

# Anaphylaxis Risk Guidance

Date: 2026  
Approved: Academy Committee  
Review: 2029  
(or sooner if a change in legislation necessitates a review)

**Staff will be made aware of students who are at a known risk of anaphylaxis and their allergens via:**

- The student's Medical Profile and Dietary Requirements on Arbor, this information will be pinned at the top of their Student Profile.
- The Auto-injector Register; found in Staff Hub - All Staff - Health Information - 1 Medical Registers, or via the link in the Staff Bulletin.
- Student's photos and listed allergens stored in a folder in the canteen
- Student's allergens appearing on the screen of the cash register when purchasing food in the Canteen.
- Newly diagnosed students will have their health information circulated via email.

**Day-to-day management**

- The school aims to be a nut-free zone. Parents/carers, staff and students will be reminded of this regularly. The school canteen is nut free.
- All reasonable attempts will be made by the school to ensure students do not encounter their allergens; however the ultimate risk assessment remains the responsibility of the students and their parents/carers. This will be communicated to students/parents/carers regularly.
- Parents/carers and students are encouraged to speak to catering staff in the Canteen directly about the ingredients and appropriateness of food purchased. At each servery in the canteen there is a paper copy of a matrix which documents the food being served against a list of the 14 food allergens for students to refer to.
- It is highly recommended to parents/carers of students who have been prescribed an adrenaline auto-injector (AAI) that they carry at least one (preferably two) and antihistamines with them. In addition, it is highly recommended that a back-up supply is stored in the Medical Room.
- Parents/carers are required to supply a copy of the student's current Allergy Action Plan. This should preferably be the current British Society for Allergy & Clinical Immunology (BSACI) Allergy Action Plan which includes medical authorisation signed by an Allergy Clinic health professional AND parental consent for school staff to administer the school's spare emergency back-up AAI (see Emergency Anaphylaxis Kit below).
- It should be noted that some students have not had a recent Allergy Clinic review and therefore will not have obtained a current BSACI Allergy Action Plan. In this case, parents/carers will be asked to complete a copy themselves; including the parental consent section, which will be attached to any existing Allergy Action Plan that has been signed by a health professional. Parents/carers will be asked to follow up with the Allergy Clinic to obtain a current one as soon as is practical.
- In all cases an accompanying Form A: "Parental-School Agreement on the administration of medicine in school" must be completed by the parent/carer.
- The Medical Team will maintain records of students who have been prescribed an AAI, it will include:

- Medical details documented on the student's Medical Profile on Arbor
  - The AAI Register of students and their allergens
  - A record of each student's AAIs and antihistamines and other medication stored in the Medical Room and their expiry dates
  - Parental/carer consent to administer the school's spare emergency AAI, as per their Allergy Action Plan, this will be recorded on Arbor and the AAI Register
- It is the responsibility of parents/carers to replace all medication prior to expiry; however replacement reminders will be sent out to parents/carers prior to expiry. Each student's back-up supply of medicines, Allergy Action Plan and Form A is stored in an individually named container, easily accessible in the Medical Room.
  - In the case of allergic reaction, immediate help should be sought from the Medical Team and/or nearest First Aider. Management and treatment of the allergic reaction should follow the student's individual Allergy Action Plan; see *Recognition and management of an allergic reaction/anaphylaxis*. Dept. of Health. Sept 2017 (Appendix A) for standard guidance.
  - If signs of anaphylaxis are seen, the student's own AAI should always be administered if available. If unavailable, expired or damaged, then the school's spare emergency AAI may be administered as per the criteria described below in **Emergency Anaphylaxis AAI Kit**

#### **If an AAI is administered**

- **Always dial 999 and request an ambulance stating ana-phy-l-axis.**
- The student's parent/carer should be contacted at the earliest opportunity.
- A record of the incident will be documented on CPOMS
- The used AAI will be given to the attending paramedic.

#### **Emergency Anaphylaxis AAI Kit** Dept. of Health. Sept 2017

- 6 spare emergency AAIs will be obtained from a local Pharmacy, using a letter of request written by the Head Teacher.
- The preferred AAI is EpiPen 0.3mg.
- Three Emergency Anaphylaxis will be stored in an easily accessible place in the Medical Room.
- Anaphylaxis kits will be individually numbered.
- The spare emergency AAI should only be administered to students on the Register where both medical authorisation and written parent/carer consent for the use of the spare emergency AAI has been provided; preferably on a current BSACI Allergy Action Plan.
- Where the above is not available, parents/carers are requested to complete and sign one themselves, which will be attached to any existing Allergy Action Plan that has been signed by a health professional and re-place with one signed by themselves AND a health professional as soon as is practicable.
- In the event of a possible severe allergic reaction in a student, who does not meet the

above criteria, emergency services (999) should be contacted and advice sought from them as to whether administration of the spare emergency AAI is appropriate.

#### **Contents of each Anaphylaxis kit:**

- 2 AAIs with Manufacturer's information.
- Guidance on how to recognise and respond to an allergic reaction and what to do in an emergency (Appendix A).
- Instructions on how to use the AAI device.
- Register of students to whom the spare emergency AAI can be administered; the Register must be checked for parent/carer consent prior to administration of the spare emergency AAI.
- The contents of each Emergency Anaphylaxis kit will be inspected regularly and records kept by the Medical Team. Any contents that are missing/unusable/expiring will be replaced.
- If an emergency AAI device is used it will be given to the Paramedic in attendance and replaced at the earliest convenience.

#### **Trips**

- The Arbor Contact and Health Information Sheet for each trip will provide the medical information documented for those students who are at risk of anaphylaxis.
- The Medical Team will have a 1:1 discussion with the Trip Leader/First Aider regarding each student and their Allergy Action Plan in consultation with parents/carers as required, prior to the trip.
- Each student's back-up medicine supply box including their Allergy Action Plan and Form A will accompany them on each trip.
- Students will be asked to show staff their own AAI and antihistamine just before going on the trip. If a student does not have their own AAI and/or back-up supply in school to accompany them on the trip, then the School Emergency Anaphylaxis AAI kit will be taken. In the unlikely event that a School Emergency Anaphylaxis AAI kit is unavailable, the student will be unable to attend the trip

#### **Training**

- All staff will be given annual allergy and anaphylaxis awareness training.
- Additional training regarding individual students as required.

#### **This Guidance is linked to the following school policies:**

- First Aid Policy
- Management of Medicines in School Policy
- Supporting Students with Medical Conditions Policy

## Links

- *Guidance on the use of adrenaline auto-injectors in schools.* Dept. of Health. Sept 2017  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/645476/Adrenaline auto injectors in schools.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf)
- *Supporting pupils at school with medical conditions.* DfE. Dec 2015  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf)

## APPENDIX A

# Recognition and management of an allergic reaction/anaphylaxis

Signs and symptoms include:

### Mild-moderate allergic reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

### ACTION:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine according to the child's allergy treatment plan
- Phone parent/emergency contact



## Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction):

<b>AIRWAY:</b>	Persistent cough Hoarse voice Difficulty swallowing, swollen tongue
<b>BREATHING:</b>	Difficult or noisy breathing Wheeze or persistent cough
<b>CONSCIOUSNESS:</b>	Persistent dizziness Becoming pale or floppy Suddenly sleepy, collapse, unconscious

### IF ANY ONE (or more) of these signs are present:

1. Lie child flat with legs raised:  
(if breathing is difficult, allow child to sit)   
2. Use Adrenaline autoinjector\* **without delay**
3. Dial 999 to request ambulance and say ANAPHYLAXIS

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

### After giving Adrenaline:

1. Stay with child until ambulance arrives, do **NOT** stand child up
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement **after 5 minutes, give a further dose** of adrenaline using another autoinjector device, if available.

Anaphylaxis may occur without initial mild signs: **ALWAYS use adrenaline autoinjector FIRST in someone with known food allergy who has SUDDEN BREATHING DIFFICULTY** (persistent cough, hoarse voice, wheeze) – even if no skin symptoms are present.