



# **Allergy and Anaphylaxis Policy**

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**St Peter's School, York**

**December 2025**

(Next review Christmas Term 2027)

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## I Introduction

- 1.1 St Peter's York comprises of St Peter's 2-8, St Peter's 8-13, and St Peter's 13-18 Schools, collectively referred to in this policy as the School unless otherwise stated. This policy outlines the School's approach 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 if one does. It also sets out how we support our pupils with allergies to ensure their wellbeing and inclusion, as well as demonstrating our commitment to being an Allergy Aware School.
- 1.2 This policy applies to all staff, pupils, parents, and visitors to the school and should be read alongside the School's **Catering Management Policy, Procedures for Allergen Management and Special Diets, First Aid Policy, Administration of Medicines and Supporting Pupils with Medical Conditions Policy, and Anti-Bullying Policy.**

## 2 Definitions

- 2.1 **ANAPHYLAXIS:** Anaphylaxis is a severe allergic reaction that can be life-threatening and must be treated as a medical emergency. See Appendix I for treatment guidelines.
- 2.2 **ALLERGEN:** 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.
- 2.3 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.
- 2.4 There are 14 allergens required by 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.
- 2.5 **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 AAI, adrenaline pens or by the brand name EpiPen. There are three brands licensed for use in the UK: EpiPen, Jext Pen and Emerade. For the purposes of this Policy we will refer to them as Adrenaline Pens.
- 2.6 **ALLERGY ACTION PLAN:** This is a document filled out by a healthcare professional, detailing a person's allergy and their treatment plan. An example is at Appendix I.
- 2.7 **EXERCISE INDUCED ANAPHYLAXIS:** Exercise-induced anaphylaxis is a rare but serious allergic reaction that is brought on by exercise. When there are additional factors involved, such as certain foods, the condition is called food-dependent, exercise-induced anaphylaxis.
- 2.8 **INDIVIDUAL HEALTHCARE PLAN:** A detailed document outlining an individual pupil's condition, 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.

- 2.9 **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 trips and events on and off the school site.
- 2.10 **SPARE PENS:** Spare adrenaline pens are held as a back-up in case pupils' own adrenaline pens are not available. They can also be used to treat a person who experiences anaphylaxis but has not been prescribed their own adrenaline.

### 3 Roles and Responsibilities

- 3.1 The School takes a whole-school approach to allergy management.
- 3.2 The **DESIGNATED ALLERGY LEAD** is the Director of Operations, who is a member of the St Peter's Leadership Team (SPLT). They are responsible for:
- 3.3 Ensuring the safety, inclusion, and wellbeing of pupils with allergies.
- Taking decisions on allergy management across the School.
  - Being the overarching point of contact for staff, pupils and parents with concerns or questions about allergy management.
  - Ensuring allergy information is recorded, up-to-date and communicated to all staff. Although they have ultimate responsibility, the collation of information is delegated other members of staff, for example the School Office and / or Health Services Manager.
  - Making sure staff are appropriately trained, have good allergy awareness and realise their role in allergy management (including what activities need an allergy risk assessment).
  - Ensuring staff, pupils and parents have awareness of the school's Allergy and Anaphylaxis Policy, and other related procedures.
  - Meeting once a term with the General Catering Manager, Health Services Manager and Health and Safety Manager to discuss allergies and allergen management.
- 3.4 At regular intervals, the Designated Allergy Lead will check procedures and report to SPLT.
- 3.5 The **GENERAL CATERING MANAGER** is responsible for:
- Ensuring food is purchased and stored in line with this policy, that no nuts are purchased by the school and products which may contain nuts are avoided or suitably labelled.
  - Ensuring best practice within the kitchens with regards to food segregation both in storage, during preparation and at service.
  - Ensuring the food prepared by the school is labelled in accordance with this policy.
  - Liaising with the Medical Team to ensure up-to-date information regarding pupil's food allergies is displayed and communicated to relevant members of the Catering Team.
  - Ensuring that catering staff have sufficient training, knowledge and understanding of allergens, allergen management, food labelling and individual pupil's special diets to enable them to serve the correct food.
  - Conducting regular audits and reviews.
  - Regularly reviewing and updating the Allergy and Anaphylaxis Policy, in conjunction the Health and Safety Manager and the Health Services Manager.
- 3.6 The **HEALTH SERVICES MANAGER** is responsible for:

- Regularly reviewing and updating the Allergy and Anaphylaxis Policy, in conjunction the Health and Safety Manager and the General Catering Manager.
- Collecting and coordinating paperwork and information from families (including Allergy Action Plans and Individual Health Care Plans).
- Support the Designated Allergy Lead on how this information is disseminated to staff, including the Catering Team, occasional staff and staff running clubs.
- Ensuring the information from families is up-to-date and reviewed annually (at a minimum).
- Co-ordinating medication with families. Whilst it's the parents and carers responsibility to ensure medication is up to date, the Medical Team should also have systems in place to check this and notify the parents when they see the expiry date is approaching.
- Keeping an adrenaline pen register to include adrenaline pens prescribed to pupils and spare pens, including brand, dose, and expiry date.
- Regularly checking spare pens are where they should be, and that they are in date.
- Replacing the spare pens when necessary.
- Providing adrenaline pen training for other members of staff and pupils as required e.g. before school trips.
- Provide annual anaphylaxis training to staff during inset and on arrival of new starters

3.7 The **HEALTH AND SAFETY MANAGER** is responsible for:

- Keeping a record of any allergic reactions or near-misses, investigating as to the cause, and reporting any learnings to the relevant staff.
- Supporting the Designated Allergy Lead, including providing statistics and summaries of any incidents or investigations.
- Supporting the General Catering Manager with audits and reviews.
- Support staff with risk assessments, ensuring allergies are considered as appropriate.
- Regularly reviewing and updating the Allergy and Anaphylaxis Policy, in conjunction the Health Services Manager and the General Catering Manager.
- Keeping records of staff allergy and first aid training..

3.8 The **ADMISSIONS DEPARTMENT** is likely to be the first to learn of a pupil or visitor's allergy. They should work with the School Office and the Medical Team to ensure that:

- 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.
- There is a clear structure in place to communicate this information to the relevant parties (i.e. Medical Team, Catering Team).
- Visitors (for example at Open Days and events) are aware of the catering set up and if food is to be offered and plans for medication if the child is to be left without parental supervision.

3.9 **ALL STAFF**, including teaching staff, support staff, catering staff, and occasional staff (for example sports coaches and music teachers) are responsible for:

- Understanding and putting into practice the Allergy and Anaphylaxis Policy and related procedures.
- Asking for support with the above if needed.
- Being aware of pupils they engage with who have allergies and what they are allergic to.

- 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.
  - Ensuring pupils always have access to their medication or carrying it on their behalf.
  - Being able to recognise and respond to an allergic reaction, including anaphylaxis.
  - Taking part in training as required.
  - Considering the safety, inclusion, and wellbeing of pupils with allergies.
  - Preventing and responding to allergy-related bullying, in line with the Anti-Bullying Policy.
- 3.10 School staff on duty for after school care, match teas, off-site trips and events are responsible for:
- Ensuring pupils on special diets are only given the food that has been prepared for that pupil and has their name on the packaging.
  - For St Peter's 2-8 School, two staff members must sign the Meal Check Sheet (for meals outside of the dining room) to confirm the correct meal has been given.
- 3.11 **ALL CHEFS** must ensure that:
- They follow the relevant recipe and do not change ingredients without authorisation.
  - Food prepared for people with food allergies is prepared, stored, and served in such a way that the relevant allergens are not present and that there has been no cross contamination.
  - Dishes and their Allergen Contents sheets are completed each day for all food that will be available for pupils and staff and that they are displayed or available in the Dishes and their Allergen Content folder behind the serving area.
  - The allergen content of all food stored / wrapped / boxed is clearly and correctly indicated on the allergen label on the packaging.
  - They can answer queries on the allergen content of food served.
  - All relevant and up to date signage / information is displayed within kitchens and dining areas.
- 3.12 All **CATERING ASSISTANTS** and **KITCHEN PORTERS** must ensure that:
- They know the importance of adhering to all rules relating to the preparation, storage, labelling and serving of food for people who have food allergies.
  - They know what food has been prepared each day for each pupil who is on a special diet.
  - They know how to complete and read allergen labels and how to check the allergen content of food ingredients.
  - They know where to find information about any food available or any pupil's specific dietary requirements.
- 3.13 .
- 3.14 We ask **ALL PARENTS AND CARERS** (whether their child has an allergy or not) to:
- Be aware of the school's Allergy and Anaphylaxis Policy and consider the safety and wellbeing of pupils with allergies.
  - Adhere to any food restrictions or guidance the School has in place, for example not sending nuts in packed lunches, as snacks or for fundraising events.
  - Refrain from telling the School their child has an allergy or intolerance if this is a preference or dietary choice.
  - Encourage their child to be allergy aware.
  - Regular reminders will be sent out in school newsletters and by email.

3.15 In addition, **PARENTS OF CHILDREN WITH ALLERGIES** should:

- Provide the School with information about their child's medical needs, via the School's medical forms, 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.
- Work with the school to have Allergy Action Plan filled out with a medical professional.
- If applicable, provide the school or their child with two labelled adrenaline pens and any other medication, for example antihistamine (with a dispenser, i.e. spoon or syringe), inhalers or creams.
- Ensure medication is in-date and replaced at the appropriate time.
- Update school with any changes to their child's condition and ensure the relevant paperwork is updated too.
- 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, e.g. not eating the food they are allergic to.

3.16 **ALL PUPILS** are encouraged to, as appropriate for their age and maturity:

- Be allergy aware.
- Understand the risks allergens might pose to their peers.
- Learn how they can support their peers and be alert to allergy-related bullying.
- Older pupils will learn how to recognise and respond to an allergic reaction and to Understand the risks allergens might pose to their peers.
- Learn how they can support their peers and be alert to allergy-related bullying.
- Older pupils will learn how to recognise and respond to an allergic reaction and to support their peers and staff in case of an emergency.

3.17 **PUPILS WITH ALLERGIES** are responsible for, as appropriate for their age and maturity:

- Knowing what their allergies are and how to mitigate personal risk.
- Avoiding their allergen as best as they can.
- Understanding that they should notify a member of staff if they are not feeling well or suspect they might be having an allergic reaction.
- If age-appropriate, to carry adrenaline pens with them at all times. They must only use them for their intended purpose.
- Understand how and when to use their adrenaline pen.
- Talking to the Designated Allergy Lead or a member of the Medical Team if they are concerned by any school processes or systems related to their allergy.
- Raising concerns with a member of staff if they experience any inappropriate behaviour in relation to their allergies.
- Older pupils who are permitted to leave the school site (during the school day or as Boarders) 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.

## 4 Information and Documentation

- 4.1 The School has an iSAMS register of pupils who have a diagnosed allergy. This includes children who have a history of anaphylaxis or have been prescribed adrenaline pens, as well as pupils with an allergy where no adrenaline pens have been prescribed.
- 4.2 Where needed, Individual Health Care Plans (IHCPs) will be prepared in accordance with the **Administration of Medicines and Supporting Pupils with Medical Conditions Policy**.
- 4.3 Each pupil who has been prescribed an adrenaline pen has an Allergy Action Plan (AAP). An example is at Appendix I. The information on this plan includes:
- Known allergens and risk factors for allergic reactions.
  - Detail of the medication the pupil has been prescribed including dose, this should include adrenaline pens, antihistamine etc.
  - Emergency contact details.
  - A photograph of the pupil.
  - Instructions on how to use an adrenaline pen.

## 5 Risk Assessment

- 5.1 Allergens can crop up in unexpected places. Staff will consider allergies in activity planning and include it in risk assessments. The Health and Safety Manager can assist with this as required. Some examples include:
- Classroom activities, for example crafts using food packaging, science experiments where allergens are present, food tech or cooking.
  - Bringing animals into the school, for example a dog or hatching chick eggs can pose a risk.
  - 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.
  - Planning special events, such as cultural days and celebrations.

## 6 Catering in School

- 6.1 The School is committed to providing a safe meal for all students, including those with food allergies. Food is purchased, stored, prepared, and served in line with the **Procedures for Allergen Management and Special Diets**.
- 6.2 The Catering Team and other staff preparing food will receive relevant and appropriate allergen awareness training. Anyone preparing food for pupils with allergies will follow good hygiene practices, food safety and allergen management procedures.
- 6.3 Food containing the main 14 allergens (see Allergens definition) will be clearly identified for pupils, staff, and visitors to see. Other ingredient information will be available on request.
- 6.4 Food packaged ‘to go’ will comply with PPDS legislation (Natasha’s Law) requiring the allergen information to be displayed on the packaging.
- 6.5 Where changes are made to the ingredients this will be communicated to pupils with dietary needs by the Catering Team.



- 6.6 Nuts are avoided as an ingredient. If food is labelled by the manufacturer / supplier as 'may contain nuts' and a suitable alternative is not available, this must be clearly indicated on all information displayed or supplied with the product: a purple allergen label with the words 'may contain nuts' or initials MC must be affixed to the product.
- 6.7 Food prepared for people with food allergies is prepared, stored, and served in such a way that the relevant allergens are not present and that there has been no cross contact.
- 6.8 Allergen matrix sheets are completed each day for all food that will be available for pupils and staff. They are displayed or available in the Dishes and their Allergen Content folder behind the serving area in their kitchen / dining rooms.
- 6.9 The allergen content of all food stored / wrapped / boxed is clearly and correctly indicated on the allergen label on the packaging.
- 6.10 The Catering Team are briefed on what food is being prepared for pupils with allergies and that this information is also displayed within the kitchen.

## **7 Identification of Pupils with Allergies**

- 7.1 The Catering Team will endeavour to get to know the pupils with allergies and what their allergies are, supported by all staff.
- 7.2 The School has robust procedures in place to identify pupils with food allergies, firstly through a visual check from a member of staff familiar with the pupils who have allergies. Secondly, photos of pupils with allergies are displayed along with their allergies in each of the service areas. These records are updated annually or as individual's needs change.
- 7.3 If parents inform the School of changes to the child's food allergies this information must be passed to the Medical Team. The Medical Team will verify the information with parents, evaluate the changes, and amend records if required. Changes must then immediately be communicated to the relevant parties.
- 7.4 The Medical Team is responsible for the communication of each pupil's up-to-date dietary requirements to the Catering General Manager and others as necessary to ensure the pupil's health and safety.
- 7.5 The General Catering Manager is responsible for communicating the up-to-date dietary requirements of pupils to chefs, catering assistants and others who will be involved in preparing and serving food.
- 7.6 The General Catering Manager is also responsible for preparing and keeping up-to-date Pupil's Allergen conditions report posters in each kitchen, using iSAMS to generate the posters.
- 7.7 Pupil Allergen Information Posters are a display of photographs of all children with an allergy, intolerance or dietary preference. Children are graded depending on the nature of their condition, if a child has an allergy they are displayed in red, an intolerance is displayed in yellow and a preference, for example vegetarian, vegan or halal only is displayed in green.
- 7.8 Additional records kept by the Catering Team e.g. at service points, must also be updated as information changes.

## **8 Food Brought into School**

- 8.1 The School recognises that its staff, pupils, and parents will bring food onto site. This includes treats such as cake sales, food brought into boarding houses and seasonal treats.
- 8.2 The School endeavours to be 'nut free' and sends regular reminders to the School community not to send products containing nuts into school.
- 8.3 The School recognises that messaging around allergies requires careful consideration. For example, bans are almost impossible to enforce but can lead to a sense of complacency or give a false sense of security. Reminding everyone to be allergy aware and to remain vigilant is vital. It is also important that we don't give the impression of one allergen being more dangerous than others.
- 8.4 The following wording shall be used as a starting point for communications:

*This school is an Allergen Aware school. We have students with a wide range of allergies to different foods, so we encourage a considered approach to bringing in food.*

*We try to restrict peanuts and tree nuts as much as possible on the site and check all foods coming into the kitchen.*

*All food coming onto school premises or taken on a school trip or to a match should be checked to ensure peanuts and tree nuts are not an ingredient. Please check the label on all foods brought in. Common foods that contain these goods as an ingredient include packaged nuts, cereal bars, chocolate bars, nut butters, chocolate spread, and sauces.*

*Thank you for your ongoing cooperation and understanding.*

## **9 School Trips and Sports Fixtures**

- 9.1 Staff leading the trip will have a register of pupils with allergies with medication details.
- 9.2 Allergies will be considered on the risk assessment and catering provision put in place.
- 9.3 Allergens will be clearly labelled on packed lunches prepared by the Catering Team.
- 9.4 If purchasing ready-to-eat food or eating in a restaurant on a trip, for example, staff will check with the establishment that food is suitable for any pupils with allergies.

## **10 Boarding Houses**

- 10.1 Food purchasing for the boarding houses is the same as purchasing for the catering department, following the relevant procedures. Pre-packaged food is provided with its label.
- 10.2 Food prepared and delivered to the boarding houses by the Catering Team will be handled in the same way as food prepared for consumption in the dining rooms, with allergy labelling and following the relevant procedures.
- 10.3 If food is ordered in to boarding houses by boarding house staff, for example takeaways, those staff will check with the catering management team that food is suitable for any pupils with allergies.

- 10.4 It is expected that that pupils or staff bringing their own food into the boarding houses will abide by the same 'no nut' principle that applies to the rest of the School.
- 10.5 Posters displaying the 14 recognised allergens should be displayed on notice boards in boarding houses and basic allergen management toolbox talks given to boarding staff on how to recognise and manage allergens.

## **11 Insect Stings**

- 11.1 Pupils with a known insect venom allergy should:
- 11.2 Avoid walking around in bare feet or sandals when outside and when possible, keep arms and legs covered.
- Avoid wearing strong perfumes or cosmetics.
  - Keep food and drink covered.
- 11.3 The Head of Grounds 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 is normally the dander that causes a person with an animal allergy to react. Precautions to limit the risk of an allergic reaction include:
- A pupil with a known animal allergy should avoid the animal they are allergic to.
  - Areas visited by animals will be cleaned thoroughly.
  - Anyone in contact with an animal will wash their hands after contact.
- 12.2 If an animal lives on site, for example in a Boarding House, parents will be made aware, and consideration and adaptations will be made.
- School trips that include visits to animals will be risk assessed.

## **13 Allergic Rhinitis / Hay Fever**

- 13.1 Those with seasonal pollen allergies, hay fever and persistent nasal allergy due to dust mites, etc. can visit the Medical Centre for assistance and over-the-counter antihistamine medication may be dispensed.

## **14 Asthma**

- 14.1 It is vital that pupils with allergies keep their asthma well-controlled because asthma can exacerbate allergic reactions. See the relevant section of the **Administration of Medicines and Supporting Pupils with Medical Conditions Policy**.

## **15 Inclusion and Mental Health**

- 15.1 Allergies can have a significant impact on mental health and wellbeing. Pupils may experience anxiety and depression and are more susceptible to bullying. The School will endeavour to ensure that:
- No child with allergies should be excluded from taking part in a school activity, whether on the school premises or a school trip.

- Pupils with allergies receive additional pastoral support including regular check-ins from their Tutor/ House Parent etc., as required.
  - Affected pupils will be given consideration in advance of wider school discussions about allergies and school Allergy Awareness initiatives.
  - Bullying related to allergy will be treated in line with the School's **Anti-Bullying Policy**.
- 15.2 Every effort will be made to include all pupils in the full range of educational and social activities that are offered by the School. However, where a risk to the child's health cannot be adequately controlled, it may be necessary to modify, restrict, or withdraw some activities / experiences.
- 15.3 Where a child cannot safely undertake all or part of the activity / experience, as far as possible, alternative activities / experiences will be found for them.

## **16 Information and Training**

- 16.1 The School is committed to training staff with regards to allergies.
- 16.2 First aid training, including how to deal with anaphylaxis, will be offered in line with the **First Aid Policy**.
- 16.3 All staff who have responsibility for children with known allergies will be given information on the child's allergies and given a copy of the child's Allergy Action Plan.
- 16.4 All staff who have responsibility for children with known allergies will be given training in the use of adrenaline pens.
- 16.5 All kitchen staff are trained to a minimum of CIEH Level 2 Food Hygiene which included allergen training. Additionally, the Catering Team receive annual allergen refresher training which covers:
- The correct completion and display of all allergen labels.
  - How to complete and check the 'Dishes and their Allergen Content' sheet.
  - In the risk controls required at each level of the Allergen Control Matrix.
  - Anaphylaxis recognition and administration of an adrenaline pen.
- 16.6 When new kitchen staff start at the School, or if they move to a different kitchen, they will receive training in relation to the children with allergies and intolerances for whom they will prepare or serve food.

## **17 Pupils' Adrenaline Pens**

- 17.1 All pupils that could require emergency medications are subject to an Allergy Action Plan.
- 17.2 Older pupils (generally all of St Peter's 13-18) should be mature enough to be responsible for their own emergency medication and will carry their adrenaline pen themselves.
- 17.3 Pupils at St Peter's 8-13 and St Peter's 2-8 will not carry adrenaline pens unless specifically assessed and agreed in the Individual Health Care Plan (IHCP).
- 17.4 Adrenaline pens will be stored in individual boxes with the relevant pupil's name, allergens, and photograph of the pupil on them.
- 17.5 The locations of adrenaline pens will be clearly signed.

- 17.6 At St Peter's 13-18 pupil's second adrenaline pens are kept in the dining room.
- 17.7 At St Peter's 8-13 pupil's adrenaline pens will be kept in the Medical Centre. The Medical Centre must be open when pupils are in the building.
- 17.8 At St Peter's 2-8, the adrenaline pens will be kept in the Medical Room adjacent to St Peter's 2-8 School Office. The Medical Room must be open when pupils are in the building.
- 17.9 Whenever pupils who are at risk of anaphylaxis are present on a school trip or visit off-site, two adrenaline pens must be taken for each pupil at risk of anaphylaxis. This will be part of the trip risk assessment.
- 17.10 For pupils who carry their own adrenaline pens, their spare one must be collected by the pupil concerned from the storage location before the trip and returned afterwards. The Trip Leaders must check they have it with them before leaving site. The Trip Leader must also ensure that an adrenaline pen is with the first aid kit taken on the trip.
- 17.11 For younger pupils not deemed mature enough to carry their own emergency medication, both adrenaline pens should be with the first aid kit taken on the trip.
- 17.12 Adrenaline pens **must not** be kept locked away.
- 17.13 Adrenaline pens should be stored at moderate temperatures (see manufacturer's guidelines), not in direct sunlight or above a heat source (for example a radiator).
- 17.14 Used or out of date pens will be disposed of as sharps.

## **18 Spare Adrenaline Pens**

- 18.1 The School currently has school-owned spare adrenaline pens in 7 locations:
- Nursery
  - 2-8 First Aid Room
  - 2-8 Dining Room
  - 8-13 Dining Room
  - 8-13 Medical Centre backpack
  - 13-18 Dining Room
  - 13-18 Medical centre backpack
- 18.2 The School also have spare adrenaline pens that staff take on trips. Apart from the medical backpacks, spare adrenaline pens are kept in sealed emergency boxes. Each week a visual check is made by a member of the Medical Team to ensure the emergency boxes are in place.
- 18.3 The Medical Team will check the adrenaline auto-injectors to ensure the medication is **clear and colourless** by inspecting the viewing window, and replace the pen if the solution is cloudy, discoloured, or contains particles. They will confirm the **device is intact**, with no cracks or damage. Pens are regularly checked by the Medical Team, a register kept, and adrenaline pens replaced when necessary.
- 18.4 Any instances which have led to a pupil or other person with known allergies being exposed to the allergen (regardless as to whether harm has arisen) must be reported to the Health

and Safety Manager via the health and safety management system (Smartlog) for investigation.

<b>Reviewed by</b>	St Peter's Leadership Team
<b>Reviewed</b>	Christmas Term 2025
<b>Next Review</b>	Christmas Term 2027

# Allergy Emergency Action Plan

THIS CHILD HAS THE FOLLOWING ALLERGIES:

NAME:

DATE OF BIRTH:

WEIGHT:

PHOTO

EMERGENCY CONTACT DETAILS

1)

2)

## MILD - MODERATE ALLERGIC REACTION

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

### ACTION

- Stay with the child, call for help if necessary
- Give antihistamine- dosage:  
(if vomited can repeat dose)
- Contact parent / carer



## WATCH FOR SIGNS OF ANAPHYLAXIS

**AIRWAY:** Persistent cough, hoarse voice, difficulty swallowing, swollen tongue

**BREATHING:** Difficult or noisy breathing, wheeze or persistent cough

**CONSCIOUSNESS:** Persistent dizziness / pale or floppy, suddenly sleepy, collapse, unconscious

**If ANY ONE of these signs are present:**

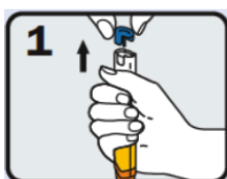
1. **Sit child down** Lie flat if unconscious
2. **Give EpiPen / Adrenaline Auto-injector**
3. **Dial (9) 999 for an ambulance** and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

**If in doubt, give EpiPen**

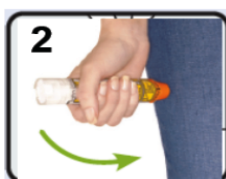
**After giving EpiPen:**

1. Stay with child, contact parent/carer
2. Commence CPR if there are no signs of life
3. If no improvement **after 5 minutes, give a further EpiPen** or alternative adrenaline auto-injector device

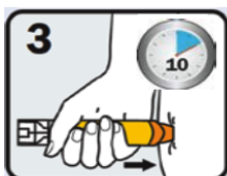
### How to give EpiPen®



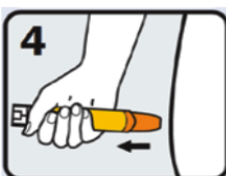
Form fist around EpiPen® and PULL OFF BLUE SAFETY CAP



SWING AND PUSH ORANGE TIP against outer thigh (with or without clothing) until a click is heard



HOLD FIRMLY in place for 10 seconds



REMOVE EpiPen®. Massage injection site for 10 seconds

ADDITIONAL INSTRUCTIONS:

