



Anaphylaxis Policy 2025-26

Happiness at the heart of learning

In our welcoming and inclusive school, we aim for the highest standards in everything we do.

- **B**ravery (persevering when things are difficult, facing learning challenges)
- **R**espect (respect for ourselves and others; fair inclusion of everyone)
- **I**ntegrity (being honest and trustworthy)
- **D**etermination (challenging ourselves to improve)
- **G**enerosity (thoughtfulness, co-operation, and emotional growth)
- **E**xcellence (taking pride in everything we do)

Approved by:

Date: 23/09/2025

Last reviewed on:

Autumn 2025

Next review due by:

Autumn 2026

What is Anaphylaxis?

Anaphylaxis is an acute, severe allergic reaction needing immediate medical attention. It can be triggered by a variety of allergens, the most common of which are foods (especially peanuts, nuts, eggs, cow's milk, shellfish), certain drugs such as penicillin and the venom of stinging insects (such as bees, wasps or hornets).

In its most severe form, the condition is life threatening.

Symptoms

Symptoms that usually occur within minutes of exposure to the causative agent may include the following:

- itching or a strange metallic taste in the mouth
- swelling of the throat and tongue
- difficulty in swallowing
- hives anywhere on the body
- generalised flushing of the skin
- abdominal cramps and nausea
- increased heart rate
- sudden feeling of weakness or floppiness
- sense of doom
- difficulty in breathing – due to severe asthma or throat swelling
- collapse and unconsciousness.

Not all of these symptoms need to be present at the same time.

Medication

When a child or young person is at risk of anaphylaxis, the treating doctor will prescribe medication for use in the event of an allergic reaction. These may include antihistamines, an adrenaline inhaler or an adrenaline auto-injector (e.g. Epipen). The medication is to be provided to school by parents/carers. (2 adrenaline auto-injectors).

It is parents' responsibility to ensure that the medication does not exceed its expiry date. Parents would be contacted straight away if their child was showing symptoms of anaphylaxis. If it was necessary to use the adrenaline auto-injector (e.g. epipen), an ambulance would be called.

Working together

When a school has a child or young person at risk of anaphylaxis or when admission for them is sought, it is important to ensure that they are treated normally and the parents' fears are allayed by the reassurance that prompt and efficient action will be taken in accordance with medical advice and guidance.

Medication is to be taken on all off site activities.

Medication is to be taken with the class for any activities conducted outside of the classroom e.g. PE lessons, computing lessons and during fire drills.

Teaching and support staff have had training in how to administer an adrenaline auto-injector (e.g. Epipen). The training is renewed yearly.

When school kitchen staff are employed by a separate organisation to the teaching staff, it is important to ensure that the catering supervisor is fully aware of the child's particular

requirements. Cookery and science experiments with food may present difficulties for a child or young person at risk of anaphylaxis. Suitable alternatives can usually be agreed.

The individual child or young person and the family have a right to confidentiality. However, the benefits of an open management policy could be considered. As with any other medical condition, privacy and the need for prompt and effective care are to be balanced with sensitivity.

Day-to-day measures

We ask that all members of the school community manage the day to day application of this policy in the following ways:

- Parents and carers are requested NOT to send food to school that contains nuts. This includes all types of nuts, peanut butter, Nutella, cereal/chocolate bars and any other food containing nuts.
- Staff will be alert to any obvious signs of nuts being brought in, but they will not inspect all food brought into school.
- Children that DO bring in food that does contain nuts or nut products will be asked to eat that food away from any child with a nut allergy and to wash their hands before going to play.
- If any actual nuts are found, they will be bagged up and sent home and this child will be asked to eat lunch away from other children and wash their hands before going out to play.
- Children will be asked NOT to share food.
- Children will be encouraged to wash hands before and after eating.
- Staff are trained in understanding and dealing with Anaphylaxis (severe allergic reactions) and will use this training as the need arises.
- The school dinner providers will ensure all cooked food is nut-free.

The named person who has overall responsibility for this policy implementation is:

Anneline Moloï, Headteacher

The school nurse is: Ann Brown