



Lancaster Royal Grammar School

Anaphylaxis Policy

Schedule for Development, Monitoring and Review

This policy was approved by the <i>school Senior Leadership Team</i> on:	<i>July 2026</i>
The review of this policy by the Senior Leadership Team is, the next scheduled for:	<i>July 2027</i>
The implementation of this Digital Safety Policy will be monitored by: <i>James Hallsworth (Deputy Head: Pastoral – DSL) and the School Nursing Sister</i>	
The policy will be reviewed annually, or more regularly in the light of any significant developments or incident reviews. The <i>Safeguarding Trustee Committee</i> will receive a report on the implementation of this policy.	

1. Introduction

This Anaphylaxis Policy has been developed to ensure the safety, wellbeing, and inclusion of all pupils with severe allergies in line with the principles of Benedict's law (also known as the School Allergy Safety Bill, 2026) the school is committed to creating a safe learning environment through effective allergy management, staff training, and emergency planning in partnership with parents and Healthcare professionals.

By adopting a whole-school approach, we aim to minimise risks while enabling all pupils to participate fully and safely in school life. This policy will be overseen by a designated member of the Senior Leadership Team and a nominated Governor, who will be responsible for monitoring its implementation and effectiveness. Whole-school training on the recognition, prevention and management of anaphylaxis will be provided to ensure that all staff are appropriately trained and competent to respond effectively in the event of an anaphylactic emergency.

2. Definition

Allergy is the response of the body's immune system to normally harmless substances such as foods, pollen and house dust mites. Whilst these substances (allergens) may not cause any problems in most people, in allergic individuals their immune system identifies them as a 'threat' and produces an inappropriate response. This can be relatively minor, such as localised itching, but it can be much more severe causing anaphylaxis which can lead to upper respiratory obstruction and collapse. Common triggers are nuts and other foods, venom (bee and wasp stings), drugs, latex and hair dye. Symptoms often appear quickly and the 'first line' emergency treatment for anaphylaxis is adrenaline which is administered with an Adrenaline Auto-Injector.

Around 5-8% of children in the UK live with a food allergy, and most school classrooms will have at least one allergic pupil. These people are at risk of anaphylaxis, a potentially life-threatening reaction which requires an immediate emergency response. 20% of severe allergic reactions to food happen whilst a child is at school, and these reactions can occur in children with no prior history of food allergy. It is essential that staff recognise the signs of allergic reaction and are able to manage this.

Anaphylaxis is a severe and often sudden allergic reaction. It can occur when a susceptible person is exposed to an allergen (such as food or an insect sting).

Reactions usually begin within minutes of exposure and progress rapidly but can occur up to 2-3 hours later. It is potentially life threatening and always requires an immediate emergency response.

Common allergens that can trigger anaphylaxis are:

- Foods (e.g. peanuts, tree nuts, milk/dairy foods, egg, wheat, fish/seafood, sesame and soya)
- Insect stings (e.g. bee, wasp)
- Medications (e.g. antibiotics, pain relief such as ibuprofen)
- Latex (e.g. rubber gloves, balloons, swimming caps).

The severity of an allergic reaction can be influenced by a number of factors including minor illness (like a cold), asthma, and, in the case of food, the amount eaten. It is very unusual for someone with food allergies to experience anaphylaxis without actually eating the food: contact skin reactions to an allergen are very unlikely to trigger anaphylaxis.

The time from allergen exposure to severe life-threatening anaphylaxis and cardio-respiratory arrest varies, depending on the allergen:

Food: While symptoms can begin immediately, severe symptoms often take 30+ minutes to occur. However, some severe reactions can occur within minutes, while others can occur over 1-2 hours after eating. Severe reactions to dairy foods are often delayed and may mimic a severe asthma attack without any other symptoms (e.g. skin rash) being present.

Severe reactions to insect stings are often faster, occurring within 10-15 minutes.

3. Management of anaphylaxis in school

Care Provision

If a pupil has an identified risk of anaphylaxis, it is the parents' or guardians' responsibility to notify the school of this risk. Full details of allergen and reaction symptoms as well as an Allergy Action Plan provided by a specialist, must be submitted to school. The Medical Centre Team will use this information to prepare an individual healthcare plan. This plan will include the pupil's Allergy Action Plan and will be shared with relevant staff so that appropriate support is in place.

In this case AAI(s) held by the school should be considered a spare / back-up device and not a replacement for a pupil's own AAI(s). Current guidance from the Medicines and Healthcare Products Regulatory Agency (MHRA) is that anyone prescribed an **AAI should always carry two of the devices**. This policy does not supersede this advice from the MHRA, and any spare AAI(s) held by the school should be in addition to those already prescribed to a pupil. It is the parents' responsibility to ensure that the child's AAI's are within the expiry date.

Under Benedict's law in England, schools are expected to hold Spare AAI's that **can be used for any child or adult experiencing suspected anaphylaxis, including someone having their first-ever anaphylactic reaction who does not have a prescribed AAI**, [Anaphylaxis UK].

Record Keeping and Communication

The Medical Centre Team will produce an annual list of pupils with healthcare plans. This list will be distributed to all staff, including the Catering Manager, and relevant information will be uploaded to iSAMS. A copy of the list will also be displayed in the staff room at City View.

Inclusion and Awareness

Pupils with allergies must not be stigmatised, isolated or excluded from school activities because of their condition, unless this is specifically required by their Allergy Action Plan. For example, pupils should not routinely be separated at mealtimes or excluded from class activities.

Allergy awareness should be promoted across the school so that pupils understand the importance of keeping classmates safe and treating them respectfully. This helps reduce the risk of allergy bullying and supports an inclusive school environment.

Reducing the risk of allergen exposure in children with food allergy

- Bottles, other drinks and lunch boxes provided by parents for children with food allergies should be clearly labelled with the name of the child for whom they are intended.
- Pupils identified as being at risk of food allergy or anaphylaxis, should have a meeting with the catering manager at the beginning of the school year. [Dishes and their allergen content menu chart](#) should be discussed and explained.
- Use of food in crafts, cooking classes, science experiments and special events (e.g. assemblies, cultural events) needs to be considered and may need to be restricted depending on the allergies of particular children and their age. Be aware that allergens can turn up in unexpected ways from nuts in cakes to peanuts in bird feeders.
- In arts/craft, an appropriate alternative ingredient can be substituted (e.g. wheat-free flour for play dough or cooking).
- When planning out-of-school activities such as sporting events, excursions (e.g. restaurants and food processing plants), school outings or camps, think early about the catering requirements and increased risk factors of the food-allergic child. For example, eating/dining out carries greater risk as there may be hidden ingredients or unfamiliar dishes. Both the child and the supporting staff should be aware of the child's care plan and emergency procedures and at least one member of staff present is familiar with using an AAI.

4. Treatment

While medicines such as antihistamines can be used for mild allergic reactions, they are ineffective in severe reactions – only adrenaline is recommended for severe reactions (anaphylaxis). The adrenaline treats both the symptoms of the reaction, and also stops the reaction and the further release of chemicals causing anaphylaxis. However, severe reactions may require more than one dose of adrenaline, and children can initially improve but then deteriorate later. It is therefore essential to **always call for an ambulance** to provide further medical attention, whenever anaphylaxis occurs. The use of adrenaline as an injection into the muscle is safe and can be life-saving.

Children at risk of anaphylaxis should have their prescribed AAIs at school for use in an emergency. The MHRA recommends that those prescribed AAIs should carry TWO devices at all times, as some people can require more than one dose of adrenaline and the AAI device can be used wrongly or occasionally misfire. Depending on their level of understanding and competence, children and particularly teenagers should carry their AAIs on their person at all times or they should be quickly and easily accessible at all times.

Anaphylaxis commonly occurs together with mild symptoms or signs of allergy, such as an itchy mouth or skin rash. Anaphylaxis can also occur on its own without any mild-moderate signs. In the presence of any severe symptoms, it is vital that an adrenaline auto-injector is administered without delay, regardless of what other symptoms or signs may be present. Always give an adrenaline auto-injector if there are ANY signs of anaphylaxis present. You should administer the pupil's own AAI if available, if not use the spare AAI.

The AAI can be administered through clothes and should be injected into the upper outer thigh in line with the instructions issued for each brand of injector.

IF IN DOUBT, GIVE ADRENALINE

After giving adrenaline do NOT move the pupil. Standing someone up with anaphylaxis can trigger cardiac arrest. Provide reassurance. The pupil should lie down with their legs raised. If breathing is difficult, allow the pupil to sit.

If someone appears to be having a severe allergic reaction, it is vital to call the emergency services without delay – even if they have already self-administered their own adrenaline injection and this has made them better. A person receiving an adrenaline injection should always be taken to hospital for monitoring afterwards.

ALWAYS DIAL 999 AND REQUEST AN AMBULANCE IF AN AAI IS USED.

Chain of actions in the event of anaphylaxis

- Try to ensure that a person suffering an allergic reaction remains as still as possible and does not get up or rush around. Bring the AAI to the pupil, not the other way round.
- When dialling 999, say that the person is suffering from anaphylaxis (“ANA-FIL-AX-IS”).
- Give clear and precise directions to the emergency operator, including the postcode of your location.
- If the pupil’s condition does not improve 5 to 10 minutes after the initial injection you should administer a second dose. If this is done, make a second call to the emergency services to confirm that an ambulance has been dispatched.
- Send someone outside to direct the ambulance paramedics when they arrive.
- Arrange to phone parents/carer.
- Tell the paramedics:
 - If the child is known to have an allergy
 - What might have caused this reaction e.g. recent food
 - The time the AAI was given.
- How much medication was given, and by whom.

Mild/moderate allergic reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

Action:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine:
- Phone parent/emergency contact
- If vomited, can repeat dose

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

Anaphylaxis may occur without skin symptoms: **ALWAYS** consider anaphylaxis in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY**

AIRWAY

Persistent cough, hoarse voice, difficulty swallowing, swollen tongue

BREATHING

Difficult or noisy breathing, wheeze or persistent cough

CONSCIOUSNESS

Persistent dizziness, pale or floppy, suddenly sleepy, collapse, unconscious

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE 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 for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

***** 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 2nd adrenaline dose** using a second autoinjector device, if available.

You can dial 999 from any phone, even if there is no credit left on a mobile.
Medical observation in hospital is recommended after anaphylaxis.

5. Staff

SEVERE ANAPHYLAXIS IS AN EXTREMELY TIME-CRITICAL SITUATION: DELAYS IN ADMINISTERING ADRENALINE HAVE BEEN ASSOCIATED WITH FATAL OUTCOMES.

Supporting Pupils requires governing bodies to ensure that staff supporting children with a medical condition should have appropriate knowledge, and where necessary, support. It would be reasonable for all staff, after training and with the on-going support of the Medical Centre Team to:

- be trained to recognise the range of signs and symptoms of an allergic reaction;
- understand the rapidity with which anaphylaxis can progress to a life-threatening reaction, and that anaphylaxis may occur with prior mild (e.g. skin) symptoms;
- appreciate the need to administer adrenaline without delay as soon as anaphylaxis occurs, before the patient might reach a state of collapse (after which it may be too late for the adrenaline to be effective);
- be aware of the anaphylaxis policy;
- be aware of how to check if a pupil is on the register;
- be aware of how to access the AAI;
- recognising the range of signs and symptoms of severe allergic reactions;
- responding appropriately to a request for help from another member of staff;
- recognising when emergency action is necessary;
- administering AAI's according to the manufacturer's instructions;
- making appropriate records of allergic reactions

6. Arrangements for the supply, storage, care and disposal of AAI's

The AAI's are obtained from the school's medical wholesaler suppliers or a pharmacy. A signed request by the Principal (Appendix 3) should state

- The name of the school for which the product is required
- The purpose for which that product is required, and
- The total quantity required
- The medical centre is responsible for the ordering of the AAI's

Storage and care of the AAI

The emergency anaphylaxis kit(s) should be kept in a safe and suitable central location. They must not be locked away.

It is recommended that at least two named volunteers amongst school staff should have responsibility for ensuring that on a monthly basis the AAI's are present and in date.

The AAI devices should be stored at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature.

The emergency anaphylaxis kit should contain

- 1 AAI
- Instructions on how to use the device
- Instructions on the storage of the AAI device
- Manufacturer's information
- A checklist of the AAI (identified by its batch number and expiry date), with monthly checks recorded
- A note of the arrangements for replacing the injectors
- A list of pupils to whom the AAI can be administered to (students with parent consent forms)
- An administration record

Once an AAI has been used it cannot be reused and must be disposed of according to manufacturer's guidelines. Used AAIs can be given to the ambulance paramedics on arrival or can be disposed of in the sharps bin at the medical centre.

7. School trips and sporting activities

Children with allergies should have every opportunity to take part in out-of-school activities. Such activities require planning and preparation but there is no reason to exclude a child with allergies.

All children with allergies who have been prescribed an AAI, should take **both** adrenaline to the sports ground/hall with them. The teachers leading the sports sessions should all be first aid trained and this must include how to manage severe allergy and anaphylaxis.

8. Appendix 1

After consulting with the school's operational manager and in lieu with government guidelines, 5 areas have been identified as the most appropriate for a spare AAI kit

Area AAI box is kept	Monthly checks done by
The medical centre(medical assistant's room)	Medical centre staff
City View(wall across the main entrance)	Medical Centre Staff
Memo fields-Staff foyer	Staff assigned by PE department in line with their Health and Safety instruction
Lee House- Ground Floor kitchen	Monika Brzeska -First Aider
Biology Department(Prep room above fridge)	Biology department Staff

9. Appendix 2

East Road Lancaster LA1 3EF

Tel: 01524 580600 **Ext:** 205

Email: cpyle@lrgs.org.uk

www.lrgs.org.uk

Dr C J Pyle PhD Headmaster

November 2022

We wish to purchase emergency Adrenaline Auto-injector devices for use in our school/college.

The adrenaline auto-injectors will be used in line with the manufacturer's instructions, for the emergency treatment of anaphylaxis in accordance with the Human Medicines (Amendment) Regulations 2017. This allows schools to purchase "spare" back-up adrenaline auto-injectors for the emergency treatment of anaphylaxis. (Further information can be found at www.sparepensinschools.uk).

Please supply the following devices:

Brand name*		Dose* (state milligrams or micrograms)	Quantity required
	Adrenaline auto-injector device		
	Adrenaline auto-injector device		

Signed: _____ Date: _____

Print name:

Head Teacher/Principal

10. Appendix 3

Lancaster Royal Grammar School

Anaphylaxis incident form

Date	
Person who administered AAI	
Pupil's full name	
Year/form	

- Cause of anaphylactic reaction

- Where did the reaction take place?

- When did the reaction take place?

Symptoms present

Swollen lips	Y / N	Hoarse voice	Y / N
Swollen face	Y / N	Difficulty swallowing/swollen tongue	Y / N
Swollen eyes	Y / N	Difficult or noisy breathing	Y / N
Itchy/tingling mouth	Y / N	Wheeze	Y / N
Hives or itchy skin rash	Y / N	Persistent dizziness	Y / N
Abdominal pain or vomiting	Y / N	Pale/floppy	Y / N
Sudden change in behaviour	Y / N	Suddenly sleepy, collapse,unconscious	Y / N
Persistent cough	Y / N		

- Time of first injection
- Time of second injection
- Name of person who called for an ambulance
- Did parents get informed?

Name	Signature	Date

11. Appendix 4

Dear parent/guardian

Our records indicate that your child has a potentially severe allergy that may require treatment at school

From 1 October 2017 the Human Medicines (Amendment) Regulations 2017, allows schools to buy adrenaline auto-injector (AAI) devices without a prescription. They would be for emergency use in children who are at risk of anaphylaxis, that have an AAI already prescribed to them, but their own devices are not available or not working.

Your child should still carry their **two** adrenaline injectors on them at all time.

It is important for your child's safety that we have the proper authorisations in order to respond in an emergency.

Please fill in the following form to let us know if you wish the school to administer our own supply of adrenaline in an emergency.

<https://forms.office.com/Pages/ResponsePage.aspx?id=yailXmpUak-kTNUsl0VxvLhUq-1x4GVLpquVora-spURVITREpVWEFBWVFJNEtGTlcyUIJEVDFBVi4u>

Please, update your child's emergency contact information and supply any reviewed emergency plans every time there is a change.

We appreciate your help in our effort to provide the best care for your child

12.Appendix 5

Lancaster Royal Grammar School

Anaphylaxis pack checklist

AAI information

Location	
Brand	
Batch Number	
Expiry date	
Chart start date	
Member of staff performing the check	

Academic Year 202 -202

	September	October	November	December	January	February	March	April	May	June	July
AAI present											
Instructions how to use the device present											
Manufacturer's information											
List of pupils with anaphylaxis and parental consent											
List of designated staff											
Note of arrangements for replacing the AAI											
Administration record											