JOHN TAYLOR MULTI-ACADEMY TRUST

Allergy and Anaphylaxis Policy

Implementation: September 2026

Next Review Date: September 2027

Contents

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 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
- Animal Dander

This policy sets out how all JTMAT schools will support pupils with allergies to ensure that they are safe whilst attending school and that they are not at a disadvantage whilst taking part in school life.

Roles and Responsibilities

Parent(s)/carer(s) Responsibilities

On entry to the school, it is the parent(s)/carer(s) responsibility to inform school staff of any allergies. This information should include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication. Parent(s)/carer(s) are to supply a copy of their child's Allergy Action Plan to school staff. If they do not currently have an Allergy Action Plan this should be developed as soon as possible in collaboration with their healthcare professional e.g. GP/allergy specialist.

Parent(s)/carer(s) are responsible for ensuring any required medication is supplied, in date and replaced as necessary. Parent(s)/carer(s) 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 JTMAT school staff will complete anaphylaxis training. Training is provided on a yearly basis and through school induction procedures for every new member of staff.

Staff, whether regular or supply staff will 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. A named member of staff will ensure that the up-to-date Allergy Action Plan is kept with the pupil's medication.

It is the parent(s)/carer(s) responsibility to ensure all medication is in date however the named member of staff will check medication kept at school on a termly basis and send a reminder to parent(s)/carer(s) if medication is approaching expiry.

A named member of staff 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.

A named member of staff ensures that any reaction or near misses is recorded and reported internally to the Trust Central Team or in accordance with the Health and Safety Executive RIDDOR – Reporting of Injuries, Diseases and Dangerous Occurrences Regulations - HSE.

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 AAIs will be encouraged to take responsibility for always carrying them on their person. Pupils should take responsibility for keeping their AAI safely.

Allergy Action Plans

Allergy action plans are designed to function as individual healthcare plans for children with food allergies, providing medical and parent(s)/carer(s) consent for schools to administer medicines in the event of an allergic reaction, including consent to administer a spare adrenaline auto- injector. The allergy action plan will be included in the child's individual health care plan (IHCP).

Emergency Treatment and Management of Anaphylaxis

All JTMAT school staff will be trained to look out for the following symptoms, which 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 (Airway, Breathing and Circulation) 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. Adrenaline opens the airways; it stops swelling and it raises blood pressure. As soon as anaphylaxis is suspected, adrenaline must be administered without delay:

- Keep the child 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. AAIs 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 there is no improvement after 5 minutes, administer second AAI.
- If no signs of life commence CPR.
- Call parent(s)/carer(s) as soon as possible.
- Keep the child where they are, do not stand them up, or sit them up in a chair

All pupils must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can recur after treatment.

Supply, Storage and Care of Medication

Depending on their level of understanding and competence, pupils will be encouraged to take responsibility for and to always carry their own two AAIs on them in a suitable bag/container. For younger children or those not ready to take responsibility for their own medication, there should be an anaphylaxis kit which is kept within 5 minutes of them, not locked away and accessible to all staff**.**

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 parent(s)/carer(s) to ensure that the anaphylaxis kit is up-to-date and clearly labelled, however the named member of school staff will check medication kept at school on a termly basis and send a reminder to parent(s)/carer(s) if medication is approaching expiry. Parent(s)/carer(s) can subscribe to expiry alerts for the relevant AAIs their child is prescribed, to make sure they can get replacement devices in good time.

Older children and medication

Older children and teenagers should, whenever possible, assume responsibility for their emergency kit under the guidance of their parent(s)/carer(s). However, symptoms of anaphylaxis can come on very suddenly, and so all JTMAT school staff will 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.

Spare Adrenaline Auto-Injectors in School

All JTMAT schools have purchased spare AAIs for emergency use in children who are risk

of anaphylaxis, 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. Schools will detail in their own procedure where spare AAIs are stored within the school premises.

The named member of school staff is responsible for checking whether the spare medication is in-date every month and to replace it as needed.

Staff Training

All JTMAT schools will ensure that there are two named members of staff who are responsible for coordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis procedure. All staff will complete allergy and anaphylaxis training annually and include this training as part of their induction procedures for new members of staff.

This 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

Inclusion and Safeguarding

All JTMAT schools are 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.

Catering

All JTMAT school catering suppliers will 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 parent(s)/carer(s) to view in advance with all ingredients listed and allergens highlighted on the school website. The named member of school staff will inform the Catering Manager of those pupils who have a food allergy. Each JTMAT school will have a system in place to ensure catering staff can identify children with allergies, for example, a list of pupils with photographs and their food allergy.

All JTMAT schools adhere to the Department of Health Guidance, Guidance on the use of adrenaline auto-injectors in schools recommendations:

- Bottles, other drinks and lunch boxes provided by parent(s)/carer(s) for pupils with food allergies should be clearly labelled with the name of the child for whom they are intended.
- 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, all staff will 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.
- Food will not be given to primary school-age food-allergic children without parent(s)/carer(s) engagement and permission (e.g. birthday parties, food treats).
- Use of food in crafts, cooking classes, science experiments and special events (e.g. fetes, assemblies, cultural events) need to be considered and may need to be restricted/risk assessed depending on the allergies of children and their age.

School Trips and Visits

Staff leading school trips will carry all relevant emergency supplies. Trip leaders will check that all pupils with medical conditions, including allergies, carry their medication. All the activities on the school trip will be risk assessed to see if they pose a threat to pupils who have an allergy and alternative activities planned to ensure inclusion.

Overnight school trips are carefully planned and a meeting for parent(s)/carer(s) with the lead member of staff planning the trip will be arranged. Staff at the venue for an overnight school trip are briefed early on about children who have allergies so that they can provide appropriate food (if provided by the venue).

Sporting Trips

Children with allergies 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 child with an allergy the school will arrange for the child to take alternative/their own food.

Allergy Awareness and Nut Bans

All JTMAT schools will advocate a 'whole school awareness of allergies' 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. JTMAT schools are not encouraged to adopt a whole school nut ban.

Risk Assessment

All JTMAT schools 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 their systems and processes for keeping children with allergies safe.

Useful Links

Anaphylaxis UK - Anaphylaxis UK | Supporting people with serious allergies | Anaphylaxis UK
Safer Schools Programme - Safer Schools Programme for Allergy Management | Anaphylaxis UK

Allergy UK and Whole School Allergy and Awareness Management- https://www.allergyuk.org

Supporting children and young people with medical conditions and allergy - draft statutory guidance for governing bodies of maintained schools and proprietors of academies in England March 2026 - Supporting children and young people with medical conditions and allergy

Guidance on the use of adrenaline auto-injectors in schools - Guidance on the use of adrenaline auto-injectors in schools

Food allergy quality standards - Overview | Food allergy | Quality standards | NICE

Anaphylaxis: assessment and referral after emergency treatment Overview | Anaphylaxis: assessment and referral after emergency treatment | Guidance | NICE