Government of JERSEY

Children, Young People, Education and Skills

CYPES Allergy Management in Schools and School Nurseries

Document Purpose	To provide the procedure to support the management of children with allergies in Schools and School Nurseries
Author	CYPES Governance
Publication Date	October 2025
Target Audience	Education
Circulation List	
Description	The purpose of this document is to ensure that there are suitable arrangements in place so children with known allergies can be supported effectively when in school. This includes having robust emergency response procedures in place to deal with any reactions to food from children with known or unknown allergies.
Linked Policies	CYPES First Aid Policy CYPES Incident Reporting and Investigation Policy Educational Visits Policy Risk Assessment Minimum Standard
Approval Route	CYPES Ministerial Team COD SLT Education SLT
Review Date	October 2026
Contact Details	CYPESH&S@gov.je

1. Overview

An allergy is when the body's immune system reacts to a substance that is normally harmless to most people. The immune system of children with allergies identifies them as 'allergens' and produces an inappropriate response. This can be relatively minor such as localised itching, but can also be much more serious, causing anaphylaxis, leading to breathing problems and collapse.

Children diagnosed with allergies are frequently prescribed Adrenaline Auto-Injector (AAI) devices to use in case of anaphylaxis. AAIs come in different brands, current brands available in the UK are EpiPen and Jext. They all contain a single fixed dose of adrenaline, which can be administered by non-healthcare professionals such as family members, school staff and first aid responders.

To keep children with allergies safe when in school, there must be a clear and consistent allergy management plan in place, which should involve all members of the school, including staff, caterers, pupils and parents. Parents need to be confident in the school's ability to keep their children safe and be reassured that staff are sufficiently trained to act immediately in the event of an allergic reaction.

N.B. This policy is aimed at supporting children with allergies. Staff that carry AAIs in relation to their own personal medical needs should continue to use their allergy action plan and carry their AAIs at all times.

2. Scope

This policy is for all staff including agency staff, volunteers and contractors, who either frequently or occasionally work or volunteer in a school or a school nursery.

3. Responsibilities and distribution

This Policy is available on the CYPES Policy page Children, Young People, Education and Skills Policies and must be made accessible to all Education staff and any other persons who provide food on CYPES sites or who support Children and Young People accessing food in CYPES sites.

Headteachers responsibilities:

- Ensure that all staff are aware of this policy for supporting children with allergies and that staff understand their role in its implementation.
- Make sure all children with known allergies have an Allergy Action plan (AAP) in place and an Individual Health Care Plan (HCP) if a child has additional health care needs.
- Liaise with parents/guardians and the child's health care professional in the development of the Allergy Action Plan
- Ensure the AAP is kept up to date and is available to key people required to have this information.
- Ensure any medication or equipment, identified as part of the plan are stored safely, available when needed and in date.
- Ensure there are adequate numbers of trained staff available to implement this policy and adhere to any AAP in place, including contingency and emergency situations.
- Communicate with parents when any first aid response has been given to a child due to an allergic reaction
- Ensure any incidents are reported and investigated as per CYPES Incident Reporting and Investigation Policy

Teachers and other school staff responsibilities:

- Be aware of and familiar with the CYPES Allergy Management in Schools and School Nurseries Policy and adhere to it.
- Undertake appropriate Allergy Awareness training annually.
- Staff who volunteer to be first aiders or have specific responsibilities in the management of a child who is a risk of allergies must be suitable trained.
- Teachers and other school staff in charge of children are expected to always use their best endeavours, particularly in emergencies to secure the welfare of the pupils at school, the same way parents might be expected to act towards their children.
- Be aware of and follow any AAPs in place for children under their supervision.
- Undertake a risk assessment for all children at risk of allergies under their supervision, looking at all the activities that form part of their school day and ensuring adequate controls are in place.
- Trained first aiders support Headteachers in their responsibilities.

4. Policy Statement of Intent

CYPES is committed to ensuring that all children with known or suspected allergies are supported effectively and safely within school and nursery settings. This will be achieved through the implementation of consistent allergy management practices, risk assessments, staff training, and accessible emergency procedures. The policy sets out clear responsibilities for staff at all levels and aims to foster a safe, inclusive environment where the health and wellbeing of children with allergies is prioritised and protected at all times.

5. Further information and related documents

Guidance on the use of adrenaline auto-injectors in schools

For Schools | Allergy UK | National Charity

Childhood allergies Early Years settings fact sheet

6. Recommendations and Guidelines

As mentioned above, allergy can occur because the body's immune system reacts inappropriately to a substance that it wrongly perceives as a threat

Common allergens that can trigger anaphylaxis are:

- **Foods** – *e.g. peanuts, tree nuts, milk/dairy foods, eggs wheat, seafood, sesame and soya*
- **Insect bites** – *e.g. bees and wasps*
- **Medications** – *e.g. antibiotics or pain relief such as Ibuprofen*
- **Latex** – *e.g. rubber gloves, balloons and swimming caps*

Most allergic reactions present with mild or moderate symptoms and do not progress to anaphylaxis. However, in severe cases allergic reactions can progress within minutes into a life-threatening reaction called anaphylaxis. For this reason, it is essential that arrangements are in place to be able reduce the risk of an allergic reaction occurring, staff can recognise the early signs of an allergic reaction, and there is an action plan in place to manage a reaction if it occurs, safely and effectively

6.1 Allergy Register

Schools should have procedures in place to ensure they are notified of all children that have additional health needs, including allergies, prior to them starting at the school, this information will allow them to compile an allergy register.

The allergy register could include:

- Known allergens and risk factors
- If child has been prescribed medication and if so what medication/dose
- Whether a child has been prescribed an AAI and if so what type/dose, and whether parental agreement has been gained to use the spare AAI as it may be different to the child's personal device
- If a child has not been prescribed an AAI but parental agreement and agreement from the child's health care professional is in place to use one in an emergency situation

A register is especially beneficial in larger secondary schools, where there are more children, and it may not be feasible for staff members to be aware of all the children with allergies

6.2 Allergy Action Plans
All children who are at risk of allergies should have an Allergy Action Plan (AAP) in place, even if they have been assessed, as **not** needing an AAI as they may require other medications such as antihistamine

An AAP is there to describe exactly what to do and who to contact if they may have an allergic reaction.

AAPs should as a minimum include the following information:

- Childs name and DOB
- The allergens the child is allergic to
- The type of reaction the child may have e.g. the symptoms they may display, and the action to take.
- Any medication required, the dose and how to administer it. Plans that require use of an AAI should also identify the dose and instruction on how to give it
- Emergency contact details
- Any additional instructions
- Parental consent

Paediatric Allergy Action Plans - BSACI

Current guidance from Medical and Healthcare Products Regulatory Agency (MHRA) is that anyone prescribed an AAI should carry two of the devices at all times. The school should hold two devices for children that are too young to carry them independently.

Records of any administration of medication including AAI's must be kept, and parents, guardians or carers must be informed at the earliest opportunity.

Use of any AAI device should be recorded, information should include:

- Where and when the allergic reaction took place (e.g. PE lesson, playground, classroom).
- Was the AAI used part of the school's spare kit or did it belong to the child
- How much medication was given and what type
- Who administered it.

The child's parents/guardians should be contacted at the earliest opportunity.

AAPs are medical documents and should be completed in conjunction with the child's GP or medical professional and the childs parents.

If a child has additional medical needs, they should have an Individual Health Care Plan (IHCP) in place as well as an AAP, to ensure the school is effectively supporting all of the child's medical needs.

6.3 Risk Assessment
A detailed risk assessment (RA) must be undertaken for any child who is known to have allergic reactions. The RA must take into consideration any activities the child may take part in that potentially could pose a risk to them, for example cooking classes, creative activities involving food e.g. pasta, cross contamination from musical instrument sharing, or sports and other outside activities if a child has an insect sting allergy. The RA must include what the potential outcome would be if the child had an allergic reaction, and adequate controls should be in place to manage this.

A RA must also be conducted for children with known allergies taking part in school trips and off-Island educational visits. Catering requirements should be considered and there should be arrangements in place to ensure that emergency medical treatment can be administered and that appropriate medication including AAIs is available.

Example Allergy Risk Assessment

6.4 Catering at School
As part of school's duty to support children with medical conditions, they must be able to provide safe food options to meet dietary needs whenever possible, including food allergy.
Catering staff must be able to identify pupils with allergy, so all information related to the child's allergies must be shared with the caterers.
Allergen information relating to the top 14 allergens must be available for all food products provided, so schools are able to identify whether a food product is safe for children with allergies to eat.
School menus should be available for parents to view with the ingredients clearly labelled
The following measures can also help reduce the risk of allergen exposure to children with food allergies

- Drinks and lunch boxes provided by parents for children with food allergies should be clearly labelled with the child's name
- Children sharing and trading food, food utensils and food containers should be avoided
- Food for birthday parties or treats should not be given to children with food allergies without parental engagement and permission
- Use of food in crafts or cooking classes, science experiments and special events must be considered and may need to be restricted depending on the allergies of particular children and their age. Where possible alternative options should be made available

6.5 Training
Training to administer Adrenaline Auto-Injector
Severe anaphylaxis is an extremely time critical situation: Delays in administering can result in fatal outcomes, so it is crucial that as many staff as possible are trained in how to administer AAIs. Staff may volunteer to take on this responsibility, but they cannot be 'required' to do so.

Schools must undertake a needs assessment to ensure they have enough staff designated to administer AAIs to provide adequate coverage, including cover if staff are on leave or off sick. There should be an adequate number of staff trained, to avoid delay in any treatment
The names of staff who can administer AAIs and their contact details must be available to all staff and children in the school so they can be easily contacted in an emergency, this could be included as part of your First Aider List

Allergy Awareness Training
An allergic reaction can occur anytime during the school day so **all** school staff should undertake allergy training too:

- Spot early signs and symptoms of allergies and anaphylaxis and when to call for emergency services
- Understand the rapidity with which anaphylaxis can progress to a life threatening, reaction, and some of the symptoms that may occur prior to this.
- Know common allergens and triggers of allergies
- Understand measures to reduce risk of children having an allergic reaction
- Know who is responsible for what in managing children's allergies in schools
- Be aware of associated conditions
- How to manage AAPs and the importance of ensuring they are up to date

Allergy Awareness training should be refreshed annually, and all new or temporary staff should be trained as soon as they join the school.

6.6 Dosage of Adrenaline Auto-Injectors
Children with a body weight under 24kg (equivalent to an eight year old child) a 150mcg device must be used.

For any above this weight the dose and device is 300mcg.

6.7 Storage of Adrenaline Auto-Injectors and other allergy medications
As severe anaphylaxis is an extremely time-critical situation, schools should ensure AAIs and other allergy medication are stored in a central location which staff always have quick access to but is also out of reach and out of sight of children.
Procedures for gaining quick access in an emergency should be known and understood by all staff.
They must be clearly labelled for the identification of the child, with their name, a photograph of them.
Children should be aware of where their medication and AAIs are stored at all times.
Schools must make sure AAIs and other allergy medications are not located more than 5 mins away, from where they are needed, and kept alongside copies of the child's AAP

6.8 Spare Adrenaline Auto-Injectors in schools
Following amendments to Jersey Law, schools are now legally able to directly procure spare AAIs for use in an emergency, from a pharmaceutical supplier without a prescription, meaning the pharmacy will be supplying schools rather than individuals.
AAIs are available in different doses and schools must consider the ages of the pupils who are at risk of anaphylaxis when deciding which doses to obtain as spares. Schools may wish to seek appropriate medical advice from the pharmacy when making this decision.
Any additional AAIs held by the school should be in addition to those already prescribed to a child.

Emergency Anaphylaxis kits
Spare AAIs in schools should be stored as part of Schools an emergency anaphylaxis kit, which should include:

- Extra AAIs
- Instructions on how to use them
- Instructions on storage
- Manufacturer's information
- A checklist of AAIs, identified by their batch number and expiry date, with monthly checks recorded
- Guidance about arrangements for replacements
- A list of children to whom the AAI can be administered
- An administration record

Any spare AAIs held should be kept separate from any child's own prescribed AAI. The spare AAI should be clearly labelled to avoid confusion.

6.9 Children whom spare Adrenaline Auto-Injectors can be administered to
Spare AAIs should only be used on children where medical authorisation, and parental consent has been provided.

This includes children at risk of anaphylaxis who have an AAP in place but who have not been provided with an AAI. In such cases specific consent for use of a spare AAI from both a healthcare professional and parent/guardian should already be recorded on the AAP

Spare AAIs can be used instead of a child's own prescribed AAIs if these cannot be administered correctly, without delay.

In the event of a possible severe allergic reaction in a child who does not meet these criteria, call 999 and get advice from the emergency services as to whether administration of the spare AAI is appropriate

In general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency and delays in administering adrenaline have been associated with fatal outcomes, so if in doubt, give adrenaline

After adrenalin has been given to a child they must not be moved, standing someone up with anaphylaxis can trigger cardiac arrest. An ambulance must be called so the child can be taken to hospital and their condition can be monitored

6.10 Supply of spare Adrenaline Auto-Injectors
Standard Operating Procedure – See Appendix 2

1. Request forms will be completed by schools and sent to Pharmacy
2. Pharmacy acknowledges request
3. Pharmacy distributes Adrenaline Auto-Injectors
4. School uses disposal boxes for any used or expired AAIs and they are taken to the Hospital

6.11 Disposal of used or expired Adrenaline Auto-Injectors
All schools should have sharps disposal box in place for used and expired spare AAIs

Unused AAIs provided to the school by parents that have expired can be returned to the parents as per CYPES Administration of Medication Policy or disposed of in the school's sharps box.

Full sharps boxes must be taken to the Hospital to be disposed of and immediately be replaced.

It is the parents' responsibility to ensure that a child's AAIs are within the expiry date, however it is good practice for the school to schedule their own checks as well.

It is the school's responsibility to ensure any spare AAIs are within the expiry date and that there is a replacement process in place for both the children's own AAIs and the Schools spare ones.

When the school has been closed for longer holidays it is essential that when staff return staff check the expiry dates of AAIs as they may have become out of date.

Appendix 1

Recognition and management of an allergic reaction/anaphylaxis

Signs and symptoms include:

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 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 ANY ONE (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 2:

This template Standard Operating Practice (SOP) must be tailored/prepared and approved/signed off before being used/implemented. This should be reviewed regularly and following any significant incident or change to the service.

Name & address			
Prepared by		Approved by	
Job title		Job title	
Date prepared		Date approved	
SOP effective date		SOP review date	
SOP number		SOP Version	

Guidance	• IMPORTANT: Pharmacy **must:** ○ Be able to provide a **delivery service** to schools of Adrenaline auto-injectors (AAI's) within 3 business days of receiving a request (as per Reference 1) ○ Ensure an employed Pharmacist has undertaken a **comprehensive CPD accredited course** to: - Train individuals on administering an AAI - Deliver training on allergies, allergens, diagnosis and managing risks factors for anaphylaxis ○ Have support of a **GP associated with the Pharmacy**, if required, to provide extra support at anytime, but mainly after an anaphylactic event report ○ Have an agreement in place with AAI manufacturer to supply AAI with longest expiry date(s) available ○ Be able to supply every school with an anaphylaxis kit (see Reference 2), training AAI and support with any specialist queries relating to anaphylaxis or AAI administration
Purpose	Supplying schools with AAI through community Pharmacy
Scope	• This SOP sets out the processes to be followed for schools in Jersey purchasing Adrenaline from the Pharmacy • This SOP does **not** cover: ○ Adrenaline administration

Receiving request and supplying schools with AAI

Stage	Process	Who
1.	Receive request from school (see Reference 1) and confirm all the relevant details are provided (ideally on headed paper): - Name of the school - Signed by principal or head teacher - Purpose for which the AAI is required (expired stock or used) - Age(s) intended for - Quantity required - Sharps bin, if required - Anaphylaxis kit or any required components • Issues/ queries/ missing information, where necessary: o Inform principal or head teacher o Liaise with supporting GP if required o Liaise with children(s) GP if required o Clinical screening of AAI strength for age group(s) requested	Pharmacist
2.	Documentation in Pharmacy: - Date supply is made - Brand, quantity and strength of AAI - Name & address of school - Reason for supply - Batch number and expiry - Date of delivery (within 3 business days)	Pharmacist
3.	Provide extra training or support to staff member(s) of school if requested	Pharmacist
4.	Ensure schools hold a full anaphylaxis kit	Pharmacist
5.	Review expiry dates of AAI previously delivered to schools monthly. Liaise with school **one month prior** to any stock expiring for replacement	Pharmacist
6.	In the event of the AAI brand that the school carries is unavailable for supply then another brand will be supplied along with relevant training/support and training AAI	Pharmacist
7.	AAI will be **delivered** to school within 3 business days of request being acknowledged	Pharmacist

Following an anaphylactic event

Stage	Process	Who
1.	Follow stage 1 of "Receiving request and supplying schools with AAI" to replace AAI(s) with extra details: - Name, DOB & registered GP practice of who the AAI(s) were administered to - When and where the AAI(s) were administered - Brand and strength of AAI(s) administered and by whom - Any extra support/training required for staff - Consent to liaise with child's GP for action plan	Pharmacist
2.	Liaise with school: - Ensure safe disposal of AAI - Review any potential risk factors for the event - Review AAI use - Review anaphylaxis kit location	Pharmacist
3.	Liaise with Pharmacy's supporting GP at Pharmacy: - Review the event - Review any potential risk factors for future prevention - Review discussion with child's GP	Pharmacist/Supporting GP

Support and resources

- Anaphylaxis U.K. https://www.anaphylaxis.org.uk/education/
- Department of Health https://assets.publishing.service.gov.uk/media/5a829e3940f0b6230269bcf4/Adrenaline_auto_injectors_in_schools.pdf
- Spare Pens in Schools https://www.sparepensinschools.uk/
- NICE guidelines. Anaphylaxis: assessment and referral after emergency treatment

REFERENCE 1

[To be completed on headed school paper]

[Date]

We wish to purchase emergency Adrenaline Auto-injector (AAI) 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.

Please supply the following devices:

Brand name*		Intended for age(s)	Quantity required
	Adrenaline auto-injector device		
	Adrenaline auto-injector device		

How many sharp bin(s) required:…….

Please specify any other requirements (e.g. anaphylaxis kit, training AAI, further support):……
……
……..

Signed: _____ Date: _____
Print name:
Job Role:

REFERENCE 2

Anaphylaxis kit to include: wall mount, case, guides, tamper tag seal, logbooks, algorithms & poster

POLICY CHANGE HISTORY

Version	Date Issued	Issued by	Reason for Change
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			Review
			Update

APPROVAL

Presented To	Approval Date
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