrenaline auto-injector.

British Society for Allergy and Clinical Immunology (BSACI) Allergy Action Plans must be completed by an appropriate healthcare professional and must not be created by the school. These nationally recognised plans, agreed by BSACI, Anaphylaxis UK and Allergy UK, are designed to function as individual healthcare plans for children with allergies.

4. Emergency Treatment and Management of Anaphylaxis

What to look for:
Symptoms typically develop quickly, often within minutes of exposure to the allergen.

Symptoms of a mild to moderate allergic reaction 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 may 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.

This severe type of reaction is known as anaphylaxis. In some cases, it may cause a significant drop in blood pressure, collapse and loss of consciousness. Without prompt treatment, anaphylaxis may be fatal.

Where a pupil has been exposed to a known allergen, the likelihood of an anaphylactic reaction must be considered high.

Anaphylaxis can progress very rapidly and requires immediate treatment. Adrenaline is the first-line emergency treatment and begins to act within seconds.

Adrenaline is the mainstay of emergency treatment for anaphylaxis and must be administered without delay where anaphylaxis is suspected.

Adrenaline works by opening the airways, reducing swelling and helping to maintain blood pressure.

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

Immediate action in the event of suspected anaphylaxis

- Keep the child where they are, send a runner to Student Services 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's 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.

While awaiting the ambulance, the pupil should remain where they are unless this places them at greater risk. They should not be stood up or seated upright if they are feeling faint, as this may cause a sudden drop in blood pressure.

Any pupil who has received treatment for suspected anaphylaxis must be transferred to hospital for further assessment and observation, even if symptoms appear to have resolved, as further reactions may occur.

5. Supply, storage and care of medication

Parents and carers are responsible for ensuring that an anaphylaxis kit is complete, clearly labelled and up to date.

The medical lead is responsible for checking the additional medication for anaphylaxis held on site.

Medication must be stored in a suitable, clearly labelled container marked with the pupil's name. The pupil's medication container should include:

- 2 x AAI's to be carried by the pupil at all times.
- 4 x AAI to act as an emergency spare to be held in Student Services, alongside Allergy Action Plan, for use in school or school related activities.
- 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).

Storage

AAI's should be stored at room temperature and protected from direct sunlight and temperature extremes.

Disposal

AAI's are single-use devices and must be disposed of as sharps after use. Where appropriate, used devices may be handed to attending ambulance clinicians.

6. 'Spare' adrenaline auto-injectors in school

Malmesbury School maintains spare AAIs for emergency use for pupils who are at risk of anaphylaxis where their own device is not immediately available or is unusable, for example because it is out of date or has malfunctioned.

The spare AAI is stored in an orange Emergency and Anaphylaxis Allergy kept securely but not locked away so that it remains immediately accessible to staff.

MalmesburySchool spare AAI is held in the following location:
One orange box is located in Student Services,
One orange box in the joining kitchen area in the DT block

The Medical Lead is responsible for checking the spare medication monthly to ensure that it remains in date and is replaced as required.

Written parental consent for the use of a spare AAI is recorded within the spare AAI emergency grab pack.

7. Staff Training

The following staff are responsible for coordinating staff allergy and anaphylaxis training and maintaining an up-to-date record of training and those staff who are also willing to administer an AAI.

Rosemary Mobley, Business Manager
Lisa Bailey, HR Officer
Sarah Edwards, Medical Lead

All staff will complete allergy and anaphylaxis training[1] annually and as part of induction for new staff.

Training will include:

- 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,
- MalmesburySchool will ensure that any member of staff willing to administer an AAI has access to additional support, including the use of trainer devices through the Wiltshire School Nursing Team.

8. Inclusion and Safeguarding

Malmesbury School is committed to ensuring that pupils with medical conditions, including allergies, are properly supported in relation to both their physical and emotional wellbeing.

The school will take reasonable steps to enable pupils with allergies to participate fully in school life, remain safe and well, and access the same educational and wider opportunities as their peers.

9. Catering

All food businesses, including school caterers, must comply with the Food Information Regulations 2014. This requires allergen information relating to the 14 regulated allergens to be available for the food provided.

The G4S school menu is made available to parents in advance, alongside catering information, to support safe food choices. Introducing the school canteen – Malmesbury School

The Data Manager and School Medical Lead will notify the Catering Manager of pupils with known food allergies so that appropriate precautions can be put in place.

Known allergies will be recorded on SIMS and linked to canteen card systems where applicable in order to reduce the risk of pupils purchasing food that contains a known allergen.

In managing food allergy risks, the school will follow relevant government and sector guidance and implement practical control measures proportionate to pupils' needs.

- Drinks bottles, lunch boxes and other food items provided from home for pupils with food allergies should be clearly labelled with the pupil's name.
- Where food is purchased from the school canteen, parents and carers should review the allergen information provided and, where necessary, check the suitability of menu items in advance. The catering provider is responsible for ensuring that allergen control procedures are followed at all times.
- Dining tables and other food preparation or service surfaces will be cleaned before and after use.
- Pupils with food allergies should be encouraged, where appropriate, to check with catering staff before purchasing items from the canteen.
- Where food is prepared or provided by the school, relevant staff must understand how to check labels for allergens and how to prevent cross-contamination during storage, preparation and service. Control measures may include preparing food for allergic pupils first and thoroughly cleaning preparation areas and utensils using warm, soapy water.
- Curriculum and social activities involving food, such as food technology, science activities, cake sales, celebrations and cultural events etc, must be considered in advance and risk assessed where necessary in light of the allergies of individual pupils.

10. School trips

Staff leading school trips must ensure that all relevant emergency medication, action plans and associated supplies are taken and remain readily accessible throughout the visit. Trip leaders must also check that pupils with allergies have their own prescribed medication with them.

Activities undertaken on school trips must be risk assessed to identify and manage any foreseeable allergy-related risks. Where appropriate, alternative arrangements should be made to promote inclusion.

Overnight visits should remain possible with careful planning. A meeting with parents and carers should take place in advance where additional arrangements are required, and venues should be informed at the earliest opportunity where a pupil attending has an allergy and may require safe alternative catering arrangements.

11. Sporting Excursions

Pupils with allergies should be enabled to participate in sporting fixtures and visits wherever it is safe to do so. The school will ensure that relevant staff are aware of the pupil's needs, that the host setting is informed where appropriate and that a suitably trained member of staff accompanies the group where required. Where a venue cannot safely cater for a pupil's dietary needs, alternative food arrangements will be made.

The school will work in partnership with parents and carers to support pupils' participation in the full life of the school wherever reasonably possible.

12. Allergy awareness and nut bans

MalmesburySchool supports the approach advocated by Anaphylaxis UK towards nut bans/nut free schools. In line with sector guidance, the school does not rely solely on blanket food bans as a control measure, recognising that no school can guarantee a completely allergen-free environment. Instead, the school will promote allergy awareness, education, risk reduction and clear procedures so that staff and pupils understand how to reduce exposure to allergens and respond appropriately in an emergency.

A whole-school approach helps ensure that staff, pupils and the wider school community understand what allergies are, why allergen avoidance matters, how to recognise symptoms, and what steps to take if a reaction occurs.

13. Healthcare Risk Assessment

School Medical Lead will complete an individual healthcare risk assessment for new pupils with allergies and for pupils who receive a new diagnosis while on roll. These assessments are intended to identify any gaps in systems, supervision, communication or environmental controls and to ensure that appropriate measures are in place to keep the pupil safe and included.

14. Useful Links

Anaphylaxis UK - https://www.anaphylaxis.org.uk/

Malmesbury School

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

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 students at school with medical conditions - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_ data/file/803956/supporting-students-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

Notes

1The National College 'Certificate in Allergy and Anaphylaxis Awareness', developed with Anaphylaxis UK, supports staff understanding of allergy management in schools and reflects the direction of travel under Benedict's Law and current Department for Education expectations.