



KNIGHTSBRIDGE  
SCHOOL

## Anaphylaxis Policy For Children, Staff, Parents and Visitors

This policy is designed to be incorporated into/annexed to the school's wider medical policy as required by the [Supporting pupils with medical conditions at school - Statutory Guidance](#).

The DSL is the named staff member responsible for coordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy.

### Aim

To minimise the risk of any pupil suffering a severe allergic reaction whilst at school or attending any school-related activity.

### Introduction

An allergy is a reaction by 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 severe systemic allergic reaction. It is at the extreme end of the allergic spectrum. The whole body is affected often within minutes of exposure to the allergen, but sometimes it can be hours later. Causes often include foods, insect stings or drugs.

**Definition:** Anaphylaxis is a severe life-threatening generalized or systemic hypersensitivity reaction. This is characterized by rapidly developing life-threatening airway/ breathing / circulatory problems usually associated with skin or mucosal changes. 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 not limited to): Peanuts, Tree Nuts, Sesame, Milk, Egg, Fish, Latex, Insect venom, Pollen and Animal Dander. This policy sets out how Knightsbridge School will support pupils with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in school life.

### Roles and Responsibilities

#### Parent Responsibilities

- On entry to the school, it is the parent's responsibility to inform the Registrar (via the medical form) of any allergies. It is also recommended that this information is shared in person. This information should include all previous severe 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



## KNIGHTSBRIDGE SCHOOL

they do not currently have an Allergy Action Plan this should be developed as soon as possible in collaboration with a healthcare professional e.g. 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 by the safeguarding team in i-SAMS with a master copy kept in the medical folder in the safeguarding part of Google drive.

### **Staff Responsibilities**

- All staff will complete anaphylaxis training. Training is provided for all staff on a yearly basis and on an ad-hoc basis for any new members of staff.
- Once the school is made aware of a serious allergy, the class teacher responsible for the pupil will reach out to provide parents with an opportunity to meet in person in the first week of term at the start of each academic year. The class teacher will also facilitate a meeting with the kitchen team if parents and class teacher deem it necessary. During the meeting, the class teacher should seek permission to share the child's allergies (and photograph) with the class parents in an email at the beginning of the year. Most parents will not advocate for privacy as regards a child's allergies. The more people know, the safer the child will be.
- Staff must be aware of the pupils in their care (regular or cover classes) 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 excursion.
- Class Teachers 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 Secretary will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.
- The School Secretary keeps a register of pupils who have been prescribed an AAI and a record of use of any AAI(s) and emergency treatment given using Medical Tracker.

### **Pupil Responsibilities**

- Pupils 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.
- Pupils who are trained and confident to administer their own auto-injectors will be encouraged to



## KNIGHTSBRIDGE SCHOOL

take responsibility for carrying them on their person at all times.

### Allergy Action Plans

Allergy Action Plans are Individual Healthcare Plans which will be kept 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. Knightsbridge School recommends using the British Society of Allergy and Clinical Immunology ([BSACI](#)) Allergy Action Plan to ensure continuity (see appendix). This is a national plan that has been agreed by the BSACI, the Anaphylaxis Campaign and Allergy UK. It is the parent/carer's responsibility to complete the allergy action plan with help from a healthcare professional (e.g. GP/Allergy Specialist) and provide this to the school.

### Emergency Treatment and Management of Anaphylaxis

#### What to look for:

- swelling of the mouth or throat
- difficulty swallowing or speaking
- difficulty breathing
- sudden collapse / unconsciousness
- hives, rash anywhere on the body
- abdominal pain, nausea, vomiting
- sudden feeling of weakness
- strong feelings of impending doom

#### Anaphylaxis is likely if all of the following 3 things happen:

- **sudden onset** (a reaction can start within minutes) and **rapid progression** of symptoms. • **life threatening** airway and/or **breathing difficulties** and/or **circulation problems** (e.g. alteration in heart rate, sudden drop in blood pressure, feeling of weakness).
- **changes to the skin** e.g. flushing, urticaria (an itchy, red, swollen skin eruption showing markings like nettle rash or hives), angioedema (swelling or puffing of the deeper layers of skin and/or soft tissues, often lips, mouth, face etc.) Note: skin changes on their own are not a sign of an anaphylactic reaction, and in some cases don't occur at all.

If the pupil has been exposed to something they are **known to be allergic to**, then it is more likely to be



KNIGHTSBRIDGE  
SCHOOL

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. Adrenaline should be administered by an injection into the muscle (intramuscular injection).

What does adrenaline do?

- It opens up the airways
- It stops swelling
- It raises the blood pressure

Adrenaline must be administered with the **minimum of delay** as it is more effective in preventing an allergic reaction from progressing to anaphylaxis than in reversing it once the symptoms have become severe.

**ACTION:**

- Stay with the child and call for help. **DO NOT MOVE CHILD OR LEAVE UNATTENDED** • Remove trigger if possible (e.g. Insect stinger)
- Lie child flat (with or without legs elevated) – A sitting position may make breathing easier • **USE ADRENALINE WITHOUT DELAY** and note time given. (Inject at upper, outer thigh through clothing if necessary)
- CALL **999** and state **ANAPHYLAXIS**
- If no improvement after 5 minutes, administer second adrenaline auto-injector
- If no signs of life commence CPR
- Phone parent/carer as soon as possible

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

### **Supply, Storage and Care of Medication**

(Around age 11 years +) Pupils will be encouraged to take responsibility for and to carry their own two adrenaline injectors on them at all times (in a suitable bag/ container). For younger children or those assessed as not ready to take responsibility for their own medication there should be an anaphylaxis kit which is kept safely, not locked away and accessible to all staff.

Medication should be stored in a rigid box and clearly labelled with the pupil's name and a photograph. The pupil's medication storage box should contain:

- adrenaline injectors i.e. EpiPen® or Jext® (two of the same type being prescribed)



## KNIGHTSBRIDGE SCHOOL

- an up-to-date allergy action plan (placed on the child's file, displayed in the kitchen and staff room, and a copy kept with the child's medication)
- antihistamine as tablets or syrup (if included on plan)
- spoon if required
- asthma inhaler(if included on plan).

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 Secretary 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 adrenaline auto-injectors their child is prescribed, to make sure they can get replacement devices in good time.

### **Older children and medication**

Older children and teenagers should, whenever possible, assume complete responsibility for their emergency kit under the responsibility of their parents. However, symptoms of anaphylaxis can come on very suddenly,so schoolstaff 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 as sharps. Used AAIs can be given to ambulance paramedics on arrival or can be disposed of in apre-ordered sharps bin. Sharps bins to be obtained from and disposed of by a clinical waste contractor/specialist collection service.

### **Spare Adrenaline Auto Injectors in School**

Knightsbridge School keeps spare adrenaline auto-injector(AAI) devices for emergency use in children who are risk of anaphylaxis, but their own devices are not available or not working (e.g. because they are out of date). These are stored in a box, clearly labelled 'Emergency Anaphylaxis Adrenaline Pens should not be locked away and accessible and known to all staff. Knightsbridge School holds spare pens which are kept in the following location/s:

- Reception Desk
- Sports Office

The School Secretary is responsible for checking the spare medication is in date on a monthly basis and to replace as needed. This information is also stored in the Medical Tracker platform used to manage children's first aid needs. Written parental permission for use of the spare AAIs is included in the pupil's Allergy Action Plan. If anaphylaxisissuspected inan undiagnosed individual call the emergency services and state you suspect ANAPHYLAXIS. Follow advice from them as to whether administration of the spare AAI is appropriate.

### **Staff Training**



## KNIGHTSBRIDGE SCHOOL

The Bursar and DSL are the named staff members responsible for co-ordinating all-staff anaphylaxis training and the upkeep of the school's anaphylaxis policy. An external First Aid trainer will conduct a practical anaphylaxis training session during all First Aid refresher training sessions. The First Aid Lead will also conduct practical anaphylaxis training on a termly basis. All staff will complete online anaphylaxis awareness training at the start of every new academic year. Training is also available on an ad-hoc basis for any new members of staff. 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
- Associated conditions e.g. asthma
- Managing allergy action plans and ensuring these are up to date
- A practical session using trainer devices (these can be obtained from the manufacturers' websites [www.epipen.co.uk](http://www.epipen.co.uk) and [www.jext.co.uk](http://www.jext.co.uk))

### **Inclusion and Safeguarding**

Knightsbridge School 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.

### **Catering**

All food businesses (including our chosen school caterers, Thomas Franks) 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 menu is updated termly and is available for parents to view on My School Portal. The School Secretary will inform the Catering Manager and Chef of pupils with food allergies. The School Secretary is responsible for providing the kitchen with up to date information on pupils and their allergies. Parents/carers are encouraged to meet with the Catering Manager/Chef to discuss their child's needs. The catering team can offer plated meals for children with severe and complex needs at the parents request.

The school adheres to the following Department of Health guidance:

- Bottles, other drinks and lunch boxes provided by parents for pupils with food allergies should be clearly labelled with the name of the child for whom they are intended.
- The pupil should be taught to also check with catering staff, before selecting their lunch choice.
- Where food is provided by the school, staff should be educated about how to read labels for food allergens and instructed about measures to prevent cross contamination during the handling, preparation and serving of food. Examples include preparing food for children with food allergies



## KNIGHTSBRIDGE SCHOOL

first; careful cleaning (using warm soapy water) of food preparation areas and utensils. For further information, parents/carers are encouraged to liaise with the Catering Manager.

- Food should not be given to primary school age food-allergic children without parental engagement and permission (e.g., birthday parties, food treats).
- Foods containing nuts and sesame are banned (although this can never be completely guaranteed, as some products may contain nuts) from being brought into school.
- Foods which are labelled as “may contain” are used in the school. Parents are requested to advise the School if they do not specifically want their child to be exposed to any product which is labelled “may contain”. Further advice on managing food with “may contain” can be found here but the School would always recommend following the guidance of a healthcare professional.  
[Schools-Nurseries-Dietary-May-Contain-Advice-29-11-2020.pdf](<https://www.beatanaphylaxis.co.uk/wpcontent/uploads/2020/12/Schools-Nurseries-Dietary-May-Contain-Advice-29-11-2020.pdf>).
- 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. This should be discussed with parents in their initial meeting.

### **School Trips**

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 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 may 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 (if provided by the venue).

### **Sports Fixtures**

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.

### **Allergy Awareness**



## KNIGHTSBRIDGE SCHOOL

Knightsbridge School supports the approach advocated by The Anaphylaxis Campaign and Allergy UK towards nut bans/nut free schools. They would not necessarily support a blanket ban on any particular allergen in any establishment, including in schools. This is because nuts are only one of many allergens that could affect pupils, and no school could guarantee a truly allergen free environment for a child living with food allergy. They advocate instead for schools to adopt a culture of allergy awareness and education. A 'whole school awareness of allergies' is a much better approach, as it ensures teachers, pupils and all other staff are aware of what allergies are, the importance of avoiding the pupils' allergens, the signs & symptoms, how to deal with allergic reactions and to ensure policies and procedures are in place to minimise risk.

### **Risk Assessment**

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

### **Helpful Links:**

- Anaphylaxis Campaign- <https://www.anaphylaxis.org.uk>
- AllergyWise training for schools- <https://www.anaphylaxis.org.uk/information-training/allergywise-training/for-schools/>
- AllergyWise training for Healthcare Professionals  
<https://www.anaphylaxis.org.uk/information-training/allergywise-training/for-healthcare-professionals/>
- AllergyUK - <https://www.allergyuk.org>
- Whole school allergy and awareness management (Allergy UK)  
<https://www.allergyuk.org/schools/whole-school-allergy-awareness-andmanagement>
- Spare Pen sin Schools- <http://www.sparepensinschools.uk>
- Official guidance relating to supporting pupils with medical needs in schools:  
<http://medicalconditionsatschool.org.uk/documents/Legal-Situation-in-Schools.pdf>
- Education forHealth <http://www.educationforhealth.org>
- Food allergy quality standards(The National Institute for Health and Care Excellence, March 2016)  
<https://www.nice.org.uk/guidance/qs118>



KNIGHTSBRIDGE  
SCHOOL

- 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>
- Guidance on the use of adrenaline auto-injectors in schools (Department of Health, 2017)  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/645476/Adrenaline\\_auto\\_injectors\\_in\\_schools.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf)

**Reviewed by: Shona Colaco (Head) Date: March 2026**

**Approved by: Suzie Longstaff (MD, Dukes Education) Date: March 2026**

This policy will be reviewed annually.

#### **Appendix 1: BSACI Allergy Action Plan**



KNIGHTSBRIDGE SCHOOL



ALLERGY ACTION PLAN



This child/young person has the following allergies:

Name:

DOB:

Mild/moderate reaction:

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

Action to take:

- Stay with person, call for help if needed
Locate adrenaline autoinjector(s)
Give antihistamine:

Loratadine 5mg

(If vomited, can repeat dose)

- Phone parent/emergency contact
Do not take a shower to help with itchy skin, this can worsen the reaction

Watch for signs of ANAPHYLAXIS

(a potentially life-threatening allergic reaction)

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

A AIRWAY

- Persistent cough
Hoarse voice
Difficulty swallowing
Swollen tongue

B BREATHING

- Difficult or noisy breathing
Wheeze or persistent cough

C CONSCIOUSNESS

- Persistent dizziness
Pale or floppy
Suddenly sleepy
Collapse/unconscious

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

- 1 Lie flat with legs raised (if breathing is difficult, allow person to sit)



- 2 Use Adrenaline autoinjector without delay (eg. EpiPen) (Dose: mg)

- 3 Dial 999 for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

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

AFTER GIVING ADRENALINE:

- 1. Stay with child/young person until ambulance arrives, do NOT stand them up. Keep them lying down, even if things seem to be getting better.
2. Phone parent/emergency contact. If you are on your own, call a friend or relative and ask them to come over.
3. If no improvement after 5 minutes, give a further adrenaline dose using a second autoinjector device, if available.

Commence CPR if there are no signs of life

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.

Emergency contact details:

1) Name:



2) Name:



Parental consent: I hereby authorise school staff to administer the medicines listed on this plan, in accordance with Department of Health Guidance on the use of AAls in schools.

Signed:

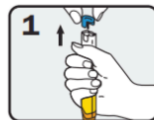
Print name:

Date:

Consent is required for children under 16 years (and for young people over 16 unable to give consent themselves) except in an unforeseen emergency

For more information about managing anaphylaxis in schools and "spare" adrenaline autoinjectors, visit: sparepenschools.uk

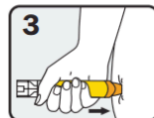
How to give EpiPen



PULL OFF BLUE SAFETY CAP and grasp EpiPen. Remember: "blue to sky, orange to the thigh"



Hold leg still and PLACE ORANGE END against mid-outer thigh "with or without clothing"



PUSH DOWN HARD until a click is heard or felt and hold in place for 3 seconds. Remove EpiPen.

Additional instructions:

If wheezy due to an allergic reaction, GIVE ADRENALINE FIRST and then asthma reliever (e.g. blue puffer) via spacer, if prescribed

This is a medical document to be completed by a healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2017. During travel, adrenaline auto-injector devices must be carried in hand-luggage or on the person, and NOT in the luggage hold. This action plan and medical authorisation to carry emergency autoinjectors has been prepared by:

Sign & print name:

Hospital/Clinic:



Date: