Allergy and Anaphylaxis Policy and Safety Procedures

1. Aims and Objectives

This policy, in line with Benedict's Law (2026), outlines the School's approach to allergy safety 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 with the knowledge that blanket bans can create a false sense of security.
Reference is made to the Allergy safety in schools statutory guidance (June 2026).

Wycombe Abbey aims to provide a safe environment for all individuals with allergies which can lead to anaphylaxis, and to enable pupils to lead a normal school life by providing appropriate risk management, interventions and support.

This aim is achieved by:

- Having robust procedures for identifying individuals with allergies and how these are managed.
- Minimising the risk of individuals coming into contact with their allergens.
- Ensuring staff access to training on how to recognise anaphylaxis and manage an anaphylactic reaction, through education, support and reassurance.
- Devising Individual Healthcare Plans (IHPs) for pupils with severe allergies in addition to action plans for emergency response.
- Ensuring emergency medication is always rapidly accessible, is in date and stored at the correct temperatures.
- Providing spare stock AAI devices in school for use in emergencies if the individuals own prescribed AAI are not immediately available, in accordance with the Human Medicines (Amendment) Regulations 2017

Wycombe Abbey understands that severe allergies are included in the Equality Act 2010. The Act considers a person 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. Seasonal rhinitis (such as hay fever) is explicitly excluded from the definition of disability, unless it aggravates the effect of another health condition.

2. 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 individuals, triggers an allergic reaction. The most common allergens are food, medication, animal dander and pollen. Latex and wasp and bee stings are less common allergens.

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.

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.

Allergy: Allergy occurs when a person reacts to a substance usually considered harmless. It is an immune response where their body produces histamine which triggers an allergic reaction. People can be allergic to almost anything, but serious allergic reactions are caused most commonly by food, insect venom (such as a wasp or bee stings), latex and medication. Most allergic reactions are mild, causing minor symptoms, but some can be very serious leading to anaphylaxis.

Adrenaline Auto-Injector: Single-use pen device which contains 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. There are three brands licensed for use in the UK: EpiPen, Jext Pen and Emerade[; these come in various strengths.

Allergy Action Plan: This is a document filled out by a healthcare professional, usually the pupil's allergy specialist, detailing a person's allergy and their treatment plan. At Wycombe Abbey we use the Allergy Action Plan templates provided by BSACI guidelines Paediatric Allergy Action Plans - BSACI

Food intolerances and coeliac disease: can present symptoms which are similar to those of food allergy; it is important that coeliac disease and food intolerance are managed through dietary avoidance, but these conditions do not pose a risk of anaphylaxis and so they are not within this policy.

Individual healthcare plan: A detailed document outlining an individual pupil's condition, history, treatment, risks and action plan. This document may be provided by the pupil's allergy specialist or may be developed by a School Nurse in collaboration with parents/guardians and pupils. Some pupils with multiple or complex allergies may require an Individual Healthcare Plan in addition to an Allergy Action Plan which is implemented in conjunction with it.

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

Spare pens: From 2017 schools have been able to purchase spare adrenaline pens. These should be 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 who has not been prescribed adrenaline.

3. Anaphylaxis

Anaphylaxis is a severe and sudden allergic reaction which can occur when a susceptible person is exposed to an allergen e.g. food or insect bite/sting. There are 14 major food allergens and 3 major non-food allergens in the UK (See definition of Allergen above).

A reaction usually starts within minutes of exposure and can progress rapidly over a period of up to two hours or more. In anaphylaxis, the released chemicals cause blood vessels to leak, lung tissues to swell, and blood pressure to drop, closing airways and leading to possible collapse. Anaphylaxis is potentially life threatening and always requires an emergency intervention. A pupil at risk of anaphylaxis will often recognise the early symptoms of an allergic reaction before any other signs are visible.

Common symptoms of an anaphylactic reaction are:

- Generalised flushing of the skin
- Rash (urticaria) anywhere on the skin
- Abdominal pain/nausea/vomiting

- Swelling/itching of throat/mouth/face/tongue
- Difficulty in swallowing/speaking
- Difficulty in breathing – wheeze/persistent cough
- Alterations in heart rate
- Sudden feeling of weakness/dizziness
- Collapse/unconsciousness
- Distress, anxiety and a feeling of "impending doom"

Some of these symptoms may be present with a mild allergic reaction but anaphylaxis is likely when the following criteria are met:

- Exposure to a known allergen
- Sudden onset and rapid progression of symptoms
- Skin and/or mucosal changes
- Life threatening **A**irway and/or **B**reathing and/or **C**irculation problems

4. Roles and Responsibilities

Wycombe Abbey takes a whole-school approach to allergy management.

4.1 Designated Allergy Lead

The Designated Allergy Lead is the Deputy Head (Pastoral) who reports to the Executive Leadership Team and Governing Council. Their responsibilities include:

- Ensuring the safety, inclusion and wellbeing of pupils with 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 working in collaboration with the Health Centre Manager and Head of Compliance.
- Making sure all staff are appropriately trained (including anaphylaxis drills) 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 (check the school has enough and the locations are correct) and ensuring staff know where they are.
- Keeping a record of any allergic reactions or near-misses and ensure an investigation is held as to the cause and put in place recommendations to improve practice with the lessons learnt.
- Regularly reviewing and updating the Allergy and Anaphylaxis Policy
- Checking procedures are in place and working effectively and report to the H&S Committee at regular intervals.

4.2 Health Centre Manager and Health Centre Team

The Health Centre Manager is responsible for:

- Collecting and coordinating key documentation (including Emergency Allergy Action Plans and Individual Healthcare Plans) and information from Parents/Guardians in close liaison with the Admissions Team for new joiners.
- Supporting the Designated Allergy Lead on how this information is disseminated to all school staff, including the Catering Team and staff who are visiting, occasional, temporary, agency and supply.

- Ensuring the information from families is up-to-date and reviewed at least annually.
- Coordinating medication in close liaison with Houses and parents to ensure medication is i date. The nursing team have monitoring systems in place and notify parents or request repeat prescriptions from the School Doctor when an 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. The location of spare pens should also be documented.
- Regularly checking spare pens are where they should be, and that they are in date
- Replacing the spare pens when necessary and ensuring safe disposal
- Providing on-site adrenaline pen training for other members of staff and pupils and online or in-person refresher training as required e.g. before school trips

4.3 Event Organisers

Event organisers are likely to be the first to learn of a pupil or visitor's allergy. They should work with the Designated Allergy Lead and Health Centre 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, Taster Day or event if food is offered or likely to be eaten and a risk assessment completed if required.
- There is a clear structure in place to communicate this information to the relevant parties (i.e. Health Centre, Catering Team)
- Visitors 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. Food offered will be clearly labelled with allergens for visitors.

4.4 All School Staff

All school staff, to include teaching staff, support staff, domestic staff, occasional staff (for example sports coaches, music teachers and those running extra-curricular clubs) are responsible for:

- Championing and practising allergy awareness across the school
- Understanding and putting into practice the Allergy and Anaphylaxis Policy and related procedures, and asking for support 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.
- Ensuring pupils always have access to their emergency medication.
- Being able to recognise and respond to an allergic reaction, including anaphylaxis.
- Taking part in training, including anaphylaxis drills, annually and to tell a line manager if you have not received any in the last 12 months.
- 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.
- Including pupil allergy in all risk assessments for events and school trips where indicated.

4.5 All Parents

All parents/guardians (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 Health Centre with information about their child's medical needs, including dietary requirements and allergies, history of their allergy, any previous allergic reactions or anaphylaxis. They

should also inform the school of any related conditions, for example asthma, hay fever, rhinitis or eczema and update this information as the condition or treatment changes.
- Considering and adhering to any food restrictions or guidance the school has in place when providing food for their child, for example tuck, celebratory treats or gifts.
- Refraining from telling the school their child has an allergy or intolerance if this is a preference or dietary choice
- Encouraging their child to be allergy aware

4.6 Parents of Children with Allergies

In addition to 4.5, the parents/guardians of children with allergies should:

- Work with the school to provide an up-to-date Allergy Action Plan and develop an Individual Healthcare Plan where required.
- For day boarders, provide their child with two labelled adrenaline pens and any other medication, for example antihistamines and inhalers and ensure medication is in-date and replaced at the appropriate time.
- Update school with any changes to their child's condition or treatment plan and agree any updated Allergy Action or Care Plans. Provide permission for information about the pupil's allergies to be shared with the Catering Department, House and other key school staff on a need-to-know basis.
- Provide the school with an up-to-date photograph of their child on admission and sign the associated permission for it to be shared appropriately as part of their allergy management.
- 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.
- Ensure their child carries their own prescribed Adrenaline Pens with them when travelling to/from home for all short and long leaves and check that the medication is in date.
- To give their consent for School staff to provide first aid and administer Adrenaline in the event of anaphylaxis.

4.7 All Pupils

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.
- 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
- Avoid bringing food and products containing nuts into School or their Boarding Houses such as:
    - Bags of nuts, peanuts, peanuts and raisins, trail mix etc
    - Sweets and chocolates containing nuts (e.g. Toblerone, Celebrations, Quality Street)
    - Snack/granola/energy bars containing nuts.
    - Birthday cakes and doughnuts containing or decorated with nuts or marzipan.
    - Nut based sauces – e.g. satay, pesto
    - Cereals – muesli, crunchy nut cornflakes etc
    - Nut butters and hazelnut spreads (Nutella) and nut-based milks/shakes
    - Cosmetics containing nut and almond oils.
- Be mindful of allergy awareness before returning to school having eaten nuts or been in contact with nut products by washing hands thoroughly to reduce risk of indirect contact/contamination.

4.8 Pupils with Allergies

In addition to 4.7, pupils with allergies are responsible for:

- Knowing what their allergies are and how to mitigate personal risk.
- Avoiding their allergens 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 Adrenaline Auto-Injectors with them at all times, including on school trips, matches and when going off site. They must only use them for their intended purpose.
- Understanding how and when to use their Adrenaline Auto-Injector
- 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.
- Pupils permitted to leave the school site during the school day/weekends 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.

5. Information and Documentation

5.1 Information from Parents

On joining the school, parents/guardians are required to complete a health questionnaire to provide information on pupil's medical conditions, allergies, intolerances/sensitivities and on any medication prescribed/administered for the conditions. Parents are requested to give their consent for School staff to provide first aid and administer Adrenaline in the event of anaphylaxis.

Communication takes place between Health Centre, pupil and parents prior to joining the school or when a pupil has a new diagnosis to:

- Obtain the history of the anaphylaxis and details on the nature and severity of the allergy, including known triggers and symptoms individual to the pupil.
- Establish the current medical management of the condition and action to be taken in the event of an emergency.
- Obtain copies of medical reports and existing Allergy Action Plans and care plans relating to the student's allergies and treatment plan.

The Health Centre sends out half-termly requests to parents for updates on pupils' medical and allergy status. The Allergy List is updated accordingly, and staff informed of the update via School Bulletin.

5.2 Register of Pupils with an Allergy

The school holds a 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.

The Health Centre provides a photo list of all pupils with severe allergies and medical conditions and circulates this to School staff via SharePoint, including the Catering Department and House Mistresses. Staff are reminded to maintain pupil confidentiality.

5.3 Allergy Action Plans and Individual Healthcare Plans.

Where a pupil has an existing Emergency Allergy Action Plan from a health professional, parents will share this with the School. Otherwise an individual Allergy Action Plan is devised in accordance with BSACI guidelines

Paediatric Allergy Action Plans - BSACI in advance of the pupil joining the school which will be agreed by parents. The Allergy Action Plan is updated annually or sooner if there have been any changes in the pupil's allergy profile. The Allergy Action Plan includes:

- Pupil details with a photograph
- Known allergens.
- Details of action to be taken in the event of a mild/moderate and severe reaction
- Details of the medication to be administered to the pupil in the event of a mild/moderate and severe reaction, including dose. This includes antihistamines and adrenaline pens.
- Any additional instructions such as administration of an inhaler if prescribed.
- Signed parental consent to administer medication, including the use of spare adrenaline pens in case of suspected anaphylaxis. The pupil may sign the plan if over 16 although parents will be informed of this.
- Where a pupil has asthma or another condition that may coexist with, or increase the risks associated with their allergy, this should also be documented within the Individual Healthcare Plan and Allergy Action Plan.
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The Allergy Action Plan is circulated to the appropriate staff and key information about the student's allergy is flagged on iSAMS for Trips.

An Individual Healthcare Plan may also be needed for pupils with multiple severe or complex allergies and this plan will include more detailed information on the history of the pupil's condition, triggers/risk factors for allergic reactions, typical symptoms of an allergic reaction for the individual pupil and any additional actions recommended to help the pupil manage their condition by their Allergy Specialist or School Doctor/GP. Individual Healthcare Plans set out the arrangements required to support a pupil with their allergy to ensure they are fully included in the life of the school as possible. IHPs will be developed in collaboration with the pupil and their parents.

6 Assessing Risk

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

- Classroom and club activities, for example crafts, science experiments or cooking where allergens may be present.
- Having animals in school, the School grounds (beehives) or pets in Boarding Houses.
- When food items may be handed out as rewards or "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.

Inclusion of pupils with allergies must be considered alongside safety and they should not be excluded. If necessary, adapt the activity.

7 School Food - Meals & Snacks

7.1 Catering In School

The school is committed to providing safe meals and snacks for all students, including those with food allergies.

- Due diligence is carried out with regard to allergen management when appointing catering staff
- Catering Team and other staff preparing food receive 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 are kept informed and updated of pupils with allergies and intolerances by the Health Centre and they endeavour to get to know the pupils with allergies and what their allergies are.
- The school has robust procedures in place to identify pupils with food allergies, including a whole school Medical Conditions and Allergy Photo List available from SharePoint and House Dietary/Allergy Photo Lists developed by the Health Centre.
- The Catering Team also provide information to pupils through trained allergen champions at the servery areas.
- Peanuts or tree nuts are not used as ingredients; however, it is not possible to guarantee that dishes/products served are totally free from nuts/nut derivatives, due to the use of precautionary allergy statements such as 'may contain' which are used by suppliers.
- Food containing the main 14 allergens (see Allergens definition) will be clearly identified for pupils, staff and visitors to see. Other ingredient information relating to allergies will be available on request. [e.g, kiwi, honey, chickpeas, pineapple, other stone and seeded fruits].
- Packed meals will comply with PPDS legislation (Natasha's Law) requiring the allergen information to be displayed on the packaging.
- Food sold from the Courtyard Café is nut free, although products containing other allergens are clearly labelled for pupils, staff and visitors to support those with allergies.
- Parents are offered the opportunity to meet the Catering Manager or Executive Chef to discuss dietary needs if appropriate. The Catering Department ensures that suitable food choices that meet the dietary needs of anaphylactic students are available at mealtimes and that these pupils can eat safely in the dining room with other students.
- The Deputy Head (Pastoral) will annually check and discuss with parents any specific meal requirements in relation to their child's medical condition. Arrangements can be made for each individual pupil which may range from specific plated meals each day to allowing the pupil to manage their own choices with clearly labelled menus.

7.2 Food and Snacks Brought into School

The School community has a shared responsibility for allergy awareness to support both pupils and staff in School who have severe allergies. As an Allergy Aware School, we request that pupils avoid bringing food and products containing nuts into School or their Boarding Houses. Examples of these include:

- Bags of nuts, peanuts, peanuts and raisons, trail mix etc
- Sweets and chocolates containing nuts (e.g. Toblerone, Fruit & Nut, Snickers, Roses, Celebrations, Quality Street)
- Snack/granola/energy bars containing nuts.
- Birthday cakes and doughnuts containing or decorated with nuts or marzipan.
- Sauces – e.g. satay, pesto
- Cereals – muesli, crunchy nut cornflakes etc
- Nut butters and hazelnut spreads (Nutella).
- Nut based milks/shakes
- Cosmetics containing nut and almond oils.

Parents/guardians are asked to consider these guidelines when providing treats and cakes for birthdays and special occasions.

Pupils are also asked to be mindful of allergy awareness and/or safety on School trips and away matches to ensure any snacks taken with them on the bus are nut free.

We also ask that pupils returning to school at any time having eaten nuts or been in contact with nut products wash hands thoroughly to reduce risk of indirect contact and contamination.

7.3 Food Hygiene For Pupils

To reduce the risk to pupils with allergies:

- Pupils will wash their hands before and after eating
- Sharing, swapping or throwing food is not allowed
- Water bottles and packed lunches should be clearly labelled and water bottles should not be shared.

In Boarding Houses the risk of cross contamination when preparing and storing food is reduced by:

- Staff being aware of pupils allergies and intolerances from the photo-list. .
- Avoiding the sharing of cooking utensils and cutlery
- Pupils having their own storage areas for tuck
- Avoiding having common allergens, such as nut spreads, in the House
- Regularly reminding parents to not send in food products containing nuts

8 School Trips And Sports Fixtures

- Pupils are expected to carry two Adrenaline Auto-Injector's with them to away matches and school trips.
- Staff leading the trip will have a register of pupils with allergies with medication details and access to pupil Allergy Action Plans.
- Allergies will be considered on the risk assessment and appropriate catering provision organised.
- Trip leaders will consult the Health Centre and/or 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 packed meals. If there is a pupil with an allergy to a food outside the "main 14" there should be a clear system in place to ensure they always receive a safe meal.
- If attending match tea at another school, details of their dietary requirements will be sent ahead to ensure they have a safe meal.
- See Adrenaline Pens section for School Trips and Sports Fixtures below.

9 Allergy to Insect Stings

To reduce their risk of stings, pupils with a known insect venom allergy should:

- Avoid walking around in bare feet or sandals when outside and keep arms and legs covered.
- Avoid wearing strong perfumes or cosmetics or other strongly scented items.
- Avoid wearing bright yellow or orange clothes.
- Keep food and drink covered, especially fizzy drink cans.
- Apply insect repellent.
- Wash hands after eating sticky or sugary food.
- Avoid picking up fallen fruit.
- Keep away from flower gardens, rubbish bins, beehives and fruit trees.

The Estates and Grounds Teams will monitor the grounds for wasp or bee nests. Staff and pupils should notify Estates if they find a wasp or bee nest in the school grounds and avoid them.

A beehive is kept on site, but it is in a distant, isolated area which pupils do not access so is not deemed to be a risk for pupils or staff with bee venom allergy.

10 Allergy to Animals

Generally, it is 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
- If a pupil has an allergy to a pet which lives in a Boarding House, parents will be made aware and consideration and adaptations will be made. A risk assessment may be required.
- Areas visited by animals will be restricted and cleaned thoroughly and regularly.
- Anyone in contact with an animal will wash their hands after contact.
- School trips that include visits to animals will be carefully risk assessed.
- If animal allergies are severe, dorm placings will need to take this into account and strategies implemented to reduce risk of indirect contact. For example, some individuals with an allergy to horse dander should not come into contact with others who have been close to horses.

11 Allergic Rhinitis/Hay Fever

Pupils with persistent allergy symptoms, from pollen or dust mites for example, can help to manage their symptoms through:

- Using allergen-proof barrier covers on all mattresses, duvets, and pillows.
- Washing non-allergen-proof covered bedding regularly
- Vacuuming bedrooms regularly with a high filtration vacuum cleaner and using a steam-cleaner to kill dust mites when possible.
- Avoiding sleeping on the bottom bunk bed where allergens can fall onto them.
- Taking antihistamine medication regularly to ease symptoms, such as tablets, nasal sprays and eye drops. See the School Doctor if medication is not managing symptoms.
- Wearing sunglasses when the pollen count is high.
- Washing hands and face regularly and showering before bed to rinse off pollen.

12 Inclusion and Mental Health

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 Tutor or House Parent.
- 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.

13 Adrenaline pens

13.1 Storage of Adrenaline Auto-Injectors (AAIs) for Anaphylaxis

- Pupils prescribed AAIs will hold a minimum of 2 in-date auto-injectors in school. These should both be kept with the pupil at all times. For younger pupils, a third pen will be provided and kept in a safe but unlocked place in the pupil's boarding house along with a copy of the pupil's allergy action plan.
- Adrenaline pens must not be kept locked away but easily accessible in the event of an emergency. Spot checks will be made to ensure the AAIs are where they should be and in date. This will be done by House Link Nurses during Medication Audits.

- Adrenaline pens should be stored at moderate temperatures (see manufacturer's guidelines), not in direct sunlight and away from sources of heat. They should not be refrigerated or frozen or stored below 25 degrees centigrade.
- Pupils are expected to carry their AAIs with them to all away matches and school trips.
- Pupils should take their own prescribed AAI(s) when travelling home for all short and long leaves, to ensure that prescribed AAIs remain with the child, in date and have not expired.

13.2 Safety Measures for Adrenaline Auto-Injectors

- Pupils are assessed for competence for managing their condition and carrying their anaphylaxis medication with them safely. Once assessed and deemed competent to administer their own AAI/medication, a self-medication risk assessment is completed.
- The Health Centre will maintain a register of all Adrenaline Auto-Injectors held by pupils in school with their dosages and expiry dates. The Health Centre will alert parents and/or order replacement AAIs via the School Doctor before an AAI expires. Used or out of date pens will be returned to the Health Centre for safe disposal.
- AAIs should not be used after the expiry date. The date refers to the last day of the month; AAIs must be discarded after this date and replacement organised before the expiry date.
- AAIs must be kept in the original outer case/carton to protect the AAI from damage and light. Adrenaline exposed to light deteriorates rapidly and may become pink or brown.
- AAIs must be checked termly for the colour of the solution and the presence of particles via the inspection window and must be replaced if the solution is discoloured or contains precipitate.
- AAIs must be inspected for damage or leakage if dropped and replaced if necessary.
- AAIs must be disposed of safely via a pharmacist if damaged or expired.

13.3 Spare Stock Adrenaline Auto-Injectors

- In 2017, the Human Medicines (Amendment) Regulations 2017 allowed schools to purchase, without a prescription, "spare" AAI devices for use in emergencies.
- Spare AAIs are in addition to any AAI devices a pupil is prescribed and bring to school. The spare AAIs can be used if the pupil's own prescribed AAI is not immediately available (i.e. broken, out-of-date, have misfired or been wrongly administered).
- School keeps spare stock adrenaline auto-injectors (Adult - 300mcg) in the Health Centre First Aid Grab Bag, the MSDR, Junior House Dining Room, Daws Hill Dining Room, and the Courtyard Café.
- Due to the size of the site, one additional spare pen is also held in each boarding house where there is a pupil with an allergy, these are in accessible locations in clearly labelled emergency boxes.
- Spare AAI devices can be used for any pupil known to be at risk of anaphylaxis, so long as the school has medical approval for the spare AAI to be used for a specific pupil, and the child's parent has provided written authorisation.
    - Not all children with food allergies and at risk of anaphylaxis are prescribed AAIs. These children *can* be given a spare AAI in an emergency, as long as: the school has a care plan confirming that the child has allergies that may progress so is at risk of anaphylaxis.
    - a healthcare professional has authorised use of a spare AAI in an emergency in that child.
    - the child's parent has provided consent for a spare AAI to be administered.

13.4 Adrenaline Pens on School Trips and Match Days

- No child with a prescribed adrenaline pen will be able to go on a school trip without two of their own pens.
- 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.
- As part of the risk assessment, consider whether Spare pens are required for the sporting fixture or trip. However, this should not cause a lack of Spare adrenaline devices on School site.

14 Responding to an Allergic Reaction /Anaphylaxis

Some individuals experience mild to moderate symptoms of an allergic reaction which can be managed with prompt administration of oral antihistamine medication. Pupils should not be left unattended and must be monitored for 60 minutes.

However, immediate intra-muscular adrenaline is the emergency treatment for anaphylaxis, and an ambulance must be called. Adrenaline constricts blood vessels to raise blood pressure, relaxes smooth muscles in the lungs to improve breathing, stimulates the heart rate and reduces swelling and histamine release. If a pupil has an allergic reaction, they will be treated in accordance with their Allergy Action Plan where they are and their medication brought to them, they must not be moved.

If the pupil is asthmatic, they may also use a reliever inhaler. Some pupils with asthma and food allergies may experience sudden difficulty in breathing – so always consider anaphylaxis. Giving adrenaline is safe and life-saving. These pupils may also experience a wheeze during anaphylaxis in which case give the inhaler after adrenaline if the person is still wheezing. Never give the inhaler instead of adrenaline.

14.1 First Aid Procedure in the event of Anaphylaxis.

- Remove the allergen if appropriate.
- Assess the allergic reaction and be prepared to treat appropriately.
- Stay calm and reassure the individual.
- Call for help. Call the Health Centre AND DIAL 999 if anaphylaxis/severe allergic reaction is suspected, state ANAPHYLAXIS
- Lie the person down and elevate their legs to increase return of blood to the heart and reduce risk of shock.
- If they have breathing difficulties, the person may be more comfortable in a sitting up in a position with their back supported, assess which position is best for the individual.
- If prescribed an inhaler (i.e. known asthmatics), give Salbutamol (blue) inhaler to ease wheeze, via a spacer if available.
- If the person becomes unconscious, place them in the recovery position and check for breathing.
- The Health Centre will alert Deputy Head (Pastoral) and implement the Emergency Care algorithm. See Appendix 3.

14.2 Administering Adrenaline Auto-Injectors.

See Appendix One for how to administer an Adrenaline Auto-Injector.

- AAIs can be used through clothing if necessary, avoiding, pockets, seams, buckles etc.
- AAIs are given into the upper outer thigh.
- Make a note of the time the first dose is given.
- AAIs are ideally given by the individual themselves, or by someone else if not able to self-administer. Ideally the member of staff will be trained, but in an emergency anyone may administer adrenaline – the instructions are given on the side of the device and on the care plan.
- If the pupil's own adrenaline pen is not available or misfires, then a spare adrenaline pen will be used.

- If anaphylaxis is suspected but the pupil does not have a prescribed adrenaline pen or Allergy Action Plan, call 999 and explain anaphylaxis is suspected and inform the operator that spare adrenaline pens are available. Follow instructions from the operator. The MHRA states that in exceptional circumstances, a spare adrenaline pen can be administered to **anyone** for the purposes of saving their life.

14.3 Post administering an AAI:

- Place the pen in a rigid container and give to the ambulance crew along with the time of administration.
- The pupil will not be moved until a medical professional/paramedic has arrived, even if they are feeling better.
- Continue to observe the person. If they become unconscious, place them in the recovery position and check for breathing.
- Be prepared to commence CPR should it become necessary.
- If there is no improvement within 5 minutes be prepared to give a second dose of Adrenaline in the opposite thigh.
- Inform parents/next of kin as soon as possible.
- 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.

15 Training

15.1 Content of Training

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

- Having an awareness of allergy, the risks it poses, how allergic reactions can occur and how to manage it;
- Understand that allergy includes multiple conditions (food allergy, asthma, eczema, hay fever, others), which can co-exist;
- Understand the difference between food allergy, coeliac disease and food intolerance;
- Know where to find information on allergy triggers;
- Can identify the range of symptoms of allergic reactions;
- Understand and can recognise anaphylaxis;
- Know how to respond in an emergency, including:
  o calling emergency services and informing parents;
  o how to locate and administer emergency medication (adrenaline for anaphylaxis, asthma reliever inhaler for an asthma attack).
  o training on how to use the medication/device in an emergency (whether prescribed to a given person or a School's "spare" adrenaline devices);
- Understand the impact allergy can have on a child or young person's wellbeing;
- Understand the School Allergy Safety Policy;
- Know how to check whether an individual is on the record of those with known allergy and how to use an Allergy or Asthma Action Plan;
- Understand staff responsibilities in reducing the risk of individuals with known allergy coming into contact with their known allergens;
- Understand how to report an allergic reaction or case of anaphylaxis (whether an incident or a "near miss").

A record of attendance at training sessions and copies of certificates are maintained.

15.2 Training Approaches

Training is provided via:

- Direct training from Health Centre Staff at INSET, Teacher, Department and House meetings.
- iHasco Module on Children with Allergies/Anaphylaxis.
- FREE allergy and anaphylaxis training for schools - Allergy School
- Anaphylaxis E-Training | Spare Pens in Schools
- Video Update - How To Use: Administering Your EpiPen® | EpiPen®

15.3 Insurance for School Staff

- The School ensures an appropriate level of insurance to cover staff when supporting pupils with medical conditions; this includes liability cover relating to the administration of medication such as AAIs.
- Teachers and other non-healthcare professionals are permitted, but not obligated, to administer an AAI under existing legislation, but only to the person the AAI device has been prescribed. They should not use an AAI prescribed for child 'A' to treat anaphylaxis occurring in child 'B' unless advised to do so by a medical professional (999) or in the event of a life-threatening emergency.

Resources:

- Spare Pens in Schools | Homepage
- Guidance on the use of adrenaline auto-injectors in schools (publishing.service.gov.uk)
- Supporting pupils with medical conditions at school - GOV.UK (www.gov.uk)

This policy applies to all staff, pupils, parents and visitors to the school and should be read alongside other policies including:

- Health Centre Policy
- Medication Policy
- First Aid Policy
- Medical Conditions Policy
- Health Centre Protocol on Allergies and Anaphylaxis and Asthma.

This policy is made accessible to parents and staff through the Parent Portal and the Staff Handbook.

Member of staff	Health Centre Manager/Deputy Head (Pastoral)
Reviewed	August 2026

Version: ALLERGY/v4/26

Appendix One: How to Administer an Adrenaline Auto-Injector

There are three brands of AAIs prescribed in the UK:

Epipen AAI:

- Remove the blue safety cap
- Hold the EpiPen at 90 degrees, about 10cm away, with the orange tip pointing towards the upper outer thigh.
- Jab the EpiPen firmly into the thigh at a right angle.
- Listen for a click
- Hold for 3 seconds before removing. The needle will be covered.
- Note the time of administration.

Jext AAI:

- Remove the yellow safety cap.
- Place the black injector tip against the upper outer thigh, holding the injector at a right angle.
- Push the injector firmly into the outer thigh.
- Listen for a click
- Hold the injector for 10 seconds before removing. The needle will be covered.
- Massage the area for 10 seconds.
- Note the time of administration.

Emerade AAI:

- Remove the white needle shield
- Hold the injector at a right angle to the thigh, press the device firmly against the upper, outer thigh.
- Listen for a click
- Hold for 5 seconds before removing. The needle will be covered and the needle cover will be extended.
- Massage the site gently
- If there is any doubt the Emerade injector has been activated, lifting the label will reveal a coloured plunger to show the pen has been activated and adrenaline delivered.
- The plunger will show Green for 300mg pens, Blue for 500mg pens.
- If the window still shows clear adrenaline solution, the pen has not been activated.

Appendix Two: Standard Template of BSACI Allergy Action Plan for Pupil with AAI

bsaci improving allergy care through education, training and research

ALLERGY ACTION PLAN

RCPCH Royal College of Paediatrics and Child Health — Anaphylaxis Campaign — AllergyUK

This child has the following allergies:

Name: .....

DOB: .....

Photo

Mild/moderate reaction:

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

Action to take:

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

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**

A AIRWAY	B BREATHING	C CONSCIOUSNESS
• Persistent cough • Hoarse voice • Difficulty swallowing • Swollen tongue	• Difficult or noisy breathing • Wheeze or persistent cough	• 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** (eg. EpiPen®) (Dose: ..... mg)
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 further adrenaline dose** using a second autoinjectilable 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.

Emergency contact details:

1) Name: .....

.....

2) Name: .....

.....

Parental consent: I hereby authorise school staff to administer the medicines listed on this plan, including a 'spare' back-up adrenaline autoinjector (AAI) if available, in accordance with Department of Health Guidance on the use of AAIs in schools.

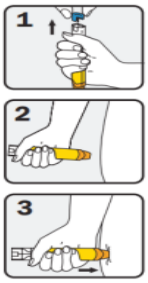
Signed: .....

Print name: .....

Date: .....

For more information about managing anaphylaxis in schools and "spare" back-up adrenaline autoinjectors, visit:
sparepensinschools.uk

How to give EpiPen®



1. PULL OFF BLUE SAFETY CAP and grasp EpiPen. Remember: "blue to sky, orange to the thigh"
2. Hold leg still and PLACE ORANGE END against mid-outer thigh "with or without clothing"
3. PUSH DOWN HARD until a click is heard or felt and hold in place for **3 seconds**. Remove EpiPen.

Additional instructions:

This is a medical document that can only be completed by the child's healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2017. During travel, adrenaline auto-injector devices must be carried in hand-luggage or on the person, and **NOT** in the luggage hold. **This action plan and authorisation to travel with emergency medications has been prepared by:**

Sign & print name: .....

Hospital/Clinic: .....

..... **Date:** .....

Appendix Three: Flow Chart for dealing with an unwell pupil or Emergency situation at Wycombe Abbey

What 3 words

Custodians Lodge-///Blocks/blues/tile

Crispin Gate – ///Bond/twigs/apple

Clarence Gate – ///Points/weds/pilots

<u>First Aid Treatment</u>

1. Plasters
2. Ice Pack
3. Small Burns
4. Mild Choking
5. Eye wash
6. Finger Dressings

<u>Examples of illness or injury</u>

- Fever above 38.5
- Severe pain
- Breathing difficulty
- Head Injury/Concussion
- Injury such as possible fracture/unable to weight bear
- Significant Burn

<u>** Major Trauma</u>

- Anaphylaxis
- Asthma attack
- Loss of Consciousness
- Seizure
- Chest pain/Heart attack
- Severe bleeding
- Severe Burn
- Overdose
- Signs of Sepsis or Meningitis
- Major fall from height
- Spinal Injury
- Major Fracture
- Severe Wound
- Diabetes- Severe Hypo/Hyperglycaemia