



# Anaphylaxis Policy

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Title	Anaphylaxis Policy
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Purpose of the policy	To minimise the risk of any pupil person suffering a severe allergic reaction whilst at school or attending any school related activity. To ensure staff are properly prepared to recognise and manage severe allergic reactions should they arise.
Related policies/guidance	
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Under the Public Sector Equality Duty, Manchester Hospital School has due regard to the need to eliminate discrimination, harassment and victimisation and any other conduct prohibited by the Equality Act 2010; to advance equality of opportunity between those who share a relevant protected characteristic and those who do not share it and to foster good relations across all protected characteristics. Manchester Hospital School will take into account equality considerations when policies are being developed, adopted and implemented.

Manchester Hospital School serves the needs of a very large and diverse range of children, young people and their families at times when they are extremely vulnerable. Our core purpose as a school is to uphold the child's right to Education and our policies and procedures are necessary to keep staff and children safe. We acknowledge that our students are often living with a range

of very complex medical conditions including mental ill health and therefore we keep the needs of the student at the heart of all decisions. We will , therefore, work within the parameters of all statutory policies whilst seeking to understand and support the child's long term education and health needs.

## 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. Risk Assessment
12. Useful Links

## 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 Manchester Hospital School will support pupils in the school community with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in school life.

## Scope of Application

This policy applies across all Manchester Hospital School sites. At hospital-based sites, catering and food provision are governed by NHS Trust policies and procedures.

At the Leo Kelly site, Manchester Hospital School is directly responsible for food provision and allergen management. Therefore, additional operational controls outlined within the Catering and Risk Assessment sections apply specifically to that site.

## Role and Responsibilities

### Parent responsibilities

- As part of the school's admissions process, parents/carers will be asked by an MHS staff member to give information regarding their child's allergies. It is the parents/carers responsibility to inform the school of accurate and up to date allergy information for their child. This information should include all previous severe allergic reactions, history of anaphylaxis and details of all prescribed medication.
- The home school/ school nursing team is to supply a copy of their child's IHCP to MHS. If they do not currently have an IHCP this should be developed as soon as possible in collaboration with a healthcare professional e.g. Schools nurse/GP/allergy specialist.
- Parents are responsible for ensuring any required medication for pupils is supplied, in date and replaced as necessary.
- Parents /carers are requested to keep the school up to date with any changes in allergy management. IHCP 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.
- 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. Pupils unable to produce their required medication will not be able to attend the excursion.
- The Lead SENCO will ensure that all IHCPs are kept up to date and stored centrally for all relevant staff to access.
- It is the parent's responsibility to ensure all medication is in date and the Lead SENCO will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.
- The Lead SENCO keeps a register of pupils who have been prescribed an AAI and a record of use of any AAI(s) and emergency treatment given. This is stored on the MHS electronic accident reporting form.

## **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 auto-injectors will be encouraged to take responsibility for carrying them on their person at all times.

## IHCPs

Individual Healthcare Plans (IHCPs) for children with allergies, provide 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 Leads SENCOs responsibility to complete the IHCP with input from parent/carer and with help from a healthcare professional (e.g. GP/School Nurse/Allergy Specialist) and stored centrally for all relevant staff to access.

## 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 person 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 person and call for help. **DO NOT MOVE CHILD THE PERSON OR LEAVE UNATTENDED**
- Remove trigger if possible (e.g. Insect stinger)
- Lie child person 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 or next of kin 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.

## Supply, storage and care of medication

(Around age 11 years +) Pupils or staff will be encouraged to take responsibility for and to carry their own two adrenaline injectors on them at all times (in a suitable bag/ container).

For younger children (below 11) or those 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® or Emerade® (two of the same type being prescribed)
- an up-to-date IHCP
- 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 parent/carer to ensure that medication is up-to-date and clearly labelled, however the Lead SENCO 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 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 complete responsibility for their emergency kit under the responsibility of their parents/carers.

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 disposed of by a specialist collection service. The sharps bin is kept in the medical room.

## 'Spare' adrenaline auto injectors in school

Manchester Hospital School has purchased spare adrenaline auto-injector (AAI) devices for emergency use in children who are risk of anaphylaxis.

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

### Spare pens are kept in the following location/s:-

School Reception area

Business Team Office

Site Lead Office

Medical Room

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

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

If anaphylaxis is suspected **in an undiagnosed individual**, call the emergency services and state you suspect ANAPHYLAXIS. Follow advice from them as to whether administration of the spare AAI is appropriate.

## Staff Training

Assistant School Business Manager and Deputy Headteacher are the named staff members responsible for co-ordinating all staff anaphylaxis training and the upkeep of the school's anaphylaxis policy.

Deputy Headteacher will conduct a practical anaphylaxis training session at the start of every new academic year.

Training is also available on an ad-hoc basis for any new members of 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 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 IHCPs and ensuring these are up to date
- A practical session using trainer devices (these can be obtained from the manufacturers' websites [www.epipen.co.uk](http://www.epipen.co.uk) and [www.jext.co.uk](http://www.jext.co.uk) and [www.emerade-bausch.co.uk](http://www.emerade-bausch.co.uk) )

## Inclusion and safeguarding

Manchester Hospital 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.

## Catering

All food businesses (including school caterers) must follow the Food Information Regulations 2014, which state that allergen information relating to the 'Top 14' allergens must be available for all food products.

At the Leo Kelly School, the school menu is set a term in advance on a three-weekly cycle. All allergens are clearly identified and highlighted on the menu. The menu is available to parents and pupils upon request in advance.

Due to the small-site nature of The Leo Kelly School, the Catering Manager, has direct oversight of pupils with identified food allergies. On admission to The Leo Kelly School, pupils and parents complete the necessary medical and dietary information forms. This information is shared promptly with the Catering Manager to ensure appropriate provision and risk management.

The school maintains clear communication between the Lead SENCo and the Catering Manager to ensure any changes to a pupil's allergy status are shared without delay.

Where food is prepared on site:

- Allergen information is checked prior to preparation and serving.
- Measures are taken to minimise cross-contamination.
- Pupils are supervised at mealtimes and discouraged from sharing food.

We operate as a nut free school and promote a culture of allergy awareness and safe practice.

### Operational Controls - The Leo Kelly School

- A live allergy register is shared securely with catering staff.
- Pupils with food allergies are identified via Arbor
- Allergen information is checked prior to preparation and serving.
- Measures are taken to minimise cross-contamination, including use of separate utensils and cleaning of preparation areas.
- Food is not provided without checking against the allergy register.
- Food-related curriculum activities are risk assessed in advance where allergies are present.
- Pupils are supervised at mealtimes and discouraged from sharing food.
- Food provided by parents/ carers are asked to refrain from sending food into school with their child. Where there are extenuating circumstances and the child is required to bring in their own food, this must be clearly labelled with the pupil's name.

## 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, have access to their prescribed medication. Pupils without appropriate medication will not be permitted to attend.

All activities will be risk assessed in advance to ensure any risks to pupils with allergies are identified and mitigated.

Where trips involve food provision, the venue will be informed in advance of any pupil allergies and appropriate arrangements agreed.

Overnight visits may be possible with careful planning. A meeting with parents/carers will be arranged in advance to ensure medical needs are clearly understood and appropriate controls are in place.

## Risk Assessment

Manchester Hospital School will conduct a detailed risk assessment to help identify any gaps in our systems and processes for keeping allergic children safe for all new joining pupils with allergies and any pupils newly diagnosed.

### **Ongoing Monitoring (The Leo Kelly School)**

- Termly checks of allergy registers and medication.
- Review of any anaphylaxis incidents by SLT.
- Annual review of catering allergen procedures.
- Monitoring of staff training compliance.

## Useful Links

Anaphylaxis Campaign- <https://www.anaphylaxis.org.uk>

AllergyWise training for schools - <https://www.anaphylaxis.org.uk/information-training/allergywise-training/for-schools/>

AllergyWise training for Healthcare Professionals <https://www.anaphylaxis.org.uk/information-training/allergywise-training/for-healthcare-professionals/>

Allergy UK - <https://www.allergyuk.org>

Whole school allergy and awareness management (Allergy UK)  
<https://www.allergyuk.org/schools/whole-school-allergy-awareness-andmanagement>

Spare Pens in Schools - <http://www.sparepensinschools.uk>

Official guidance relating to supporting pupils with medical needs in schools:  
<http://medicalconditionsatschool.org.uk/documents/Legal-Situation-in-Schools.pdf>

Education for Health <http://www.educationforhealth.org>

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>

Guidance on the use of adrenaline auto-injectors in schools (Department of Health, 2017)

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/645476/Adrenaline\\_auto\\_injectors\\_in\\_schools.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf)