KNELLER HALL
JUNIOR SCHOOL

Allergy Management Policy

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.

Kneller Hall Junior School implements its allergy management arrangements in accordance with current statutory guidance, including the Department for Education's *Allergy Safety in Schools* guidance introduced following Benedict's Law. The School is committed to creating an allergy-aware environment that reduces risk while enabling pupils with allergies to participate fully in school life.

Anaphylaxis is a serious, life-threatening allergic reaction. It is at the extreme end of the allergic spectrum. 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.

The Food Information Regulations 2014 requires all food businesses including school caterers to show the
allergen ingredients' information for the food they serve. Consumers may be allergic or have intolerance to other ingredients, but only the 14 allergens are required to be declared as allergens by food law.

Kneller Hall Junior School promotes an allergy-aware culture through education, staff training and proportionate risk management. Rather than relying on blanket food bans, Kneller Hall Junior School adopts a whole-school approach that encourages awareness, shared responsibility and reasonable adjustments to minimise risk while supporting pupils to participate fully in school life.

Role and Responsibilities

Parents

On entry to the school, it is the responsibility of parents to inform staff/the School Nurse, by completing the pupil information form, of any allergies. This information should include all previous serious allergic reactions, any history of anaphylaxis and details of all prescribed medication.

Parents need to supply a copy of their child's Allergy Action Plan (BSACI plans preferred) to the 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, for example the School nurse/GP/allergy specialist.

Allergy action plans are designed to function as individual healthcare plans 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 autoinjector.

The school uses the British Society of Allergy and Clinical Immunology (BSACI) Allergy Action Plans to ensure continuity. This is a national plan that has been agreed by the BSACI, Anaphylaxis UK and Allergy UK.
Parents are responsible for ensuring that pupils prescribed adrenaline auto-injectors (AAIs) provide **two in-date prescribed AAIs** for use in school and on educational visits. The School's generic (spare) AAIs are emergency back-up devices and **do not replace** a pupil's own prescribed medication.

Staff
Relevant members of staff receive annual training in the recognition and emergency management of anaphylaxis and the administration of adrenaline auto-injectors (AAIs). New members of staff complete the online Educare First Aid module and The Allergy Team awareness training, aligned with the requirements of Benedict's Law, as part of their induction.

Staff must be aware of the pupils in their care (regular and cover classes) 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 must ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils with medical conditions, including allergies, carry their medication. Where a pupil does not have the required prescribed emergency medication available, including two prescribed AAIs where applicable, the School will undertake an individual risk assessment. If appropriate control measures cannot be implemented to manage the risk safely, the pupil may be unable to participate in the educational visit.
The School Nurse will ensure that the up-to-date Allergy Action Plan is kept with the pupil's medication.

The School Nurse 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.

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;

- training includes practical familiarity with the different brands of AAI used within the School, and the location and use of the School's spare AAIs.
- measures to reduce the risk of a child having an allergic reaction, for example allergen avoidance and knowing who is responsible for what;
- managing allergy action plans and ensuring these are up to date;
- a practical session using trainer devices (these can be obtained from the manufacturers' websites: www.epipen.co.uk and www.jext.co.uk and www.emerade-bausch.co.uk)

Pupils

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 carrying them on their person at all times.

Emergency Treatment and Management of Anaphylaxis

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 serious 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 a 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.

Action to Take

As soon as anaphylaxis is suspected, adrenaline must be administered without delay. The following actions need to be taken:

- keep the child where they are, call for help and do not leave them unattended. Lie the 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 the 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 five minutes, administer a second AAI;
- if there are no signs of life, commence CPR;
- call parents as soon as possible;
- while 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 because this could lower their blood pressure drastically, causing their heart to stop;
- all pupils must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can reoccur after treatment.
- Following the administration of adrenaline, the used AAI should accompany the pupil to hospital with the ambulance crew where possible.

Supply, Storage and Care of Medication

Depending on their level of understanding and competence, pupils will be encouraged to take responsibility for their own AAIs and to keep them with them at all times in a suitable bag or container.

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
- 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.

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.

Older Children and Medication
Older 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 pre-ordered sharps bins, which are kept in the medical room.

'Spare' Adrenaline Auto-Injectors in School
The school has purchased spare AAIs for emergency use for children who are at risk of anaphylaxis, but whose own devices are not available or not working, for example because they are out of date. A pupil's own prescribed AAIs should always be used in the first instance where they are immediately available and functioning correctly. The School's spare AAIs are intended solely as an emergency back-up.

These are stored in the medical room, and signage directs staff to their locations.
The School Nurse is responsible for checking the spare medication is in-date on a monthly basis and for replacing as needed.

Written parental permission for use of the spare AAIs is included in the pupil's allergy action plan & in the Pupil Medical & Consent form.

If anaphylaxis is suspected in an undiagnosed individual, call the emergency services and state that you suspect anaphylaxis. Follow advice from them as to whether administration of the spare AAI is appropriate.

Inclusion and Safeguarding
The 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.

Catering

The school menu is available for parents to view on the parent portal (MSP) with all ingredients and allergens available for the Chef.

Parents are responsible for informing the school of the child's allergies by completing the Pupil Medical & Consent form.

The School Nurse informs the Chef of pupils with known food allergies and communicates the list of pupils with allergies to the staff via a live updates link that is circulated each week in the medical radar. The Chef will ensure that allergen information is available for all food prepared on site and that reasonable steps are taken to reduce the risk of cross-contamination during food preparation and service.

The Chef will liaise with the School Nurse where any changes to allergens, recipes or food suppliers may affect pupils with known allergies.

Parents are encouraged to meet with the Chef to discuss their child's needs.
The school adheres to the following Department of Health guidance recommendations:

- bottles and other drinks provided by parents for pupils with food allergies should be clearly labelled with the name of the child for whom they are intended;
- pupils should be educated also to check with catering staff before selecting their lunch choice;
- where food is provided by the school, staff are 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 and careful cleaning, using warm soapy water, of food preparation areas and utensils; for further information, parents are encouraged to liaise with the Chef.
- use of food in crafts, cooking classes, science experiments and special events, such as assemblies, charity days and cultural events, needs to be considered and may need to be restricted/risk assessed depending on the allergies of particular children and their age.

Risk Assessment
Individual risk assessments will be completed where appropriate for pupils with severe allergies and reviewed whenever there is a significant change in the pupil's medical needs, educational provision or planned activities.

School Trips
All the activities on the school trip will be risk assessed to see if they pose a threat to allergic pupils and alternative activities will be planned to ensure inclusion.
Overnight school trips should be possible with careful planning and a meeting for parents with the Trip Leader should be arranged. Staff at the venue for an overnight school trip need to be briefed early on that an allergic child is attending and will need appropriate food, if provided by the venue.

Sporting Excursions

Allergic children should have every opportunity to attend sports trips to other schools. The school will ensure that its PE and Games teachers are fully aware of the situation and 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.

Allergy Awareness and Nut Bans

The school supports the approach advocated by Anaphylaxis UK towards nut bans/nut free schools. They would not necessarily support a blanket ban on any particular allergen in any establishment, including in 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 and symptoms, how to deal with allergic reactions and to ensure policies and procedures are in place to minimise risk.

Useful Links

- The Allergy Team: Families
- Benedict's Law: New Allergy Safety Requirements 2026 for Schools | Anaphylaxis UK
- Allergy safety in schools statutory guidance
- Supporting pupils at school with medical conditions
- Paediatric Action Plans - BSACI
- Anaphylaxis UK | Supporting people with serious allergies | Anaphylaxis UK
- Allergy UK | National Charity

Document Control:

Policy Owner	The Head, with oversight from the Board of Governors
Approved By	Board of Governors
Status	Statutory
Review Cycle	Annually, or sooner if legislation or guidance changes
Next Review Date	September 2027
Availability	School website, Parent Portal, and on request from the school office

Signed:

Sasha Davies
Head
September 2026