Allergy and Anaphylaxis Policy

Links with other policies This Allergy and Anaphylaxis PolicyPolicy should be read in conjunction with the following OTP policies:	
Health & Safety Policy	Educational Visits Policy
Supporting pupils with medical needs policy	Risk assessment Policy
Food Policy	

Approved by:	Board of Trustees	**Date:**	07/09/2026
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1. Ethos

At The Open Thinking Partnership, we believe that every child belongs. Having a food allergy should never hold a pupil back or stop them from enjoying school.

We follow Benedict's Law to keep all pupils safe, healthy, and included through three simple steps:

- 1. Total Inclusion: We adapt everything we do—from classroom lessons and school parties to sports and trips—so every pupil can take part safely.
- 2. Prevention & Safety: We follow strict safety rules in our kitchens, train our staff to use emergency allergy medication, and plan ahead for all off-site trips.
- 3. Strong Partnerships: We work closely with parents and teach pupils how to make safe food choices as they grow up.

2. 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 Schools within OTP will support pupils with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in school life.

Policy Purpose

To minimise the risk of any pupil suffering a serious allergic reaction whilst at school or attending any school related activity. To ensure staff are properly prepared to recognise and manage serious allergic reactions should they arise.

3. Role and responsibilities

Parent/Carer Responsibilities

- On admission to the school, it is the parent's responsibility to inform the school of any allergies their child has. 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. 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. Training is provided for all staff on a yearly basis and on induction when new staff join OTP.
- 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 trip.
- The School Health Care Lead *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 School Health Care Lead will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.
- The School Health Care Lead 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.
- Any allergies experienced and near misses in school are recorded on Medical Tracker by the first aider who supports the child/young person and in accordance with RIDDOR where appropriate.

Pupil Responsibilities

Pupils within the Open Thinking Partnership Schools have complex additional needs. This means that they will not always understand what is happening when they are unwell or

may not have the skills to communicate this to supporting adults. As a result all adults remain vigilant when working with pupils. Where possible:

- Pupils are encouraged to have a good awareness of their symptoms (where this is possible due to their needs) 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 via an agreed individual risk assessment.

4. Allergy Action Plans (which act as risk assessments for pupils with known allergies)

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. Parents are responsible for providing these plans to school and should ensure that school have an updated plan as soon as anything changes.

5. Emergency Treatment and Management of Anaphylaxis

All staff working with pupils are trained to know the symptoms of anaphylaxis (see appendix A). They understand that 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. A pupil's individual allergy plan should be followed if it is in place.

All pupils must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can reoccur after treatment.

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➔ **Action: See Appendix A for a recognition of symptoms poster.**

➔ **Action: See Appendix B for What to do if you suspect Anaphlaxis**

6. Supply, storage and care of medication

Individual plans will be in place for pupils linked to their understanding of their medical needs. Pupils with identified allergies will have medication accessible to them at all times (either kept on their person or kept by a member of staff working in the space where they are).

Staff members working with individual pupils are responsible for signing out their medication each day. The medication will be stored in a suitable container and will be clearly labelled with the pupil's name.

- Two AAIs i.e EpiPen® or Jext®
- Up to date allergy action plan
- Alternative medication & spoon if required for delivery (where this is part of the allergy action plan for example anti-histamine / inhaler)

It is the responsibility of the child's parents to ensure that the anaphylaxis kit is up-to-date and clearly labelled, however the School Health Care Lead 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 and Disposal

AAIs should be stored in line with guidance and once used they should be disposed of by handing to the paramedics or by a member of the medical team taking to the pharmacy.

7. ‘Spare’ adrenaline auto-injectors & Inhalers in school

Open Thinking Partnership has purchased spare AAIs for each school within its trust to use in an emergency for children who are at risk of anaphylaxis. This may include where a child / young person’s AAI is not working or where anaphylaxis is experienced for the first time. These are stored in easily accessible boxes and clearly labelled ‘Emergency Anaphylaxis Adrenaline Pen’. All staff receive training on where the pens are located within their school (appendix C).

Spare inhalers for OTP are located in boxes next to the AAI devices and are only to be used as per the following guidance.

Following amendment in 2014, the Human Medicines Regulations 2012 permit schools to buy an emergency asthma reliever inhaler (salbutamol inhaler device and spacer), without a prescription, for use in emergencies. The inhaler can be used if the child or young person’s prescribed inhaler is not available (for example, because it is broken or empty). Guidance is available on Emergency asthma inhalers for use in schools. It is recommended that schools keep emergency asthma reliever inhalers alongside “spare” adrenaline devices.

AAI pen use information

School type	AAIs for children under age 6 years (150 micrograms) e.g. EpiPen Junior, Jext 150	AAIs for individuals over 6 years of age (300 micrograms) e.g. EpiPen, Jext 300
State-funded nursery school	One pair of "spare" AAIs	n/a
Primary school	One pair of "spare" AAIs	One pair of "spare" AAIs
Secondary school	n/a	One or two pairs of "spare" AAIs *
Special school	One pair of "spare" AAIs	One pair of "spare" AAIs

The School Health Care Leads is responsible for checking the spare medication is in date on a weekly basis as part of their weekly audit checks and to replace as needed.

Written parental permission for use of the spare AAIs is included in the child / young person's allergy action plan.

Using "spare" ADs in an emergency situation without prior consent

The Human Medicines (Amendment) Regulations 2017 do not require consent to have been obtained for "spare" adrenaline devices to be used in an emergency. It is good practice for the school, college or setting to obtain advance consent from parents or the young person for "spare" adrenaline devices to be used, so that in an emergency, consent can be assumed to be in place. However, in an emergency situation anyone may take reasonable action to save a life without checking whether prior consent has been given, in order to avoid delays in treatment. OTP schools include this information in their new starter packs.

8. Staff Training

The named staff members (at least 2) responsible for coordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy are:-

- Rachel Blake
- Rachael Mortimer

All staff will either complete

- AllergyWise® allergy and anaphylaxis training annually, and on an ad-hoc basis during induction of new staff
- And / Or training with a member of the Diana Service
- Or training with a trained Allergy trainer

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.

Open Thinking Partnership schools ensure that staff undertake a practical session using trainer devices.

9. Inclusion and safeguarding

Open Thinking Partnership 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.

10. 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's menu is available for parents to view via school based communication systems. The catering teams hold all information for individual children / young people in their schools linked to allergens which is made available to parents on request.

Catering staff use the information recorded under dietary requirements on Arbor to ensure that they are accessing up to date information on children and young people's allergens. Parents can request a meeting with the Trust Catering manager to discuss their child's needs and should contact their school office should they wish to arrange this.

11. Trips

The school adheres to the following Department of Health guidance recommendations:

In line with Benedict's Law, our school ensures that pupils with food allergies safely and fully participate in all aspects of school life through proactive risk management, clear communication, and strong parental partnership. To achieve this, all parent-provided food items must be clearly labelled, catering staff follow strict cross-contamination protocols,

and pupils are empowered—where appropriate—to check food choices with staff. Furthermore, food is never distributed in primary settings without parental permission, and all classroom activities, special events, educational trips, and sports excursions are risk-assessed and adapted to guarantee inclusion. Off-site learning is fully supported by carrying mandatory emergency medication, briefing external venues, and ensuring adrenaline-trained staff accompany trips, maintaining a safe, non-discriminatory environment across every school activity.

12. Allergy awareness and nut bans

All schools within Open Thinking Partnership are a nut free environment. We support whole school awareness of allergies so that all staff, pupils and parents are aware of what allergies are, the importance of avoiding any known allergens for pupils and how to recognise signs and symptoms and how to respond to allergic reactions. Policies and procedures are in place to minimise risk.

13. Useful Links

Anaphylaxis UK including Allergywise Training - https://www.anaphylaxis.org.uk/

Safer Schools Programme - https://www.anaphylaxis.org.uk/education/safer-schools-programme/

AllergyWise 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- 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 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

Who to contact

If you have any questions relating to this policy or want to clarify any information contained within, please send an email to enquiries@openthinkingpartnership.co.uk

Appendix - A - Signs and Symptoms

Recognition and management of an allergic reaction/anaphlaxis

Signs and symptoms include:

Mild-moderate allergic reaction:	**ACTION:**
• Swollen lips, face or eyes • Itchy/tingling mouth • Hives or itchy skin rash • Abdominal pain or vomitting • Sudden change of behaviour	• Stay with the child, call for help if necessary • Locate adrenaline autoinjector(s) • Give antihistamine according to the child's allergy treatment plan • Phone parent/emergency contact

Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction)

Airway:	Persistent cough Hoarse voice Difficulty swallowing, swollen tongue
Breathing:	Difficult or noisy breathing Wheeze or persistent cough
Consciousness:	Persistent dizziness Becoming pale or floppy Suddenly sleepy, collapse, unconscious

IF ANYONE (or more) of these signs are present:

1. Lie child flat with legs raised: (if breathing is difficult, allow child to sit)
2. Use Adrenaline autoinjector* without delay
3. **Dial 999** to request ambulance and say ANAPHYLAXIS



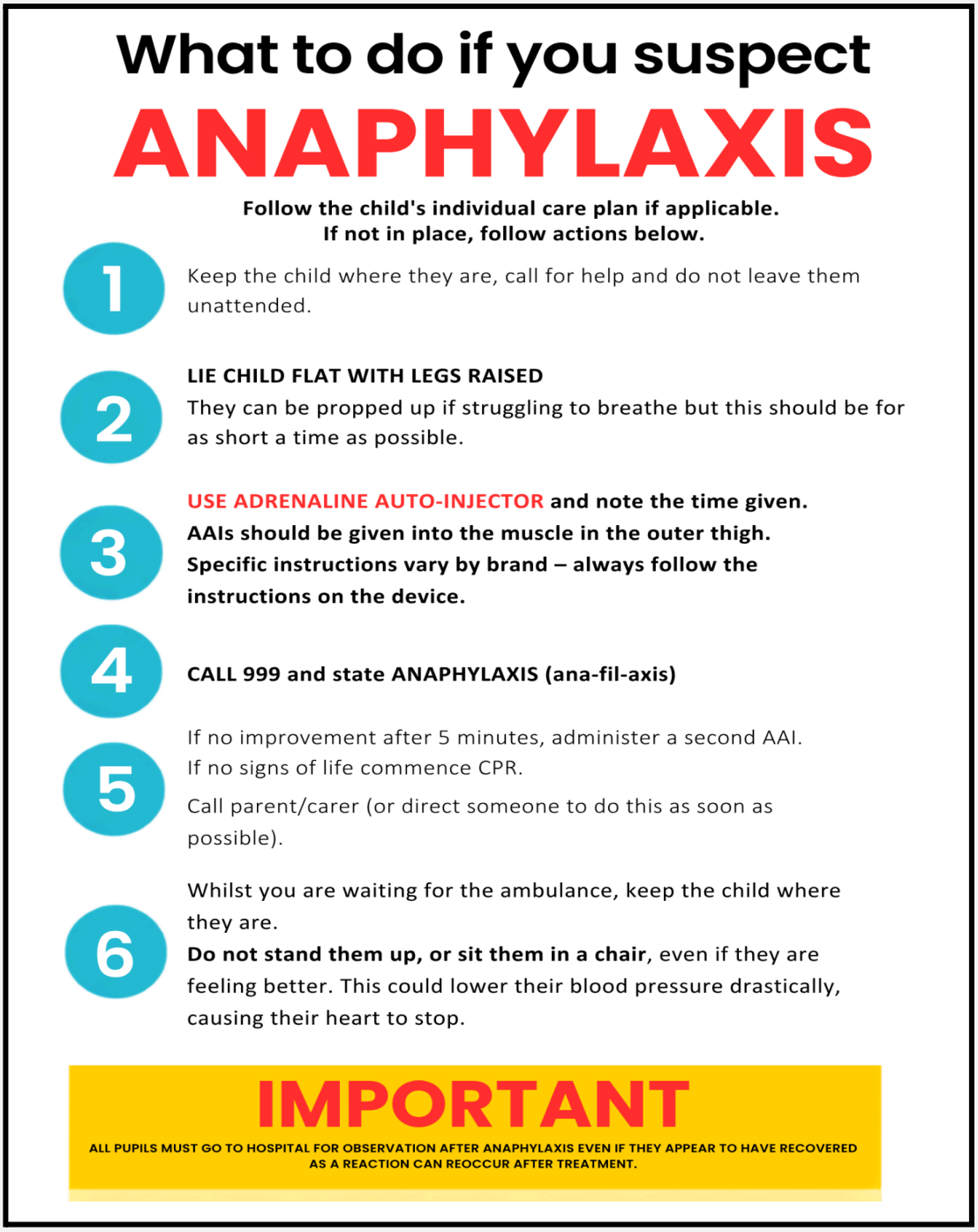
***** IF IN DOUBT, GIVE ADRENALINE *****

After giving Adrenaline:

1. Stay with child until ambulance arrives, do NOT stand child up
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement after **5 minutes, give a further dose** of adrenaline using another autoinjector device, if available.

Anaphylaxis may occur without initial mild signs. **ALWAYS use adrenaline autoinjector first in someone with known food allergy who has SUDDEN BREATHING DIFFICULTY** (persistent cough, hoarse voice, wheeze) - even if no skin symptoms are present.

Appendix - B - What to do



What to do if you suspect

ANAPHYLAXIS

Follow the child's individual care plan if applicable.
If not in place, follow actions below.

1. Keep the child where they are, call for help and do not leave them unattended.

2. **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.

3. **USE ADRENALINE AUTO-INJECTOR 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.

4. **CALL 999 and state ANAPHYLAXIS (ana-fil-axis)**

5. If no improvement after 5 minutes, administer a second AAI.
If no signs of life commence CPR.
Call parent/carer (or direct someone to do this as soon as possible).

6. 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.

IMPORTANT

ALL PUPILS MUST GO TO HOSPITAL FOR OBSERVATION AFTER ANAPHYLAXIS EVEN IF THEY APPEAR TO HAVE RECOVERED AS A REACTION CAN REOCCUR AFTER TREATMENT.

Appendix - C - Auto Injector Pen Locations

AUTO INJECTOR PEN LOCATIONS



Dorothy Goodman School-

- Primary - Main reception
- Richmond - Staff Intervention space
- Sixth Form - Staff room
- Cleveland House - Medical room
- The Hinckley School Base - Staff kitchen area
- Secondary site - Staff corridor
- Ravenhurst - PPA room

Fusion -

- Main reception

Forest Way -

- Main office - Medical room
- The Den - Staff office
- The Croft - AHT office
- The Flat - Main classroom
- The Lodge - 09 Classroom
- The Hideout - On the wall