



MALTMAN'S GREEN
SCHOOL

Allergy and Anaphylaxis Policy

This policy also applies to the EYFS

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.

Related documents

Medical Policy

Updated	Reviewed By	Review Date	Version
September 2025	L Nelson	September 2027	2025.03

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1 Introduction

Around 2-5% of children in the UK live with a food allergy and most school classrooms will have at least one allergic pupil.

Allergies occur when the immune system overreacts to substances that are typically harmless. These substances, known as allergens, can trigger mild symptoms such as itching, a tingling sensation in the mouth, skin rashes, or swelling of the lips, face, or eyes. There are many Allergens the common UK Allergens include Nuts, Sesame, Milk, Egg, Fish, Latex, Insect venom, Pollen and Animal Dander.

In some cases, the reaction can be much more serious. This severe response is called anaphylaxis, a rapid potentially life-threatening allergic reaction that affects the entire body. It often develops within minutes of exposure to the allergen though it can sometimes take hours. Anaphylaxis is a life-threatening reaction which requires an immediate emergency response (Source: Allergy UK).

Common triggers include certain foods, pollen, dust, animal dander, insect stings, and medications.

An allergic reaction is treated as anaphylaxis when it involves symptoms such as:

- Difficulty breathing
- Swelling of the throat or tongue
- Trouble swallowing
- Persistent coughing
- Feeling faint or dizzy
- Cold, clammy, pale or bluish skin

As a school we recognise that children have allergies. This policy is set out to show how we will support these children and ensure that they are not disadvantaged and are able to participate fully in school life (Source: Anaphylaxis UK).

2 Roles and Responsibilities

2.1 Parent Responsibilities

- Upon admission to the school, it is the responsibility of parents or guardians to complete a medical information and consent form. This form must include details of any known allergies and indicate whether their daughter has been prescribed an Adrenaline Auto-Injector (AAI).
- Parents must provide the school with a copy of their child's Allergy Action Plan preferably using the BSACI (British Society for Allergy and Clinical Immunology) template "(see Appendix 1)" or "(Appendix 2)". If an Allergy Action Plan is not currently in place, parents should work with a healthcare professional such as the school matron, GP, or allergy specialist to develop one as soon as possible.
- It is the parent's responsibility to supply all necessary medication, ensuring it is within its expiry date and replacing it promptly when required.
- Parents are expected to keep the school informed of any changes to their daughter's status or management plan.
- Parents can play a key role in helping children recognise allergic reactions early at school. By having regular conversations about allergies, children can better

understand their condition and learn to identify the signs and symptoms of a reaction. This awareness empowers them to act quickly and seek help when needed.

2.2 Staff Responsibilities

- All staff will receive an annual update on anaphylaxis management during the Autumn inset. Staff with Paediatric First Aid Training will also complete additional online training in Allergy and Anaphylaxis.
- Staff will be familiar with any pupils in their care, whether in regular or cover classes who have known allergies as reactions can occur at any time not just during meals.
- Staff leading trips will identify pupils with allergies and ensure their emergency medication is taken.
- Matron is responsible for keeping each child's Allergy Action Plan up to date and stored with their emergency medication.
- Parents are responsible for ensuring their child's medication is within the expiry date. However, Matron checks all school-held medication each term and will notify parents if any medication is nearing expiry.
- Matron maintains an up-to-date register of pupils prescribed AAIs. Copies of the register are kept with the AAIs in the front office, staff room, catering office, and medical room.

Use of an AAI and any emergency care given at school are documented in the Pupil's medical file.

2.3 Child Responsibilities

- Each child is 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.

3 Allergy Action Plans

Allergy action plans are used as individual healthcare plans for pupils with 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. As a school we recommend using the British Society of Allergy and Clinical Immunology [Paediatric Allergy Action Plans - BSACI](#) to ensure continuity "(see Appendix 1)" or "(Appendix 2)". This is a national plan that has been agreed by the BSACI, Anaphylaxis UK and Allergy UK.

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

4 Emergency Treatment and Management of Anaphylaxis

4.1 Signs and symptoms

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

Mild or 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.

Severe symptoms (Anaphylaxis) may include:

- Difficulties with Airways – swelling in the throat, tongue or upper airways. Which can cause the throat to feel tight, a hoarse voice and difficulties swallowing.
- Difficulties Breathing - Wheezing, coughing and difficulty breathing.
- Changes in Circulation - Feeling dizzy/faint, drowsiness, tiredness, confusion, pale clammy skin and loss of consciousness.

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.

As soon as anaphylaxis is suspected, adrenaline must be administered to the child via their AAI.

4.2 Action required as follows:

- DO NOT MOVE THE CHILD - Call for help and do not leave them unattended.
- LIE THE CHILD FLAT WITH THEIR LEGS RAISED – If they are struggling to breathe then they can be sat up. However, this should be for as short a time as possible.
- USE ADRENALINE AUTO-INJECTOR WITHOUT DELAY and note the time given. AAIs should be given into the muscle in the outer thigh. Instructions may vary depending on the brand, so always follow the instructions on the device.
- CALL 999 and state ANAPHYLAXIS.
- If there has been no improvement in the child's condition after 5 minutes, administer a second AAI.
- If no signs of life commence CPR.
- Call parent/carer as soon as possible.

It is important not to move the child, stand them up or sit them in a chair even if they are feeling better while waiting for the ambulance. As this could lower their blood pressure dramatically and cause their heart to stop.

Parent's will be called at the earliest opportunity to inform them their daughter has had an anaphylaxis and AAI administered. All pupils must go to hospital for observation after suffering anaphylaxis and administering adrenaline. It may be that they appear to have recovered but a secondary reaction can reoccur even after treatment (Source: Anaphylaxis UK). To avoid unnecessary delay in care, it may be that the parent makes their way to the hospital and a member of staff at Maltman's travels in the ambulance with the child and meets them there. (Source: Anaphylaxis UK).

5 Supply, Storage and Care of Medication

As a primary school with younger children emergency medication (AAIs) will be stored in the school's front office. This ensures that they are kept safely, not locked away and **accessible to all staff**.

Medication will be stored in a suitable container which is clearly labelled with the Pupil's name and photo. The emergency medication storage container will contain:

- Two AAIs – EpiPens or Jext.

- An up-to-date allergy action plan
- Antihistamine as tablets or syrup (if included on allergy action plan)
- Spoon/ syringe if required

It is the responsibility of the Pupil's parents to ensure that the content of the container is supplied, within its expiry date and replaced as necessary. However, Matron will check medication kept at school on a termly basis and send a reminder email to parents if medication is approaching expiry.

Storage

AAIs are stored in school at room temperature and protected from direct sunlight.

Disposal

AAIs are single use only and must be disposed of as sharps. Once an AAI has been used and the medication administered it must be disposed of. This can be done by giving it to the ambulance paramedics on arrival.

Maltman's will continue to seek and follow the advice of specialist services, such as specialist teachers for the visually impaired, hearing impaired and physically impaired and SEN inspectors/advisers, and of appropriate health professionals from the local NHS Trusts. Where an auxiliary aid or service would enable a disabled person to make use of the service, Maltman's will take reasonable steps to provide it.

6 Spare Adrenaline and Auto-injectors in School

As a school we have purchased a spare **AAI for emergency use for pupils on the Allergy register (with prescribed AAIs)**. They are only to be used in circumstances where their own devices are not available or not working.

These are stored in the school's front office in a container clearly labelled 'Emergency Anaphylaxis Adrenaline Pen'. They are kept safely, not locked away and **accessible to all staff**.

Matron is responsible for checking monthly that the spare emergency medication is in date and will replace it as needed.

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

If anaphylaxis is suspected **in a child not on the allergy register**, we will call the emergency services and state we suspect ANAPHYLAXIS. We will follow the advice given by them and only administer the spare AAI if they say it's appropriate to do so.

7 Staff Training

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

Mrs L Nelson
Mrs L Pollicott

Staff will undertake yearly anaphylaxis updates during Autumn inset. Additional training will be provided to staff with paediatric First Aid Training. This training will be completed online via High Speed in partnership with Natasha Allergy Research Foundation.

8 Inclusion and Safeguarding

As a school we are committed to providing the necessary support for all children with medical conditions, including allergies. Our goal is to ensure that every pupil can:

- Fully participate in all aspects of school life.
- Stay safe and healthy while at school.

We work in partnership with families, healthcare professionals and staff to create a safe, inclusive and supportive environment for every girl.

9 Catering

The schools 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. (Source: DfE).

The school menu is available for parents to view in advance on My School Portal with all allergens highlighted.

Matron will inform the Catering Manager and team of pupils with food allergies. This is done by keeping an up-to-date register of pupils with AAls and Dietary conditions list. Pupils from Little Malties to Year 3 will wear a dietary badge at snack and mealtimes. In Addition Little Malties and Nursery also have place mats specifying their allergy or dietary need.

The school adheres to the following Department of Health guidance recommendations:

- 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 child's class teacher in the first instance.
- Use of food in crafts, cooking classes, science experiments and special events needs to be considered and may need to be risk assessed and restricted depending on the allergies of children and their age. (Source DoH).

10 School Trips

- Staff leading school trips are responsible for ensuring they carry all relevant emergency supplies.
- Trip leaders must confirm that a designated staff member has the pupils' emergency medication box readily available throughout the trip.
- Pupils who do not have their required emergency medication, or whose medication is expired and has not been replaced, will not be permitted to attend the school trip.
- For day trips the school's catering team provides packed lunches which consider all known pupil allergies, ensuring meals are safe and suitable for every child.

- Before any residential trip staff will communicate with the venue to share details of all attending pupils with allergies. This ensures the venue is fully informed and can prepare meals safely, accommodating wherever practicable each pupil's dietary requirements.

Sporting Excursions

Pupils with allergies will be fully supported to participate in sports fixtures and events at other schools. All staff are aware of pupils with allergies in school. When arranging fixtures, the host school will be informed of any pupils attending with allergies to ensure appropriate precautions are taken. All staff accompanying the trip will be trained in the administration of adrenaline via AAls (e.g., EpiPens) in case of an emergency.

11 Allergy Awareness

Our school is committed to promoting whole-school allergy awareness in line with the guidance provided by Anaphylaxis UK. We aim for all staff to understand what allergies are, recognise the importance of avoiding known allergens, to be able to identify the signs and symptoms of an allergic reaction and know how to respond appropriately. We also ensure that policies and procedures are in place to minimise risk and maintain a safe environment for everyone. (Source: Anaphylaxis UK).


12 Risk Assessment

The school carries out an individual risk assessment for every pupil listed on the Allergy Register who has been prescribed an Adrenaline Auto-Injector (AAI) "(see Appendix 3)". This assessment is conducted alongside the pupil's Allergy Action Plan and will explore their specific allergy triggers, symptoms, and potential risks in greater detail. The aim is to identify and implement appropriate measures to minimise risk and ensure the pupil's safety in all school settings and activities.

13 References



- Anaphylaxis UK Website (2015)
- Department of Health (DOH) (2021) – Guidance on anaphylaxis in schools in the "Emergency treatment of anaphylaxis"
- BSACI Allergy Action Plans (2024)
- Natasha Allergy Foundation (2019-2025) – Allergy School
- Department of Education (DFE) (2025) – Allergy guidance for school

14 Appendix 1: Allergy Action Plan BSACI – EpiPen



BSACI
Improving Allergy Care
Immunology, Allergy and Research


ALLERGY ACTION PLAN

This child/young person has the following allergies: ▼

Name:

DOB:



Mild/moderate reaction:

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

Action to take:

- Stay with person, call for help if needed
- Locate adrenaline autoinjector(s)
- Give antihistamine:

Loratadine 5mg ▼

(If vomited, can repeat dose)

- Phone parent/emergency contact
- Do not take a shower to help with itchy skin, this can worsen the reaction

Watch for signs of ANAPHYLAXIS




(a potentially life-threatening allergic reaction)

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

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

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




- 2 Use Adrenaline autoinjector without delay (eg. EpiPen[®]) (Dose: mg)
- 3 Dial 999 for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

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

AFTER GIVING ADRENALINE:


1. Stay with child/young person until ambulance arrives, **do NOT stand them up.** Keep them lying down, even if things seem to be getting better.
2. Phone parent/emergency contact. If you are on your own, call a friend or relative and ask them to come over.
3. If no improvement after 5 minutes, give a further adrenaline dose using a second autoinjector device, if available.

Commence CPR if there are no signs of life


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.

Emergency contact details:

1) Name:



2) Name:



Parental consent: I hereby authorise school staff to administer the medicines listed on this plan, in accordance with Department of Health Guidance on the use of AAIs in schools.

Signed:

Print name:

Date:


Consent is required for children under 16 years (and for young people over 16 unable to give consent themselves) except in an unforeseen emergency

For more information about managing anaphylaxis in schools and "spare" adrenaline autoinjectors, visit: sparepenschools.uk

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How to give EpiPen[®]

1




PULL OFF BLUE SAFETY CAP and grasp EpiPen. Remember: "blue to sky, orange to the thigh"

2



Hold leg still and PLACE ORANGE END against mid-outer thigh "with or without clothing"

3



PUSH DOWN HARD until a click is heard or felt and hold in place for 3 seconds. Remove EpiPen.

Additional instructions:

If wheezy due to an allergic reaction, GIVE ADRENALINE FIRST and then asthma reliever (e.g. blue puffer) via spacer, if prescribed


This is a medical document to be completed by a healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2017. During travel, adrenaline auto-injector devices must be carried in hand-luggage or on the person, and NOT in the luggage hold. This action plan and medical authorisation to carry emergency autoinjectors has been prepared by:

Sign & print name:



Hospital/Clinic:

Date:

15 Appendix 2: Allergy Action Plan BSACI – Jext




ALLERGY ACTION PLAN

This young person has the following allergies:

Name:

DOB:



Watch for signs of ANAPHYLAXIS


(a potentially life-threatening allergic reaction)

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


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


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



✓



✓



✗

- 2** Use Adrenaline autoinjector without delay (eg. JEXT®) (Dose: mg)
- 3** Dial 999 for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

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

AFTER GIVING ADRENALINE:

1. Stay with child/young person until ambulance arrives, **do NOT stand them up**. Keep them lying down, even if things seem to be getting better.
2. Phone parent/emergency contact. If you are on your own, call a friend or relative and ask them to come over.
3. If no improvement after 5 minutes, give a further adrenaline dose using a second autoinjector device, if available.

Commence CPR if there are no signs of life

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.

Mild/moderate reaction:

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

Action to take:

- Stay with person, call for help if needed
- Locate adrenaline autoinjector(s)
- Give antihistamine:


Loratadine 5mg ▾

(If vomited, can repeat dose)


- Phone parent/emergency contact
- Do not take a shower to help with itchy skin, this can worsen the reaction

Emergency contact details:

1) Name:



2) Name:



Parental consent: I hereby authorise school staff to administer the medicines listed on this plan, in accordance with Department of Health Guidance on the use of AAIs in schools.

Signed:

Print name:

Date:


Consent is required for children under 16 years (and for young people over 16 unable to give consent themselves) except in an unforeseen emergency

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

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How to give JEXT®

1




Form flat around Jext® and **PULL OFF YELLOW SAFETY CAP**

2




PLACE BLACK END against outer thigh (with or without clothing)

3



PUSH DOWN HARD until a click is heard or felt and hold in place for 10 seconds

4



REMOVE Jext®. Massage injection site for 10 seconds


Additional instructions:

If wheezy due to an allergic reaction, GIVE ADRENALINE FIRST and then asthma reliever (e.g. blue puffer) via spacer, if prescribed.

This is a medical document to be completed by a healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2017. During travel, adrenaline auto-injector devices must be carried in hand-luggage or on the person, and NOT in the luggage hold. This action plan and medical authorisation to carry emergency autoinjectors has been prepared by:


Sign & print name:

Hospital/Clinic:



Date:

16 Appendix 3: Anaphylaxis Risk Assessment

 MALTMAN'S GREEN SCHOOL	
Anaphylaxis Risk Assessment	
Child's Name:	Date of Birth:
Year:	Key Worker/Teacher/Tutor:
Name and role of other professionals involved in this Risk Assessment	
Date of Assessment:	Reassessment due: <small>(Annually unless there is an incident and review is needed sooner)</small>
I give permission for this to be shared with anyone who needs this information to keep the child/young person safe: Signatures: ELT/Head teacher: Date Parents/Carers Date	
This child has the following Allergies:	
Allergen exposure risks to be considered (X appropriate)	Ingestion Direct contact Indirect contact
Does this child already have an Allergy Action Plan or an Individual Healthcare Plan? YES	
Is the child prescribed adrenaline auto-injectors (AAIs)? YES	

Activities
Mealtimes and snacks:
Indoor activities:
Outdoor activities:
Allergy Management
Does the/your child know when they are having an allergic reaction?
What signs and symptoms does the/your child experience when having an allergic reaction?
What action needs to be taken if the/your child has an allergic reaction?
Mild/moderate reaction:
Anaphylaxis:
If the medication is stored in one secure place are there any occasions when this will not be within 5 minutes reach if required? No
Does the child have two of their own prescribed AAIs in school? Yes – these will be sent on the school trip
Are there backup spare AAIs available and where are they located? No 2 x AAIs sent on trip. Phone 999/112 in an emergency.
Outcome of Risk Assessment
New Allergy Action Plan/Individual Healthcare Plan required? NO
Existing Allergy Action Plan/Individual Healthcare Plan to be updated? NO

17 Appendix 4: Allergy and Dietary Badges

An up-to-date register of pupils with automatic adrenaline injectors (AAIs) and dietary conditions is maintained by the school matron.

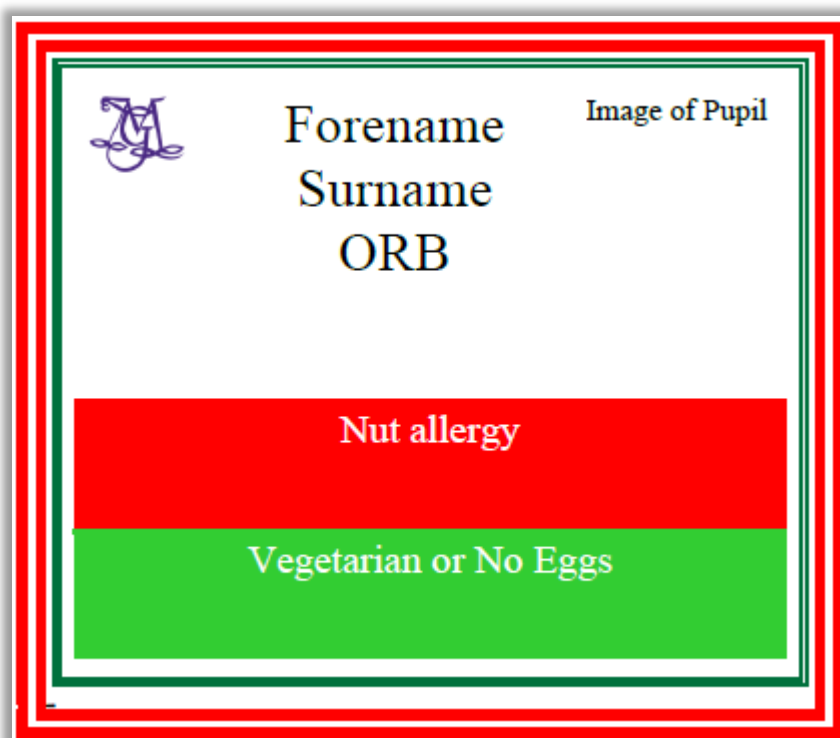
At the start of each term, matron informs the catering manager and their team of all pupils with food allergies.

Girls in Little Malties to Year 3: The form teachers are present during food sittings for each class and ensure that allergen pupils are served according to what is listed on their badges. Any pupil with a life-threatening allergen wears a badge which is highlighted in red.

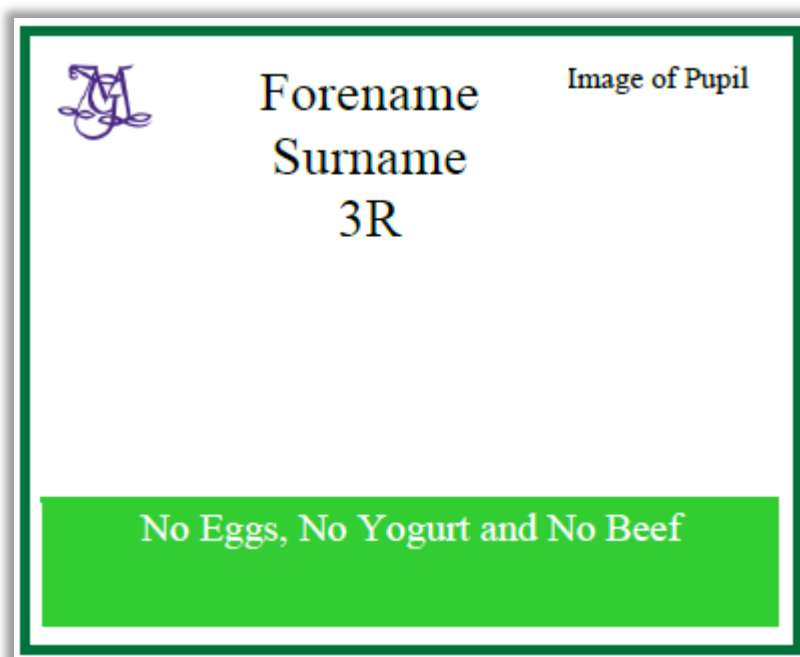
In addition, Little Malties and Nursery also have place mats specifying their allergy or dietary need.

Girls in Year 4 to Year 6: Pupils in Years 4 and above are more independent and do not sit with their form tutor for lunch. They may also arrive in the dining room at different times, according to the clubs they are attending at lunchtime. At this age, pupils are encouraged to develop an understanding of their individual dietary needs. Pupils are aware of which foods they can safely consume and are supported in making informed choices accordingly.

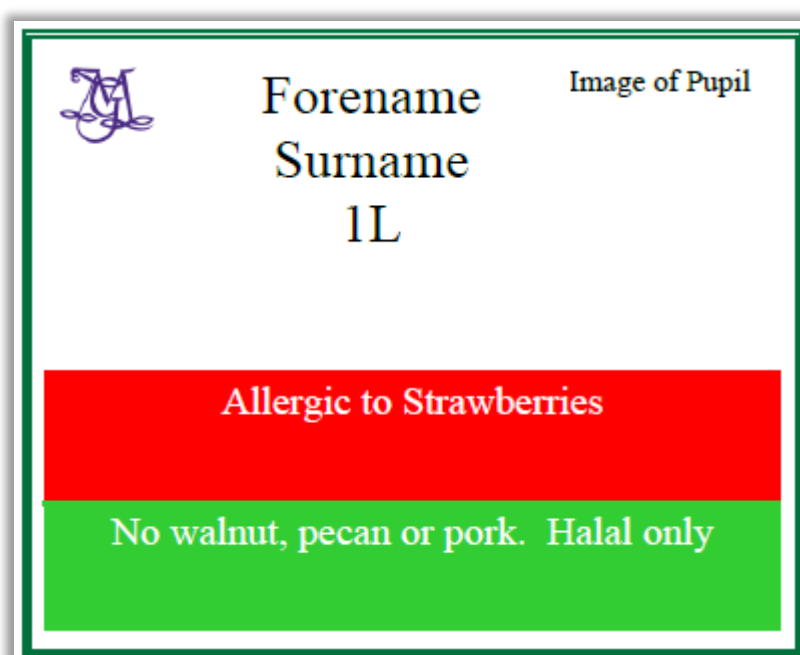
Dietary Badges used in school:



Example badge used for pupils prescribed AAIs for their allergies, Coeliac and Diabetes.



Example badge used for pupils with dietary requirements only.



Example badge used for pupils with Allergies (No AAI) and dietary requirements.