THE PORTSMOUTH GRAMMAR SCHOOL

The PGS Allergy & Anaphylaxis Policy

Contents

1. Introduction

1.1 This is the Allergy & Anaphylaxis Policy of The Portsmouth Grammar School (**PGS / the School**). At all times, the School prioritises the health and wellbeing of its pupils, staff and visitors and this policy contributes to the measures to support this. We take a whole-school approach to allergy management.

2. Aims, objectives and scope

2.1 This policy outlines the approach of the School to allergy management, including how the whole-school community works to reduce the risk of an allergic reaction happening and the procedures in place to respond in the event of such a reaction. It also sets out how the School supports pupils with allergies to ensure their wellbeing and inclusion, as well as demonstrating commitment to being an allergy aware school.

2.2 This policy applies to all staff, pupils, parents and visitors to the school.

3. Related guidance, legislation and policies

3.1 This policy has regard to the following guidance and legislation:

3.1.1 Guidance on the use of adrenaline auto-injectors in schools (Dept of Health, 2017);

3.1.2 the template Allergy and Anaphylaxis Policy of the Independent School Bursar's Association (ISBA) (November 2023, updated October 2025) upon which this policy is largely based;

3.1.3 The Equality Act 2010;

3.1.4 Health and Safety at Work etc. Act 1974;

3.1.5 Health and Safety (First Aid) Regulations 1981;

3.1.6 The Children and Families Act 2014;

3.1.7 Natasha's Law 2021;

3.1.8 Schools (Allergy Safety) Bill [Benedict's Law] 2026;

3.1.9 The Human Medicines (Amendment) Regulations 2017.

3.2 The following School policies, procedures and resource materials are relevant to this policy:

3.2.1 The PGS Safeguarding & Child Protection Policy & Procedure;

3.2.2 The PGS Health & Wellbeing Centre Handbook (see especially Section 19: Management of pupils with significant medical conditions – Asthma);

3.2.3 The PGS First Aid Policy;

3.2.4 The PGS Catering & Food Hygiene Policy;

3.2.5 The PGS Critical Incident Plan;

3.2.6 The PGS Equal Opportunities for Pupils Policy;

3.2.7 The PGS Equal Opportunities & Dignity at Work Policy

4. What is an allergy?

4.1 Allergy occurs when a person reacts to a substance that is usually considered harmless. It is an immune response and instead of ignoring the substance, the body produces histamine which triggers an allergic reaction.

4.2 Whilst most allergic reactions are mild, causing minor symptoms, some can be very serious and cause anaphylaxis, which is a life-threatening medical emergency.

4.3 People can be allergic to anything, but serious allergic reactions are most commonly caused by food, insect venom (such as a wasp or bee sting), latex and medication.

5. Definitions

5.1 Anaphylaxis: Anaphylaxis is a severe allergic reaction that can be life-threatening and must be treated as a medical emergency.

5.2 Allergen:

5.2.1 A normally harmless substance that, for some, triggers an allergic reaction. You can be allergic to anything. The most common allergens are food, medication, animal dander (skin cells shed by animals with fur or feathers) and pollen. Latex and wasp and bee stings are less common allergens.

5.2.2 Most severe allergic reactions to food are caused by just 9 foods. These are eggs, milk, peanuts, tree nuts (which includes nuts such as hazelnut, cashew nut, pistachio, almond, walnut, pecan, Brazil nut, macadamia etc), sesame, fish, shellfish, soya and wheat.

5.2.3 There are 14 allergens required by UK law to be highlighted on pre-packed food. These allergens are celery, cereals containing gluten, crustaceans, egg, fish, lupin, milk, molluscs, mustard, peanuts, tree nuts, soya, sulphites (or sulphur dioxide), and sesame.

5.3 Adrenaline Auto-injector: Single-use device which carries a pre-measured dose of adrenaline. Adrenaline auto-injectors are used to treat anaphylaxis by injecting adrenaline directly into the upper, outer thigh muscle. Adrenaline auto-injectors are commonly referred to as AAIs, Adrenaline Auto-injectors or by the brand name EpiPen. There are two brands licensed for use in the UK: EpiPen and Jext Pen.

5.4 Allergy action plan: This is a document filled out by a healthcare professional, detailing a person's allergy and their treatment plan.

5.5 Designated allergy lead: The member of staff responsible for overseeing allergy management across the school and acting as the main point of contact for pupils, parents and staff.

5.6 Neffy: Neffy (official name in the UK is EURNeffy) is a nasal spray which delivers adrenaline. It is a needle-free alternative to an adrenaline auto-injector approved. Neffy was approved for use in the UK in 2025 and NHS distribution is being rolled out currently.

5.7 Individual healthcare plan: A detailed document outlining an individual pupil's medical conditions, history, treatment, risks and action plan. This document should be created by schools in collaboration with parents/carers and, where appropriate, pupils. All pupils with an

allergy should have an Individual Healthcare Plan and it should be read in conjunction with their Allergy Action Plan.

5.8 **Pupil or pupils:** References to **pupil** or **pupils** are references to a learner or learners aged 2 to 19 who receive their education at the School; where reference is made or intended to be made to a child or children who receive their education at the School, this will include those aged 2 to 19.

5.9 **Risk assessment**: A detailed document outlining an activity, the risks it poses and any actions taken to mitigate those risks. Allergy should be included on all risk assessments for events on and off the school site.

5.10 **Spare Adrenaline Auto-injectors**: Schools are able to purchase spare Adrenaline Auto-injectors. These should be held as a back-up, in case pupils' prescribed Adrenaline Auto-injectors are not available. These can also be used to treat a person who experiences anaphylaxis but has not been prescribed their own adrenaline, but only if directed to do so by 111 or 999. PGS holds spare Adrenaline Auto-injectors and these are available throughout the school sites and are indicated on the Medical Map of the site – see Paragraph 15 below and Appendix 3 – Map of the PGS School Site showing Location of Medical Equipment.

6. Responsibility and roles

6.1 Responsibility statement and allocation of tasks

6.1.1 The Governing Body has overall responsibility for all matters which are the subject of this policy.

6.1.2 To ensure the efficient discharge of its responsibilities under this policy, the Governing Body has allocated tasks according to the table in Appendix 4.

6.2 The Portsmouth Grammar School takes a whole-school approach to allergy management, including the following roles and responsibilities:

6.2.1 **Lead Allergy Governor**

The Lead Allergy Governor is Dr. Sally Ross

6.2.2 **Designated Allergy Lead**

The Designated Allergy Lead is the Senior Deputy Head, Mr Richard Bristow. They report into the Lead Allergy Governor, Dr. Sally Ross. They are responsible for:

(a) Ensuring the safety, inclusion and wellbeing of pupils and staff with an allergy;

(b) Taking decisions on allergy management across the school;

(c) Championing and practising allergy awareness across the school;

(d) Being the overarching point of contact for staff, pupils and parents with concerns or questions about allergy management;

(e) Making sure all staff are appropriately trained, have good allergy awareness and realise their role in allergy management (including what activities need an allergy risk assessment);

(f) Ensuring staff, pupils and parents have a good awareness of the school's Allergy and Anaphylaxis Policy, and other related procedures;

(g) Regularly reviewing and updating the Allergy and Anaphylaxis Policy; and

(h) Ensuring there is an anaphylaxis drill once a year.

(i) As detailed in Appendix 4 (Allocation of tasks and Version control), at regular intervals the Designated Allergy Lead will check procedures and report to the SMT.

6.2.3 School nurse/ Healthcare team/ Medical Lead

The School Nurses are responsible for:

(a) Collecting and coordinating the paperwork (including Allergy Action Plans and Individual Healthcare Plans) and information from families (this is likely to involve liaising with the admissions team for new joiners);

(b) Supporting the Designated Allergy Lead with disseminating this information to all school staff, including the catering team, occasional staff and those running clubs

(c) Ensuring the information from families is up-to-date, and reviewed annually (at a minimum)

(d) Ensuring allergy information is recorded, up-to-date and communicated to all staff

(e) Coordinating medication with families and ensuring medication is in date.;

(f) Keeping an adrenaline pen register to include Adrenaline Auto-injectors prescribed to pupils and the school's stock of spare Adrenaline Auto-injectors, including brand, dose and expiry date. The location of spare Adrenaline Auto-injectors should also be documented;

(g) Regularly checking spare Adrenaline Auto-injectors are where they should be, and that they are in date;

(h) Replacing the spare Adrenaline Auto-injectors when necessary;

(i) Providing on-site adrenaline pen training for staff and pupils and refresher training as required e.g. before school trips; and

(j) Review the school's stock of spare Adrenaline Auto-injectors (check the school has an appropriate number for the setting, that they hold the correct dose, that spare Adrenaline Auto-injectors are stored appropriately) and ensuring staff know where they are;

(k) Keeping a record of any allergic reactions or near-misses, reporting these to the appropriate authority (e.g. under RIDDOR) where necessary and ensuring the circumstances are investigated and learnings shared.

6.2.4 Admissions Team

(a) The admissions team is likely to be the first to learn of a pupil or visitor's allergy. They should work with the Designated Allergy Lead and school nursing team/medical lead to ensure that:

(b) There is a clear method to capture allergy information or special dietary information at the earliest opportunity [this should be in place before a school visit, an Open Day or Taster Days if food is offered or likely to be eaten];

(c) There is a clear structure in place to communicate this information to the relevant parties (i.e. school nursing team, catering team, teachers accompanying children);

(d) Parents and applicants are informed of catering arrangements during admission events; and

(e) Plans are made for emergency medication if the child is to be left without parental supervision.

6.2.5 All staff

(a) All school staff, including teaching staff, support staff, occasional staff (for example sports coaches, music teachers and those running breakfast and after-school clubs) are responsible for:

(b) Championing and practising allergy awareness across the school;

(c) Reading, understanding and putting into practice the Allergy and Anaphylaxis Policy and related procedures, and asking for support if needed;

(d) Being aware of pupils (and staff, when necessary) with allergies and what they are allergic to;

(e) Considering the risk to pupils with allergies posed by any activities and assessing whether the use of any allergen in activity is necessary and/or appropriate;

(f) Ensuring pupils always have access to their medication or carrying it on their behalf [depending on the age of the pupils and the management of Adrenaline Auto-injectors in the school];

(g) Being able to recognise and respond to an allergic reaction, including anaphylaxis, after appropriate training;

(h) Taking part in training and anaphylaxis drills as required (at least once a year). Whilst it is the school's responsibility to ensure staff have received annual training, if the member of staff is aware they have not received any allergy training in the last 12 months they should alert a manager;

(i) Considering the safety, inclusion and wellbeing of pupils with allergies at all times. Preventing and responding to allergy-related bullying, in line with the school's anti-bullying policy;

(j) Forwarding any communication or information that comes directly to them from parents regarding allergens to the School Nurse/ Healthcare Team; and

(k) Ensuring that pupils have their medication and their Allergy Action Plan or Individual Health Care Plan with them when leaving school site, for a match or trip.

6.2.6 All parents

All parents and carers (whether their child has an allergy or not) are responsible for:

(a) Being aware of and understanding the school's Allergy and Anaphylaxis Policy and considering the safety and wellbeing of pupils with allergies;

(b) Providing the school, via the Health and Wellbeing Centre, with information about their child's medical needs, including dietary requirements and allergies, history of their

allergy, any previous allergic reactions or anaphylaxis. They should also inform the school of any related conditions, for example asthma, hay fever, rhinitis or eczema;

(c) Considering and adhering to any food restrictions or guidance the school has in place when providing food, for example in packed lunches, as snacks or for fundraising events;

(d) Refraining from telling the school their child has an allergy or intolerance if this is a preference or dietary choice; and

(e) Encouraging their child to be allergy aware.

6.2.7 Parents of children with allergies

(a) In addition to point 6.2.6, the parents and carers of children with allergies should:

(i) Work with the Health and Wellbeing Centre to fill out an Individual Healthcare Plan and provide an accompanying Allergy Action Plan;

(ii) If applicable, provide the school or their child with two labelled Adrenaline Auto-injectors and any other medication, for example antihistamine (with a dispenser, ie. spoon or syringe), inhalers or creams;

(iii) Ensure medication is in-date and replaced at the appropriate time;

(iv) Ensure their child has access to their allergy medication, including two Adrenaline Auto-injectors if prescribed, on the journey to and from school;

(v) Update school with any changes to their child's condition and ensure the relevant paperwork is updated too;

(vi) We would normally use school photos to identify pupils with allergies. Where this is not possible, parents should provide the school with an up-to-date photograph of their child and sign the associated permission for it to be shared appropriately as part of their allergy management; and

(vii) Support their child to understand their allergy diagnosis and to advocate for themselves and to take reasonable steps to reduce the risk of an allergic reaction occurring, eg not eating the food to which they are allergic.

6.2.8 All pupils

(a) All pupils at the school should:

(i) Be allergy aware;

(ii) Understand the risks allergens might pose to their peers and respect measures to support them;

(iii) Learn how they can support their peers and be alert to allergy-related bullying;

(b) Older pupils will learn how to recognise an allergic reaction and support their peers and staff in case of an emergency;

(c) All Junior School pupils are expected to understand that some foods can make others seriously unwell. KS2 pupils should also be able to follow clear rules about not sharing

food; show care and respect for peers with allergies and know to tell an adult if they are worried about food or someone's wellbeing;

(d) If pupils are buying or bringing in food from home and are old enough to check the ingredients, they should adhere to food restrictions or guidance about food being brought in; and

(e) All of the above should be done in an age and capability appropriate way.

6.2.9 Pupils with allergies

(a) In addition to point 6.2.8, pupils with allergies are responsible for:

(i) Knowing what their allergies are and how to mitigate personal risk (this will depend on age and capability);

(ii) Avoiding their allergen as best as they can;

(iii) Understanding the importance of following the school specific processes of lunch and snack services and how that mitigates risk;

(iv) Understanding that they should notify a member of staff if they are not feeling well, or suspect they might be having an allergic reaction;

(v) Carrying two adrenaline auto-injectors with them at all times, if age and capability appropriate. They must only use them for their intended purpose;

(vi) Understanding how and when to use their adrenaline auto-injector;

(vii) Talking to the Designated Allergy Lead or a member of staff if they are concerned by any school processes or systems related to their allergy;

(viii) Raising concerns with a member of staff if they experience any inappropriate behaviour in relation to their allergies;

(ix) Pupils permitted to leave the school site (eg Sixth Form pupils at lunchtime) should know what to do if they have an allergic reaction off school premises. This should include how to treat themselves and raise the alarm to get help; and

(x) If age and capability appropriate, ensuring they have their medication with them on the journey to and from school.

7. Information and documentation

7.1 Register of pupils with an allergy

7.1.1 The school has a register of pupils who have a diagnosed allergy. This includes children who have a history of anaphylaxis or have been prescribed Adrenaline Auto-injectors, as well as pupils with an allergy where no Adrenaline Auto-injectors have been prescribed.

7.2 Individual Healthcare Plans

7.2.1 Each pupil with an allergy has an Individual Healthcare Plan. The information on this plan includes:

(a) Known allergens and risk factors for allergic reactions;

(b) A history of their allergic reactions;

(c) Detail of the medication the pupil has been prescribed including dose, this should include Adrenaline Auto-injectors, antihistamine etc;

(d) A copy of parental consent to administer medication, including the use of spare Adrenaline Auto-injectors in case of suspected anaphylaxis;

(e) A photograph of each pupil; and

(f) A copy of their Allergy Action Plan.

8. Assessing risk

8.1 Allergens can crop up in unexpected places. Staff (including visiting staff) will consider allergies in all activity planning and include it in risk assessments. Some examples include:

8.1.1 Classroom activities, for example craft using food packaging, science experiments where allergens are present, food lessons or cooking;

8.1.2 Bringing animals into the school, for example a dog or hatching chick eggs can pose a risk;

8.1.3 Running activities or clubs where they might hand out snacks or food "treats". Ensure safe food is provided or consider an alternative non-food treat for all pupils; and

8.1.4 Planning special events, such as cultural days and celebrations.

Inclusion of pupils with allergies must be considered alongside safety and they should not be excluded. If necessary, adapt the activity. The School will ensure compliance with the Equality Act 2010 and The PGS Equal Opportunities Policy for pupils.

9. Food, including mealtimes & snacks

9.1 Catering in school

The school is committed to providing a safe meal for all students, staff and visitors, including those with food allergies.

9.1.1 Due diligence is carried out with regard to allergen management when appointing catering staff;

9.1.2 All catering staff and other staff preparing food will receive relevant and appropriate allergen awareness training;

9.1.3 The School adheres to new Early Years Foundation Stage Statutory Guidance - the "Safer Eating" section has the relevant information for allergies. The School's relevant procedures are shown in Appendix 2 to this policy (these are also an Appendix to the PGS Catering & Food Hygiene Policy);

9.1.4 Anyone preparing food for those with allergies will follow good hygiene practices, food safety and allergen management procedures;

9.1.5 The catering team will endeavour to get to know the pupils with allergies and what their allergies are, supported by school staff;

9.1.6 The catering team will endeavour to provide varied meal options to students and staff with allergies;

9.1.7 The school has robust procedures in place to identify pupils with food allergies; there are two methods in place:

(a) The first is ensuring the Catering Staff know the pupils and understand their allergies, helping pupils to make informed choices in the canteen. This is done by ensuring catering staff have access to the photos and information of pupils with allergies.

(b) The second is ensuring our catering till system contains information on children with allergies which comes up on screen, allowing for a secondary check in the Dining Hall.

9.1.8 Food containing the main 14 allergens (see Allergens definition) will be clearly labelled. Other ingredient information will be available on request. For pupils or staff with allergies to food other than the "main 14" extra processes may be needed and should be discussed with the DAL and Catering Manager as appropriate.

9.1.9 Pre-packaged food will comply with PPDS legislation (Natasha's Law) requiring the allergen information to be displayed on the packaging;

9.1.10 Where changes are made to the ingredients this will be communicated to pupils with dietary needs by the Catering Manager.

9.1.11 'May contain' statements made on ingredients by a supplier or manufacturer must be carried through onto the final product label created at site when displayed to the customer. Legislation requires business to make voluntary precautionary allergen labelling where justified. PGS approved suppliers use 'may contain' statements on their supplied ingredients and these statements have undergone a risk assessment by the supplier to justify the statement being made. The PGS Catering Team must carry through the supplier's precautionary statement so customers can make an informed choice and understand the risk associated where consuming a product with 'May Contain' stated. Where a 'May Contain' statement on a supplier's ingredient is carried through, the following statement on Prepacked for Direct Sale must be used: "Due to production and supplier methods, products may contain (insert name of allergen)" No 'Allergen Free,' 'Free From' or similar claims must be made on the product label or for the product.

9.1.12 Food provided at breakfast club, tuck shop, after school clubs and similar will also follow these procedures, as well as food for main meals such as lunch;

9.1.13 All foods prepared for pupils and staff declaring a nut allergy will be produced using designated equipment in a cleaned and controlled environment, free from nut-containing ingredients and with strict cross-contamination controls in place; and

9.1.14 Where food is provided or sold on site, this is clearly labelled with allergen information and staff are trained to support pupils in making safe choices. Pupils with known allergies are encouraged to check ingredients before purchase, and measures are taken to minimise cross-contamination. The food provided also considers common dietary and cultural requirements.

9.2 Food brought into school

9.2.1 Where pupils bring food into school, this should be for individual consumption. We ask that pupils are particularly sensitive to allergens and avoid bringing food containing any nuts onto school site.

9.2.2 Where pupils or staff bring cakes into school, for example for a charity bake sale or other event, we ask that specific allergen information is clearly displayed to allow all pupils and staff to make informed choices.

9.3 Food bans or restrictions

9.4 PGS is an Allergen Aware school. We have students and staff with a wide range of allergies to different foods, so we encourage a considered approach to bringing in food;

9.5 We try to restrict all nuts as much as possible on the site and check all foods coming into the kitchen; and we request that pupils and staff are allergy aware in their choices if bringing in food to school – for example as a snack or for a trip or fixture.

9.6 Food hygiene for pupils

9.6.1 Pupils are encouraged to wash their hands before and after eating;

9.6.2 Throwing food is not allowed and is sanctioned under the PGS Behaviour and Relationships Policy

9.6.3 Water bottles and packed lunches should be clearly labelled.

10. Educational visits and sports fixtures

10.1 Staff leading the trip will have a register of pupils with allergies and details of their medication. Staff should notify the trip leader of any allergies;

10.2 Allergies will be considered on the risk assessment and catering provision put in place;

10.3 Parents, and pupils where appropriate, may be consulted if considered necessary, or if the trip requires an overnight stay;

10.4 Staff (and some pupils, if appropriate) accompanying the trip will be trained to recognise and respond to an allergic reaction;

10.5 Allergens will be clearly labelled on catered packed lunches;

10.6 If attending Match Tea at another school, pupils who have a known allergy should be proactive in checking carefully for any allergens in the refreshments served and where

appropriate should bring their own food and refreshments. At PGS hosted events, allergen information is clearly displayed to allow for people to make informed choices.

10.7 See Adrenaline Auto-injectors paragraphs (section 15 below) for School Trips and Sports Fixtures.

11. Insect stings

11.1 Those with a known insect venom allergy should:

11.1.1 Avoid walking around in bare feet or sandals when outside and when possible keep arms and legs covered;

11.1.2 Avoid wearing strong perfumes or cosmetics; and

11.1.3 Keep food and drink covered.

11.2 The school Estates Team will monitor the grounds for wasp or bee nests. Pupils (with or without allergies) should notify a member of staff if they find a wasp or bee nest in the school grounds and avoid them.

12. Animals

12.1 It's normally the dander (flakes of skin) saliva or urine that causes a person with an animal allergy to react.

12.2 Precautions to limit the risk of an allergic reaction include:

12.2.1 A pupil with a known animal allergy should avoid the animal to which they are allergic;

12.2.2 If an animal comes on site a risk assessment will be done prior to the visit;

12.2.3 Areas visited by animals will be cleaned thoroughly;

12.2.4 Anyone in contact with an animal will wash their hands after contact;

12.2.5 School trips that include visits to animals will be carefully risk assessed.

13. Allergic rhinitis / hay fever

13.1 Antihistamines are available in the Health & Wellbeing Centre if required. Parental consent is checked on ISAMS prior to administration. If no consent given, parents/guardians are contacted prior to any administration.

14. Inclusion and mental health

14.1 Allergies can have a significant impact on mental health and wellbeing. Pupils may experience anxiety and depression and are more susceptible to bullying.

14.1.1 No child with allergies should be excluded from taking part in a school activity, whether on the school premises or a school trip;

14.1.2 Pupils with allergies may require additional pastoral support including regular check-ins from their Tutor/Head of Year;

14.1.3 Affected pupils will be given consideration in advance of wider school discussions about allergy and school Allergy Awareness initiatives; and

14.1.4 Bullying related to allergy will be treated in line with the school's anti-bullying policy.

15. Adrenaline Auto-injectors

15.1 See the Department of Health's Guidance on Adrenaline Auto-injectors in Schools: Guidance on the use of adrenaline auto-injectors in schools (2017)

15.2 Storage of Adrenaline Auto-injectors

15.2.1 Pupils prescribed with Adrenaline Auto-injectors will have easy access to two, in-date pens at all times;

15.2.2 Pre-school: auto-injectors are held in the office of the pre-school in classroom medical bags which are carried by staff wherever they go.

15.2.3 Reception to Year 4 – Auto-injectors are held in the classroom medical bag which are carried by pupils and supervised by staff at all times. These should be clearly labelled with the pupil's name and the expiry dated checked, this being the responsibility of both the parent/guardian and designated teaching assistant.

15.2.4 Years 5 & 6 are encouraged to carry their Auto-injectors on them at all times in an appropriate bumbag or the equivalent. These should be clearly labelled with the pupil's name and the expiry dated checked, this being the responsibility of both the parent/guardian and designated teaching assistant.

15.2.5 Years 7 –13 must always carry 2 auto-injectors on them, at all times clearly labelled with the pupil's name.

15.2.6 Spot checks will be made by the Nursing Team to ensure Adrenaline Auto-injectors are where they should be and in date;

15.2.7 Adrenaline Auto-injectors must not be kept locked away;

15.2.8 Adrenaline Auto-injectors should be stored at moderate temperatures (see manufacturer's guidelines), not in direct sunlight or above a heat source (for example a radiator); and

15.2.9 Used or out of date pens will be disposed of as sharps.

15.3 Spare Adrenaline Auto-injectors

15.3.1 This school has 2 adult and 2 junior spare Adrenaline Auto-injectors to be used in accordance with government guidance.

15.3.2 The locations of spare Adrenaline Auto-injectors are clearly signposted. These are Available on the Medical Map.

15.3.3 The Health and Wellbeing Centre are responsible for:

(a) Deciding how many spare pens are required Adrenaline Auto-injectors around site and for school trips;

(b) What dosage is required, based on the Resuscitation Council UK's age-based guidance (see page 11);

(c) Which brand(s) to buy. Schools are recommended to buy a single brand if possible to avoid confusion, though where supply shortages are present this might not be possible

(d) The purchasing of spare Adrenaline Auto-injectors which can be obtained at low cost from a local pharmacy. See government guidance above; and

(e) Distribution around the site and clear signage.

15.4 Adrenaline Auto-injectors on off-site activities

15.4.1 No child with a prescribed adrenaline pen will be able to go on a school trip without two of their own devices. It is the trip leader's responsibility to check they have them;

15.4.2 Adrenaline Auto-injectors will be kept close to the pupils at all times e.g. not stored in the hold of the coach when travelling or left in changing rooms;

15.4.3 Adrenaline Auto-injectors will be protected from extreme temperatures;

15.4.4 Staff accompanying the pupils will be aware of pupils with allergies and be trained to recognise and respond to an allergic reaction; and

15.4.5 Consider whether to take spare Adrenaline Auto-injectors to off-site activities. This should be recorded as part of the risk assessment process.

16. Responding to an allergic reaction /anaphylaxis

16.1 See appendix on recognising and responding to an allergic reaction

16.2 If a pupil has an allergic reaction:

16.2.1 Treat the pupil in accordance with their Allergy Action Plan;

16.2.2 Instigate the school's Critical Incident Plan;

16.2.3 If anaphylaxis is suspected administer adrenaline without delay;

16.2.4 Treat the pupil where they are. Lie them down with their legs raised and bring medication to them;

16.2.5 Use pupil's own prescribed medication if immediately available;

16.2.6 Pupil can administer the adrenaline pen themselves [if able to] or a member of staff can administer pen. Ideally the member of staff will be trained, but in an emergency, anyone can administer adrenaline;

16.2.7 If the pupil's own adrenaline pen is not available or misfires, then use a spare adrenaline pen;

16.2.8 If anaphylaxis is suspected but the pupil does not have a prescribed adrenaline pen or Allergy Action Plan, lie the pupil down with their legs raised, call 999 and explain anaphylaxis is suspected. Inform the operator that spare Adrenaline Auto-injectors are available and follow instructions from the operator. The MHRA says that in exceptional

circumstances, a spare adrenaline pen can be administered to anyone for the purposes of saving their life;

16.2.9 If, after 5 minutes, there is no improvement, use a second adrenaline pen and call the emergency services again and inform them that a second dose of adrenaline has been given;

16.2.10 Do not move the pupil until a medical professional/ paramedic has arrived, even if they are feeling better; and

16.2.11 Anyone who has had suspected anaphylaxis and received adrenaline must go to hospital, even if they appear to have recovered. A member of staff should accompany them in an ambulance until a parent or guardian arrives.

17. Training

17.1 The school is committed to training all staff annually to give them a good understanding of allergy. This includes:

17.1.1 Understanding what an allergy is;

17.1.2 How to reduce the risk of an allergic reaction occurring;

17.1.3 How to recognise and treat an allergic reaction, including anaphylaxis [staff should be given the opportunity to practise with a training adrenaline auto-injector];

17.1.4 How the school manages allergy, for example Emergency Response Plan, documentation, communication etc;

17.1.5 Where Adrenaline Auto-injectors are kept (both prescribed pens and spare pens) and how to access them;

17.1.6 The importance of inclusion of pupils with food allergies, the impact of allergy on mental health and wellbeing and the risk of allergy related bullying;

17.1.7 Understanding food labelling; and

17.1.8 Taking part in an anaphylaxis drill.

17.2 **The school will carry out an anaphylaxis drill once a year.** This includes:

17.2.1 An exercise simulating an event where a pupil or member of staff has an allergic reaction and

17.2.2 testing the whole school response.

18. Asthma

18.1 It is vital that pupils with allergies keep their asthma well controlled, because asthma can exacerbate allergic reactions.

18.2 See The PGS Health & Wellbeing Centre Handbook on PGS Online -Staff- School Policies) (note especially Section 19: Management of pupils with significant medical conditions – Asthma);

19. Reporting allergic reactions

19.1 The school will log allergic reaction incidents. This is done in the same way as Accidents and Near Misses are reported.

Appendix 1: Managing Allergic Reactions & Responding to Anaphylaxis

MANAGING ALLERGIC REACTIONS

ALLERGIC REACTIONS VARY

Allergic reactions are unpredictable and can be affected by factors such as illness or hormonal fluctuations.

You cannot assume someone will react the same way twice, even to the same allergen.

Reactions are not always linear. They don't always progress from mild to moderate to more serious; sometimes they are life-threatening within minutes.

MILD TO MODERATE ALLERGIC REACTIONS

Symptoms include:

- Swollen lips, face or eyes
- Itchy or tingling mouth
- Hives or itchy rash on skin
- Abdominal pain
- Vomiting
- Change in behaviour

Response:

- Stay with pupil
- Call for help
- Locate adrenaline pens
- Give antihistamine
- Make a note of the time
- Phone parent or guardian
- Continue to monitor the pupil

SERIOUS ALLERGIC REACTIONS / ANAPHYLAXIS

The most serious type of reaction is called **ANAPHYLAXIS**. Anaphylaxis is uncommon, and children experiencing it almost always fully recover.

In rare cases, anaphylaxis can be fatal. It should always be treated as a time-critical medical emergency.

Anaphylaxis usually occurs within 20 minutes of eating a food but can begin 2-3 hours later.

People who have never had an allergic reaction before, or who have only had mild to moderate allergic reactions previously, can experience anaphylaxis.

RESPONDING TO ANAPHYLAXIS

SYMPTOMS OF ANAPHYLAXIS

A – Airway

- Persistent cough
- Hoarse voice
- Difficulty swallowing
- Swollen Tongue

B – Breathing

- Difficult or noisy breathing
- Wheeze or cough

C- Circulation

- Persistent dizziness
- Pale or floppy
- Sleepy
- Collapse or unconscious

IF YOU SUSPECT ANAPHYLAXIS, GIVE ADRENALINE FIRST BEFORE YOU DO ANYTHING ELSE.

DELIVERING ADRENALINE

1. Take the medication to the patient, rather than moving them.
2. The patient should be lying down with legs raised. If they are having trouble breathing, they can sit with legs outstretched.
3. It is not necessary to remove clothing but make sure you're not injecting into thick seams, buttons, zips or even a mobile phone in a pocket.
4. Inject adrenaline into the upper outer thigh according to the manufacturer's instructions.
5. Make a note of the time you gave the first dose and call 999 (or get someone else to do this while you give adrenaline). Tell them you have given adrenaline for anaphylaxis.
6. Stay with the patient and do not let them get up or move, even if they are feeling better (this can cause cardiac arrest).
7. Call the pupil's emergency contact.
8. If their condition has not improved or symptoms have got worse, give a second dose of adrenaline after 5 minutes, using a second device. Call 999 again and tell them you have given a second dose and to check that help is on the way.
9. Start CPR if necessary.
10. Hand over used devices to paramedics and remember to get replacements.

For more information see the Government's Guidance for the use of adrenaline auto-injectors in schools.

Appendix 2: EYFS-Specific Food Policy Addendum (Pre-School and Reception)

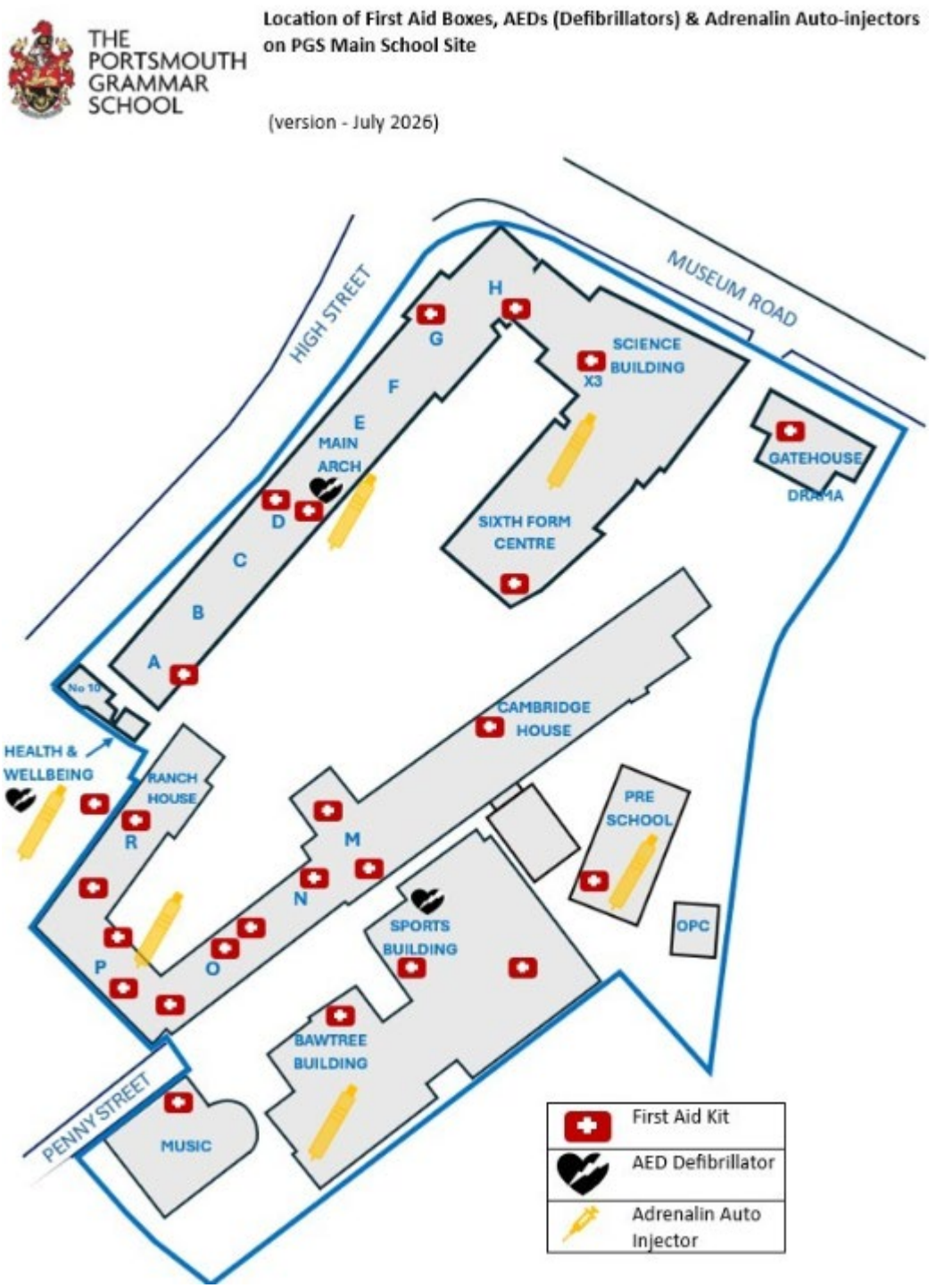
(This Appendix is also an Appendix to the PGS Catering & Food Hygiene Policy)

Balanced Diet & Mealtime Practice

- Children are encouraged to eat a varied diet using all 4 main food groups daily through a structured 3 weekly menu plan.
- Children eat together in the Dining Hall to promote positive food habits through peer influence.
- Meals and snacks provided by the school support exposure to new foods to expand nutrient intake and parents are encouraged to provide varied and healthy options if supplying food from home.
- If staff have concerns about a child's diet, it will be discussed with parents and support put in place to help develop their nutritional intake
- The school provides at least 1 portion of fruit with each main meal in addition to fruit snacks during the day.
- A variety of fruits and vegetables are given across the menu plans.
- The school limits processed foods to no more than once a week each wherever possible.
- The school avoids providing foods high in salt, sugar, and saturated fat (e.g. cakes, crisps, pastries) as well as artificial sweeteners
- Offer plain water and plain milk (whole or semi-skimmed) are offered during daily routines. Children may be exposed to other options as part of cookery and enriching learning experiences.
- Portion sizes are appropriate to the children's age, with smaller portions being served and the option for children to ask for more if it is needed.
- Children are encouraged to eat a balance of food from their plates but are never forced to clear their plates
- FSA choking hazard guidance is followed to ensure safe practice

Appendix 3:

Medical Map (Map of the PGS School Site showing Locations of Medical Equipment)



Appendix 4: Allocation of Tasks and Version Control

1. Allocation of tasks: In accordance with paragraph 6.1 above, the Governing Body has allocated tasks according to the table below:

Task	Allocated to	When / frequency of review
Keeping the policy up to date and compliant with the law and best practice	Senior Deputy Head	As required, and at least termly
Monitoring the implementation of the policy, relevant risk assessments and any action taken in response and evaluating effectiveness	Senior Deputy Head	As required, and at least termly
Maintaining up to date records of all information created in relation to the policy and its implementation as required by the GDPR	Senior Deputy Head and the Deputy Head (Pastoral) of the Junior School	As required, and at least termly
Seeking / receiving input from interested groups (such as pupils, staff, Parents) to consider improvements to the School's processes under the policy	Senior Deputy Head and the Deputy Head (Pastoral) of the Junior School	As required, and at least annually
Formal annual review	The Governing Body	Annually

2.Version Control

Date of adoption/approval of this policy	26th June 2026 (Governing Body)
Date of last review of this policy	15th May 2026 (Safeguarding Committee)
Date of pre-review of this policy	27th April 2026 (Senior Management Team) 21st April 2026 (Pastoral Review Meeting)
Date for next review of this policy	Summer Term 2027
Policy author (SMT)	Senior Deputy Head
Status	ISI requirement (external website)
Report	Safeguarding and Pastoral

Ph4090726