

Anaphylaxis Policy

Document Version	1
Date of Last Review	September 2026
Next Review Date	September 2027
Approving Body	Headteacher
Document Author	Chris Leigh

Revisions Log

Date	Pages/Whole Document	Description of Change	Origin of Change (e.g. Routine Update, request for Review)

Policy Statement

This policy is written as a response to Benedict's Law (Benedict's Law - Benedict Blythe Foundation) which will come into force in England for September 2026. The law ensures that all schools have consistent, life-saving protections for all young people with allergies. Schools will need to have clear policies shared with all staff along with appropriate training and access to life saving medication.

All professionals working within the School will follow the guidance as set out within this Policy. This Policy and its accompanying procedures apply to all the professionals/carers who provide care and support within the School to children and young people with anaphylaxis.

1. Introduction

1.1 What is anaphylaxis?

Anaphylaxis is a severe and sometimes life-threatening allergic reaction. It may be triggered by allergens, or allergy provoking proteins, which commonly include foods such as eggs, cows' milk, shellfish and nuts, particularly peanuts. Anyone may react in such a way for the first time at any age.

1.2 Symptoms of allergic reaction

Symptoms usually occur immediately after exposure to the offending allergen although they can occur after a few hours. They may vary in severity in individual children and in response to different allergens.

Symptoms may include the following:

- A feeling of being unwell with flushing of the face and neck.
- Urticarial rash (nettle rash/hives).
- Sweating, nausea, vomiting and diarrhoea.
- A feeling of itchiness, particularly around the mouth and tongue — 'funny' metallic taste in mouth.
- Swelling of the face, eyelids and lips and sneezing.

Severity increases with progression to:

- A rapid weak pulse.
- Wheezing, noisy breathing and shortness of breath.
- Difficulty swallowing which may lead to dribbling.
- Feeling faint or floppy
- A hoarse voice and/or feeling a lump in the throat.
- Anaphylactic shock: loss of consciousness, obstruction of the airways and possible cardiac arrest.

2 Management of a Child with A Prescribed Auto Injector

The Headteacher shall appoint a member of the Senior Leadership Team as the School Allergy Lead. The Allergy Lead will oversee implementation of this policy, staff training, review of incidents and communication with families

A nominated Governor will have strategic oversight of allergy safety arrangements and receive annual reports on compliance, training and incidents – A Stott.

2.1 Receipt of referral

Information that a student has a serious allergy and may be prone to anaphylaxis may come from a number of sources, including Parents/Carers, consultant paediatricians, School Nurse or other hospital doctors or the student themselves.

Where information is received the school will add the student to the medical register and a Care Plan completed in conjunction with the parent/carer.

2.2 Training

All staff will be trained to use and AAI. This training will be delivered to all staff on an annual basis or to new staff at the point of joining the school.

- Training should include:
 - recognising symptoms
 - allergy avoidance
 - food handling awareness
 - emergency response
 - use of AAI's
 - trips and extracurricular activities

3 Care Planning

The Parents/Carers will provide school with an appropriate Care Plan for their child. If your child does not have a Care Plan then Parents/Carers will be provided with a blank form to complete (see Appendix 1). It is Parents/Carers responsibility to ensure the Care Plan is updated.

All AAI's (e.g. EpiPen/Jext) kept by the school will be in one of two locations :

- Westfield Drive Student Office : for all students in Year 7 and 8.
- Bexton Road Student Office: for all students in Years 9-13.

In addition to this spare emergency AAI's will be kept in the Westfield Drive Students Office, Bexton Road Student Office, Sixth Form Office (BR) and in the Main Reception on Bexton Road.

Each student must carry their own auto-injector at all times which has been clearly labelled with their name and form. The school also requires a spare auto-injector to be held in the appropriate Student Office. It must be labelled clearly with name and form and it must be in its original box, with the pharmacy label stating your child's name, dosage and details of administration if appropriate. It is the Parents/Carers responsibility to provide schools with

in date AAI's and the School is not responsible if an emergency occurs and the AAI is not in date.

4. Management of a Student with a Prescribed Auto Injector

A copy of each child's Care Plan and contact details are held in the Student Office with the child's medication and is easily accessible to all staff. These are also held electronically in school.

4.1 Preventative Measures

Prevention is the first and most important step to take.

- The Knutsford Academy catering team are provided with a list of students who have any form of allergy.
- All staff coming into contact with the student should be alerted to the fact that the student has a serious/life threatening allergy to a particular allergen.

Some preventative measures that should be considered are as follows:

- The student needs to be educated, at an age-appropriate level, on the risks of eating foods/coming into contact with an allergen which is dangerous to them.
- Sometimes, unfortunately, the allergen is not "visible" and may be present as part of a food mixture. The sensible approach is to counsel the student not to accept treats from friends. Alternative suitable treats provided by Parents/Carers could be kept with or for the student.
- A packed lunch is a sensible option for student eating in early year's settings and schools. Should there be a strong wish for the student to eat school meals, it may be sensible to exclude the offending food (e.g. peanuts in any form) from the School menu. Otherwise, an individually prepared meal will be required. All Parents/Carers with a child with an allergy must complete the allergy form for the School Catering Team. This form is included in the Year 7 Induction Pack of information.

4.3 Treatment in all cases

These are the steps to be taken when a student is recognised to be having an anaphylactic reaction.

1. Call for help.
2. Maintain in comfortable position while conscious.
3. If unconscious, place the student in the recovery position, loosen clothing and do not overcrowd.
4. One member of staff should stay with the student at all times to monitor signs. **Never leave the student unattended.**
5. One member of staff should contact the emergency services by Telephone (999), stating that the student is having an anaphylactic reaction to convey the urgency of the need for help.
6. Parents/Carers should then be contacted.
7. Adrenaline to be administered via an AAI (e.g. EpiPen/Jext) by a trained individual.

8. Make record of signs and action taken on anaphylactic reaction record card (Appendix 6 - copy to go with child in ambulance and copy to the School Nurse records).
9. Ensure replacement of oral medication or an AAI (e.g. EpiPen/Jext) used via Parents/Carers on the student's return to school.
10. Inform the School Nurse of events and liaise with health professional for ongoing support following on from the incident.

Training in the administration of prescribed drugs for the treatment of anaphylaxis should be undertaken with consenting named staff/professionals. It is important to remember that it is safer for the student at risk of an anaphylactic reaction to use an AAI (e.g. EpiPen / Jext) rather than to withhold treatment because of any anxiety regarding its use.

If a student has an anaphylactic reaction they must be sent by ambulance to hospital whether full recovery is noted or not. Parents/Carers should always be informed immediately after alerting the ambulance service.

5 Guidelines for using an Adrenaline Auto-Injector

ANAPHYLAXIS

HOW TO USE EPIPEN AAIS

If you think someone has an anaphylactic reaction, give the AAI without delay. It will not harm them.

Always consider anaphylaxis in a food-allergic person even if there are no signs of a rash, hives or swelling.

1. Remove the blue safety cap

Grasp the EpiPen in your dominant hand and remove the blue safety cap by pulling straight up. Remember: **Blue to the Sky, Orange to the Thigh!**



2. Position the orange tip

Hold the EpiPen at 90°, approximately 10cm away from the leg, with the orange tip pointing towards the outer thigh.

3. Administer the EpiPen AAI

Jab the EpiPen firmly into the outer thigh at a right angle. Hold firmly for 3 seconds, before removing and safely discarding.



4. Once the EpiPen AAI has been administered call 999

Ask for an ambulance and say "ana-fill-axis".

5. Lie the person down with legs raised immediately

If the person is not already lying down, they should do so, with legs raised if possible.

If breathing is difficult, allow them to sit. If they have vomited or feel sick, gently turn them on their side.



6. If there are no signs of improvement after 5 minutes, use a second EpiPen AAI

The person should remain still and lying down until the ambulance arrives. **Don't try to get up, even if you start to feel better.**

7. Start CPR

If there are no signs of life, start CPR immediately until help arrives.



For more information on EpiPen AAIs >>



Sign up to the free expiry alert service and receive reminders by text or email when your EpiPen is about to expire >>



ANAPHYLAXIS

HOW TO USE JEXT AAIS

If you think someone has an anaphylactic reaction, give the AAI without delay. It will **not** harm them.

Always consider anaphylaxis in a food-allergic person even if there are no signs of a rash, hives or swelling.

1. Hold the Jext AAI in the hand you write with Hold with your thumb closest to the yellow cap. Pull off the yellow cap with your other hand.		5. Once the Jext AAI has been administered call 999 Ask for an ambulance and say "ana-fill-axis".	
2. Place the black injector tip against the outer thigh Hold the injector at a right angles (approx. 90°) to the thigh.		6. Lie the person down with legs raised immediately If the person is not already lying down, they should do so, with legs raised if possible. If breathing is difficult, allow them to sit. If they have vomited or feel sick, gently turn them on their side.	
3. Push the black tip as hard as you can into the outer thigh Wait until you hear a 'click' confirming the injection has started, then keep it pushed in. Hold the injector firmly in place against the thigh for 10 seconds (a slow count to 10) then remove. The black tip will extend automatically and hide the needle.		7. If there are no signs of improvement after 5 minutes, use a second Jext AAI The person should remain still and lying down until the ambulance arrives. Don't try to get up, even if you start to feel better.	
4. Massage the injection area for 10 seconds		8. Start CPR If there are no signs of life, start CPR immediately until help arrives.	

For more information on Jext AAIs >>



Sign up to the free expiry alert service and receive reminders by text or email when your Jext AAI is about to expire >>



If no improvement occurs a second dose may be given after 5 —10 minutes. If a second dose is required where possible choose the opposite leg.

The child will require a period of hospital observation.

Ensure the child is in a comfortable position, preferably lying down with legs elevated unless there are breathing difficulties.

6 Responsibility

The Safeguarding team and School Nursing team should provide advice, support, education and training regarding all aspects of Anaphylaxis management to school on a regular basis. This health care team should ensure that the School has access to up to date resources and current recommendations regarding appropriate Anaphylactic care for pupils with Anaphylaxis.

The School has a common law 'duty of care' to act in the same manner as a responsible Parents/Carers, to ensure pupils with Anaphylaxis are healthy and safe.

The School must make 'reasonable adjustments' to ensure pupils with Anaphylaxis are not put at a substantial disadvantage in comparison to those who do not have Anaphylaxis.

Parents/Carers have the prime responsibility for their child's health and should provide school with sufficient information about their child's Anaphylaxis. They should arrange a meeting with the appropriate SEND colleague, form tutor or Head of Year before the pupil starts school or when Anaphylaxis first develops.

It is the responsibility of the Parents/Carers to provide the School with in date AAI's. Although School can remind Parents/Carers that an AAI is out of date and a new one is needed, School cannot be held responsible if an emergency occurs and the AAI is not in date.

7 Schools Emergency Auto-Injector Kit

The School holds an emergency auto-injector for back-up and the following is the protocol for its use:

- The auto-injector will be kept in the Offices highlighted earlier in the policy.
- A copy of the auto-injector register will be kept with the emergency auto-injector.
- The School will obtain consent for use of the emergency auto-injector.
- The School will provide appropriate support and training for staff in the use of the emergency auto-injector in line with the School's wider policy on supporting pupils with medication needs.
- The School will keep a record of the emergency auto-injectors (Arbor) use and inform Parents/Carers that their child has used the emergency auto-injector.
- Students are still required to carry their own prescribed auto-injector, correctly labelled at all times and Parents/Carers are to provide a back-up auto-injector to be held in the School office.

Educational Visits, Residentials and Off-Site Activities

The School is committed to ensuring that students with allergies are able to participate fully and safely in all educational visits, residential experiences, sporting fixtures, work experience placements, overseas visits and enrichment activities. Appropriate planning and risk assessment will be undertaken to minimise risks whilst promoting inclusion.

Prior to any off-site activity, the Visit Leader will identify students with known allergies and review their Individual Healthcare Plan (IHP) and any associated medical information. Where appropriate, consultation will take place with Parents/Carers, the School Allergy Lead and relevant staff to ensure suitable arrangements are in place.

For all educational visits and activities:

- A copy of the student's Individual Healthcare Plan and emergency contact details must accompany the visit.

- The student must carry their prescribed Adrenaline Auto-Injector (AAI) at all times unless this is not appropriate due to age, need or circumstances, in which case a designated member of staff will carry and have immediate access to it.
- A spare prescribed AAI, where provided, should accompany the visit.
- Staff attending the visit must know which students have allergies, understand the signs and symptoms of an allergic reaction and know how to access and administer emergency medication.
- Emergency procedures, including contacting emergency services and Parents/Carers, must form part of the visit planning process.
- Arrangements for food provision, catering facilities, accommodation and activities must take account of any identified allergens and reasonable steps must be taken to reduce exposure risks.
- Medication must be readily accessible at all times and must not be stored in luggage, vehicle holds or locations where immediate access may be delayed.
- A risk assessment must be completed where a student's allergy presents a significant risk and any control measures must be communicated to all relevant staff.

For residential and overseas visits, additional consideration will be given to:

- Availability and accessibility of emergency medical services.
- Communication of allergy information to accommodation providers, activity providers and catering staff.
- Dietary requirements and food labelling standards.
- Travel arrangements and transport providers.
- The need for additional emergency medication where advised by Parents/Carers or healthcare professionals. Students experiencing symptoms of anaphylaxis whilst participating in an off-site activity will be treated in accordance with this policy. Emergency medication must be administered without delay where required, emergency services contacted immediately, and Parents/Carers informed as soon as practicable.

Review

This policy will be reviewed annually and following any serious allergic incident, near miss, or significant change in statutory guidance

Following any allergic reaction, anaphylactic episode or near miss occurring (including during the school day, an educational visit, sporting fixture) the incident will be recorded in accordance with the School's accident, incident or near-miss reporting procedures and reviewed to identify any lessons learned and any amendments required to future risk assessments or healthcare plans.

This protocol should be read in conjunction with :

- Supporting Students with Health Needs Who Cannot Attend School

Appendix 1 – Care Plan

Student Care Plan Student Name :			
Photo	Date of Birth :		Form :
	<u>Medical Condition</u>	<u>Symptoms</u>	
Medication		Consent to Give Medication	
		Yes No NA	
Member of Staff Responsible :		Date of Review :	

CONSENT FORM: USE OF EMERGENCY ADRENALINE AUTO INJECTORS IN SCHOOL

- I can confirm that my child has been diagnosed at being at risk of anaphylaxis and has been prescribed an adrenaline auto injector.
- My child has a working, in-date adrenaline auto injector, clearly labelled with their name, which they will bring with them to school every day.
- In the event of my child displaying symptoms of anaphylaxis, and if their auto injector is not available or is unusable, I consent for my child to receive adrenaline from an emergency auto injector held by the school for such emergencies.
- I consent to members of school staff, who have been trained in allergy/ anaphylaxis by the School Nurse, providing planned allergy/ anaphylaxis care/ treatment to my child as detailed above.

Signed Parent/Carer	
Printed Name	
Signed Parent/Carer	
Printed Name	
Date	

Appendix 2

MANAGEMENT OF ANAPHYLAXIS USING A PRESCRIBED AUTO-INJECTOR

Child presents with sudden illness displaying one or more of the symptoms listed (usually within minutes of contact with a known allergen)

Call an ambulance (specify the problem is anaphylaxis), and collect auto injector.

Contact the child's parents

Ensure the child is in a comfortable position – usually lying down with feet elevated unless there are breathing difficulties.

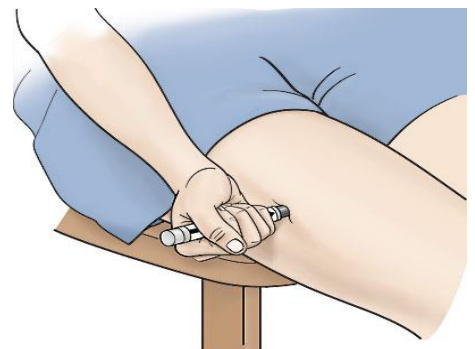
Adrenaline should be administered into outer side of thigh between knee and hip as soon as possible, by an individual who has received training in the administration of an auto-injector.
Time of dose to be noted and used auto-injector to be retained.

If the child is not breathing or without pulse basic life support should be commenced.
If there is no improvement within 5 minutes, a second injection may be given.

Staff member must accompany the child to hospital, together with any documentation and used/unused auto-injectors.

SYMPTOMS MAY INCLUDE:

Swelling of throat, mouth or tongue
Difficulty in swallowing or speaking
Alterations in heart rate
Severe difficulty breathing
Sudden feeling of weakness (drop in blood pressure)
Collapse and unconsciousness
There can also be abdominal cramps, nausea and severe diarrhoea



Appendix 3

Directions for using Adrenaline auto-injector: (Epi Pen/Jext Pen)

Procedure	Rationale
In the event of a severe allergic/anaphylactic reaction, dial 999 record the time. Sit the child in a comfortable position with legs raised. Remove the Adrenaline auto-injector from its box and packaging.	For medical help to be on its way. To be aware of the time adrenaline is administered. To counteract the drop in blood pressure from the severe reaction. In preparation of administering the Adrenaline auto-injector pen.
The Adrenaline auto-injector (AAI) pen should be held firmly in the hand by clasp it with a fist. (Do not hold like a writing pen as it may slip.)	Ensure a firm grip and avoid error in administration.
The injection should be given into the thigh muscle, into the outer middle of the leg.	To adhere to manufacturers guidelines/Safest form of administration in a community setting.
Pull off grey/Yellow safety cap	To allow device to activate
AAI's EpiPen: Using mild force from about 10-50cm away from the leg, swing and press the EpiPen in to the outer thigh. Jext pen: Press the pen against the leg into the outer thigh. A click will be heard.	To ensure enough force is used to activate the pen's mechanism/to adhere to manufacturers guidelines.
Hold the Adrenaline auto-injector pen against the leg for 10 seconds.	To ensure all of the medicine is delivered into the muscle.
Massage area for 10 seconds.	To adhere to manufacturer's instructions, allow maximum distribution of medication.

Appendix 4

Storage of Adrenaline auto-injector pen

Procedure	Rationale
The Adrenaline auto –injector pen should be stored inside the yellow tube and then inside a Tupperware container with other allergy medication prescribed.	The yellow tube protects the medication as it is light sensitive. The Tupperware box is durable so will protect the pens/medications from damage.
Place child's name on front of box. Schools/Nursery may wish to place a picture of the child also on the box, with a copy of the child specific action plan.	To ensure the correct medication is administered to the correct child and reduces confusion in an emergency situation.
Ensure expiry dates are regularly checked. It is recommended that the paperwork inside the Adrenaline auto-injector pen box is posted for registration, via royal mail to address provided to ensure the family receive a reminder when it is due to expire. This can also be carried out online.	To inform Parents/Carers/professionals when a pen will expire, to allow them to order a new pen via their GP.