Allergy and Anaphylaxis Policy 2026

Approved by:	Mel Hitchcocks	**Last reviewed on:**	Sept 2026
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The named staff members responsible for coordinating staff anaphylaxis training and the upkeep of the school's allergy and anaphylaxis policy are:

Katarina Zelezinger
Irena Toros

Contents

1. 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 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 BISL will support students 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 reception staff of any allergies. This information should include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication and should be provided during the application process by completing the medical form.
- If your child develops an allergy, the school nurse (Irena Toros irena.toros@britishschool.si) and your child's form tutor, as well as the Designated Safeguarding Lead/SENCo, Katarina Zelezinger katarina.zelezinger@britishschool.si should be notified immediately.
- 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.

Staff Responsibilities

- All staff will complete anaphylaxis training. Training is provided for all staff on an annual basis and on an ad-hoc basis for any new members of staff.
- Staff (regular or cover classes) must be aware of the students 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. If a student has a severe allergy the trip leader should ensure that the student is carry

an AAI, if the student is young, the trip leader should carry the AAI. Students unable to produce their required medication will not be able to attend the excursion.

- It is the parent's responsibility to ensure all medication in in date however the School Nurse will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.
- The School Nurse keeps a register of students who have been prescribed an adrenaline auto-injector (AAI) and a record of use of any AAI(s) and emergency treatment given.
- The School Nurse ensures that any reaction or near misses is recorded and reported internally.

Student Responsibilities

- Students 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.
- Students 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.

3. Emergency Treatment and Management of Anaphylaxis

What to look for:
Symptoms usually come on quickly, within minutes of exposure to the allergen.

Mild to moderate allergic reaction symptoms may include:

- a red raised rash (known as hives or urticaria) anywhere on the body
- a tingling or itchy feeling in the mouth
- swelling of lips, face or eyes
- stomach pain or vomiting.

More serious symptoms are often referred to as the ABC symptoms and can include:

- AIRWAY - swelling in the throat, tongue or upper airways (tightening of the throat, hoarse voice, difficulty swallowing).
- BREATHING - sudden onset wheezing, breathing difficulty, noisy breathing.
- CIRCULATION - dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness.

The term for this more severe reaction is anaphylaxis. In extreme cases there could be a dramatic fall in blood pressure. The person may become weak and floppy and may have a sense of something terrible happening. This may lead to collapse and unconsciousness and, on rare occasions, can be fatal.

If the student 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. Action:

- Keep the child where they are, call for help and do not leave them unattended.
- **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.
- **USE ADRENALINE AUTO-INJECTOR WITHOUT DELAY** 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.
- CALL 113 and state **ANAPHYLAXIS (ana-fil-axis).**
- If no improvement after 5 minutes, administer second AAI.
- If no signs of life commence CPR.
- Call parent/carer as soon as possible.

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.

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

4. Supply, storage and care of medication

Depending on their level of understanding and competence, students will be encouraged to take responsibility for and to carry their own **two** AAIs on them at all times in a suitable bag/container which the form tutor/class teacher and school nurse has seen and can identify quickly.

For younger children or those not ready to take responsibility for their own medication, there is an anaphylaxis kit in the nurses room in a non-lockable cupboard to which all staff have access. The kit will have the student's name on it, please do not use another student's kit. The school is not able to buy additional 'spare' AAIs and these should be supplied by the parent.

Medication should be stored in a suitable container and clearly labelled with the student's name. The student's medication storage container should contain:

- One spare AAI (epi pen) which is supplied by the parent
- Antihistamine as tablets or syrup, if required
- Spoon if required
- Asthma inhaler, if required.

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 Nurse will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.

Older children and medication

Older children and teenagers should, whenever possible, assume responsibility for their emergency kit under the guidance of their parents. 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

AAIs should be stored at room temperature, protected from direct sunlight and temperature extremes.

Disposal

AAIs are single use only and must be disposed of carefully through the school nurse.

5. Staff Training

All staff will complete training on how to administer an AAI in the event of an emergency. Staff are also required to read this policy in full so that they can spot the signs and symptoms of an allergic reaction and anaphylaxis as early recognition of symptoms is key and be aware of which staff members to call if they have dealt with an emergency – Irena Toros/Katarina Zelezinger.

6. Inclusion and safeguarding

BISL 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.

7. Catering

BISL uses Supercatering to provide school lunches. The school's menu is available for parents to view monthly in advance. Supercatering provides both a gluten and lactose free menu which parents can request when placing the monthly order.

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

- lunch boxes provided by parents for students with food allergies should be clearly labelled with the name of the child for whom they are intended.
- Where food is provided by the caterer, the food is delivered pre-packaged and labelled with the child's name.
- Food should not be given to primary school age food-allergic children without parental engagement and permission (e.g. birthday parties, food treats).
- 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.

8. School trips

Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all students with medical conditions, including allergies, carry their medication. Pupils unable to produce their required medication will not be able to attend the excursion.

All the activities on the school trip will be risk assessed to see if they pose a threat to allergic pupils and alternative activities planned to ensure inclusion.

Overnight school trips should be possible with careful planning and a meeting for parents with the lead member of staff planning the trip should be arranged. Staff at the venue for an overnight school trip should be briefed early on that an allergic child is attending and will need appropriate food to be supplied by the venue or by parents.

Sporting Excursions

Allergic children should have every opportunity to attend sports trips to other schools. The school will ensure that the P.E. teacher/s are fully aware of the situation. The school being visited will be notified that a member of the team has an allergy when arranging the fixture. A member of staff trained in administering adrenaline will accompany the team. If another school feels that they are not equipped to cater for any food-allergic child, the school will arrange for the child to take alternative/their own food.

Most parents are keen that their children should be included in the full life of the school where possible, and the school will need their co-operation with any special arrangements required.

9. nut bans

BISL is a nut-free school.

10. Risk Assessment

BISL will conduct a detailed individual risk assessment for all new joining students with allergies and any students newly diagnosed, to help identify any gaps in our systems and processes for keeping allergic children safe.

11. Useful Links

Anaphylaxis UK - https://www.anaphylaxis.org.uk/

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

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

- Whole school allergy and awareness management - https://www.allergyuk.org/schools/whole-school-allergy-awareness-andmanagement

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=229041504201671158 34

12. To be read in conjunction with the following policies:

BISL Equality, Diversity and Inclusion Policy

BISL Risk Assessment Policy

BISL Trips and Offsite Policy

BISL First Aid and Managing Medical Conditions Policy

BISL First Aiders 2026

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