KNIGHTSBRIDGE
SCHOOL

Allergy Safety Policy

For Children, Staff, Parents and Visitors

This is the School's dedicated Allergy Safety Policy and should be read alongside the School's wider Medical Policy. It has been developed with regard to the Department for Education's Allergy Safety in Schools guidance (July 2026).

The Head has overall senior leadership responsibility for allergy safety. The DSL is the School's named Allergy Safety Lead and is responsible for coordinating the day-to-day implementation of this policy and staff allergy and anaphylaxis training. Suzie Longstaff is our Allergy Governor.

Aim

To minimise the risk of allergic reactions, including anaphylaxis, and to ensure that pupils with allergies are safely and fully included in School life and all School-related activities.

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 can be affected, often within minutes of exposure to the allergen, although reactions can sometimes occur later. Causes often include foods, insect stings or drugs.

Definition: Anaphylaxis is a severe, life-threatening generalised or systemic hypersensitivity reaction. It is characterised by rapidly developing life-threatening airway, breathing and/or circulatory problems, which may be associated with skin or mucosal changes. It is possible to be allergic to many different substances, although most people react to a relatively small group of potent allergens.

Common UK 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 Knightsbridge School will support pupils with allergies to ensure they are safe and are not disadvantaged in any way while taking part in School life.

Roles and Responsibilities

Parent Responsibilities

- On entry to the School, it is the parent's responsibility to inform the Head of Admissions (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 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 by using MySchoolPortal.

The Allergy Action Plan will be kept updated by the safeguarding team in iSAMS, with a master copy kept in the medical folder in the safeguarding area of Google Drive.

Staff Responsibilities

- All staff will complete allergy and anaphylaxis training. Training is provided annually and as part of induction for new members of staff.
- Once the School is made aware of a serious allergy, the class teacher responsible for the pupil will provide parents with an opportunity to meet during the first week of the academic year. The class teacher will also facilitate a meeting with the catering team where appropriate. Relevant information about the pupil's allergy, including a photograph where necessary, will be shared with staff and catering colleagues who need this information to keep the pupil safe. Any wider sharing of a pupil's health information, including with other parents, will be considered carefully and discussed with the pupil's parents.
- Staff must be aware of 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 that all relevant emergency medication accompanies the pupil and remains readily accessible throughout the trip. A pupil at risk of anaphylaxis must not leave the School without access to their required emergency medication. Where medication is unavailable, the trip leader will work with the parents and Allergy Safety Lead to resolve this before departure.
- 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 take responsibility for carrying them on their person at all times, where appropriate.

Staff and Visitor Responsibilities

- Staff should inform the School of any allergy that may require emergency arrangements or reasonable adjustments while they are at work, and should keep this information up to date.
- Visitors and contractors should inform their School host of any relevant allergy where activities, food or the School environment may present a foreseeable risk.

KNIGHTSBRIDGE SCHOOL

Allergy Action Plans

Children with a known food or insect-sting allergy should have an appropriate Allergy Action Plan provided by a healthcare professional. Knightsbridge School recommends the British Society for Allergy and Clinical Immunology (BSACI) Allergy Action Plan to support consistency (see Appendix 1).

An Allergy Action Plan is a separate clinical document from an Individual Healthcare Plan (IHP). Where a pupil's allergy requires the School to put specific support arrangements or reasonable adjustments in place, these will be recorded in an IHP. The pupil's Allergy Action Plan will be attached to, or referenced within, the IHP and updated when new clinical advice is received.

The parent/carer is responsible for providing the School with an up-to-date Allergy Action Plan completed with the support of an appropriate healthcare professional, such as a GP or allergy specialist.

Emergency Treatment and Management of Anaphylaxis

What to look for:

1. swelling of the mouth or throat
2. difficulty swallowing or speaking
3. difficulty breathing
4. sudden collapse or unconsciousness
5. hives or rash anywhere on the body
6. abdominal pain, nausea or vomiting
7. sudden feeling of weakness
8. a strong feeling of impending doom

Anaphylaxis should be suspected where there is a sudden onset of symptoms involving a potentially life-threatening problem with the airway, breathing or circulation. Skin changes such as hives, flushing or swelling may occur but are not always present.

If in doubt, treat as anaphylaxis and administer adrenaline without delay. Where the pupil has an Allergy Action Plan, this should be followed.

If the pupil has been exposed to something they are known to be allergic to, anaphylaxis should be considered particularly carefully.

Anaphylaxis can develop very rapidly, so treatment is needed that works rapidly. Adrenaline is the mainstay of treatment and 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 reduces swelling
- It raises the blood pressure

Adrenaline must be administered with the minimum of delay. Prompt treatment can prevent an allergic reaction from progressing to more severe anaphylaxis.

ACTION:

- Stay with the child and call for help. **DO NOT MOVE THE CHILD OR LEAVE THEM UNATTENDED.**
- Remove the trigger if possible (for example, an insect stinger).
- Lie the child flat with legs raised where possible. If breathing is difficult, allow the child to sit up but do not allow them to stand or walk.
- USE ADRENALINE WITHOUT DELAY and note the time given. Inject into the upper outer thigh, through clothing if necessary.
- CALL 999 and state ANAPHYLAXIS.
- If there is no improvement after 5 minutes, administer a second adrenaline auto-injector if available.
- If there are no signs of life, commence CPR.
- Contact the parent/carer as soon as possible.

All pupils must be medically assessed after anaphylaxis, even if they appear to have recovered, because symptoms can recur after treatment.

Supply, Storage and Care of Medication

Pupils who are considered sufficiently responsible and competent to manage their own emergency medication will be encouraged to carry their two prescribed adrenaline devices with them. For younger pupils, or pupils who are not yet ready to manage their own medication, their emergency medication will be kept safely, readily accessible and not locked away.

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, e.g. EpiPen® or Jext® (two of the same type where prescribed)
- an up-to-date Allergy Action Plan (placed on the child's file, displayed in the kitchen and staff room where appropriate, and a copy kept with the child's medication)
- antihistamine as tablets or syrup (if included on the plan)
- spoon if required
- asthma inhaler (if included on the 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 help ensure replacement devices are obtained in good time.

Older children and medication

Older children and teenagers should, whenever appropriate, take increasing responsibility for their emergency kit with the support of their parents. However, symptoms of anaphylaxis can come on very suddenly, so School staff must 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. AAIs are single-use devices and must be disposed of as sharps. Used AAIs can be given to ambulance paramedics on arrival or disposed of in a pre-ordered sharps bin. Sharps bins will be obtained from and disposed of by a clinical waste contractor or specialist collection service.

Spare Adrenaline Auto-Injectors in School

Knightsbridge School keeps spare adrenaline auto-injectors (AAIs) for emergency use. Spare AAIs are clearly labelled, readily accessible, not locked away and stored in pairs, with appropriate doses available for the age groups within the School. Arrangements will ensure that adrenaline can be brought to a person experiencing anaphylaxis within five minutes.

Knightsbridge School holds spare AAIs in the following locations:

1. Reception Desk
2. Sports Office
3. SMT Office

The School Secretary is responsible for checking the spare medication monthly and ensuring that devices are replaced when used or approaching expiry. This information is also recorded on Medical Tracker.

A pupil's own prescribed adrenaline device should be used first where available. A School spare AAI may be used where the prescribed device is unavailable, has misfired, or where an individual experiences anaphylaxis but does not have a prescribed device, including where this is their first known allergic reaction. Advance parental consent should be obtained where possible; however, in a life-threatening emergency, treatment must not be delayed while consent is checked.

If anaphylaxis is suspected in an undiagnosed individual, call the emergency services and state that you suspect ANAPHYLAXIS. Follow the individual's Allergy Action Plan where one exists and the emergency response procedures set out in this policy.

Staff Training

The DSL is the School's named Allergy Safety Lead and is responsible for overseeing staff allergy and anaphylaxis training and the implementation and review of this policy.

All staff present during times when pupils are scheduled to be on site, including teaching staff, support staff, temporary or supply staff, relevant catering staff, peripatetic staff, club staff and regular volunteers, will receive allergy awareness training at least annually. New staff will receive appropriate training as part of their induction.

Practical training in recognising and responding to anaphylaxis, including the use of adrenaline auto-injectors (AAIs), will also be provided regularly by appropriately trained personnel.

Training will include:

1. common allergens and how allergic reactions can occur;

2. the difference between food allergy, food intolerance and coeliac disease;
3. recognising the signs and symptoms of an allergic reaction and anaphylaxis;
4. knowing when and how to call the emergency services;
5. how and when to administer prescribed and School spare AAIs;
6. practical use of AAI trainer devices;
7. measures to reduce the risk of accidental exposure to allergens;
8. understanding individual Allergy Action Plans and Individual Healthcare Plans, where applicable;
9. awareness of related conditions, including asthma;
10. understanding the impact allergies may have on a pupil's wellbeing and inclusion; and
11. the importance of reporting and learning from allergy incidents and near misses

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The School will keep an appropriate record of allergy and anaphylaxis training undertaken by staff.

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.

The School recognises that living with an allergy can affect a pupil's wellbeing and may cause anxiety. Pupils with allergies will not be unnecessarily excluded from activities because of their allergy. Bullying, teasing, threats involving a known allergen, or deliberately exposing another pupil to an allergen will be treated seriously in accordance with the School's Behaviour and Anti-Bullying policies and as a safeguarding concern where appropriate.

Catering

All food businesses, including our chosen School caterers, Thomas Franks, must follow the Food Information Regulations 2014, which require allergen information relating to the 14 regulated allergens to be available for 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.
- Pupils should be taught to check with catering staff before selecting their lunch choice.
- Where food is provided by the School, relevant 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 first and 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, for example at birthday parties or when giving food treats.
- Foods containing nuts or sesame should not be brought into School. However, Knightsbridge School cannot guarantee an allergen-free environment and therefore operates an allergy-aware approach, with appropriate risk management and emergency arrangements in place.
- 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.
- Use of food in crafts, cooking classes, science experiments and special events (for example fetes, assemblies and cultural events) needs to be considered and may need to be restricted or risk assessed depending on the allergies of particular children and their age. This should be discussed with parents as part of the pupil’s allergy management arrangements.

School Trips

Staff leading School trips will ensure they carry all relevant emergency supplies and that medication remains readily accessible. A pupil at risk of anaphylaxis must not leave the School without access to their required emergency medication. Where medication is unavailable, the trip leader will work with the parents and Allergy Safety Lead to resolve this before departure. All activities on a School trip will be risk assessed to identify any allergy-related risk and appropriate arrangements or alternative activities planned to support inclusion. Overnight School trips may be possible with careful planning and, where appropriate, a meeting with parents and the lead member of staff planning the trip. Staff at the venue for an overnight School trip should be briefed in advance where an allergic pupil is attending and appropriate food or other arrangements are required.

Sports Fixtures

Pupils with allergies should have every opportunity to attend sports fixtures and trips to other schools. The School will ensure that the relevant PE teacher(s) are fully aware of the pupil’s allergy and emergency arrangements. The School being visited will be notified, where appropriate, 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 is unable to cater safely for a food-allergic pupil, Knightsbridge School will arrange for suitable alternative food or for the pupil to take their own food. The School will work closely with parents to support safe participation in the full life of the School wherever possible.

Allergy Awareness

Knightsbridge School supports an allergy-aware approach, as advocated by Anaphylaxis UK and Allergy UK, rather than relying on a claim that the School is completely allergen-free. Nuts are only one of many allergens that could affect pupils, and no school can guarantee a truly allergen-free environment. A whole-School culture of allergy awareness and education is therefore essential, ensuring that staff and pupils understand allergies, the importance of avoiding known allergens, the signs and symptoms of allergic reactions, how to respond in an emergency and the procedures in place to minimise risk.

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Risk Assessment

Knightsbridge School will conduct a detailed risk assessment to help identify any gaps in systems and processes for keeping allergic children safe for all new joining pupils with allergies and any pupils who are newly diagnosed. Risk assessments will be reviewed when circumstances or clinical advice change and after any significant allergy incident or near miss.

Serious Incidents and Near Misses

Any serious allergy-related incident or near miss will be recorded on Evolve and CPOMS and reported to the Allergy Safety Lead and the pupil's parents. The circumstances will be reviewed to identify lessons and determine whether changes are required to the pupil's IHP, Allergy Action Plan arrangements, risk assessment or this policy. Where an incident also raises a safeguarding concern, this will be recorded and managed through CPOMS in accordance with the School's safeguarding procedures.

Policy Awareness

This policy will be made available to staff and parents and published on the School website. Staff awareness of the policy will form part of annual allergy safety training.

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 Pens in 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 for Health - 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
- 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

Reviewed by: Adam Anstey (Head) **Date:** 29th August 2026

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This policy will be reviewed annually.

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Appendix 1: BSACI Allergy Action Plan

BSACI Improving Allergy Care through education, training and research

ALLERGY ACTION PLAN

RCPCH Royal College of Paediatrics and Child Health — Leading the way in Children's Health

anaphylaxis UK — AllergyUK

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 AAIs 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: sparepensinschools.uk

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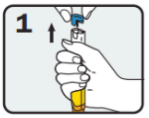
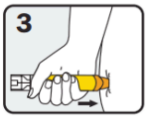
How to give EpiPen®



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:

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