



ALLERGY AND ANAPHYLAXIS POLICY 2026-2027



Policy Approved:
Policy Renewal:

September 2026
September 2027

Reviewed by the SLT MAT Board

“The Trustees of the Southport Learning Trust are committed to safeguarding and promoting the welfare of children and young people at every opportunity and expect all staff and volunteers to share this commitment”

Name of School:	Maghull High School
Staff Responsible for Allergy & Anaphylaxis in School	Mrs Robyn Watson – Senior Leader for Safeguarding Mrs Heather Corrigan - SENDCO Ms Becky Owens- First Aid Co-Ordinator
Location of Allergy & Anaphylaxis Kits in School:	We have an Anaphylaxis kit at reception. This is located on the right-hand side as you walk into reception on the wall between the door and the front desk. The kit contains: 2 x JextPen 150mcg (for children weighing less than 30kg) 2 x JextPen 300mcg (for older children weighing more than 30kg – most people over 6 years old) The kit also has instructions inside for how to administer the JextPen.

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1. 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 fairly 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 and
- Animal Dander.

This policy sets out how Trust schools will support pupils and adults with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in school life. It also applies to all enrichment activities, including after-school clubs, wrap-around care, trips, sporting events, and residential.

2. Purpose of Policy

To minimise the risk of any pupil or adult suffering a serious allergic reaction whilst at school or attending any school related activity. To ensure staff are properly prepared to recognise and manage serious allergic reactions should they arise.

This Allergy & Anaphylaxis Policy is fully compliant with all statutory and regulatory requirements governing the management of medical needs, health and safety, and food allergen control in schools. The policy aligns with the following legislation and guidance:

- Children's Wellbeing and Schools Act 2026 - Section 34 of the requires that LA maintained schools, academies and PRUs must have an allergy safety policy
- Children and Families Act 2014, Section 100, as amended by section 34 of the Children's Wellbeing and Schools Act 2026. Duty for schools and academies to make arrangements to support children/students with medical conditions, including allergies and anaphylaxis. Guidance: [Allergy safety in schools' statutory guidance](#)
- DfE Statutory Guidance: Supporting Children/students at School with Medical Conditions (2015): Issued under Section 100, setting mandatory expectations for Individual Healthcare Plans, staff training, medicine management, and emergency procedures
- Equality Act 2010 – Sections 20, 21 & 85: Duty to make reasonable adjustments and prevent discrimination for children/students whose allergies constitute a disability
- Health and Safety at Work etc. Act 1974 – Sections 2 & 3: Duties to protect employees and children/students through risk assessment, safe systems of work and trained staff
- Human Medicines (Amendment) Regulations 2017: Legal basis permitting schools to hold and administer spare adrenaline auto injectors
- Department of Health (2017) Guidance on the Use of AAls in Schools: National expectations for AAI access, storage, training, and emergency response
- Food Information Regulations 2014: Legal requirement to declare the 14 major allergens in all food served in schools
- Food Information (Amendment) (England) Regulations 2019 – Natasha's Law: Requires all Pre-Packed for Direct Sale (PPDS) food to include a full ingredients list with clearly emphasised allergens, applying to school prepared sandwiches, baked goods, boxed salads and pre-packed trip lunches

3. Links with other policies

The named staff members (at least 2) responsible for coordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy are detailed on the front of this policy.

This policy relates to the following policies:

- Child Protection & Safeguarding Policy
- Supporting Students with Medical Conditions Policy
- Health and Safety Policy
- Educational Visits Policy
- SEND Policy
- Equality Policy
- Data Protection Policy

4. Role and responsibilities

Trust Responsibilities

The trust board has overall responsibility for ensuring adherence to this policy and for maintaining high standards of health, safety, and safeguarding across its schools.

The trust will: approve and review this policy annually, monitor compliance and ensure appropriate training solutions such as online training are made available and completed by all staff

Parent/ Carer Responsibilities

On entry to the school, it is the parent's responsibility to inform reception staff and First Aiders of any allergies. This information should include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication.

Parents are to supply a copy of their child's Allergy Action Plan (BSACI plans preferred) to 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 e.g. School nurse/GP/allergy specialist.

Parents are responsible for ensuring any required medication is supplied, in date and replaced as necessary.

Parents 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 staff will complete anaphylaxis training. Training is provided for all staff on a yearly basis and on an ad-hoc basis for any new members of staff.

The school is responsible for sharing the training with all staff via the chosen training platform. This training is available at all times, and there are no limits on the number of staff who complete it, nor the number of times they complete it.

Staff (regular or cover classes) must 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 and adults with medical conditions, including allergies, carry their medication. Pupils unable to produce their required medication will not be able to attend the excursion.

The First Aiders will ensure that the up-to-date Allergy Action Plan is kept with the pupil's medication.

It is the parent's responsibility to ensure all medication is in date however the First Aiders will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.

The First Aiders keep 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.

The First Aiders will ensure that any reaction or near misses is recorded and reported internally through Smartlog Incident Reporting and in accordance with RIDDOR.

Pupil and Adult Responsibilities

Pupils and adults with allergies 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 and Adults who are trained and confident to administer their own AAls will be encouraged to take responsibility for carrying them on their person at all times.

5. Allergy Action Plans

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 auto-injector.

British Society of Allergy and Clinical Immunology (BSACI) Allergy Action Plans are produced by a medical professional and should not be created by the school. These are a national plan that has been agreed by the BSACI, Anaphylaxis UK and Allergy UK. Allergy action plans are designed to function as an individual healthcare plan.

6. Emergency Treatment and Management of Anaphylaxis

What to look for:

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 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 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

As soon as anaphylaxis is suspected, adrenaline must be administered without delay. Action:

- Keep the individual where they are, call for help and do not leave them unattended.
- LIE CHILD/ADULT 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. AAls 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 no improvement after 5 minutes, administer second AAI.
- If no signs of life commence CPR.
- Call parent/carer as soon as possible.

Whilst 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. This could lower their blood pressure drastically, causing their heart to stop.

All pupils and/or adults must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can reoccur after treatment.

7. Supply, storage and care of medication

Depending on their level of understanding and competence, pupils will be encouraged to take responsibility for, and to carry, their own two AAls on them at all times in a suitable bag/container {detail what this is i.e. red drawstring bag, consistency is urged across the organisation for ease of identification}.

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 AAls 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 parents to ensure that the anaphylaxis kit is up-to-date and clearly labelled, however the School Nurse/SENCO/First Aider (delete or substitute as appropriate) will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.

Parents can subscribe to expiry alerts for the relevant AAls 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

AAls should be stored at room temperature, protected from direct sunlight and temperature extremes.

Disposal

AAls are single use only and must be disposed of as sharps. Used AAls can be given to ambulance paramedics on arrival or can be disposed of in a pre-ordered sharps bin. Sharps bins to be obtained from

and disposed of by a clinical waste contractor/specialist collection service/local authority. The sharps bin is kept in the First Aid room.

8. 'Spare' adrenaline auto-injectors in school

Schools have purchased Medical Anaphylaxis kits with spare AAIs for emergency use. Emergency use may include children who are at risk of anaphylaxis, but their own devices are not available or not working (e.g. because they are out of date, or they may need multiple doses of adrenaline before the emergency services arrive); or they may need to be used on someone experiencing anaphylaxis for the first time.

You should never use a child's or adult's prescribed AAI on another person, as this leaves the child vulnerable.

These are stored in the school's Anaphylaxis kit(s) which are clearly labelled 'Emergency Allergy Medication'. These are kept safely, not locked away and are accessible and known to all staff. The school holds several keys with which they can access the medication. The school will also hold a spare key in an 'Emergency Break Glass' box in case immediate access in an emergency is required.

School holds spare pens which are kept in Anaphylaxis Kit. The locations of the kits are disclosed on the front of this policy.

The First Aider or designated person is responsible for checking the spare medication is in date on a monthly basis and to replace as needed.

The First Aider or designated person is responsible for communicating to all staff members where the Anaphylaxis Kit(s) are located.

All pupils at risk of anaphylaxis should have an Allergy Action Plan that describes exactly what to do and who to contact in the event that they have an allergic reaction. In the event of an anaphylactic emergency, if the individual does not have access to their own AAI, the spare AAI should be used without delay.

Written parental permission for use of the spare AAIs is included in the pupil's allergy action plan.

9. Staff Training

The named staff members (at least 2) responsible for coordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy will be highlighted by the school. These staff members will have oversight of online training and send out training via a variety of distribution means to all staff members. Training is supplied by either Kitts Medical or Smartlog.

These staff members will also ensure that the details of the adrenaline devices is promptly confirmed on the portal and check-ups on the Anaphylaxis kits, prompted by the portal at frequent intervals, are carried out. It is recommended that the training be completed at least once a year (at a minimum) by all staff members. Additional ad-hoc training sessions will be provided for new staff or anyone requiring refresher training.

Additional training will be delivered to classroom staff who teach a child with known allergies. A trainer AAI pen will be held by the school which can be used for practical training alongside the online training.

Training includes:

- Knowing the common allergens and triggers of allergies
- 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
- Understanding what it is like for those individuals living with allergies

Schools will ensure that staff undertake a practical session using trainer devices. Additional trainer devices can be obtained from the manufacturers' websites: www.epipen.co.uk and www.jext.co.uk

10. Inclusion and Safeguarding

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.

11. Catering

All food businesses (including school caterers) must 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 parents to view weekly/fortnightly/monthly in advance with all ingredients listed and allergens highlighted on the organisation website via the school website.

The First Aider will inform the Catering Manager of pupils with food allergies.

Every school will have a system in place to ensure catering staff can identify children with allergies e.g. a list with photographs– include details here of your school's system for identifying children and who has responsibility for keeping this up to date.

Parents/carers are encouraged to meet with the Catering Manager to discuss their child's needs.

The school adheres to the following Department of Health guidance recommendations:

- Bottles, other drinks and lunch boxes provided by parents for pupils with food allergies should be clearly labelled with the name of the child for whom they are intended.
- If food is purchased from the school canteen/tuck shop, parents should check the appropriateness of foods by speaking directly to the catering manager.
- 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, staff should 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. For further information, parents/carers are encouraged to liaise with the Catering Manager.
- Food should not be given to primary school age food-allergic children without parental 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) needs to be considered and may need to be restricted/risk assessed depending on the allergies of particular children and their age.

12. Educational Visits, off-site activities and Work Experience

The trust expects all schools to ensure that children/students with allergies, including those at risk of anaphylaxis, are safely included in all off-site activities. This applies to day visits, sporting fixtures, outdoor learning, residentials, alternative provision placements, and work experience. All schools must ensure that allergy-related needs are fully considered as part of visit planning, risk management, and safeguarding arrangements.

Headteachers must ensure that planning for off-site activities incorporates the allergy needs of individual children/students, aligns with statutory duties under the Children and Families Act 2014 and the Equality Act 2010, and complies with relevant national guidance, including the DfE's Health and Safety on Educational Visits (2018) and applicable OEAP National Guidance. Schools must be able to demonstrate that allergen considerations have been appropriately assessed and that suitable control measures are in place.

Schools must ensure that the medical and allergy information held for children/students remains central to decision-making for all off-site learning. This includes ensuring that relevant staff are aware of children/students' allergies, that information is shared appropriately with activity providers and venues, and that safe arrangements are in place throughout travel, activities and accommodation where applicable. All the activities on the school trip will be risk assessed to see if they pose a threat to allergic pupils and alternative activities planned to ensure inclusion. Children/students must not be disadvantaged or excluded from visits where risks can be reasonably and safely managed. 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. Pupils unable to produce their required medication will not be able to attend the excursion. Overnight school trips should be possible with careful planning and a meeting for parents with the lead member of staff planning the trip should be arranged. Staff at the venue for an overnight school trip should be briefed early on that an allergic child is attending and will need appropriate food (if provided by the venue).

Work experience and employer-based placements must meet the same expectations. Schools must ensure that employers are informed of relevant allergies and that placements are only approved when the environment, planned activities and supervision arrangements can safely accommodate the child/student's needs.

This policy requires all schools within the trust to maintain robust oversight of allergy-related considerations for off-site activities as part of their educational visits procedures.

Sporting Excursions

Allergic children 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 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.

13. Allergy awareness and nut bans

Southport Learning Trust 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 and Maghull High is a nut aware school.

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 & symptoms, how to deal with allergic reactions and to ensure policies and procedures are in place to minimise risk.

14. Risk Assessment

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 our systems and processes for keeping allergic children safe.

School and individual risk assessments are available from our Appointed Trust Health and Safety Advisors, Compliance Education Ltd.

15. Useful Links

These links are helpful in providing support.

- Kitt Medical – <https://www.kittmedical.com/>
- Anaphylaxis UK - <https://www.anaphylaxis.org.uk/>
- Safer Schools Programme - <https://www.anaphylaxis.org.uk/education/safer-schools-programme/>
- Allergy Wise for Schools online training - <https://www.allergywise.org.uk/p/allergywise-for-schools1>
- Allergy UK - <https://www.allergyuk.org>
- Whole school allergy and awareness management - <https://www.allergyuk.org/schools/wholeschool-allergy-awareness-and-management>
- BSACI Allergy Action Plans - <https://www.bsaci.org/professional-resources/resources/paediatric-allergy-action-plans/>
- Spare Pens in Schools - <http://www.sparepensinschools.uk>
- Department for Education Supporting pupils at school with medical conditions - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf
- Department of Health Guidance on the use of adrenaline auto-injectors in schools - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf
- Food allergy quality standards (The National Institute for Health and Care Excellence, March 2016) <https://www.nice.org.uk/guidance/qs118>
- Anaphylaxis: assessment and referral after emergency treatment (The National Institute for Health and Care Excellence, 2020) <https://www.nice.org.uk/guidance/cg134?unlid=22904150420167115834>

Appendix 1:**Individual Healthcare Plan for Allergy****Name of Pupil:****Date of birth:****Year / class:****Emergency contacts:****Staff who need to be aware:**

Current photo

Allergy:

Note what allergy the child or young person has.

Note any known allergens.

Note whether the child or young person is likely to be aware that they are having an allergic reaction and whether they can alert others.

How the allergy is managed:

Note any care or action plans or prescribed medication issued by healthcare professionals.

If the allergy can be partly or wholly managed by practical adjustments (for example avoidance of known allergens), note them here.

Note the extent to which the child or young person is able to take responsibility for managing their allergy.

Impact on education:

Indicate the potential harm which might come to the child or young person if their allergy is not managed properly.

Indicate how the allergy may impact on the child or young person's learning.

Indicate how the allergy may impact on the child or young person's emotional wellbeing.

If relevant, note any interaction between allergy and SEN.

Arrangements for support:

Give details of the specific support or adaptations which the school, college or early years setting will put in place, within its educational remit.

Outline measures to reduce the risk of contact with known allergens.

Give details of the specific support or adaptations to manage food allergy at meal and snack times.

Note arrangements for maintaining educational progress where absence or missed learning occurs due to allergy.

Visits and trips:

Give details of any arrangements or procedures which may be required for school trips or other activities outside of the normal timetable that will ensure the child can participate.

Note any requirement for a risk assessment and prompts for specific issues which should be considered.

Emergency response:

Where an Action Plan issued by a healthcare professional covers emergency response, refer to it and ensure it is attached.

Otherwise summarise the signs or symptoms which would indicate an emergency.

Set out what to do in an emergency, including whom to contact.

If relevant, note where “spare” adrenaline devices are located.

Last discussed with parents:	Date
Issued by:	Date:
Next planned review:	Date: