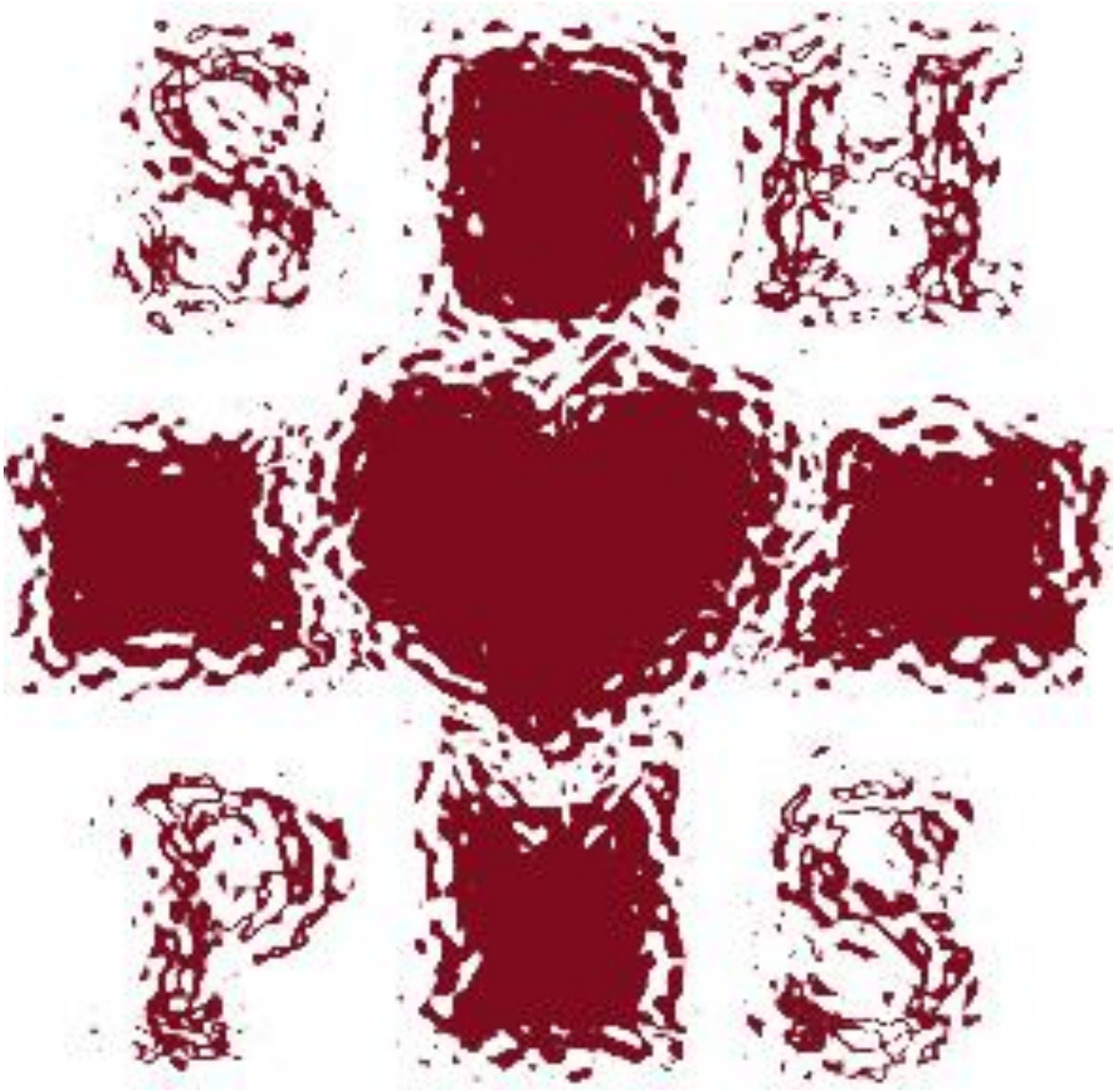

Sacred Heart Catholic Primary School

--Love One Another As I Have Loved You--

ANAPHYLAXIS POLICY

Date of implementation: Summer 2026

Date of next review: Summer 2027

Sacred Heart Catholic Primary School Anaphylaxis Policy

Purpose

Sacred Heart Catholic Primary School is committed to providing a safe, inclusive, and supportive environment for all pupils, including those living with allergies. This policy sets out arrangements to minimise risk, support full participation in school life, ensure staff can recognise and respond to allergic reactions, and ensure appropriate emergency medication is available and accessible.

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

- Paul Eaton
- Michael Darlington
- Laura Howell

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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 serious reaction called anaphylaxis.

Anaphylaxis is a serious, life-threatening allergic reaction at the extreme end of the allergic spectrum. The whole body is affected, often within minutes of exposure to the allergen, but sometimes 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 containing protein, though most people 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 Sacred Heart Catholic Primary School will support pupils with allergies to ensure they are safe and not disadvantaged in any way whilst taking part in school life.

2. Roles and Responsibilities

Parent Responsibilities

- On entry to the school, parents/carers must inform the class teacher, office staff, or SENCo of any known allergies, including details of previous serious allergic reactions, history of anaphylaxis, and prescribed medication.
- Parents must supply a copy of their child's Allergy Action Plan (BSACI plans preferred). If an Action Plan is not available, it should be developed as soon as possible with a healthcare professional (e.g., GP, School Nurse, Allergy Specialist).
- Parents are responsible for supplying required medication, ensuring it is in date, and replacing it as necessary.
- Parents must keep the school updated regarding any changes in allergy management.

Staff Responsibilities

- All staff will complete annual anaphylaxis training and stay familiar with the emergency response procedures.
- Staff must be aware of pupils in their care (including regular classes and cover duties) who have known allergies, as reactions can occur at any time. Any food-related activities must be supervised with due caution.
- Class teachers and the SENCo will check medication kept at school on a termly basis and send reminders to parents if medication is approaching expiry.
- Trip leaders must ensure relevant emergency supplies and pupil medication accompany all excursions.

Pupil Responsibilities

- Pupils are encouraged to develop good awareness of their symptoms and notify an adult immediately if they suspect an allergic reaction.
- Pupils who are trained and confident to administer their own AAIs will be encouraged to carry them in a suitable bag/container at all times.

3. Individual Healthcare Plans & Allergy Action Plans

Allergy Action Plans function as individual healthcare plans for children with food allergies, providing medical and parental consent for schools to administer medicines, including consent to administer a spare adrenaline auto-injector.

BSACI Plans: Sacred Heart Catholic Primary School recommends using the British Society of Allergy and Clinical Immunology (BSACI) Allergy Action Plans to ensure continuity.
Individual Healthcare Plans (IHPs): Where a pupil has a serious allergy, the school will consider whether an IHP is required. The IHP is developed in partnership with parents/carers, the pupil (where appropriate), and relevant healthcare professionals. The Allergy Action Plan forms part of or is incorporated into the IHP.
Review Schedule: Plans are reviewed at least annually and following any significant changes, allergic reactions, or relevant near misses.

4. Allergy Register & Information Sharing

The SENCo will maintain an up-to-date register of pupils with known allergies and those prescribed adrenaline auto-injectors (AAIs), as well as a record of any AAI use and emergency treatment given.
Essential allergy information will be shared with all staff who need it to keep pupils safe, including:

- Class teachers and support staff
- Lunchtime supervisors and catering staff
- Supply/temporary staff
- Educational visit leaders and sports coaches

Information will be shared appropriately and proportionately in accordance with the school's data protection arrangements. Up-to-date Allergy Action Plans will be stored directly alongside each pupil's medication.

5. Emergency Treatment & Management of Anaphylaxis

Symptoms usually come on quickly, within minutes of exposure:
Mild to Moderate Reactions: Red raised rash (hives/urticaria), tingling or itchy feeling in the mouth, swelling of lips, face, or eyes, stomach pain, or vomiting.
Anaphylaxis (ABC Symptoms):

- **Airway:** Swelling in the throat, tongue, or upper airways; tightening of 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, or a dramatic drop in blood pressure.

Adrenaline is the mainstay of treatment; it opens airways, stops swelling, and raises blood pressure within seconds.

Emergency Step-by-Step Action:

1. Act Immediately: Keep the child where they are. Call for help; never leave the child unattended.

2. Positioning: LIE THE CHILD FLAT WITH LEGS RAISED. If they are struggling to breathe, they may be propped up, but only for as short a time as possible. Do not stand them up or sit them in a chair, as a sudden blood pressure drop can cause cardiac arrest.

3. Administer Adrenaline: Use the Adrenaline Auto-Injector (AAI) without delay into the outer thigh muscle. Follow the brand-specific instructions on the device and note the exact time given.

4. Call Emergency Services: Call 999 and clearly state "ANAPHYLAXIS".

5. Monitor & Repeat: If there is no improvement after 5 minutes, administer a second AAI if available.

6. CPR: If the child becomes unresponsive and is not breathing normally, commence CPR immediately.

7. Contact Parents: Contact the parent/carer as soon as reasonably practicable.

8. Hospital Observation: All pupils must go to the hospital via ambulance for observation following anaphylaxis, even if they appear to have recovered.

6. Supply, Storage, Care, and Disposal of Medication

For pupils not carrying their own AAIs, an easily accessible, unlocked anaphylaxis kit must be kept safely by the school. Stored in a clearly labelled container with the pupil's name, the kit must include:

- Two AAIs (e.g., EpiPen®, Jext®, or Emerade®)
- An up-to-date Allergy Action Plan / IHP
- Antihistamine (tablets or syrup) and spoon (if specified on the plan)
- Asthma inhaler (if specified on the plan)

AAIs must be stored at room temperature, protected from direct sunlight and temperature extremes. Parents are advised to subscribe to expiry alerts from device manufacturers to ensure prompt replacements.
AAIs are single-use devices. Used AAIs must be disposed of as sharps or handed directly to ambulance paramedics.

7. Spare Adrenaline Auto-Injectors (AAIs)

Location: Spare AAIs are stored on the First Aid shelving area in the staffroom. They are readily accessible, not locked away, and all staff are made aware of this location.
Usage: Spare AAIs may be used for any pupil or adult experiencing symptoms of anaphylaxis where indicated.
Maintenance & Monitoring: Spare devices will be kept protected from temperature extremes and direct sunlight. Expiry dates and physical conditions will be checked regularly and logged in a written record. The school will ensure sufficient replacement devices are ordered immediately following use or removal.

8. Staff Training

All school staff receive online/practical allergy awareness and emergency response training annually, with ad-hoc sessions arranged for new personnel. Training covers:

- Recognising common allergens, triggers, and early signs of allergic reactions/anaphylaxis.
- Emergency procedures, including when to call 999.
- Hands-on practice with AAI trainer devices, device operation, and the location of spare AAIs.
- Allergen avoidance measures, risk reduction, and individual pupil plans.

9. Catering and Food Safety

The school complies with the Food Information Regulations 2014 by making allergen information for the 'Top 14' allergens available for all food products.

- **Communication:** The SENCo informs catering staff of all pupils with food allergies. Parents are encouraged to meet with the Catering Manager to discuss specific needs.

- **Pre-Ordering & Labelling:** School menus are available in advance with ingredients listed. Drinks and lunch boxes supplied from home must be clearly labelled with the child's name.
- **Canteen Purchases:** Pupils purchasing food at school/tuck shops are taught to confirm choices with catering staff.
- **Cross-Contamination Prevention:** Catering staff are trained to read food labels and implement cross-contamination controls (e.g., preparing allergic pupils' food first using clean, sanitized areas and utensils).
- **Events & Food Activities:** Food treats or outside snacks (e.g., birthday cakes) will not be given to primary pupils without explicit parental permission. Curriculum food activities (cooking, science, crafts, assemblies, fetes) will be risk assessed or restricted based on classroom allergies.

10. Educational Visits & Sporting Excursions

All educational visits undergo a risk assessment considering allergy safety. Trip leaders must carry relevant emergency supplies and verify that pupils with medical conditions have their prescribed medication before departure. Pupils without their required medication will not be permitted to attend. Catering arrangements at trip locations must be checked in advance. Where appropriate, spare AAIs may accompany off-site visits. Trip organizers must ensure that sufficient spare devices remain available at the school for pupils and staff staying on site. Overnight trips require early planning and a dedicated meeting between parents and the trip leader. Venue staff must be briefed early regarding dietary and emergency needs.
Host schools will be notified in advance if a visiting team member has an allergy. A staff member trained in adrenaline administration will accompany the team. If a host school cannot cater to a food allergy, alternative/home-prepared food arrangements will be made.

11. Inclusion, Wellbeing & Safeguarding

Sacred Heart Catholic Primary School ensures pupils with medical conditions are properly supported so they can play a full and active role in school life, remain healthy, and achieve their academic potential.
Reasonable steps will be taken to prevent pupils with allergies from being unnecessarily excluded from lessons, clubs, sports, trips, celebrations, or school meals. Staff will remain alert to any potential bullying, teasing, or social exclusion related to allergies and respond promptly in accordance with the school's anti-bullying and safeguarding policies.

12. Allergy Awareness & Nut Bans

In alignment with guidance from Anaphylaxis UK, Sacred Heart Catholic Primary School does not enforce a blanket ban on specific allergens (such as nuts). Because nuts are only one of many severe allergens, no environment can be guaranteed 100% allergen-free. Blanket bans can create a false sense of security.
Instead, the school promotes a Whole School Allergy Awareness Culture. This ensures that all staff, pupils, and parents are educated on allergen avoidance, symptom recognition, safe handling, and emergency protocols to effectively minimise risk across the school.

13. Risk Assessment

The school completes detailed individual risk assessments for all newly joined or newly diagnosed pupils with allergies. Risk assessments evaluate potential exposure risks across classroom activities, catering, playgrounds, clubs, practical lessons, sports, school events, and

transport arrangements. Assessments are updated whenever circumstances change or following an incident.

14. Incidents & Near Misses

All significant allergic reactions, suspected anaphylactic events, and near misses will be formally recorded. Near misses include:

- Accidental exposure to a known allergen
- Incorrect food provided by catering or staff
- An AAI being unavailable or inaccessible
- Miscommunication of allergy information

Post-Incident Protocol: Following an incident or near miss, the school will address immediate safety, contact parents, log the details, conduct a post-incident review to capture lessons learned, and update the pupil's IHP, risk assessment, or school procedures accordingly.

15. Communication & Policy Review

This policy is published on the school website and is available to all parents, carers, and staff. Relevant allergy updates are communicated whenever staffing or pupil responsibilities change.

This policy will be reviewed at least annually, or earlier if:

- Statutory guidance or legislation changes.
- A significant allergic reaction or near miss occurs.
- A pupil's medical needs or school operational procedures change.

16. Spare AAI Check Record

Date	Number Available	Expiry Dates Checked	Condition Checked	Action Required	Initials

17. Emergency Quick Reference Guide

SUSPECT ANAPHYLAXIS? ACT IMMEDIATELY.

1. Give Adrenaline without delay.

2. Call for help and do not leave the pupil unattended.

3. Call 999 and state “ANAPHYLAXIS”.

4. Note the time adrenaline was administered.

5. Keep pupil flat with legs raised. Do not allow them to stand or walk.

6. If no improvement after 5 minutes, administer a second AAI if available.

7. If unresponsive/not breathing normally, commence CPR.

8. Contact parent/carer.

9. Ensure pupil receives medical assessment via hospital transport.

18. Useful Links

Useful Links

- Anaphylaxis UK Safer Schools Programme: https://www.anaphylaxis.org.uk/education/safer-schools-programme/
- Allergy Wise for Schools Online Training: https://www.allergywise.org.uk/p/allergywise-for-schools1
- BSACI Allergy Action Plans: https://www.bsaci.org/professional-resources/resources/paediatric-allergy-action-plans/
- Spare Pens in Schools: http://www.sparepensinschools.uk
- DfE Guidance (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 AAIs in Schools): https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf
- NICE Quality Standards (Food Allergy QS118): https://www.nice.org.uk/guidance/qs118
- NICE Guidance (Anaphylaxis Assessment & Referral CG134): https://www.nice.org.uk/guidance/cg134