KINGSWAY COMMUNITY TRUST

Kingsway Community Trust

KINGSWAY COMMUNITY TRUST

ALLERGY & ANAPHYLAXIS POLICY

September 2026

Allergy & Anaphylaxis Policy

Date: September 2026

Review Date: September 2027

This model policy has been produced by BSACI, Allergy UK and Anaphylaxis UK and approved by the Department for Education.

Contents

1. Introduction
2. Roles and responsibilities
3. Allergy action plans
4. Emergency treatment and management of anaphylaxis
5. Supply, storage and care of medication
6. 'Spare' adrenaline auto-injectors in school
7. Staff training
8. Inclusion and safeguarding
9. Catering
10. School trips
11. Allergy awareness and nut bans
12. Risk assessment
13. Useful links

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 Kingsway Community Trust will support pupils with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in school life.

2. Role and responsibilities

Parent Responsibilities

- On entry to the school, it is the parent's responsibility to inform reception staff/ SENDCO/ first 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 will work with the SENDCO to complete a risk assessment for **severe** allergies.
- 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.
- School administration staff will update Arbor with relevant information for pupils with allergies or anaphylaxis
- 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 with medical conditions, including allergies, carry their medication. Pupils unable to produce their required medication will not be able to attend the excursion.
- SENDCO will ensure that the up-to-date Allergy Action Plan is kept with the pupil's medication and is stored with the medical pen portrait.
- It is the parent's responsibility to ensure all medication is in date however the staff member with responsibility of checking the asthmas boxes will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.
- The school office 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.
- HOS ensures that any reaction or near misses is recorded and reported internally or in accordance with RIDDOR.

Pupil Responsibilities

- Pupils 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 who are trained and confident to administer their own AAIs will be encouraged to take responsibility for carrying them on their person at all times.

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. The allergy action plan will be kept alongside the medical pen portrait.

4. 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 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 and within 5 minutes. 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 and care of medication

	Cringle Brook	Green End	Ladybarn
Inhalers	In asthma boxes in the classroom	In asthma boxes in the classroom	In asthma boxes in the classroom
Epi-pens	Parents must supply two. The location of EpiPens in class is indicated on a poster on the classroom door and is in the same box as the asthma inhalers. EpiPens held for pupils in the school office are kept in the Admin Officers cupboard. The box is clearly labelled 'Children with EpiPens'	Parents must supply two. One is held in the classroom and one in the school office. The location of EpiPens in class is indicated on a poster on the classroom door and is in the same box as the asthma inhalers. The EpiPens held for pupils in the school office are kept in the cupboard in the small kitchen by office. The box is clearly named with the children's names.	Parents must supply two. One is held in the classroom, and one in the school office. The location of EpiPens in class is indicated on a poster on the classroom door and is in the same box as the asthma inhalers. The EpiPens held for pupils in the school office are kept in the filing cabinet with the medical boxes in a separate box labelled 'Children with EpiPens'.
Antibiotics	Stored in the community room fridge.	Stored in the office kitchen fridge. Parents collect at home time and return each morning for the duration of the course	Stored in the office fridge. Parents collect at home time and return each morning for the duration of the course
Other medication i.e.	School office	Each child has their own plastic wallet with medication	Each child has their own plastic wallet with medication

Antihistamine / allergy medication		inside. These are stored in a locked cupboard in the office kitchen	inside. These are stored in a locked cupboard in the school office

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 AAIs 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 staff member responsible for checking asthmas boxes 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 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 the sharps bin. Sharps bins are kept in the school office at each school and are taken to the local pharmacy for disposal.

6. 'Spare' adrenaline auto-injectors in school

Kingsway Community Trust has purchased spare AAIs for emergency use in children who are 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.

	Cringle Brook	Green End	Ladybarn
Location of spare epi-pens	Kept on top of the cupboard in the school office. They are clearly signposted, the box is labelled and the location is shared with all staff.	Kept in the cupboard in the small kitchen by the school office. They are clearly labelled and the location is shared with all staff.	School office - Kept in the filing cabinet with the medical boxes. They are clearly signposted and labelled and the location has been shared with all staff.
Responsibility for checking class Epi-Pens and replacing as needed	Administration Officer	Class Teachers	Deputy Headteacher
Responsibility for checking spare Epi-Pens and replaced as needed	Administration Officer	Administration Officer	Deputy Headteacher

All three schools have a recording system for these checks on a shared document.

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

7. Staff Training

The HOS and Deputy Headteacher are responsible for coordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy.

All staff will complete 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
- The Trust ensures that staff undertake a practical session using trainer devices (these can be obtained from the manufacturers' websites: www.epipen.co.uk and www.jext.co.uk

8. Inclusion and safeguarding

Kingsway Community Trust 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.

Each school's menu is available for parents to view with ingredients listed and allergens highlighted on each school's website.

The administration staff will inform the Catering Manager of pupils with food allergies.

There is a system in place to ensure catering staff can identify children with allergies

This consists of photos of each child and their allergens displayed in the school kitchen by the serving hatch facing into the kitchen and the admin staff are responsible for keeping this up to date in consultation with catering manager

Parents/carers are encouraged to meet with the Catering Manager to discuss their child's needs. These are shared by the catering manager with the school nutritionist who advises on suitable products, identifies unsuitable menu items and states adaptations to the the menu for an individual child.

The nutritionist on her twice yearly inspections, checks that all procedures are in place and being adhered to.

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.
- The pupil should be taught to also check with catering staff, before 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.

10. School trips

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.

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 and nut bans

Kingsway Community 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.

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.

12. Risk Assessment

Each Trust School SENDCO will conduct a detailed individual risk assessment in consultation with parents for all new joining pupils with **severe** allergies and any pupils newly diagnosed with **severe** allergies, to help identify any gaps in our systems and processes for keeping allergic children safe. The school will populate and send the assessment to parents for checking – see Appendix A.

13. Useful Links

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/whole-school-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

Document Control	
Title	Allergy & Anaphylaxis Policy
Date	September 2026
Related policies/guidance	Safeguarding Policy, Supporting Children with Medical Needs Policy, DfE Allergy Guidance for Schools, DfE Allergy Safety in schools
Review	Annually
Author	HR and People, One Education Ltd
Date adopted by Trust Board	20 October 2026

Appendix A

SEVERE ALLERGY RISK ASSESSMENT

Kingsway Community Trust

Child with severe allergy / risk of anaphylaxis

School	[School name]	**Assessment date**	[DD/MM/YYYY]
Child	[Name / initials]	**Year / Class**	[Year / Class]
Known allergen(s)	[Insert allergen(s)]	**Risk level**	High – potentially life-threatening
Emergency medication	[e.g. AAI – prescribed device(s)]	**Action plan**	Current BSACI Paediatric Allergy Action Plan
Assessment owner	[Name / role]	**Review date**	[Date / following clinical review]

Important: This risk assessment is a school-management document and does not replace the child's medical advice or Allergy Action Plan. The child's current BSACI Paediatric Allergy Action Plan and Individual Healthcare Plan (IHP), where applicable, must be available to relevant staff and followed in an emergency. The BSACI plan should be completed/updated by the child's healthcare professional, with parent/carer involvement.

1. Scope and purpose

To identify and control foreseeable risks associated with the child's severe allergy during school attendance, including lessons, eating, play, PE, assemblies, clubs, trips and other activities. The aim is to reduce the likelihood of allergen exposure while enabling the child to participate safely and inclusively in school life.

2. People at risk

- The child with the known severe allergy.
- Other pupils and staff who may be affected by an emergency response or accidental exposure.
- Staff supervising the child, including teachers, teaching assistants, lunchtime staff, first aiders, supply staff and trip/activity leaders.
- Visitors, volunteers and external providers where their activities involve food or other potential allergens.

3. Risk assessment

Hazard / situation	Potential harm	Control measures	Residual risk
Accidental ingestion or direct exposure to the known allergen.	Allergic reaction, potentially including anaphylaxis.	Maintain an up-to-date record of the child's allergen(s). Use the BSACI Allergy Action Plan as the medical reference. Apply school allergy procedures to food provision, classroom activities and events. Do not rely on the child to identify or avoid all risks independently.	Low–Medium
Food brought into school by pupils, staff or visitors.	Unknown or accidental allergen exposure.	School allergy policy followed. Staff communicate the child's dietary/allergy requirements to relevant personnel. Food sharing is not permitted where it creates a foreseeable risk. Classroom celebrations and food-based activities are planned with the allergy in mind.	Low–Medium
School meals, snacks, cooking and food technology.	Exposure through ingredients, cross-contact or incorrect food.	Catering arrangements checked against the child's documented allergy. Ingredient/allergen information is checked before food	Low

		is offered. Suitable alternatives are provided. Staff supervising food activities are aware of the child's requirements and follow the school's allergy procedures.	
Classroom resources / practical activities.	Exposure through food ingredients or materials containing the allergen.	Review planned materials before use. Avoid known allergen-containing materials where necessary. Hands, surfaces and equipment are cleaned using the school's established procedures after food/practical activities.	Low
Lunchtime, breaktime and playground.	Exposure from food or residue; delayed recognition of symptoms.	Relevant supervising staff know the child's allergy and emergency arrangements. The child's prescribed emergency medication is immediately accessible in accordance with the IHP/school medicines procedure. Staff know where the action plan and medication are kept.	Low
PE, sports, outdoor learning and physical activity.	Delayed recognition/response if symptoms occur away from the classroom.	Emergency medication and action plan arrangements apply during PE and activities. Supervising staff know how to summon emergency help and where medication is located. The child is not excluded from normal activity solely because of allergy unless specifically advised by an appropriate healthcare professional.	Low
School trips, visits, residentials or off-site activities.	Greater distance from normal school resources; delayed emergency response.	Trip-specific risk assessment completed. Responsible adults are briefed. The child's action plan and emergency medication travel with the child and remain readily accessible. Suitable food arrangements are confirmed in advance. Emergency contact arrangements are checked.	Low–Medium
Supply staff, volunteers, clubs or unfamiliar staff.	Staff may not know the child's allergy or emergency arrangements.	Relevant information is communicated on a need-to-know basis before supervision begins. Cover arrangements include allergy information and location/access to emergency medication and the action plan.	Low
Emergency response to suspected allergic reaction.	Rapid deterioration and potentially life-threatening anaphylaxis.	Follow the current BSACI Allergy Action Plan and school's emergency procedures. Staff must know how to call 999, how to access prescribed adrenaline auto-injectors, and how to summon additional assistance. Do not delay emergency treatment while trying to determine the cause of symptoms.	Low
Medication unavailable, expired or inaccessible.	Delay in treatment during an emergency.	Named staff check medication availability in line with school policy. Expiry dates and storage arrangements are monitored. Parents/carers are contacted promptly when medication is due to expire or needs replacement. Spare/emergency AAI held by school is managed in accordance with current statutory guidance and the child's plan.	Low
Bullying, stigma or unnecessary restriction.	Anxiety, reduced participation or exclusion from activities.	Promote an inclusive approach. Staff respond promptly to bullying or teasing. Reasonable adjustments are made where needed. The child is supported to participate in school activities without unnecessary restrictions.	Low

4. Emergency Arrangements

The child's BSACI Allergy Action Plan is the clinical emergency reference. Staff must follow the individual plan supplied for this child, including the signs/symptoms identified in that plan and the prescribed medication instructions. The school should not create alternative clinical dosing or treatment instructions in this risk assessment.

- Keep the current BSACI Allergy Action Plan with the child's emergency medication in the agreed location(s).
- Ensure relevant staff know the location and can access the medication without delay.
- In a suspected severe allergic reaction, follow the child's current action plan and activate emergency services as directed by the plan/school emergency procedure.
- A staff member should stay with the child and another should summon help / call 999 where required.
- Record and report the incident in accordance with school policy and current statutory requirements.
- After any significant reaction, review the risk assessment and IHP/action plan with parents/carers and the appropriate healthcare professional.

5. Medication And Storage Arrangements

Medication	[Name/type of prescribed AAI]
Number of devices	[Insert number]
Primary location	[Insert location]
Secondary / spare location	[Insert location, if applicable]
Named person(s) responsible for checks	[Names / roles]
Expiry-date checking frequency	[School procedure / frequency]

6. Staff Awareness And Training

- All school staff receive allergy training including emergency response and the use of adrenaline auto-injectors where required.
- New, temporary and supply staff should receive relevant information before taking responsibility for the child.

7. Communication And Confidentiality

- Parents/carers and the school should agree how allergy information is shared with staff and, where appropriate, with the child.
- Information should be accessible to staff who need it to keep the child safe while respecting confidentiality and data-protection requirements.
- Relevant external providers, caterers and trip leaders should receive the information necessary to manage the identified risk.

8. Monitoring and Review

- Review at least annually and sooner if there is a change in diagnosis, allergen, prescribed medication, action plan, school arrangements or after a significant incident/near miss.
- Review whenever the child's healthcare professional issues an updated BSACI Allergy Action Plan.
- Check that staff training, medication access, catering arrangements and trip procedures remain effective.
- Record lessons learned from incidents and near misses and amend controls where necessary.