



Anaphylaxis Management Policy Whole school and EYFS

The Head undertakes a formal annual review of this policy for the purpose of monitoring and of the efficiency with which the related duties have been discharged, by no later than one year from the date shown below, or earlier if significant changes to the systems and arrangements take place, or if legislation, regulatory requirements or best practice guidelines so require.

Signed: Dr Pamela Edmonds (Head)

Designated Lead: Miss Celine (H & S Manager)

Created: June 2026

Implementation: 1 September 2026

Date of next review: July 2027

Aims

The school aims to ensure a safe, inclusive environment for pupils with severe allergies. This policy outlines procedures to minimise risks, train staff, and provide immediate, effective emergency care for allergic reactions.

Purpose

To minimise the risk of any pupil suffering a severe allergic reaction whilst at school or attending any school related activity. To ensure staff are properly prepared to recognise and manage severe allergic reactions should they arise.

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. 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. The whole body is affected often within minutes of exposure to the allergen, but sometimes it can be hours later. A reaction tends to be characterised by rapidly developing life-threatening airway, breathing and/or circulatory problems usually associated with skin or mucosal changes. Causes often include foods, insect stings, or drugs. 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 Parsons Green Prep will support pupils with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in school life.



Parent responsibilities

- On accepting a place and entry to the school, it is the parent's responsibility to inform the Admissions Registrar and Health and Safety Manager of any allergies. This information should include all previous severe allergic reactions, history of anaphylaxis and details of all prescribed medication.
- Parents must 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 the child's healthcare professional (GP or 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 accordingly.

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.
- Staff must be aware of the pupils in their care (regular or cover lessons) 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.
- The Lead First Aider 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's Health and Safety Manager will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.
- The Health and Safety Manager keeps a register of pupils who have been prescribed an adrenaline auto-injectors (AAI) and a record of use of any AAI(s) and emergency treatment given.

Pupil Responsibilities

- Pupils in Years 1-6 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.

Allergy action plans

Allergy Action Plans are designed to facilitate first aid treatment of anaphylaxis, to be delivered by staff without any special medical training nor equipment, apart from access to adrenaline auto injectors (AAIs). The plans are medical documents and should be completed by the child's person's healthcare professional in partnership with their parents. They function as Individual Healthcare Plans for children at risk of anaphylaxis. They are Allergy designed to function as Individual Healthcare Plans 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.



The school recommends using the British Society of Allergy and Clinical Immunology (BSACI) Allergy Action Plan to ensure continuity. This is a national plan that has been agreed by the BSACI, the Anaphylaxis Campaign and Allergy UK.

It is the parents' responsibility to complete the allergy action plan with help from a healthcare professional (e.g. their GP and/or allergy specialist) and provide this to the school.

The school has adrenaline auto injectors (AAIs) for emergency use. All pupils with allergies have a risk assessment/plan.

Individual Healthcare Plans

These plans are drawn up in partnership between the school, parents and a relevant healthcare professional, e.g. specialist or paediatrician, who can best advise on the particular healthcare needs of a child. The child is involved whenever appropriate. The aim of the plan is to capture the steps which a school should take to help the child manage their specific condition, and overcome any potential barriers to getting the most from their education.

The school ensures that health care plans are in place for all children with particular health care needs.

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.). Skin changes on their own are not a sign of an anaphylactic reaction, and in some cases don't occur at all.

Symptoms of anaphylaxis may include one of more of the below:

Airway:

- Swollen tongue
- Difficulty swallowing/speaking
- Throat tightness
- Change in voice (hoarse or croaky sounds)



Breathing:

- Difficult or noisy breathing
- Chest tightness
- Persistent cough
- Wheeze (whistling noise due to a narrowed airway)

Circulation:

- Feeling dizzy or faint
- Collapse
- Young children may suddenly become floppy and pale
- Loss of consciousness (unresponsive)

If the pupil 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. 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
- Bring the AAI to the person having anaphylaxis, and not the other way round. Avoid standing or moving someone having anaphylaxis
- **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
- Sometimes anaphylaxis symptoms can recur after the first episode has been treated. This is called a biphasic reaction.
- 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

Anaphylaxis kits are kept safely in the Front Office, are not locked away and are accessible to all staff. Medication for individual pupils is clearly labelled with the pupil's name and a photograph.

The pupil's medication storage should contain:

- an adrenaline injector
- an up-to-date allergy action plan
- 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 Lead First Aider and Health and Safety Manager 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.

Storage

AAIs are 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 at the local surgery or chemist.

'Spare' adrenaline auto injectors in school

The school has purchased 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 the Front Office in a specific cupboard which is clearly labelled 'Emergency Medicines', kept safely, not locked away and accessible.

The school's Lead First Aider is responsible for checking the spare medication is in date on a monthly basis and to replace as needed.

Written parental permission for use of the spare AAIs is included in the pupil's Allergy Action Plan.

If anaphylaxis is suspected in an 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

Miss Celine and Miss Gemma 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 or health professional will conduct a practical anaphylaxis training session at the start of every new academic year.

All staff will complete face-to-face and/or 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 AAI's) 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, www.jext.co.uk and www.emerade-bausch.co.uk)

Inclusion and Safeguarding

Parsons Green Prep 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

The school caterers, Thomas Franks, 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 available for parents to view in advance in school, on the parent portal and the school website. Ingredients list the allergens.

The Health and Safety Manager informs the Catering Manager of pupils with food allergies. Parents are encouraged to meet with the Catering Manager and the Health and Safety Manager to discuss their child's needs.

Changes to school menus always consider pupils with special dietary needs. At PGP we ensure our caterers:

- read labels and product information before using a product
- use the [dishes and their allergen content menu chart](#) to list the ingredients in school meals
- ensure allergen ingredients remain identifiable

This includes reference to:

- the fourteen most common allergens



- food labelling requirements
- handling allergen ingredients

Staff are trained in food handling to ensure that the:

- processes to help identify pupils with allergies are known
- methods to help cross-reference allergies against particular food types or ingredients are followed

The school has a system in place to ensure catering staff can identify pupils with allergies, this includes every child with an allergy have a coloured lanyard which is worn at lunch and details the child's allergy. The list of pupils with allergies with photographs for identification are displayed in the staffroom, kitchen, PE shed and Front Office. All staff receive an update of children with allergies at INSET and whenever a new child with allergies visits the school for a taster day/playdate or start at the school. Staff are informed when allergy plans and health care plans are adjusted. Catering staff know the children, including the children with allergies. Staff on duty at lunchtime and at breaks when snacks are eaten, know the children who have allergies and are trained in how to manage an emergency.

The school references the following guidance when training staff in how to deal with a severe allergic reaction which contains information on symptoms and treatment. <https://www.nhs.uk/conditions/food-allergy/>

The school ensures that it adheres to the following Department of Health guidance recommendations:

- If a child has a packed lunch provided by parents for pupils with food allergies, they should be clearly labelled with the name of the child for whom they are intended.
- Food (lunch and all snacks) are provided by the school. They are prepared and served by the school's caterer. All staff are trained in food handling and are 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, including: preparing food for children with food allergies first; careful cleaning (using warm soapy water) of food preparation areas and utensils.
- Food is not given to food-allergic children without parental engagement and permission.
- Foods containing nuts, sesame and kiwi are not allowed in school.

Educational and Residential Trips

All children with allergies and who have been prescribed AAIs have their AAIs on school trips. The teacher leading the trip and/or the teacher/teaching assistant with the child with allergies has the AAI due to the age-range of the child to ensure safe keeping and quick access. They 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 are 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).



Sport

Allergic children should have every opportunity to attend sports trips to other schools. The school will ensure that the PE staff are fully aware of the situation. For sports fixtures, 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 their own food.

Games Lessons and Sports Events

All children with allergies and who have been prescribed AAIs have their AAIs to the sports ground at Hurlingham Park and at off-site games and sports events. The teachers leading the sports sessions hold on to the AAIs. These teachers are first aid trained including how to manage serious allergy and anaphylaxis.

Allergy Awareness

Parsons Green Prep encourages allergy awareness and education. A whole school awareness of allergies approach ensures teachers, pupils and all other staff 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

Parsons Green Prep 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**.

Useful 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/>

Allergy UK - <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/ng258>

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

The Natasha Allergy Research Foundation has launched [Allergy School](#), offering free resources to support both staff and pupils to ensure children with food allergies feel safe and supported (for use in early years settings, primary schools and out-of-school clubs and groups.

<https://www.anaphylaxis.org.uk/campaigning/making-schools-safer-project/>

The Allergy Team, Benedict Blythe Foundation and the ISBA co-created The Schools Allergy Code, a framework of best practice, to help schools keep pupils with allergies safe.