Marjory Kinnon School

Allergy Support Policy

October 2025

This policy is based on a model template from the British Society for Allergy & Clinical Immunology (BSACI), Allergy UK and Anaphylaxis UK. It is designed to be annexed to the school's Supporting Pupils with Medical Conditions Policy.

1. Introduction

An allergy is a reaction by 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 often 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 not limited to):

- Peanuts, Tree Nuts, Sesame, Milk, Egg, Fish, Latex, Insect venom, Pollen and Animal Dander.

This policy sets out how Marjory Kinnon School will support pupils with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in school life.

2. Roles & Responsibilities

Parent responsibilities

- On entry to the school, it is the parent's responsibility to inform the Office / Medical Officer / Pupil Information & Data Manager 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 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 (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 (via a Kitt Medical). Training is provided for all staff on a yearly basis and on an ad-hoc basis for any new members of staff.
- Staff (regular or agency) 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 carry medication for all pupils with medical conditions, including allergies. If the parents or school are unable to produce the required medication for the child, the child will not be able to attend the excursion.
- The Medical Officer 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 Medical Officer will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.
- The Medical Officer 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.
- The Medical Officer ensures that any reaction or near misses is recorded and reported internally or in accordance with RIDDOR.

Pupil Responsibilities

- Pupils, if able, 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.

3. 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 school. These are a national plan that has been agreed by the BSACI, Anaphylaxis UK and Allergy UK. The allergy action plans are designed to function as an individual healthcare plan.

4. Emergency Treatment & 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.
- Coughing.

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 child where they are, call for help and do not leave them unattended.
- **LIE 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 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 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 must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can reoccur after treatment.

5. Supply, Storage & Care of Medication

Adrenalin Auto Injectors are kept in the Office in an individual zip wallet (suitable container) with the pupil's Health Care Plan.

For MKS children an anaphylaxis kit, which is kept within 5 minutes of them, not locked away and is **accessible to all staff** in the Office (pupil's individual AAIs) or the Medical Room (Spare AAIs).

Medication should be stored in a suitable container and clearly labelled with the pupil's name. The pupil's medication storage container should contain:

- **SCHOOL OFFICE:** An up-to-date Allergy Action Plan and two adrenaline injectors (AAIs) i.e. EpiPen® or Jext®.
- **MEDICAL ROOM CABINET:** Antihistamine as tablets or syrup and a spoon (if included on allergy action plan). All medication is clearly labelled with the child's full name and the expiry date.
- **WITH CHILD IN CLASSROOM:** Asthma inhaler (if included on Allergy Action Plan) are kept with the child.

It is the responsibility of the child's parents to ensure that the anaphylaxis kit is up-to-date and clearly labelled, however the Medical Officer 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 adrenaline auto-injectors (AAIs) their child is prescribed, to make sure they can get replacement devices in good time.

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 a pre-ordered sharps bin. Sharps bins to be obtained from and disposed of by a clinical waste contractor/specialist collection service. The sharps bin is kept in the Medical Room.

6. 'Spare' adrenaline auto-injectors in school

Marjory Kinnon School has purchased spare **AAIs for emergency use in 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 are experiencing anaphylaxis for the first time.

These are stored in the Medical Room, clearly labelled 'Emergency Anaphylaxis Adrenaline Pen', kept safely, not locked away and accessible and known to all staff.

The Medical Officer is responsible for checking the spare medication is in date on a monthly basis and to replace as needed.

The Medical Officer will contact the emergency services before administering emergency medication to a child (who does not have an Allergy Action Plan).

Schools may administer their "spare" adrenaline auto-injector (AAI), obtained, without prescription, for use in emergencies, if available, but only to a pupil at risk of anaphylaxis, where both medical authorisation and written parental consent for use of the spare AAI has been provided.

7. Staff Training

The named staff members responsible for co-ordinating staff anaphylaxis training and the upkeep of the school's Allergy Support Policy are:

- Headteacher
- Medical Officer

All staff will complete online allergy and anaphylaxis training annually and on an ad-hoc basis during induction of new 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.
- Measures to reduce the risk of a child having an allergic reaction e.g. allergen avoidance, knowing who is responsible for what.
- Managing allergy action plans and ensuring these are up to date.

8. Inclusion & Safeguarding

Marjory Kinnon 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.

9. 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 menu is available for parents to view in advance. Individual bespoke menus are prepared for children with allergies. Medical proof will be required.

The Medical Officer and Pupil Information, Data Manager & Exam Officer will inform the Stir Foods Chef Manager of pupils with food allergies.

The school has a system in place to ensure catering staff can identify pupils with allergies e.g. a list with photographs. The list is kept up to date by the Medical Officer and Pupil Information & Data Manager.

Parents/carers are encouraged to meet with the Stir Foods Chef 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.
- 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 members of the Senior Leadership Team.
- Food (e.g. for birthday parties, food treats) provided by parents is discouraged.
- Foods containing nuts are not allowed in school.

- 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.

10. School Trips

Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will carry medication for all pupils with medical conditions, including allergies. If parents or the school are unable to produce the required medication for the child, the child will not be able to attend the excursion.

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.

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).

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.

11. Allergy Awareness & Nut Bans

Marjory Kinnon School is a nut free school.

12. Risk Assessment

Marjory Kinnon School 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 can be downloaded for free from: https://www.anaphylaxis.org.uk/downloads-form/safer-schools-download/

13. Useful Links

- Anaphylaxis UK - https://www.anaphylaxis.org.uk
  - Safer Schools Programme - https://www.anaphylaxis.org.uk/education/safer-schools-programme/
  - AllergyWise for schools online training - https://www.anaphylaxis.org.uk/information-training/allergywise-training/for-schools/
- Allergy UK - https://www.allergyuk.org
  - Whole school allergy and awareness management (Allergy UK) https://www.allergyuk.org/schools/whole-school-allergy-awareness-andmanagement
- 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 with medical needs in schools - http://medicalconditionsatschool.org.uk/documents/Legal-Situation-in-Schools.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

14. Policy Review

The Governing Body will review this Policy annually (or sooner if legislation changes) and assess its implementation and effectiveness.

	DfE Policy Name	N/A
	Requirement	Non-Statutory Guidance
	Publish on Website	No
	Review Frequency	Annually
	Document Owner	Designated Safeguarding Lead
v1	Created	September 2022
	Document Name	Anaphylaxis Policy
	Approved By	Safeguarding Committee (with approval reported to FGB)
v2	Created	September 2025
	Document Name	Allergy Support Policy
	Approved By	Health & Safety Committee (with approval reported to FGB)

15. Links to Other Policies

This Policy links to the following policies:

- First Aid Policy.
- Health & Safety Policy.
- Supporting Pupils with Medical Conditions Policy.

Appendix A - Anaphylaxis Risk Assessment

This form should be completed by the setting in liaison with the parents and the child, if appropriate. It should be shared with everyone who has contact with the child/young person.

Child / Young Person		Date of Birth	
School		Class	
Phase	Primary / Secondary	Teacher	
Name and role of other professionals involved in this Risk Assessment (i.e. Specialist Nurse or School Nurse):			
Date of Assessment		Reassessment Date	
I give permission for this to be shared with anyone who needs this information to keep the child/young person safe: **Signatures:**			
Headteacher:		Date	
Parents		Date	
What is the child allergic to			
Under what conditions is the allergy?	Ingestion ☐ Direct contact ☐ Indirect contact ☐		
Does the child already have an individual Healthcare Plan?	Yes ☐ No ☐		
Summary of current medical evidence seen as part of the Risk Assessment (copies attached)			
Describe the container the medication is kept in?			

Outcome of Risk Assessment **Is an Individual Healthcare Plan required? Yes ☐ No ☐**	
Questions - Please consider the activities below and insert any considerations than need to be put in place to enable the child to take part.	
Crayons/painting	
Creative activities, i.e. craft paste/glue, pasta	
Science type activity: i.e. bird feeders, planting seeds, food	
Musical instrument sharing (cross contamination issue)	
Cooking (food prep area and ingredients)	
Meal time: - kitchen prepared food (is allergy information available) - sandwiches	
Snacks (is allergy information available)	
Drinks	
Celebrations: e.g. Birthday, Easter	
Hand washing	
Indoor play / PE (AAIs to be with the child)	
Outdoor play / PE (AAIs to be with the child)	
School field / Horticulture (AAIs to be with the child)	
Offsite trips (are staff who accompany trip trained to use AAI)	
Does the child know when they are having a reaction?	
What signs are there that the child is having a reaction?	
What action needs to be taken?	

If the medication is stored in one secure place, are there any occasions when this will not be close enough if required? If 'Yes' state when and how this can be adjusted	Yes ☐ No ☐
If the child is old enough – can the medication be carried by them throughout the day? If 'No' state reason	Yes ☐ No ☐
How many Epipens are required in the setting?	
How many staff need to be trained to meet this child's need?	
What is the location of the backup AAI?	