



Ribston Hall High School

Managing Allergies & Anaphylaxis Policy

Date of Policy: July 2026

Person(s) responsible: Deputy Head for Pastoral Care & Inclusion and Safeguarding Trustee

Date of next review: June 2028 or earlier if necessary

Aims

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 is Mrs Sue Brewster, Wellbeing Lead.

The named person with daily responsibility for looking after pupils with known allergies is Mrs Hayley Shurmer, Pastoral Assistant.

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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 Ribston Hall High 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/Carer Responsibilities

- On entry to the school, it is the Parent/Carers responsibility to inform The Wellbeing Team of any allergies. This information should include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication.
- Parent/Carers are to supply a copy of their child's Allergy Action Plan 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.
- Parent/Carers are responsible for ensuring any required medication is supplied, in date and replaced as necessary.
- Parents/Carers 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 by Mrs Sue Brewster, Wellbeing Lead.
- 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.**
- Mrs. Hayley Shurmer, Pastoral Assistant, will ensure that the up-to-date Allergy Action Plan is kept on their electronic health record.
- It is the parent's responsibility to ensure all medication is in date however Mrs. Hayley Shurmer, Pastoral Assistant, will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.
- Mrs. Hayley Shurmer, Pastoral Assistant, 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. This is recorded on Arbor.
- Mrs Shurmer will ensure that any severe reactions or near misses are recorded and reported internally and externally through She Assure. These will be reported through RIDDOR where necessary.

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 should be trained and confident to administer their own AAIs and 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 alongside Individual Health Care Plans (IHCP's) 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 if the pupil is unable to do so themselves.

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. Allergy action plans are designed to function alongside an Individual Health Care 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 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 pupil 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. AAls should be given into the muscle in the outer thigh. Specific instructions vary by brand – always follow the instructions on the device. Pupils with known allergies should carry their AAls with them but if not available use the **Emergency Anaphylaxis Kit**.
- **The Emergency Anaphylaxis Kit is situated on the wall outside of Wellbeing and can be accessed by any member of staff. This kit is stocked with 2 x Adrenaline Auto Injectors.**
- 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. **INFORM WELLBEING so that a trained First Aider is present to assist.**

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

Pupils will be encouraged to take responsibility for and to carry their own AAIs on them at all times in a suitable bag/container that is easily recognisable as a medical container/bag. They should carry **TWO** AAIs at all times.

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 Mrs Hayley Shurmer, Pastoral Assistant, 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 AAIs their child is prescribed, to make sure they can get replacement devices in good time.

Children and medication

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

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 or can be disposed of in a pre-ordered sharps bin. Sharps bins to be obtained from and disposed of by a **clinical waste contractor**. The sharps bin is kept in the Wellbeing Department (locked cupboard).

6. 'Spare' adrenaline auto-injectors in school

Ribston Hall high School has purchased spare **AAIs for emergency use in children who are risk of anaphylaxis**, or if 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 communal AAI's are stored in a dedicated **Emergency Anaphylaxis Kit**. This Emergency Anaphylaxis Kit is located on the wall outside Wellbeing. Mrs Sue Brewster, Wellbeing Lead, is responsible for the upkeep of the kit ensuring that AAI's are in date and new pens are ordered if any are used.

Mrs Hayley Shurmer, Pastoral Assistant, is responsible for checking the spare medication of each pupil with a known allergy on a termly basis and to contact parents/carers to replace as needed.

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

7. Staff Training

Mrs Sue Brewster, Wellbeing Lead, is responsible for coordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy.

All staff will receive training on allergy and anaphylaxis 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 AAIs) 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

Ribston Hall High 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's menu is available for parents to view on the school website in advance with all ingredients listed and allergens highlighted.

Mrs Hayley Shurmer, Pastoral Assistant, will inform the Catering Manager of pupils with food allergies. And will update this list when necessary.

Parents/carers are encouraged to meet with the Catering Manager 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, 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.
- 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.

10. School trips

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.**

Where possible 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).

While the school takes reasonable steps to reduce the risk of exposure to allergens, including communicating dietary requirements and implementing appropriate control measures where practicable, it cannot guarantee that school trips or visits will be completely allergen-free. Parents/carers should ensure that the school is informed of any allergies, that required medication is provided and in date, and that individual healthcare plans are kept up to date.

Each student who has an allergy requiring them to carry an AAi must have an **Allergy & Anaphylaxis Management Plan for Educational Trips & Visits** completed for each trip or visit. This document will sit alongside their Individual Health Care Plan and the main risk assessment for the trip or visit.

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

Ribston Hall High School follows the approach advocated by Anaphylaxis UK by not advocating a blanket ban towards nut free 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

Ribston Hall High 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.

Links with other Policies:

- Supporting Students with Medical Conditions
- First Aid
- Health and Safety