

SUMMERHILL SCHOOL

Founded 1921

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Allergy and Anaphylaxis Policy

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Aims and Objectives

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 occur.

It also sets out how we support our students with allergies to ensure their wellbeing and inclusion, as well as demonstrating our commitment to being an allergy aware school.

What is an allergy?

Allergy is a spectrum of different allergic diseases. 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. Asthma, food allergy, eczema and seasonal rhinitis (hay fever) are all forms of allergy.

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

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 (rubber gloves, balloons, swimming caps) and medication (antibiotics, pain relief medicines such as ibuprofen).

It should be noted that studies show that 20% of anaphylactic (severe) reactions in schools happen to students with absolutely no prior history or known food allergy.

Food intolerance and coeliac disease

Food intolerance and coeliac disease can present symptoms which are similar to those of food allergy. However, **food intolerance** is a non-immune system reaction where the body struggles to digest specific foods, causing symptoms like abdominal pain, bloating, diarrhoea and headaches hours or days after eating. Unlike food allergies, intolerances cannot cause anaphylaxis. They are usually managed by identifying specific triggers, for example, lactose intolerance or gluten sensitivity.

Coeliac disease is an autoimmune condition where the small intestine is hypersensitive to gluten. Consuming gluten can cause significant illness, and repeated exposure carries serious long term health risks.



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. 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.

The most severe allergic reactions to food are caused by just **nine** foods. These are eggs, cow's milk/dairy products, 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 **fourteen** 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.

Adrenaline Auto-Injector (AAI): A 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 pens or by the brand name EpiPen. In this policy and elsewhere, we refer to them as **EpiPens**.

EURneffy (aka Neffy) is a nasal spray which delivers adrenaline. It is a needle-free alternative to an adrenaline auto-injector. Instructions on its use can be found in this short video: <https://www.youtube.com/watch?v=qvrqKJfMtGE>

The Human Medicines (Amendment) Regulations 2017 permit schools in England to purchase "spare" AAI devices without a prescription for emergency use to treat anaphylaxis. Currently the regulations only apply to AAIs and not to the EURneffy.

Allergy Action Plan: Where individual children have a known allergy to a food or insect stings, they must be issued with an appropriate Allergy Action Plan by their healthcare professional. This document details a person's allergy and their treatment plan. An Action Plan should be attached to the child's Individual Healthcare Plan. The plan includes medical and parental consent for staff to administer medicines such as adrenaline in the event of an allergic reaction. Action Plans are reviewed and updated by healthcare professionals at regular intervals. Whenever an updated Action Plan becomes available, the child's Individual Healthcare Plan should be reviewed to incorporate it.

Individual Healthcare Plan: If the school needs to put specific arrangements in place to support a child with allergy, they should be recorded in an Individual Healthcare Plan. This is a document which outlines an individual student's medical conditions, history, treatment, risks and action plan. This document is created by the school in collaboration with the parents and, where appropriate, students and medical practitioners.

Food intolerance and coeliac disease are also managed through dietary avoidance and thus children with these conditions might therefore also have an individual healthcare plan specifying the arrangements the school will put in place. This will include setting out the dietary restrictions established for the individual.



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.**

Spare EpiPens: Schools are able to buy spare EpiPens. These are held as a back-up in case a student's prescribed EpiPens are not available. They can also be used to treat a person who experiences anaphylaxis but has not been prescribed their own EpiPen.

Designated Allergy Lead: The member of staff responsible for overseeing allergy management across the school.

Roles and Responsibilities

School Office – identifying children with allergy

The school office will be the first to learn of a student's allergy, their known allergens and whether they have any medication (e.g. EpiPen), via the *Medical Record Form* which is completed by the parents before the student joins the school. Should a student already on the roll develop an allergy, the information from the parents will almost certainly be obtained via email. In either case, if further information is required, it will be requested from the child and/or the parents. Also, the child's previous setting may be asked for any relevant information such as an Individual Healthcare Plan or Allergy Action Plan.

The school office, working with the Designated Allergy Lead, ensures that information of a student's allergy etc is communicated to the relevant parties, that is, the house-parent responsible for the child and the kitchen if the allergy is food related. The aim is to ensure that arrangements are in place before the child arrives at the school or, failing that, very soon after arrival.

Further, the school office will be the first to learn of staff or visitor's allergy. Again, the school office, working with the Designated Allergy Lead, will ensure that the necessary information is communicated to the relevant parties. For members of staff, arrangements should be in place when they commence work. For visitors, information on allergy will be sought in advance of their visit wherever possible.

In addition, before the summer half-term event, the school office will obtain from the visitors / parents any allergy information or special dietary information and inform all visitors of the school's catering arrangements for that weekend. This will include the following message:

If you are bringing something for the cake stall, please note that all food contributions must be nut-free due to severe allergies within our community. In addition, all food items must be clearly labelled with their ingredients as we have children with various allergies and dietary requirements.

Finally, a record of all students who have an Individual Healthcare Plan is kept in the school office.

Designated Allergy Lead

The Designated Allergy Lead is Andrew Sturman. He reports to Zoe Readhead who, as a proprietor and as school principal, has ultimate responsibility for all safeguarding matters. He is responsible for:

- Ensuring the safety, inclusion and wellbeing of students and staff with an allergy.



- Taking decisions, in consultation with Zoe, Will, Henry and others, especially the houseparents, on allergy management across the school.
- Being the main point of contact for staff and students with concerns or questions about allergy management.
- Ensuring allergy information is recorded, up to date and communicated to all appropriate staff.
- Making sure all staff are appropriately trained, have good allergy awareness and understand their role in allergy management.
- Ensuring staff have a good awareness of the school's *Allergy and Anaphylaxis Policy*, and other related procedures. (All staff are expected to record, in writing, that they have read, understood and agree to follow the policy).
- Reviewing the school's stock of **spare** EpiPens, that is, EpiPens that are not prescribed to any one child. Ensuring that they hold the correct dose, that spare EpiPens are stored appropriately, in date, easily accessible and ensuring that all staff know where they are.
- Ensuring a record of any allergic reactions or near-misses is kept, reporting these to the appropriate authority (e.g. RIDDOR) where necessary and ensuring the circumstances are investigated and learnings shared.
- Regularly reviewing and updating the *Allergy and Anaphylaxis Policy*.

Houseparents

Houseparents are responsible for:

- Organising the necessary paperwork (such as Allergy Action Plans and Individual Healthcare Plans) for the child, or children, they are responsible for and, if appropriate, obtaining further information from the child and, via the office, from parents and/or a medical practitioner, and, if appropriate, the child's previous setting.
- Disseminating this information to all school staff and communicating with the kitchen staff if the allergy is food related.
- Ensuring the information from parents is up to date and reviewed annually at a minimum.
- Co-ordinating medication with parents (via the school office) and/or students and ensuring medication is in date. Houseparents should notify parents (via the school office) when they see the expiry dates approaching in respect of medicines held by the school.
- Keeping an EpiPen register of the EpiPens prescribed to the students they are responsible for including brand, dose and expiry date. The locations of prescribed spare adrenaline pens should also be documented.
- Keeping a record of any allergic reactions or near-misses that involve the students they are responsible for and forwarding that record to the Designated Allergy Lead. (The recording of the actual incident will be done by the person or persons most closely involved in treating the allergic reaction).
- Ensuring the children they are responsible for are allergy aware particularly if they have a child in their area who has a severe allergy.

For more information on the role of the house-parent, see the school's *House-parent Job Description*



All staff

All school staff, including teaching staff, support staff, peripatetic teachers are responsible for:

- Reading, understanding and putting into practice the *Allergy and Anaphylaxis Policy* and related procedures, and asking for support if needed.
- Being aware of students (and staff, when necessary) with allergies and what they are allergic to.
- Considering the risk to students with allergies posed by any activities and assessing whether the use of any allergen in an activity is necessary and/or appropriate.
- Ensuring students always have access to their medication or carrying it on their behalf if appropriate.
- Being able to recognise and respond to an allergic reaction, including anaphylaxis, after appropriate training.
- Taking part in training 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 the Designated Allergy Lead
- Ensuring that students have their medication and their Allergy Action Plan and/or Individual Healthcare Plan with them when organizing a school trip.
- Recording any allergic reactions or near-misses that they are involved in treating and forwarding that record to the child's houseparent and the Designated Allergy Lead.

All parents

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

- Providing the school office with information about their child's medical needs, including, if applicable, 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 (seasonal allergic rhinitis), allergic rhinitis (perennial) or eczema. This information is conveyed via the *Medical Record Form*.
- Refraining from telling the school their child has an allergy or intolerance if this is a preference or dietary choice.
- Considering and adhering to any food restrictions or guidance the school has in place.

Parents of children with allergies

In addition to the above, the parents of children with allergies should:

- Where appropriate, work with the school to ensure a satisfactory Individual Healthcare Plan is in place and provide an accompanying Allergy Action Plan if the child has allergies and has been issued one.
- If applicable, provide the school or their child with two labelled EpiPens and any other medication, for example antihistamine, inhalers or creams.
- Ensure medication is in-date and replaced at the appropriate time.



- Ensure their child, if a day student, has access to their allergy medication, including two EpiPens if prescribed, on the journey to and from school.
- Update the school with any changes to their child's condition.
- 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 to which they are allergic.

All students

All students at the school should:

- Be allergy aware, particularly if buying food downtown and bringing it into the school. If appropriate, the house-parent will remind the students that certain foods (e.g. nuts, peanut butter and almond milk) are not kept or served in the living area of a student suffering from a severe allergy.
- Be alert to any form of bullying including allergy-related bullying and bring it to the attention of the school meeting.

Students with allergies

Students with allergies are responsible for:

- Knowing what their allergies are and how to mitigate personal risk. Naturally, this will depend on age and capability.
- 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.
- Carrying two EpiPens (or Neffy) with them where appropriate e.g. going downtown.
- Understanding how and when to use their EpiPens or Neffy.
- Talking to their houseparent if they are concerned by any school processes or systems related to their allergy. **Note:** No anaphylaxis drill will be conducted without first consulting with any child or children known to be at risk from anaphylaxis. Currently, anaphylaxis drills are not considered necessary given the high adult to child ratio.
- Bringing to the attention of the school meeting if they experience any inappropriate behaviour in relation to their allergies. **Note:** the student can make use of ombudsmen, their houseparent or any other member of staff if unable to bring the matter to the school meeting themselves.
- Knowing what to do if they have an allergic reaction off school premises, for example when going downtown. **This should include how to treat themselves and raise the alarm to get help.** Further, any food bought downtown cannot be eaten downtown but must be eaten on the school premises.
- If age and capability appropriate, ensuring they have their medication with them on the journey to and from school if a day student.



Information and Documentation

Register of students with an Individual Healthcare Plan

A record of all students who have an Individual Healthcare Plan is kept in the school office. This record includes information, where appropriate, regarding Allergy Action Plans and medication etc.

Individual Healthcare Plans

An Individual Healthcare Plan contains key information about the child with allergy. It includes, but is not necessarily limited to:

- Child's name and date of birth
- Contact details of the child's parents
- Known allergens and whether the allergen is ingested, inhaled or absorbed.
- A brief history of their allergic reactions.
- Details of the medication the student has been prescribed (including dose, storage, arrangements for checking that in date etc.). This should include adrenaline pens, antihistamine etc.
- A copy of parental consent to administer medication. **Note:** The school's *Medical Record Form* signed by the parents states: *I give my consent for Summerhill staff to take any action they deem necessary in a medical emergency, including administering first aid, attending the Doctor's Surgery or visiting a hospital.*
- Details of any arrangements (incl. risk assessments) which may be required for school trips or weekends away etc.
- Where a child has an action plan (e.g. allergy or asthma action plan) it should be attached to their IHP.
- The frequency with which the IHP will be reviewed.

Further, any student with a **severe** food intolerance or coeliac disease has an Individual Healthcare Plan specifying the arrangements the school has put in place including the dietary restrictions established for the individual.

Not all children with an allergy will require an Individual Healthcare Plan. A child with hay fever, eczema, mild asthma (provided the child can use medication to manage the condition), or an intolerance to specific foods (which can be self-managed by avoiding them) may not require an Individual Healthcare Plan.

The decision as to whether a child has an Individual Healthcare Plan ultimately rests with Zoe having discussed the matter with all relevant parties.

Assessing Risk

Allergens can appear in unexpected places. Staff will consider allergies in all activity planning and include it in risk assessments. Some examples include:

- Classroom activities: craft lessons using food packaging which may contain traces of allergens, glues containing milk, wheat or soya, science experiments where allergens are present, cooking lessons etc.
- Animals: Bringing animals into the school, for example a dog or hatching chick eggs can pose a risk. Bird feed may contain nuts and sesame.



- Air quality: air pollutants (both indoors and outdoors) can trigger allergies, asthma and other respiratory illnesses. This should be borne in mind when, for example, burning incense or conducting a science experiment.
- Planning special events, such as cultural days and celebrations e.g. Chinese New Year.

Inclusion of students 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.

Food, including mealtimes and breaks

Food bans and restrictions

It should be noted that food bans are very difficult to enforce and can give a false sense of security. Thus, allergy awareness and vigilance are key. However, certain foods (e.g. nuts, peanut butter and almond milk) are not available in the dining room or on the counter of the school kitchen hatch. Further, they are not kept or served in the living area of a student suffering from a severe allergy.

Food serving areas

The school kitchen

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

- Due diligence is carried out with regard to allergen management when appointing catering staff.
- All catering staff and other staff preparing food will receive relevant and appropriate allergen awareness training.
- Anyone preparing food for those with allergies will follow good hygiene practices, food safety and allergen management procedures.
- The catering team will get to know the students with allergies and what their allergies are, supported by school staff, especially the appropriate houseparent. **A list of individuals with known food allergies and their known allergens is kept in the school kitchen.**
- The catering team will endeavour to provide varied meal options to students and staff with allergies.
- The school has robust procedures in place to identify students with food allergies.
- Food containing the main **fourteen** allergens (see Allergens definition on page 1) will be clearly labelled. Other ingredient information will be available on request.
- Pre-packaged food will comply with PPDS legislation (Natasha's Law) requiring the allergen information to be displayed on the packaging.
- All suppliers provide data sheets which state all ingredients and nutritional value etc. for every product the school purchases. These data sheets can be accessed online at any time.



- Posters depicting the signs and symptoms of an allergic reaction are on display.

See the school kitchen's *Food Allergens Policy*

School Café

- Cooking food in the school café is governed by various school laws, the most important one being that any child who wishes to cook in the school café kitchen must complete online a Level 2 *Food Hygiene and Safety for Catering* course; a course which includes information on allergenic hazards and anaphylactic shock.
- Posters depicting the signs and symptoms of an allergic reaction are on display.

Carriage Kitchen

- If any carriage student suffers from a severe food allergy and is prescribed an EpiPen, those foods to which s/he is allergic to are not allowed in the carriage kitchen or anywhere else within the carriages.
- Posters depicting the signs and symptoms of an allergic reaction are on display.

House-parent kitchen areas (not including carriage kitchen)

- Any food preparation in these areas is overseen by the houseparent who has completed online a Level 2 *Food Hygiene and Safety for Catering* course and an *Allergy Awareness and Anaphylaxis for Schools* and has recently received first aid training including the use of an EpiPen.
- Posters depicting the signs and symptoms of an allergic reaction are on display.

School Trips

Staff leading the school trip will ensure:

- They plan well in advance.
- They obtain information about any medical/health care needs which may require management during a school trip.
- That any medication, equipment, health care plans are taken with them and kept appropriately during a school trip.
- That a risk assessment is done which includes how medical conditions will be managed on the trip. Allergies will be considered on the risk assessment along with the catering provision.
- Allergens will be clearly labelled on catered packed lunches for children with known allergies.
- Parents, and students where appropriate, may be consulted if considered necessary, along with obtaining advice from a healthcare professional to ensure students with allergies can participate fully and safely.
- Staff (and some students, if appropriate) on the trip will be trained to recognise and respond to an allergic reaction.



Additional Allergies

Insect stings

In the event of a student being severely allergic to insect stings (insect venom allergy) specific measures will be introduced for preventing and dealing with them. For example, those with a known insect venom allergy should:

- Avoid walking around in bare feet or sandals when outside and, when possible, keep arms and legs covered.
- Avoid eating outside in good weather.

The school monitors the grounds for wasp or bee nests. Any member of the community should notify Will or any other member of staff if they find a wasp or bee's nest in the school grounds.

Animals

It is normally the dander (flakes of skin), saliva, or urine that causes a person with an animal allergy to react. In the event of a student being severely allergic to animals, specific measures will be introduced for preventing and dealing with it.

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

- A student with a known animal allergy will avoid the animal to which they are allergic.
- Anyone in contact with an animal will wash their hands after contact.
- If an animal lives on site, students and staff will be made aware and consideration and adaptations will be made; and
- School trips that include visits to animals will be carefully risk assessed.

Allergic Rhinitis (Hay Fever)

Allergic rhinitis (hay fever) is an, often seasonal, inflammation of the nose caused by an allergic reaction to allergens like pollen, dust mites, or pet dander, leading to sneezing, congestion, and itchy, watery eyes. It affects a significant percentage of the population and depending on its severity it can usually be managed with antihistamines and by avoiding the things that trigger the allergy.

A pharmacist can provide advice to a houseparent on the best form of medication for any child they are responsible for if medication is required.

Skin allergies

This includes eczema, contact dermatitis and contact urticaria/hives. Skin allergies are caused by contact with allergens including house dust mite, pollen and substances like nickel, latex, and some chemicals. Symptoms include itching, hives and dry, flaky skin. Reactions can be delayed (i.e. occur many hours after contact).

Asthma

Whilst asthma and allergies are distinct conditions, they are closely linked. Asthma is the most common long-term condition among children and young people. Asthma in children is usually **allergic in nature**, meaning that it may be triggered by airborne allergens such as



dust mite or pollen. In these cases, it is known as **allergic asthma**. Between April 2019 and March 2023, all of the children who died from anaphylaxis and had known allergies were also diagnosed with asthma. **It is vital that students with allergies keep their asthma well controlled, because asthma can exacerbate allergic reactions.**

Asthma is a chronic condition that causes the airways in your lungs to swell, narrow, and produce extra mucus, which makes breathing difficult. Children with severe asthma should be provided with an Asthma Action Plan and an Individual Healthcare Plan. This action plan provides everything staff need to know about a child's asthma in one place, including information about their triggers, symptoms, medicines to be used if they have asthma symptoms and when to seek emergency help when they have an asthma attack. The plans include medical and parental consent for staff to administer medicines such as the emergency reliever inhaler in the event of an asthma attack. Normally, students known to have asthma will have their own reliever inhaler at school to treat symptoms and for use in the event of an asthma attack. Further, a second prescribed inhaler will be held by the student's houseparent.

A short online course entitled *Supporting Children and Young People's Health: Improving Asthma Care Together* is available at:

<https://www.educationforhealth.org/learn-with-us/professional-development-and-training-2/additional-learning-materials/>

This course has been approved by the Royal College of Paediatrics and Child Health (RCPCH)

Inclusion and Mental Health and Wellbeing

Allergies can have a significant impact on mental health and wellbeing. Students may experience anxiety and depression and are more susceptible to bullying. Thus, communication with affected students and their parents is key. Further,

- Where appropriate, students with allergies will be given additional pastoral support from their houseparent. For new students with food allergies, this might include being introduced to the kitchen staff which will not only help staff to identify children with allergies and intolerances but may also provide some reassurance to the child that their food allergies are known and being taken into account
- Affected students will be given consideration in advance of any whole school discussions about allergy. Any anaphylaxis drill will only be conducted after a consultation with any child or children known to be at risk from anaphylaxis. Currently, anaphylaxis drills are not considered necessary given the high adult to child ratio. Further, individuals with allergies will be involved in the development and review of the school's arrangements
- Bullying related to allergy will be brought to the attention of the whole school community via the school meeting like all matters of conflict between members of the community.
- The school will be in regular communication with parents to ensure the school has the most up to date information and to provide ongoing awareness and appreciation of the severity of the potential risks.

It is of course a fundamental principle that no child with allergies will be excluded from taking part in a school activity, whether on the school premises or a school trip.



Finally, it should be noted that ***Summerhill seeks to empower all its students to take a full part in its community, its life, decision-making and learning, as equals. We do not label children but will assess their needs and support them appropriately to ensure their wellbeing.*** (*Safeguarding and Child Protection Policy*, p. 27)

(For more information on mental health, see the school's *Safeguarding and Child Protection Policy*)

Data Protection

Information concerning a child's medical condition is very personal and is, not surprisingly, considered special category data under data protection laws. This means it is highly sensitive and has additional legal protections and so should always be treated in a controlled and respectful manner.

For more information on data protection and information sharing, see the school's *Data Protection Policy* and *Safeguarding and Child Protection Policy*. Also, see *Data Protection in schools* (DfE), *Information Sharing Duty - Statutory guidance for safeguarding organisations and their practitioners* (September 2026), *Working together to safeguard children* (March 2026) and the *Information Commissioner's Office (ICO) guide to sharing information to safeguard children and young people in the education sector in the UK*.



EpiPens

For detailed information, see *Guidance on the use of adrenaline auto-injectors in schools* (Dept. of Health. 2017)

Storage of EpiPens

Students prescribed with EpiPens will have easy access to **two**, in-date, pens at all times.

- EpiPens are stored, **in pairs**, in various locations around the school along with the student's Allergy Action Plan. The locations are, to some extent, dependent upon the area in which the student lives. (**Note:** By about Year 5 (10 years of age), it is expected that a student would be carrying their own EpiPens)
- Spot checks will be made during the term by the student's houseparent to ensure adrenaline pens are where they should be and in date. This is in addition to the checks made at the beginning of term.
- EpiPens should be stored at moderate temperatures (between 15 and 25 degrees Celsius), not in direct sunlight or above a heat source (for example a radiator).
- Used or out of date pens will be disposed of appropriately.

Spare EpiPens

The school has two **spare** EpiPens to be used in accordance with government guidance.

The location of the **spare** EpiPens is known to **all** staff and is clearly signposted. The location is: **by the back door** and thus they are readily accessible, not locked away and not located more than 5 minutes away from where they may be needed. Further,

- the spare EpiPens are stored in pairs, so that if a second one is necessary it is on hand rather than needing to be obtained from elsewhere on site.
- the spare EpiPens are clearly labelled, to avoid any confusion with any EpiPens prescribed to a named person.

The Designated Allergy Lead, working with Zoe, Will, Henry and all house-parents, is responsible for:

- Deciding how many spare pens are required and which brand.
- What dosage is required. (The appropriate EpiPen dosage for adults and children above 25 kg is 0.3 mg.)

Further, it is the Designated Allergy Lead's responsibility to check that the spare EpiPens are in date, and for replacing the spare EpiPens when they are used or go out of date.

Spare EpiPens are **not** a replacement for a student's own EpiPen. Children at risk of anaphylaxis should have their prescribed EpiPens with them at school for use in an emergency and should have access to **both of their two prescribed EpiPens at all times**.

The school's **spare** Epi-Pens can be used in children:



- who have been prescribed EpiPens but whose own devices are not available (for example because they are broken, out of date, cannot be accessed or have misfired). These individuals will have an Allergy Action Plan which includes medical authorisation. **Note:** The school's *Medical Record Form* signed by the parents states: *I give my consent for Summerhill staff to take any action they deem necessary in a medical emergency, including administering first aid, attending the Doctor's Surgery or visiting a hospital.*

Using "spare" EpiPens in an emergency situation without prior consent

The Medicines and Healthcare products Regulatory Agency (MHRA) has clarified that a legal exemption under Regulation 238 of the Human Medicines (Amendment) Regulations 2017 permits a school's **spare** EpiPens to be used for the purpose of saving a life for a pupil or other person not known by the school to be at risk of anaphylaxis (i.e. who does not have medical authorisation/consent in place for the spare device).

This might be, for example, a child presenting for the first time with anaphylaxis due to an unrecognised allergy, or an adult visiting the school premises. This provision should be reserved for exceptional circumstances only, that could not have been foreseen.

Therefore, the **spare** EpiPens can be used with **anyone** experiencing anaphylaxis in an emergency, for the purpose of saving their life.

Spare EpiPens will always be brought to the person having anaphylaxis in an emergency, as adrenaline should be given as soon as possible and certainly within 5 minutes.

EpiPens and School Trips

- A risk assessment will be conducted for any child at risk of anaphylaxis taking part in any school trip.
- No child with a prescribed EpiPen 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.
- EpiPens will be kept close to the students at all times e.g. not stored in the hold of the coach when travelling.
- EpiPens will be protected from extreme temperatures. They should be stored between 15 and 25 degrees Celsius.
- Staff accompanying the students will be aware of students with allergies and be trained to recognise and respond to an allergic reaction.
- Consideration will be given as to whether to take **spare** EpiPens on school trips. This will be recorded as part of the risk assessment process.



Responding to an Allergic Reaction / Anaphylaxis

Training

The school is committed to training **all** staff annually to give them a good understanding of allergy. This includes, but is not limited to:

- Understanding the school's *Allergy and Anaphylaxis Policy*. (See *Summerhill Code of Conduct*.)
- Understanding what an allergy is, the risks it poses and that allergy includes multiple conditions (food allergy, asthma, eczema, hay fever, others), which can co-exist
- Understanding the difference between food allergy, food intolerance and coeliac disease
- How to reduce the risk of an allergic reaction occurring.
- How to recognise and treat an allergic reaction, including anaphylaxis. Administering an EpiPen. (Staff can practise with a training EpiPen whenever they wish. The training EpiPen is held by Designated Allergy Lead).
- Knowing where EpiPens are kept (both prescribed pens and **spare** pens) and how to access them.
- Understanding the importance of inclusion of students with food allergies, the impact of allergy on mental health and wellbeing and the risk of allergy related bullying.
- Successfully completing High Speed Training's online *Allergy and Anaphylaxis Training for Schools* course.
- **Note:** All newly appointed staff will receive allergy awareness training as part of their induction process. (See *Staff Induction Policy / Programme*)

For general information on first aid, emergencies etc., see the school's *First Aid, Accident and Emergency Policy*

Reporting Allergic Reactions

The school will log allergic reaction incidents and near-misses. Any serious incident or near miss involving a child, member of staff or visitor with an allergy will be recorded as soon as possible by the person, or persons, most closely involved in managing the incident.

The report will be shared with Zoe, Amy, Will, Henry and all full-time, live-in staff so that they can all consider what lessons can be learnt and whether changes are required to the school's allergy safety policies.

Further, where appropriate, the report will be shared with the child's parents, the child or the individual involved. They will be given the opportunity to discuss what happened and to contribute their views to the consequent lessons learned review.

The report will be put into the student's medical file held by the houseparent and/or the student's Individual Healthcare Plan. A copy will also be held in the school office.

The main purpose of any report is to ascertain whether any lessons can be learnt from the event.

For more information on serious incidents and near-misses, see the school's *Medical Conditions Policy*



Appendix i

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 (not anaphylaxis)

Symptoms include:

- Swollen lips, face or eyes
- Itchy or tingling mouth
- Mild throat tightness
- Hives or itchy rash on skin
- Abdominal pain
- Vomiting
- Sudden change in behaviour

Response:

- Stay with the student
- Call for help
- Locate adrenaline pens
- **Give antihistamine**
- Make a note of the time
- Continue to monitor the pupil

Serious allergic reactions / anaphylaxis

The most serious type of reaction is called **Anaphylaxis**. When anaphylaxis occurs, reactions **usually** start off as less severe (e.g. skin rash, vomiting) but then become anaphylaxis. Thus, someone having a mild to moderate reaction should always be monitored for **at least 60 minutes afterwards**, just in case the reaction gets worse.

It should be noted however that anaphylaxis can occur without any other signs (e.g. skin rash, vomiting) being present.

Anaphylaxis reactions **to food usually** occurs within 20 to 30 minutes of eating a food but can begin 4-6 hours later. They typically affect the breathing (A and B, i.e. mimic an asthma attack) rather than the Circulation (blood pressure).

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



Once started, anaphylaxis reactions progress quickly. Investigations into fatal anaphylaxis show there is only a 20-to-30-minute window of opportunity during which steps can be taken to prevent death.

Appendix ii

Responding to Anaphylaxis

Anaphylaxis always requires an emergency response.

Symptoms of Anaphylaxis

A – Airway

- Tightening in the throat
- Hoarse voice
- Difficulty swallowing
- Swollen tongue

B – Breathing

- Difficulty or noisy breathing
- Sudden wheezing
- Persistent cough

C – Circulation

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

If you suspect anaphylaxis, give adrenaline first before you do anything else.

Always consider anaphylaxis in someone with a known food allergy who has a sudden difficulty in breathing.

Delivering adrenaline

- Take the medication to the patient, rather than moving them.
- The patient should be lying down with legs raised. If they are having trouble breathing, they can sit with legs outstretched.
- The patient can administer the EpiPen themselves [if able to] or a member of staff can administer the medication. Ideally the member of staff will be trained, but in an emergency, anyone can administer adrenaline.



- It is not necessary to remove clothing but make sure you, or the patient, are not injecting into thick seams, buttons, zips or even a mobile phone in a pocket.
- Inject adrenaline into the upper outer thigh according to the manufacturer's instructions.
- 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.
- Stay with the patient and **do not let them get up or move even if they are feeling better (this can cause cardiac arrest)**.
- 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 check that help is on the way.
- Start CPR if necessary
- Anyone who has had suspected anaphylaxis and received adrenaline must go to hospital, even if they appear to have recovered.
- Stay with the patient until the ambulance arrives. **Do not let them stand up.**
- Inform Zoe, Will or Henry and Andrew. Parents will be contacted.
- Hand over used devices to paramedics and remember to get replacements.

If anaphylaxis is suspected but the student does not have a prescribed adrenaline pen or Allergy Action Plan, lie the student down with their legs raised, call 999 and explain anaphylaxis is suspected. Inform the operator that spare adrenaline pens are available and follow instructions from the operator. 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.

For more information on adrenaline auto-injectors, see *Guidance on the use of adrenaline auto-injectors in schools. (Dept of Health, Sept 2017)*

Learning from anaphylaxis deaths in schools

One in five anaphylaxis deaths among school-aged children in the UK happen in school. Key learnings from these events are listed below:

- Always give adrenaline immediately to treat anaphylaxis. If in doubt, give adrenaline. Delays in giving adrenaline are associated with fatal outcomes.
- NEVER let a person having anaphylaxis stand or walk around: always bring help and medicines to the person, and not the other way round.
- Always dial 999.
- Give a further dose of adrenaline if there is no improvement after 5 minutes.
- If someone known to have asthma and food allergy suddenly gets difficulty in breathing, always consider anaphylaxis. Giving adrenaline in this context is very safe and may be lifesaving.
- Day pupils may be at risk of anaphylaxis while travelling to or from school. If they have been prescribed an adrenaline device, they should carry these devices with them at all times, including while travelling to or from school.



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Note: There are numerous short videos on Youtube showing how to administer an EpiPen. Two can be found by clicking on the following links:

https://www.youtube.com/watch?v=QL_CD0-uEL0

<https://www.youtube.com/watch?v=8EyYTW-1EP0>



Appendix iii

Allergy and the Equality Act

Children with medical conditions (including allergy) may have a disability and, if so, will be protected by the Equality Act 2010 which places statutory duties on schools to provide equality of opportunity for **all** including those who are disabled.

A child is considered disabled if they have a physical or mental impairment that has a substantial and long-term negative effect on their ability to carry out normal daily activities.

Certain health conditions are automatically deemed to meet the definition of disability e.g. a person who has cancer, HIV infection or multiple sclerosis or a person who is certified as blind, severely sight impaired, sight impaired or partially sighted.

Case-law has established that severe allergies can fall within the definition of disabled. Seasonal rhinitis (such as hay fever) is explicitly excluded from the definition of disability, unless it aggravates the effect of another health condition.

All schools have a duty to make “reasonable adjustments” to ensure that disabled children can fully participate in the education provided, and that they can enjoy the other benefits, facilities and services that the school provides.

For more information and support on managing allergies, contact The Allergy Team at www.theallergyteam.com

For information on medical conditions in general, see the school's *Medical Conditions Policy* and *Supporting children and young people with medical conditions and allergy* (DfE 2015)

For information on safeguarding all children, see the school's *Safeguarding and Child Protection Policy*

Notes:

1. This policy is available on our website, and a hard copy is available on request
2. This policy is reviewed at least annually and following any serious incidents or 'near misses' with the aim of seeking to learn lessons from them.

This document was created in September 2026. Review due September 2027.