ANAPHYLAXIS POLICY 2026 -2027

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Policy Statement

Thomson House School is committed to providing a safe, inclusive and supportive environment for all pupils. We recognise that some children have severe allergies which may place them at risk of anaphylaxis, a potentially life-threatening allergic reaction.

The school aims to:

- Safeguard pupils at risk of anaphylaxis.
- Ensure all staff understand their responsibilities.
- Reduce the risk of exposure to known allergens.
- Ensure prompt and effective treatment in the event of an allergic reaction.
- Enable pupils with allergies to participate fully in all aspects of school life.
- Meet statutory responsibilities under the Children and Families Act 2014, the Department for Education's guidance on supporting pupils with medical conditions and the recent statutory protections known as the Benedict Law.

Links with other policies

This policy should be considered in connection with the Supporting Pupils in Schools with Medical Conditions Policy and the Safeguarding Policy.

Aims

This policy aims to:

- Minimise the risk of severe allergic reactions occurring at school.
- Ensure effective procedures are in place for prevention, identification and response.
- Ensure all relevant staff receive appropriate training.
- Promote awareness and understanding of allergies throughout the school community.
- Support pupils' physical health, emotional wellbeing and educational progress.

What is Anaphylaxis?

Anaphylaxis is a severe, potentially life-threatening allergic reaction that can develop rapidly after exposure to an allergen. Common allergens include:

- Peanuts
- Tree nuts
- Milk
- Eggs
- Sesame
- Fish and shellfish
- Insect stings
- Medicines
- Latex

Symptoms may include:

Airway	Breathing	Circulation	Skin
• Swelling of the tongue or throat • Difficulty swallowing • Hoarse voice	• Wheezing • Persistent cough • Difficulty breathing • Noisy breathing	• Pale or floppy appearance • Dizziness • Collapse • Loss of consciousness	• Hives • Itching • Rash • Swelling

Skin symptoms may not always be present. Anaphylaxis should always be treated as a medical emergency.

Roles and Responsibilities

The person responsible to day-to-day implementation of this policy is Ros Williams. She is also an allergy champion at Thomson House School.



The Local Academy Committee will:

- Ensure this policy is implemented and reviewed annually.
- Ensure suitable arrangements are in place for pupils with medical conditions.
- Monitor compliance with statutory guidance.

The Headteacher will:

- Ensure effective implementation of this policy.
- Ensure that appropriate training is available.
- Ensure sufficient staff are available to support pupils with allergies.
- Ensure risk assessments are completed where required.

The SENDCo will:

- Maintain an up-to-date register of pupils with severe allergies.
- Coordinate Individual Healthcare Plans (IHPs) based on Allergy Action Plans provided by medical professionals.
- Arrange staff training and refresher training annually.
- Ensure medication records are maintained.
- Monitor expiry dates of emergency medication using the school's medical recording system

All staff will:

- Be familiar with pupils who have severe allergies.
- Know how to access Individual Healthcare Plans.
- Recognise signs and symptoms of anaphylaxis.
- Respond appropriately in an emergency.
- Follow agreed risk reduction strategies.

List of all pupils with life threating conditions (including anaphylaxis) will be displayed in offices, rooms used by staff, medical rooms, kitchens and catering offices.

Parents/carers must:

- Inform the school of any allergy diagnosis.
- Provide medical evidence where appropriate.
- Supply prescribed medication, including two in-date AAIs where prescribed.
- Provide an up-to-date Allergy Action Plan.
- Replace medication before expiry.
- Inform the school immediately of any changes to medical needs.

Pupils are encouraged to:

- Tell an adult immediately if they feel unwell.
- Develop age-appropriate awareness of their allergies.
- Take increasing responsibility for management of their condition where appropriate.

Individual Healthcare Plans (IHCPs)

All pupils diagnosed as being at risk of anaphylaxis will have an Individual Healthcare Plan. Plans will be shared with teachers, support staff, catering staff, midday staff before/after school activities staff. They will also be available on Arbor.

The plan will include:

- Known allergens.
- Symptoms and signs of reaction.
- Emergency contact details.
- Prescribed medication.
- Instructions in case of emergency situation
- Recommendations for trips
- Consent for emergency treatment, including use of a spare AAI where applicable.

Plans will be reviewed annually, following any allergic reaction or following any significant change in medical advice.

Medication

Adrenaline Auto-Injectors (AAIs)

Examples include:

- EpiPen®
- Jext®
- Emerade® (where prescribed)

Parents are expected to provide the prescribed devices required by their child's clinician.

Adrenaline Auto-Injectors (AAIs) are stored in the office in medical boxes (out of reach of children but easily accessible), in individually labelled bags.

Spare Adrenaline Auto-Injectors

Thomson House School will maintain spare emergency AAIs. The spare AAIs are kept in the office.

A spare AAI may be used:

- When a pupil's own medication is unavailable.
- When a prescribed device malfunctions.
- In exceptional emergency circumstances where anaphylaxis is suspected.

Emergency Procedure

If anaphylaxis is suspected:

- Stay with the child and call for assistance.
- Administer adrenaline immediately.

  IF IN DOUBT, GIVE ADRENALINE. Delayed administration is associated with poorer outcomes.

- Call 999 and state: "ANAPHYLAXIS."
- Lie the child flat with legs raised where possible. If breathing is difficult, allow the child to sit.
- Note the time the adrenaline was administered.
- Administer a second AAI after 5 minutes if symptoms continue or worsen, and a second device is available.
- Contact parents/carers.
- The child must be taken to hospital by ambulance for observation even if symptoms improve.

Training

The school will ensure all staff receive allergy awareness training. The training will include: all teaching staff, support staff, kitchen staff, midday support staff and staff responsible for before school and after school activities.

Training will be delivered annually, provided for all new staff during induction and refreshed following any significant incident.

Food Management and Catering

The school recognises that managing food allergens is essential to pupil safety.

The school will:

- Work closely with catering providers.
- Share relevant allergy information with catering staff.
- Make allergen information available where appropriate.
- Risk assess food-related activities.
- Ensure staff supervising meals understand pupils' allergy needs.

Thomson House School does not claim to be allergen-free, as this cannot be guaranteed. Instead, it adopts a whole-school allergy awareness approach supported by Allergy UK and Anaphylaxis UK.

Parents are asked not to send products containing nuts for shared activities, celebrations or class events.

Educational Visits and Off-Site Activities

Pupils with allergies will be fully included wherever possible.

Prior to educational visits:

- Relevant risk assessments will be completed.
- Emergency medication will accompany the pupil.
- Staff attending visits will know the emergency procedures.
- Venue providers will be informed where necessary.

No pupil will be excluded from a visit solely because of an allergy where reasonable adjustments can be made.

Inclusion, Safeguarding and Wellbeing

The school recognises that children with allergies may experience anxiety, social exclusion, bullying or reduced confidence.

Any bullying, teasing or deliberate exposure to allergens will be treated as a serious safeguarding and behaviour matter.

The school will work proactively to promote understanding and inclusion.

Risk Assessments

Individual risk assessments will be completed where appropriate, including for:

- School trips.
- Residential visits.
- Food technology activities.
- Special events and celebrations.

Monitoring and Review

This policy will be reviewed annually or sooner if:

- Medical guidance changes.
- Legislation changes.
- A significant allergy-related incident occurs.

Useful References

- Department for Education: *Supporting Pupils with Medical Conditions at School*
- Department of Health and Social Care: *Using Emergency Adrenaline Auto-Injectors in Schools*,
- Anaphylaxis UK: www.anaphylaxis.org.uk
- Allergy UK: www.allergyuk.org
- BSACI Allergy Action Plans: www.bsaci.org

Agreed by Local Academy Committee: September 2026

Review Date: September 2027

Appendix 1: Allergy Action Plan

BSACI Improving Allergy Care

ALLERGY ACTION PLAN

RCPCH Royal College of Paediatrics and Child Health · anaphylaxis UK · AllergyUK

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**

A AIRWAY	B BREATHING	C CONSCIOUSNESS
• Persistent cough	• Difficult or noisy breathing	• Persistent dizziness
• Hoarse voice	• Wheeze or persistent cough	• Pale or floppy
• Difficulty swallowing		• Suddenly sleepy
• Swollen tongue		• Collapse/unconscious

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. **Dial 999** for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")
3. In a school with "spare" back-up adrenaline autoinjectors, **ADMINISTER** the **SPARE AUTOINJECTOR** if available
4. **Stay with child/young person** until ambulance arrives, **do NOT stand them up**
5. Phone parent/emergency contact. Phone parent/emergency contact. If you are on your own, call a friend or relative and ask them to come over.
6. Commence CPR if there are no signs of life

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

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

Emergency contact details:

1) Name: .....

.....

2) Name: .....

.....

Additional instructions:

If wheezy due to an allergic reaction, DIAL 999 and GIVE ADRENALINE using a "back-up" adrenaline autoinjector if available, then use asthma reliever (e.g. blue puffer) via spacer, if prescribed

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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This BSACI Action Plan for Allergic Reactions is for children and young people with mild food allergies, who need to avoid certain allergens. For children/young adults at risk of anaphylaxis and who have been prescribed an adrenaline autoinjector device, there are BSACI Action Plans which include instructions for adrenaline autoinjectors. These can be downloaded at **bsaci.org**

For further information, consult NICE Clinical Guidance CG116 Food allergy in children and young people at **guidance.nice.org.uk/CG116**

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. The healthcare professional named below confirms that there are no medical contra-indications to the above-named child being administered an adrenaline autoinjector by school staff in an emergency. **This plan has been prepared by:**

Sign & print name: .....

Hospital/Clinic: .....

.....

Date: .....

Appendix 2: Individual Health Care Plan

Part 1 : Healthcare Plan for a Pupil with Medical Needs

Name of Pupil	
Date of Birth	
Medical Condition	
Class / Teacher	

photo

Date	

CONTACT INFORMATION

Family Contact 1		**Family Contact 2**	
Name		**Name**	
Mobile		**Mobile**	
Work		**Work**	
Home		**Home**	
Responsibility *See notes below		**Responsibility** *See notes below	

Clinic / Hospital Contact Details

Name	
Address	
Telephone Number	

G.P. Contact Details

Name	
Address	
Telephone Number	

Describe condition and give details of pupil's individual symptoms:

Daily care requirements: (e.g. before sport/ at lunchtime):

Describe what constitutes an emergency for the pupil, and the action to take if this occurs:

Follow up care:

Person(s) responsible in an Emergency:

1. **Any member of staff with First Aid training.**
2. **Any member of staff with Anaphylactic training**

Name (Print)	
Signature **Print and sign this form and return it to school.**	
Date	

Part 2: CONSENT FORM

CHILD MEDICATION REQUEST

Pupil's Name :		**Date of Birth**	
Parent's surname if different:		**Home telephone:**	
Home address:			
Emergency contact - Names	1.	2.	3.
Emergency contact - Mobile	1.	2.	3.
Emergency contact - Work	1.	2.	3.
Emergency contact - Home	1.	3.	3.
Doctor's Name, Address & phone number			
Nature of condition or illness:			

Procedures to be taken in an emergency:	

Name of Medicine (As described on the container)	Dose & instrument for administering dose eg: Spacer / EpiPen / Syringe	Frequency / Times	Completion date of course of medicines if known	Expiry date of medicine

Special instructions / medicines taken at home / allergies	
I agree to members of staff administering medicines that have been supplied / or providing treatment or care to my child as directed above. (Please note parents are required to supply the school with two auto-injectors for their child).	
I agree to update information about my child's medical needs, held by the school, on a regular basis.	
I will ensure that the medicine held by the school has not exceeded its expiry date.	
Name (Print)	
Signature **Print and sign this form and return it to school.**	
Date	

*** WHO HAS PARENTAL RESPONSIBILITY?**

For children born after 1st December 2003

- Both of a child's parents have parental responsibility if they are registered on the child's birth certificate. This applies irrespective of whether the parents are married or not.
- Where the child has been formally adopted, the adoptive parents are the child's legal parents and automatically acquire parental responsibility.
- Where the child has been born as a result of assisted reproduction, there are rules under the Human Fertilisation and Embryology Act 1990 that determine the child's legal parentage.
- People looking after your child like child minders or grandparents do not have parental responsibility, but you can authorise them to take medical decisions for your child, if your wish.

Reference: BMA Parental Responsibility, Guidance from the Ethics Department, June 2006

Form copied to (For Office Use Only):

2 copies held by school (medical file & careplan folder) ☐
1 copy to Parents ☐
1 copy to School Nurse ☐

Review Date