



Our Christian Vision

“For I know the plans I have for you,” declares the Lord, “plans to prosper and protect you, plans to give you hope and a future.”

Inspired by Jeremiah 29:11, and guided by love and respect, we want to nurture our community to grow and flourish in the fullness of God. As a richly diverse and inclusive church school, we hope to create a community where everyone is encouraged to dream boldly, learn joyfully, achieve their full academic potential and live faithfully.

Together, we will empower all to thrive, show courage and compassion, stand against injustice and make a positive contribution to the world.

Love - Faithfulness - Hope – Justice – Respect - Perseverance

Allergy Safety Policy

1. INTRODUCTION

1.1 This policy outlines St. Michael’s CEP’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 ones does. It also sets out how we support our pupils with allergies to ensure their wellbeing and inclusion.

1.2 This policy applies across the whole school, applies to all staff, pupils, parents and visitors to the school. It should be read alongside these other policies:

- Medicines policy
- First Aid Policy
- Health and Safety policy

2.WHAT IS AN ALLERGY?

2.1 An 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.

2.2 Whilst most allergic reactions are mild, causing minor symptoms, some can be very serious and cause anaphylaxis, which is a life-threatening medical emergency. Reactions can be rapid, often within seconds or minutes of exposure to the substance (allergen) that has caused an allergic reaction but can occur up to four hours later.

2.3 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.

3. DEFINITIONS

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

ALLERGEN: A normally harmless substance that, for some, triggers an allergic reaction. People 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.

Most severe allergic reactions to food are caused by just nine 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.

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.

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 AAls, adrenaline pens or by the brand name EpiPen. There are two brands licensed for use in the UK: EpiPen and Jext Pen. For the purposes of this policy, we will refer to them as adrenaline pens.

ALLERGY ACTION PLAN: This is a document filled out by a healthcare professional, detailing a person's allergy and their treatment plan.

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

SPARE PENS: Schools are required to hold spare adrenaline pens. These will be held as a back-up, in case pupils' own adrenaline pens are not immediately available, broken or out of date. These spare pens will be stored so they are no more than five minutes away from children. The spare adrenaline pens will be stored in pairs so that if a second one is necessary, it is on hand in that moment.

4. ROLES AND RESPONSIBILITIES

St. Michael's takes a whole-school approach to allergy management.

4.1 Designated Allergy Lead

4.1.1 The Designated Allergy Lead is Rachel Dawber, Acting Headteacher. She is responsible for:

- Ensuring the safety, inclusion and wellbeing of pupils with an allergy.
- Taking decisions on allergy management across the school.
- Championing and practising allergy awareness 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 may be delegated to an administrator.
- Annual review of the health records submitted by parents.
- 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).
- Ensuring staff, pupils and parents have a good awareness of the School's Allergy and anaphylaxis policy, and other related procedures.
- Reviewing the stock of the school's spare adrenaline pens to ensuring that the school has enough, they are correctly stored and ensuring staff know where they are.
- Ensuring staff have received appropriate training in managing severe allergies, including recognising allergy symptoms; know what to do in an emergency, when and how adrenaline pens should be used.

- Ensuring that suitable risk assessments are undertaken when pupils (at risk of anaphylaxis) are taken off site and may be exposed to allergens.
- Keep a record of any allergic reactions or near-misses that have affected pupil, staff or visitors. Ensuring an investigation is held as to the cause; review policies, procedures and actions taken whilst staff to minimise the likelihood of re-occurrence. Implement any necessary procedural changes.
- Regularly reviewing and updating the Allergy and anaphylaxis policy.
- Ensuring there is an Anaphylaxis Drill once a year.

4.1.2 At least once a term, the Designated Allergy Lead will check procedures and report to the school's leadership team.

4.2 Administration

- Information and paperwork from families is to be collected in liaison with the office staff for new starters.
- Information will be disseminated to all school staff, including the catering team and staff running clubs.
- Information from families will be kept up-to-date and reviewed annually (at a minimum).
- Medication will be discussed with families. Whilst it is the parents'/carers' responsibility to ensure medication is up to date, the Designated Allergy Lead will review emergency medication at least once a term and notify parents/ guardians when the expiry date is approaching.
- An adrenaline pen register will be kept to include adrenaline pens prescribed to pupils and spare pens, including brand, dose and expiry date. Staff must be notified if the location of spare pens is changed.
- Spare pens will be checked regularly to ensure they are where they should be, that they are in date and that they are being stored appropriately.
- Spare pens will be replaced when necessary.
- At least once a year, up to date photographs of all pupils with known allergies are shared appropriately within the school.
- The school will keep a register of pupil allergies and this will be maintained and updated as appropriate.

4.3 Admissions

4.3.1 As children are admitted to school, the office staff are likely to be the first to learn of a pupil or visitor's allergy. They will work with the Designated Allergy Lead to ensure the following actions are undertaken before an individual comes into school or attends a school event:

- There is a clear method to capture allergy information or special dietary information at the earliest opportunity.
- There is a clear structure in place to communicate this information to the relevant parties (i.e. Lead Administrator, catering team).

4.4 All staff

4.4.1 All school staff, including teaching staff, support staff, site staff, catering staff and occasional staff (for example sports coaches, music teachers) are responsible for:

- Championing and practising allergy awareness across the School.
- Understanding and putting into practice the Allergy Safety Policy and related procedures and asking for support/ training if needed.
- Being aware of pupils with 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.
- Knowing how to seek first aid support and where pupils' emergency medication is held.
- Ensuring pupils always have access to their medication.
- Being able to recognise and respond to an allergic reaction, including anaphylaxis.
- Taking part in training and anaphylaxis drills as required.
- Knowing how to seek first aid support and where pupils' emergency medication is held.
- 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.

4.4.2 St. Michael's CEP indemnifies staff against potential negligence claims if they act within the scope of their employment and comply with the school's policies and training provided.

4.5 All parents

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

- Being aware of and understanding the School's Allergy and anaphylaxis policy and considering the safety and wellbeing of pupils with allergies.
- Providing the school with timely 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.
- Contact school for advice if pupils/families are considering bringing food from home into school.
- Adhering to any food restrictions or guidance the school has in place when providing food, for example for a child's birthday celebration.
- Refraining from telling the school their child has an allergy or intolerance where this is a preference or dietary choice rather than an allergy.
- Encouraging their child to be allergy aware.

4.6 Parents of children with allergies

4.6.1 In addition to 4.5 above, the parents and carers of children with allergies should:

- Inform school about all known allergies as soon as possible.
- Provide school with their child's latest Allergy Action Plan (ideally, as soon as it is available).
- Update school with any changes to their child's condition and ensure the relevant paperwork is updated in a timely manner.
- If applicable, provide school with labelled adrenaline pens and any other medication, for example, inhalers or creams. The Administration of medication policy identifies how medication should be provided to the school.
- Ensure medication is in-date and replaced at the appropriate time.
- Support their child to understand their allergy diagnosis, 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.
- Educate the child in allergy self-management, in an age appropriate way, e.g. what foods are safe and unsafe; strategies to avoiding allergens; how to read food labels; how to identify allergic symptoms; how and when to tell an adult they may be having an allergic reaction.

4.7 All pupils

4.7.1 All pupils at the School should:

- 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 e.g. by informing a member of staff.

4.7.2 Pupils will be taught how to recognise and respond to an allergic reaction and to support their peers and staff in the event of an emergency.

4.8 Pupils with allergies 4.8.1

In addition to the points in 4.7 above, pupils with allergies are responsible for:

- Knowing what their allergies are (and if age appropriate, how to mitigate personal risk).
- Avoiding their allergen as best as they can e.g. avoiding eating anything with unknown ingredients; exchanging food with other people.

- Understand 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 their prescribed adrenaline pens with them at all times including when travelling to and from school. 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 staff 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.

5. INFORMATION AND DOCUMENTATION

5.1 Register of pupils with an allergy

5.1.1 The School holds medical information about every enrolled pupil. The information is updated on receipt of any updates from parents/ carers and is accessible to all staff. Each record identifies:

- all known allergies (and other medical conditions)
- if an adrenaline pen has been prescribed
- if the school holds any prescribed adrenaline pens for the pupil
- if the school has consent to administer antihistamines
- if the school has consent to administer adrenaline in an emergency

5.1.2 Parents/carers are required to complete and sign a consent form when they ask the school to hold and/or administer medications to pupils. The consent form identifies what medication has been provided, the dosage, when it should be administered and if necessary, how it should be administered. Staff update this form if medication has been administered.

5.1.3 All Allergy Action Plans provided to the School are filed in the First Aid Room along with the pupil's prescribed adrenaline pen.

6. ASSESSING AND MANAGING RISK

6.1 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:

- Classroom activities, for example craft using food packaging, science experiments where allergens are present.
- 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.

6.2 Inclusion of pupils with allergies must be considered alongside safety and they should not be excluded. If necessary, activities should be adapted.

6.3 Catering in school

6.3.1 The school's catering team are committed to providing a safe meal for all students, including those with food allergies.

- Due diligence is carried out regarding allergen management when Bolton Council appoint catering staff to be placed in school.
- All catering staff 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.
- The catering team will use the allergy information provided by the school to get to know the pupils with allergies and what their allergies are.

- All of Bolton Council catering suppliers have been audited to ensure that the catering team have comprehensive records on the ingredients used and provided to pupils, staff and visitors in the school.
- Catering staff review all ingredient labels when food is delivered.
- Food containing the main 14 allergens (see Allergens definition above) will be clearly identified on pre-packaged items and ingredient information will be available on request.
- If the catering team are notified about any other food allergies, they will highlight the allergen information to the relevant individual/s at the earliest opportunity.
- Food made for pupils with food allergies to be taken off site are kept separate from other lunches and are clearly labelled with their name.
- Catering staff ensure that food containing allergens is segregated in the kitchens and on the counters, preventing cross-contamination wherever possible.
- The catering manager or delegated member of the catering team will ensure that any pupils/ visitors accessing the kitchens or food preparation areas have appropriate training and supervision to minimise the possibility of cross-contamination.

6.3.2 The School has robust procedures in place to identify pupils with food allergies:

- Parents/carers are asked to provide timely information about allergies to school and immediately the catering manager is updated, as well as the school's allergy register.
- Photographs of all pupils with food allergies and their specific food allergies are provided. This information is kept in the kitchen for reference purposes.
- The catering team has allergen information for all food they serve and provide.
- The catering team ensure that a staff member who is familiar with pupils' allergies is serving the food and alerting pupils to food allergens as appropriate.

6.4 Food brought into school

6.4.1 The school does not restrict pupils, parents or staff bringing food into school/to school events (e.g. school trips, sports fixtures, snacks, birthday cakes, food for events/fundraisers). However, the School advises that the person buying or preparing the food is cautious and aware of possible cross contamination with the main 14 allergens.

6.4.2 The school requests that food being brought into school or to school events is accompanied by a full list of ingredients.

6.4.3 The school strives to be a 'nut free' school but it is recognised that this cannot be an absolute guarantee.

- It would be impossible to provide an absolute guarantee that any school is 'nut free' given that pupils regularly bring in food from home, although all parents are advised that we do not accept food items containing nuts.
- There is better awareness and understanding of the reason why we strive to be a 'nut free' school and children are educated to grow up in an environment where allergens are present, but these are, at the same time, restricted and monitored as much as is reasonably possible.

6.5 Food bans or restrictions

- The school has pupils with a range of allergies to different foods, so it encourages a considered approach to bringing food onto school premises or to a school event.
- The school tries to restrict peanuts and tree nuts as much as possible on the site and check all foods coming into the kitchen. Common foods that contain nuts as an ingredient include packaged nuts, cereal bars, chocolate bars, nut butters, chocolate spread, sauces.
- All food coming onto school premises or taken on a school trip or to a sports fixture should be checked to ensure allergens are not an ingredient. Parents and pupils are advised to check the label on all foods brought in.

6.6 School trips, residential and sports fixtures

- Staff leading the trip will obtain allergy information for all pupils due to participate and any medication requirements.
- Allergies will be considered on the risk assessment and catering provision put in place.
- Staff consult with parents if the trip requires an overnight stay.
- Staff accompanying the trip will be trained to recognise and respond to an allergic reaction.
- Allergens will be clearly labelled on catered packed lunches. Staff will be vigilant to keep specialised food (e.g. for pupils who have food allergies) away from other food.
- If pupils with an allergy to a food outside the main 14 allergens, the lead member of staff will ensure that there is a robust system to ensure they always receive a safe meal.
- If pupils are likely to receive food at another venue, details of their dietary requirements will be sent ahead to ensure they have a safe meal.
- Prior to any off-site activities, staff must collect all necessary medication from the relevant School Office. The usual expectations are:
 - Prescribed medication: where a pupil's medication has been provided to the school, a designated staff member will carry it during the trip.
 - A staff member who is accompanying the trip should sign out an adrenaline pen from the relevant school office before departure and return it immediately after the trip. In such cases, the staff member leading the trip will email SLT and first aiders to inform them of the number of spare adrenaline pens still available in school and when the one taken on the trip is due to be returned.

6.7 Animals

6.7.1 It is normally the danger that causes a person with an animal allergy to react and therefore the school's 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.
- If an animal comes on site, a risk assessment will be done prior to the visit and all the areas that the animal has visited will be cleaned thoroughly.
- Anyone in contact with an animal will wash their hands after contact.
- School trips that include visits to animals will be carefully risk assessed.

6.8 Allergic rhinitis/hayfever

6.8.1 Allergic rhinitis is where a person's nose is irritated by something they are allergic to, such as pollen, typically causing sneezing, runny/ blocked nose, itchy, red or watery eyes.

6.8.2 Pupils with this medical condition will be encouraged to:

- Follow medical advice e.g. taking antihistamines/ decongestant nasal spray or drops, which are widely available in pharmacies and some supermarkets.
- Consider the need to minimise their exposure to high levels of allergens (in consultation with parents and/or staff members).

6.9 Insect stings

6.9.1 The site staff monitor the school's grounds for wasp or bee nests. Staff and pupils (with or without allergies) should notify a member of staff if they find or suspect a wasp or bee nest in the school's grounds and avoid them.

6.9.2 Pupils with a known insect venom allergy are encouraged to:

- Avoid walking around in bare feet or sandals when outside and when possible, keep arms and legs covered.
- Avoid wearing strong smelling toiletries or cosmetics e.g. perfume/aftershave.
- Keep food and drink covered.

6.10 Asthma

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

6.10.2 Parents/carers should inform the school about any asthma related concerns so that it can be determined if any actions need to be taken in school.

6.11 Minimising allergen exposure

6.11.1 The school has adequate facilities with hand wash basins available, with warm running water, mild bars of soap, and paper towels/hand dryers. Non-alcoholic, sensitive hand sanitiser is also available.

6.11.2 All pupils and staff are advised to clean their hands after using the toilet; before and after eating; handling food after breaktimes and any circumstances where they may touch animals.

6.11.3 Staff will periodically remind pupils:

- Sharing, swapping or throwing food is not allowed.
- Water bottles should be named.

7. INCLUSION AND MENTAL HEALTH

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

- 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 may require additional pastoral support including regular check-ins from their class teacher or our Pastoral Lead.
- Affected pupils will be given consideration in advance of wider school discussions about allergy and school allergy awareness initiatives.
- Bullying related to allergy will be treated in line with the school's Anti-bullying policy.

8. ADRENALINE PENS

8.1 Parents are encouraged to provide prescribed adrenaline pen(s) to the School, which will be held in a central location that is easily accessible in an emergency (i.e. not a locked area). Pupils with known risk of anaphylaxis should always have two AAIs available. This includes when travelling to and from school.

8.2 The Human Medicines Regulations were updated in March 2026 to include 'Benedict's Law', requiring all schools to stock spare adrenaline auto-injectors (AAIs), maintain comprehensive whole-school allergy policies, ensure all staff are anaphylaxis-trained, and create Individual Healthcare Plans (IHPs) for students. St. Michael's holds adrenaline pens without a prescription, so they are available for emergency use in children at risk of anaphylaxis either if they do not have an AAI device already prescribed or if their own device is not available/is out of date/not working.

8.3 Location of adrenaline pens

8.3.1 Adrenaline pens are emergency medication for individuals who are experiencing anaphylaxis. The location of pupils' prescribed adrenaline pens will be in their own classroom and the school's spare pens are kept in a clearly labelled cupboard in the First Aid Room.

8.3.2 All prescribed adrenaline pens must be held in the child's classroom and easily accessible at all times and not locked away. Individual pens should be labelled with the relevant pupil's name and held with the pupil's Allergy Action Plan (if provided). Where feasible, all the items for one pupil will be kept in a box/ basket that has been clearly labelled clearly with the pupil's name. Spare pens are kept in the First Aid Room and labelled as 'spare' to distinguish them from other pens.

8.4 Use of spare adrenaline pens

8.4.1 Spare adrenaline pens must only to be used in emergencies when:

- a pupil's prescribed adrenaline pen has been lost, broken or out of date; or
- a 999 operator instructs staff to use one of the School's spare pens

8.4.2 Spare adrenaline pens should only be used considered a 'back up' and not a replacement for a pupil's own prescribed adrenaline pen.

8.4.3 Refer to section 9 and Appendix 1 for guidance on the need and use of spare adrenaline pens.

8.5 Storage and checks of adrenaline pens

8.5.1 Unused adrenaline pens held in school must be:

- readily accessible at all times, i.e. not in a locked room/cupboard.
- stored at room temperature, protected from direct sunlight (ideally in the outer carton) and extremes of temperature (i.e. not near a radiator).

8.5.2 Used and out of date adrenaline pens must be disposed of according to manufacturer's guidelines e.g. given to the ambulance paramedics on arrival.

8.5.3 The school's Designated Allergy Lead is responsible for:

- Deciding how many spare pens are required for the school and if additional pens are required for 'grab bags' that will be used for school trips/matches, etc.
- What dosage is required, based on the Resuscitation Council UK's age based guidance
- Which brand(s) to buy. Schools are recommended to buy a single brand if possible, to avoid confusion.
- Distribution around the site and clear signage.

8.5.4 The Lead Administrator will check the adrenaline pens on at least a termly basis and maintain suitable records of these checks:

(i) they are available in an emergency.

(ii) they are in date.

(iii) the viewing window (on the side of the device) does not appear dark, cloudy or has specks floating in it. Replacement adrenaline pens should be obtained as soon as possible when expiry dates approach or the viewing window is not as expected.

8.5.5 Any concerns about adrenaline pens should be reported to the Designated Allergy Lead or a member of SLT as soon as possible.

8.6 Adrenaline pens on school trips and fixtures

- No child with a prescribed adrenaline pen will be able to go on a school trip/fixture without their own pen/s and a copy of their care plan.
- Adrenaline pens 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.
- Adrenaline pens will be protected from extreme temperatures.
- Staff accompanying the pupils will be aware of pupils with allergies and be trained to recognise and respond to an allergic reaction.
- Staff accompanying pupils/management will consider the need to take spare pens to trips/fixtures etc.
- Adrenaline pens and care plans must be returned immediately after the pupil returns to their usual site.

9. **RESPONDING TO AN ALLERGIC REACTION /ANAPHYLAXIS**

9.1 Refer to Appendix 1 on recognising and responding to an allergic reaction

9.2 This policy focuses on the treatment of pupils. However, the following actions can be applied to anyone experiencing anaphylaxis and who holds a prescribed adrenaline pen. Staff are permitted to use these spare devices on a pupil in an exceptional emergency, even if the child has no prior known allergy or formal medical authorization for a spare pen.

9.3 Mild to moderate symptoms (non-anaphylactic)

- Administer antihistamine (where parental consent has been obtained)
 - Antihistamines do not treat airway/ breathing/ circulation problems and must not delay adrenaline administration where required.
- Monitor the pupil for the possible progression of symptoms.

9.4 Severe reaction/s (anaphylaxis) and pupil has been prescribed an adrenaline pen

- Treat pupil in accordance with their Allergy Action Plan where provided to the school.
- If conscious, encourage the pupil to lay down with their legs raised.
- Stay with the pupil and calmly reassure them.
- Bring the pupil's prescribed adrenaline pen/s to them immediately. If their medication is not available or is out of date, the school's 'spare' adrenaline pens should be brought to them immediately (held in the Emergency Adrenaline Pen kit).
- Ensure that the **correct dosage** is used in accordance with the manufacturer guidance. Never administer an individual's adrenaline pen to someone else unless advised by a qualified medical professional or emergency services.
- The adrenaline pen should be administered into the upper outer thigh (through clothes where necessary) as soon as severe allergic reaction/s are identified, either by the pupil themselves or a trained member of staff.
- The time of the injection must be noted. A pen and a summary sheet are held in each Emergency Adrenaline Pen kit.
- Appendix 1 provides guidance on administering adrenaline pens.

Request an ambulance (call 999) as soon as the severe allergic reaction is identified.

Staff must speak clearly, slowly and be ready to repeat information:

- Anaphylaxis (pronounced "ANA-FIL-AX-IS")
- St. Michael's C of E Primary School
Green Lane
Great Lever
Bolton
BL3 2PL
01204 333063
- State how the ambulance should access the site/where the pupil is located
- Your name
- Pupil's name (date of birth may be asked for pupil/s)
- If (and ideally when) an adrenaline pen was administered
- Brief description of symptoms
- If known, what caused the reaction
- If the pupil has asthma/any known allergies

Emergency services must be updated if a second dose of adrenaline is administered.

- A person receiving an adrenaline injection must always be taken to hospital by ambulance for monitoring, even if they feel better after being administered adrenaline.
- Ensure the person is comfortable, warm and remains as still as possible, ideally lying on the ground, with the legs raised. If they are having trouble breathing, they can sit with legs outstretched.
- Do not let the person get up or move, even if they are feeling better. This can cause cardiac arrest.
- Place the person in the recovery position if they are unconscious.

- Monitor the person for signs of deterioration, as severe reactions may require more than one dose of adrenaline.
- If there has been no response to the first adrenaline pen, a second dose can be administered after five minutes. If this is necessary, call 999 again to confirm that an ambulance has been dispatched and to advise a second dose being administered.
- Arrange for someone to alert a member of SLT that someone is anaphylactic.
- Call the person's emergency contact.

9.5 Severe reaction/s (anaphylaxis) when pupil has NOT been prescribed an adrenaline pen

- Pupils should be treated where they are (if safe to do so).

Request an ambulance (call 999) as soon as the severe allergic reaction is identified (refer to box above to identify information that should be provided).

Explain that anaphylaxis is suspected and that spare adrenaline pens are available.

- The Medicines and Healthcare products Regulatory Agency (MHRA) says that in exceptional circumstances, a spare adrenaline pen can be administered to anyone for the purposes of saving their life.
- Staff must follow the instructions from the emergency operator.
- Arrange for another member of staff (or pupil) to inform the office or a member of SLT that someone is having an anaphylactic reaction and for the spare adrenaline pens should be brought to the pupil immediately (in case the emergency operator instructs staff to administer them).
- Stay with the pupil, calmly reassuring them and monitor them for signs of deterioration.
- Ensure the pupil is comfortable, warm and remains as still as possible, ideally lying on the ground, with the legs raised. If they are having trouble breathing, they can sit with legs outstretched.
- Place them in the recovery position if they are unconscious.
- Unless the pupil requires CPR or to be placed in the recovery position, they must not be moved until a medical professional/paramedic has arrived, even if they are feeling better.
- Anyone who has had suspected anaphylaxis and received adrenaline must go to hospital, even if they appear to have recovered.
- A member of staff will accompany the pupil in an ambulance and stay until a parent or guardian arrives.

9.6 Additional actions whilst waiting for the ambulance to arrive

- Arrange for a member of staff to meet the emergency services and escort them to the pupil.
- Update the ambulance service (call 999) if the pupil's condition deteriorates.
- Inform the parent/carer of the situation (and provide updates as required e.g. the hospital destination).
- Obtain a copy of the pupil's medical information held in school.
- Inform paramedics of all the key information when they arrive e.g. what may have caused the reaction; description of symptoms, if the pupil has asthma/any known allergies.

9.7 Actions to be taken after the pupil has been taken to hospital

- Ensure the pupil's medical record and CPOMS is updated with all key information e.g.
 - where and when the reaction took place.
 - if known, what may have caused the reaction.
 - If medication was administered: who administered, dosage, time of administration.

9.8 Staff must inform the School Office as soon as possible if a 'spare' adrenaline pen has been used, so that replacement(s) can be obtained in a timely manner.

10. ACCIDENTAL INJECTION

In the unlikely event that adrenaline is accidentally injected into another person, staff must:

- Irrigate the wound with running water.
- Encourage controlled bleeding.
- Cover the injection site with an appropriate dressing.
- Arrange for the person to attend a local Accident & Emergency (A&E) Department.

11. USEFUL DOCUMENTS AND LINKS

[Using emergency adrenaline auto-injectors in schools - GOV.UK](#)

[Allergy UK | National Charity](#)

[Anaphylaxis UK | Supporting people with serious allergies | Anaphylaxis UK](#)

[EpiPen® & EpiPen®Jr: Official UK Site](#)

12. TRAINING

12.1 The School is committed to training all staff regularly to give them a good understanding of allergy. This includes:

- Understanding what an allergy is
- How to reduce the risk of an allergic reaction occurring
- How to recognise and treat an allergic reaction, including anaphylaxis
- How the school manages allergy, for example Emergency Response Plan, documentation, communication etc.
- Where adrenaline pens are kept (both prescribed pens and spare pens) and how to access them
- 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
- Understanding food labelling
- Taking part in an anaphylaxis drill

12.2 The school will carry out an anaphylaxis drill regularly. This includes:

- an exercise simulating an event where a pupil or member of staff has an allergic reaction and testing the whole school response.

Each site holds an Emergency Anaphylaxis Kit that contains two 'spare' adrenaline pens along with a summary on how to administer an adrenaline pen.

These devices must only to be used in emergencies when:

- a pupil's prescribed adrenaline pen has been lost, broken or out of date; or
- a 999 operator instructs staff to use the school's spare pens.

Instructions to administer an AAI

1. Grasp the adrenaline pen in dominant hand (the hand you use to write), with thumb nearest the yellow cap and form fist around unit (orange tip down).
2. With other hand pull off yellow safety cap.
3. Hold the adrenaline pen at a distance of approximately 10 cm away from the outer thigh. The orange tip should point towards the outer thigh.
4. Jab the adrenaline pen firmly into outer thigh at a right angle (90 degree angle) and listen for a click.
5. Hold firmly against thigh for 10 seconds. The injection is now complete and the window on the autoinjector is obscured.
6. The adrenaline pen should be removed (the orange needle cover will extend to cover needle) and safely discarded.
7. Dial 999, ask for ambulance, and state anaphylaxis.
8. Whilst waiting for an ambulance, lie down with feet raised (if this causes breathlessness, sit up). An adult must wait with the pupil until the ambulance arrives. Unconscious pupils should be placed in the recovery position.



Mild/moderate allergic reaction:

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

Action:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine
- Phone parent/emergency contact
- If vomited, can repeat dose

Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction)

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

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 (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

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



2. Use Adrenaline autoinjector without delay

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

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

AFTER GIVING ADRENALINE:

1. Stay with child until ambulance arrives, do **NOT** stand child up
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement **after 5 minutes**, give a **2nd adrenaline dose** using a second autoinjector device, if available.

You can dial 999 from any phone, even if there is no credit left on a mobile.
Medical observation in hospital is recommended after anaphylaxis.

Table taken from [Home - Spare Pens in Schools](#)

Summary of additional actions

- Request an ambulance (call 999) for all anaphylactic reactions.
- Calmly reassure pupil. Ensure they are comfortable, warm and remain as still as possible, ideally lying on the ground (they can sit up if breathing is difficult). Place them in the recovery position if they are unconscious.
- Note the time of any injection administered – do not let the pupil stand or move away after they have received an AAI injection. A second dose can be administered (if available) if there is no response five minutes after the first dose.
- Monitor for signs of deterioration (update Emergency Services if necessary)
- Alert a member of SLT (or school office) that someone is anaphylactic.
- Notify parents/carers of the circumstance and provide key updates.

Monitoring and review

This policy will be reviewed annually by the governing board, and any changes communicated to all members of staff.

Staff will be required to familiarise themselves with this policy as part of their induction programme. Staff will be informed of the arrangements that have been made in connection with the provision of AAls, including the location of equipment.

The next scheduled review date for this policy is September 2027.