



## **Moon's Moat First School and Nursery Anaphylaxis Policy 2025-2026**

### **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 severe systemic allergic reaction. It is at the extreme end of the allergic spectrum. 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, or drugs.

Definition: Anaphylaxis is a severe life threatening generalised or systemic hypersensitivity reaction.

This is characterised by rapidly developing life-threatening airway / breathing / circulatory problems usually associated with skin or mucosal changes. 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 Moon's Moat First School and Nursery 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 the school of any allergies. This information should include all previous severe 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.
- 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

- Staff working with the child will complete anaphylaxis training. Training is provided for relevant staff on a yearly basis and on an ad-hoc basis for any new member of staff who will be working with the child.
- Staff must be aware of the pupils in their care (regular or cover classes) 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. Medication must be taken on any excursion and must be notified on Evolve.
- School staff 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 school first aiders will check medication kept at school, on a termly basis and send a reminder to parents if medication is approaching expiry.
- School staff keep a register of pupils who have been prescribed an AAI and a record of use of any AAI(s) and emergency treatment given.

#### 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.

### **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. It is the parent/carer's responsibility to complete the allergy action plan with help from a healthcare professional and provide this to the school.

### **4. Emergency Treatment and Management of Anaphylaxis**

What to look for:

- swelling of the mouth or throat
- difficulty swallowing or speaking
- difficulty breathing
- sudden collapse / unconsciousness
- hives, rash anywhere on the body
- abdominal pain, nausea, vomiting
- sudden feeling of weakness
- strong feelings of impending doom

Anaphylaxis is likely if all of the following 3 things happen:

- sudden onset (a reaction can start within minutes) and rapid progression of symptoms
- life threatening airway and/or breathing difficulties and/or circulation problems (e.g. alteration in heart rate, sudden drop in blood pressure, feeling of weakness)
- changes to the skin e.g. flushing, urticaria (an itchy, red, swollen skin eruption showing markings like nettle rash or hives), angioedema (swelling or puffing of the deeper layers of skin and/or soft tissues, often lips, mouth, face etc.) Note: skin changes on their own are not a sign of an anaphylactic reaction, and in some cases don't occur at all.

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. Adrenaline should be administered by an injection into the muscle (intramuscular injection).

What does adrenaline do?

- It opens up the airways

- It stops swelling
- It raises the blood pressure

Adrenaline must be administered with the minimum of delay as it is more effective in preventing an allergic reaction from progressing to anaphylaxis than in reversing it once the symptoms have become severe.

### **ACTION:**

- Stay with the child and call for help. DO NOT MOVE CHILD OR LEAVE UNATTENDED
- Remove trigger if possible (e.g. Insect stinger)
- Lie child flat (with or without legs elevated) – A sitting position may make breathing easier
- USE ADRENALINE WITHOUT DELAY and note time given. (Inject at upper, outer thigh - through clothing if necessary)
- CALL 999 and state ANAPHYLAXIS
- If no improvement after 5 minutes, administer second adrenaline auto-injector
- If no signs of life commence CPR
- Phone parent/carer as soon as possible

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**

Children at Moon's Moat First School and Nursery are assessed as not ready to take responsibility for their own medication. There should be an anaphylaxis kit which is kept safely, not locked away and accessible to all staff. Medication should be stored in a rigid box and clearly labelled with the pupil's name and a photograph.

The pupil's medication storage box should contain:

- adrenaline injectors i.e. EpiPen® or Jext® (two of the same type being prescribed)
- an up-to-date allergy action plan
- antihistamine as tablets or syrup (if included on plan)
- spoon if required
- asthma inhaler (if included on plan).

It is the responsibility of the child's parents to ensure that the anaphylaxis kit is up-to-date and clearly labelled, however school staff will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry. Symptoms of anaphylaxis can come on very suddenly, so school staff need to be prepared to administer medication.

#### **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 school office.

## **6. Staff Training**

The Headteacher is responsible for coordinating all staff anaphylaxis training and the upkeep of the school's anaphylaxis policy. Relevant staff will complete online anaphylaxis awareness training at the start of every new academic year. Training is also available on an ad-hoc basis for any new members of staff where necessary.

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 AAls) 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
- Associated conditions e.g. asthma
- Managing allergy action plans and ensuring these are up to date
- Staff who have completed Paediatric First Aid training will have had a practical session as part of their training.

## **7. Inclusion and safeguarding**

Moon's Moat First School and Nursery 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.

## **8. 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.

The School will inform the catering providers of pupils with food allergies. The caterers provide a form for parents to complete. This ensures that individual catering needs can be met.

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.
- Food should not be given to primary school age food-allergic children without parental engagement and permission (e.g. birthday parties, food treats).
- Foods containing nuts are discouraged from being brought in to 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.

## **9. Allergy awareness**

Moon's Moat First School and Nursery supports the approach advocated by The Anaphylaxis Campaign and Allergy UK. They advocate for schools to adopt a culture of allergy awareness and education. A 'whole school awareness of allergies' ensures teachers, pupils and all other staff 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.

## **10. Links with other policies:**

Medicines Policy

Access to Education for children with Medical Needs

First Aid Policy

Safeguarding Children Policy

Anti-Bullying Policy

## **11. Safeguarding / Child Protection**

All staff and Governors have received appropriate safeguarding and child protection training (September 2025). All staff have read the following:

- Keeping Children Safe in Education 2025
- What to do if you're worried that a child is being abused
- Staff Code of Conduct
- Safeguarding and Child Protection Policy

Other related policies have been signposted such as Working Together to Safeguard Children, Anti-Bullying, Anti-Cyber Bullying Policy, Behaviour Policy, Critical Incidents, Health & Safety etc.

Staff working with children should maintain an attitude of '*it could happen here*' where safeguarding is concerned. If staff have any concerns about a child's welfare, they should act upon them immediately. They should follow the school's policy and procedures and speak with the Designated Safeguarding Lead (Miss Crawford) or one of the Deputy Safeguarding Leads (Mrs Kelly, Mrs Moorhouse or Mrs Lawrence). In the absence of these staff members, a member of the SLT should be contacted. All concerns should be acted upon and recorded on CPOMS.

Review date September 2026.