

# ANAPHYLAXIS POLICY



<b>Approved by:</b>	SLT	<b>Date:</b> May 2026
<b>Last reviewed on:</b>	Version 1	
<b>Next review due by:</b>	August 2028	

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## 1. Policy Statement

KWS School is committed to creating a safe and inclusive environment for all pupils and staff, including those at risk of anaphylaxis. This policy outlines our approach to managing the risk of anaphylaxis and ensuring that appropriate procedures are in place to respond quickly and effectively to anaphylactic reactions.

This policy has been developed in accordance with:

- **Benedict's Law (School Allergy Safety)**, which requires schools to have emergency anaphylaxis kits and trained staff
- The Human Medicines (Amendment) Regulations 2017
- Supporting Pupils at School with Medical Conditions (DfE statutory guidance, 2015)
- Guidance on the use of adrenaline auto-injectors in schools (DfE, 2017)

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## 2. Aims and Objectives

This policy aims to:

- Ensure the school is prepared to manage anaphylactic reactions effectively
- Provide clear procedures for staff to follow in an emergency
- Ensure all staff are trained to recognise and respond to anaphylaxis
- Maintain appropriate emergency medication and equipment
- Support pupils with allergies to participate fully and safely in school life
- Raise awareness of anaphylaxis and allergies across the school community

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## 3. Roles and Responsibilities

### 3.1 SLT/ Proprietor

SLT are responsible for:

- Ensuring this policy is implemented and reviewed annually
- Ensuring adequate resources are allocated for emergency anaphylaxis kits and staff training
- Monitoring the effectiveness of arrangements for pupils with medical conditions

### 3.2 The Headteacher

The headteacher is responsible for:

- Overall implementation of this policy

- Ensuring all staff are aware of this policy and their responsibilities
- Ensuring all staff receive appropriate training
- Ensuring emergency anaphylaxis kits are maintained and accessible
- Ensuring individual healthcare plans are in place for pupils at risk of anaphylaxis
- Liaising with parents, healthcare professionals and external agencies

### **3.3 The Designated Safeguarding Lead**

The designated medical lead is responsible for:

- Maintaining a register of pupils at risk of anaphylaxis
- Ensuring individual healthcare plans are up to date
- Coordinating staff training on anaphylaxis and the use of adrenaline auto-injectors
- Checking and maintaining emergency anaphylaxis kits
- Ensuring Kitt Medical anaphylaxis kits are properly stocked and in date
- Ensuring wall-mounted kits in medical rooms are accessible and maintained
- Communicating with parents about their child's needs
- Reviewing this policy annually

### **3.4 All Staff**

All staff are responsible for:

- Being aware of pupils at risk of anaphylaxis
- Knowing how to recognise the signs and symptoms of anaphylaxis
- Knowing the location of emergency anaphylaxis kits on each site
- Being trained in the use of Kitt Medical anaphylaxis kits and adrenaline auto-injectors
- Following emergency procedures if a pupil has an anaphylactic reaction
- Treating all pupils with allergies with care and understanding
- Being aware of potential allergens and taking steps to minimise risk

### **3.5 Parents/Carers**

Parents/carers are responsible for:

- Informing the school if their child is at risk of anaphylaxis
- Providing the school with up-to-date information about their child's allergies
- Providing prescribed adrenaline auto-injectors that are in date
- Working with the school to develop an individual healthcare plan
- Ensuring the school has current emergency contact details

- Replacing adrenaline auto-injectors before they expire

### **3.6 Pupils**

Pupils who are at risk of anaphylaxis should, where appropriate for their age and understanding:

- Know what they are allergic to
  - Understand how to avoid allergens
  - Know the signs and symptoms of an allergic reaction
  - Know how to get help in an emergency
  - Carry their own adrenaline auto-injector if they are old enough and capable (as agreed in their healthcare plan)
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## **4. Identification and Individual Healthcare Plans**

### **4.1 Identifying Pupils at Risk**

When a pupil is identified as being at risk of anaphylaxis:

- Parents must inform the school in writing
- Medical evidence must be provided (e.g., letter from GP or consultant)
- The pupil will be added to the school's medical register
- An individual healthcare plan will be created

### **4.2 Individual Healthcare Plans**

An individual healthcare plan will be developed for each pupil at risk of anaphylaxis. This will include:

- Details of the pupil's allergies and known triggers
- Signs and symptoms of an allergic reaction
- Emergency procedures and treatment
- Details of prescribed medication (including adrenaline auto-injectors)
- Emergency contact details
- Photograph of the pupil (where appropriate)
- Any dietary requirements or restrictions
- Arrangements for school trips and activities

The healthcare plan will be:

- Developed in partnership with parents, the pupil (where appropriate) and healthcare professionals
- Reviewed annually or when circumstances change

- Shared with all relevant staff on a need-to-know basis
  - Stored securely but accessible in an emergency
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## **5. Emergency Anaphylaxis Kits**

### **5.1 Kitt Medical Anaphylaxis Kits**

KWS School uses Kitt Medical anaphylaxis kits, which contain:

- Adrenaline auto-injectors (AAls)
- Clear instructions for use
- Emergency procedure guidance
- Recording forms

### **5.2 Location of Emergency Kits**

Wall-mounted Kitt Medical anaphylaxis kits are available in the medical room on each site at:

- KWS Bedford 23/25 first aid room
- KWS Milton Keynes R2D first aid room

Additional portable kits are available for:

- School trips and off-site activities
- PE and sports activities

### **5.3 Contents of Emergency Kits**

Each emergency anaphylaxis kit contains:

- At least two adrenaline auto-injectors (AAls) suitable for different age groups
- Instructions on how to use the auto-injectors
- Instructions on storage of the auto-injectors
- Manufacturer's information
- A checklist of items and expiry dates
- A note of the arrangements for replacing used or out-of-date auto-injectors
- A list of pupils at risk of anaphylaxis
- Emergency procedure card
- Anaphylaxis incident recording form

### **5.4 Maintenance of Emergency Kits**

Kitt medical lead will email periodically to log in and check:

- Check all emergency kits half termly to ensure:

- AAls are in date
  - AAls are stored correctly (at room temperature, protected from light)
  - All contents are present
  - Instructions are up to date
  - Replace any expired or used AAls immediately
  - Keep a log of all checks and replacements
  - Ensure spare AAls are available
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## 6. Staff Training

### 6.1 Training Requirements

In accordance with Benedict's Law, all staff at KWS School are trained to:

- Recognise the signs and symptoms of anaphylaxis
- Identify pupils at risk of anaphylaxis
- Locate and use emergency anaphylaxis kits
- Administer adrenaline using Kitt Medical auto-injectors
- Follow emergency procedures
- Call emergency services appropriately

### 6.2 Training Programme

Staff training will include:

- **Initial training** for all new staff as part of induction
- **Annual refresher training** for all staff
- **Practical training** on how to use Kitt Medical adrenaline auto-injectors
- **Scenario-based practice** to build confidence

Training will be delivered by:

- [Specify who delivers training - e.g., school nurse, designated medical lead, external trainer]

### 6.3 Training Records

Records will be kept of:

- All staff who have completed training
- Dates of training
- Type of training received

- When refresher training is due
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## 7. Recognition of Anaphylaxis

### 7.1 Signs and Symptoms

Anaphylaxis typically occurs within minutes of exposure to an allergen, but can occur up to several hours later. Staff should be alert to the following signs and symptoms:

#### **Mild to moderate allergic reaction:**

- Itching or tingling in the mouth
- Hives (urticaria) - raised, itchy red rash
- Swelling of the face, lips, or eyes
- Abdominal pain, nausea or vomiting

#### **Anaphylaxis (severe allergic reaction):**

- Difficulty breathing (wheezing, persistent cough, hoarse voice)
- Swelling of the tongue or throat
- Difficulty swallowing
- Dizziness or feeling faint
- Pale or floppy appearance
- Loss of consciousness
- Confusion or anxiety

**Important:** Anaphylaxis can occur without skin symptoms. Any difficulty breathing or signs of shock after exposure to a known allergen should be treated as anaphylaxis.

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## 8. Emergency Procedures

### 8.1 If a Pupil Has an Anaphylactic Reaction

#### **DO NOT DELAY - ACT IMMEDIATELY**

#### **Step 1: Recognise the symptoms**

- Look for signs of anaphylaxis (see Section 7)

#### **Step 2: Call for help**

- Shout for help - do not leave the pupil alone
- Send someone to call 999 immediately and state "anaphylaxis" or "anaphylactic shock"
- Send someone to get the pupil's adrenaline auto-injector (if they have one) AND the emergency anaphylaxis kit

### **Step 3: Administer adrenaline**

- Lay the pupil flat (or sitting if breathing is easier)
- Remove the adrenaline auto-injector from its case
- Follow the instructions on the auto-injector:
  - **For Kitt Medical AAls:** Remove the safety cap, place against the outer thigh (can be given through clothing), press firmly and hold for 10 seconds
- Note the time the adrenaline was given
- Keep the used auto-injector to hand to the paramedics

### **Step 4: Call 999 if not already done**

- State "anaphylaxis" or "anaphylactic shock"
- Give the school address: Kws School, Bedford, MK41
- Provide details of the pupil's condition

### **Step 5: Monitor the pupil**

- Stay with the pupil
- Keep them lying flat (unless they are having difficulty breathing - then let them sit up)
- If they become unconscious, place them in the recovery position
- If they are not breathing, start CPR

### **Step 6: Second dose**

- If there is no improvement after 5 minutes, give a second adrenaline injection using a new auto-injector
- Continue to monitor the pupil until the ambulance arrives

### **Step 7: After the ambulance arrives**

- Hand over the used auto-injector(s) to the paramedics
- Provide details of when adrenaline was given
- The pupil **MUST** go to hospital even if they appear to have recovered (there is a risk of a delayed secondary reaction)

### **Step 8: Inform parents**

- Contact parents/carers immediately to inform them of the incident
- Provide details of which hospital the pupil has been taken to

### **Step 9: Record the incident**

- Complete an anaphylaxis incident form
- Record details in the pupil's healthcare plan

- Report to the designated medical lead
- Review the incident and update risk assessments if necessary

### **8.2 Use of Emergency Anaphylaxis Kit**

The school's emergency anaphylaxis kit may be used on a pupil:

- Whose own prescribed AAI is not available or is out of date
- Who is not known to have anaphylaxis but is showing signs of anaphylaxis (in this case, call 999 first)

### **8.3 After an Anaphylactic Incident**

Following an anaphylactic reaction:

- Replace any used adrenaline auto-injectors immediately
- Review the incident with staff involved
- Update the pupil's individual healthcare plan if necessary
- Review risk assessments
- Inform parents in writing of what happened
- Arrange a meeting with parents to discuss the incident and any changes needed

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## **9. Risk Management and Prevention**

### **9.1 Minimising Risk**

The school will take reasonable steps to minimise exposure to allergens:

- Maintain up-to-date information about pupils' allergies
- Share information about allergies on a need-to-know basis
- Display allergy information in relevant areas (e.g., kitchen, dining hall, classrooms)
- Review food policies and catering arrangements
- Consider allergens when planning activities
- Educate pupils about allergies and the importance of not sharing food
- Encourage hand washing, especially before and after eating
- Clean tables and surfaces regularly

### **9.2 Food Management**

- The school kitchen will be informed of all pupils with food allergies
- Allergen information will be available for all school meals
- Pupils with allergies will be supervised at mealtimes where appropriate

- Staff will be vigilant about food sharing
- Birthday treats and food brought from home will be managed carefully
- Parents will be asked not to send in foods containing common allergens (specify if applicable)

### **9.3 School Trips and Activities**

For any off-site activity:

- Risk assessments will include consideration of pupils with allergies
- A portable emergency anaphylaxis kit will be taken
- At least one member of staff trained in anaphylaxis management will accompany the trip
- Individual healthcare plans will be reviewed before the trip
- Parents will be consulted about any additional measures needed
- Emergency contact details will be available
- The venue will be informed of any pupils with allergies

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## **10. Storage and Administration of Medication**

### **10.1 Storage of Adrenaline Auto-Injectors**

#### **Pupils' own prescribed AAI's:**

- Will be stored in an accessible location known to all staff
- Will be clearly labelled with the pupil's name
- Will be kept in their original packaging with the prescription label
- Will not be locked away (they must be immediately accessible)
- May be carried by the pupil if they are old enough and this is agreed in their healthcare plan

#### **Emergency anaphylaxis kits:**

- Will be stored in wall-mounted Kitt Medical kits in medical rooms on each site
- Will be clearly marked and easily accessible
- Will be stored at room temperature (not in a refrigerator)
- Will be protected from direct sunlight and extreme temperatures

### **10.2 Checking Expiry Dates**

- All AAI's will be checked half termly for expiry dates
- Parents will be notified when their child's AAI is due to expire

- Expired AAls will be replaced immediately
- A system will be in place to track expiry dates

### **10.3 Administration of Medication**

- Only adrenaline auto-injectors will be administered in an emergency
- All staff are trained and authorised to administer AAls
- A record will be kept of all medication administered
- Used AAls will be given to paramedics or disposed of safely according to local procedures

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## **11. Confidentiality and Information Sharing**

### **11.1 Sharing Information**

Information about pupils' allergies will be shared on a need-to-know basis with:

- All teaching staff
- All support staff who may come into contact with the pupil
- Kitchen and catering staff
- First aiders
- Supply staff and volunteers (where relevant)
- External providers (e.g., sports coaches, trip leaders)

### **11.2 Confidentiality**

- Medical information will be stored securely in accordance with GDPR
- Photographs and allergy information will only be displayed with parental consent
- Staff will be reminded of their duty of confidentiality
- Information will only be shared where necessary to keep the pupil safe

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## **12. Communication with Parents**

The school will:

- Inform parents of this policy
- Work in partnership with parents to develop individual healthcare plans
- Provide parents with information about anaphylaxis and allergy management
- Keep parents informed of any incidents or concerns
- Notify parents when AAls are due to expire

- Consult parents before school trips and activities
  - Hold regular review meetings to discuss their child's needs
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## 13. Raising Awareness

### 13.1 Staff Awareness

- All staff will receive information about this policy during induction
- Regular updates will be provided at staff meetings
- Information about pupils with allergies will be shared at the start of each term
- Allergy awareness will be included in safeguarding training

### 13.2 Pupil Awareness

- Age-appropriate education about allergies will be included in PSHE
- Pupils will be taught not to share food
- Pupils will be taught to be kind and inclusive to those with allergies
- Pupils will know how to get help in an emergency

### 13.3 Parent Awareness

- Information about this policy will be available on the school website
  - Parents will be informed about allergy awareness through newsletters
  - Parents will be asked to inform the school of any allergies
  - Parents will be reminded not to send in foods containing common allergens (if applicable)
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## 14. Record Keeping

The school will maintain:

- A register of pupils at risk of anaphylaxis
- Individual healthcare plans for each pupil
- Records of staff training
- Records of emergency kit checks and maintenance
- Records of any anaphylactic incidents
- Records of medication administered

All records will be:

- Stored securely in accordance with GDPR

- Accessible to relevant staff in an emergency
  - Reviewed and updated regularly
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## 15. Insurance and Liability

- Staff who administer adrenaline auto-injectors in good faith are protected by the school's insurance
  - The school has appropriate insurance cover for staff administering medication
  - Staff will not be held liable for any adverse effects arising from the administration of AAls in an emergency, provided they have followed the procedures in this policy and their training
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## 16. Monitoring and Review

### 16.1 Monitoring

The effectiveness of this policy will be monitored through:

- Regular checks of emergency anaphylaxis kits
- Review of staff training records
- Analysis of any incidents
- Feedback from staff, parents and pupils

### 16.2 Review

This policy will be reviewed:

- Bi-Annually
- Following any anaphylactic incident
- When there are changes to legislation or guidance
- When there are significant changes to school procedures

The review will involve:

- The designated medical lead
  - The headteacher
  - Parents (where appropriate)
  - Staff
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## 17. Related Policies

This policy should be read in conjunction with:

- Supporting Pupils with Medical Conditions Policy
  - First Aid Policy
  - Health and Safety Policy
  - Safeguarding and Child Protection Policy
  - Administering Medication Policy
  - Educational Visits Policy
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## 18. Useful Contacts and Resources

**Emergency Services:** 999

**Allergy UK:** 01322 619898 | [www.allergyuk.org](http://www.allergyuk.org)

**Anaphylaxis Campaign:** 01252 542029 | [www.anaphylaxis.org.uk](http://www.anaphylaxis.org.uk)

**Kitt Medical:** [07401 084139](tel:07401084139)

**School Nurse:** 0300 5550606

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## Appendices

**Appendix A:** Individual Healthcare Plan Template

**Appendix B:** Anaphylaxis Incident Recording Form

**Appendix C:** Emergency Procedure Card

**Appendix D:** Kitt Medical Auto-Injector Instructions

**Appendix E:** Monthly Kit Check Form

**Appendix F:** Staff Training Record

**Appendix G:** Parent Information Letter

**Appendix H:** Signs and Symptoms Poster

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**Policy approved by:** [Name and role]

**Date:** [Date]

**Signature:** [Signature]

**Next review date:** [Date - one year from approval]

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## How to Implement This Policy

### Next Steps:

1. **Customise the policy** - Add specific details such as:
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- Exact locations of Kitt Medical kits on each site
  - Name of your designated medical lead
  - Details of who delivers training
  - Any specific food policies you have
2. **Develop the appendices** - Create the supporting documents referenced in the policy:
- Individual healthcare plan template
  - Incident recording forms
  - Emergency procedure cards
  - Monthly check forms
3. **Submit for approval** - Present the policy to your governing body for approval
4. **Train all staff** - Ensure all staff receive training on:
- This policy
  - Recognising anaphylaxis
  - Using Kitt Medical auto-injectors
  - Emergency procedures
5. **Communicate with parents** - Send a letter to all parents:
- Informing them of the policy
  - Asking them to declare any allergies
  - Explaining the school's approach
6. **Set up systems** - Establish:
- A register of pupils at risk
  - A schedule for monthly kit checks
  - A system for tracking AAI expiry dates
  - A training record system
7. **Review regularly** - Schedule an annual review date and add it to your policy review schedule