The 3-18 Education Trust

Allergy Safety Policy
Hodnet School

'Every individual is in a great school.'

Approved: Autumn Term 2026
Review: Autumn Term 2027

www.3-18education.co.uk

Our Mission

Rooted in Equity. Belonging by Design. Success Without Limits.

Our Values

Compassionate

To show care and understanding towards others.

Accomplished

To provide high quality education and training for all.

Resilient

To be solution focused and able to intelligently manage challenges.

The 3-18 Education Trust
101 Longden Road
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Company Number: 08064698

Policy Monitoring and Review

Monitoring

The Chief Executive Officer will monitor the outcomes and impact of this policy on an annual basis.

Review

Member of Staff Responsible	Chief Executive Officer
Relevant Guidance/Advice/Legal Reference	The Key
Policy Adopted By	Board of Directors
Date of Policy	Autumn Term 2026
Review Period	Annually
Date of Next Review	Autumn Term 2027

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1. Aims

This policy aims to:

- Set out the 3-18 Education Trust's (Trust) approach to allergy safety, including reducing the risk of exposure and the procedures in place in case of allergic reaction
- Make clear how our Trust supports pupils with allergies to ensure their wellbeing and inclusion
- Promote and maintain allergy awareness among the school community

2. Legislation and guidance

This policy is based on the Department for Education (DfE)'s statutory guidance on allergy safety in schools and supporting pupils with medical conditions at school, the Department of Health and Social Care's guidance on using emergency adrenaline auto-injectors in schools, and the following legislation:

- The Food Information Regulations 2014
- The Food Information (Amendment) (England) Regulations 2019

3. Roles and responsibilities

3.1 The Trust Board

The Trust Board is responsible for ensuring:

- Risks relating to pupils with allergy are included in the risk register and actively managed
- The Trust has an allergy safety policy which sets out:
    - Arrangements to reduce the risk of individuals coming into contact with their known allergens
    - Emergency response plans for cases of anaphylaxis

The Trust Board delegates the day-to-day implementation of this policy to the allergy safety lead.

3.2 Allergy safety lead

The nominated allergy safety lead in the school is Mrs Lyall, Headteacher.
They're responsible for:

- Implementing this allergy safety policy
- Reviewing the allergy safety policy at least annually, updating it when needed, and making sure it is published
- Promoting and maintaining allergy awareness across our school community
- Developing and reviewing arrangements for the safe storage and disposal of adrenaline devices (AD)

Ensuring:

- All allergy information is up to date and readily available to relevant members of staff
- All pupils who require support with allergies have an up-do-date individual healthcare plan (IHP)
- All pupils with a known food or insect sting allergy have up-to-date allergy action plans issued by a medical professional
- All staff receive regular allergy awareness training
- All staff are aware of the school's policy and procedures regarding allergies

- Relevant staff are aware of what activities need an allergy risk assessment

Serious incidents and 'near misses' relating to allergy safety are recorded and reported as appropriate, and to consider and share with staff:

- What lessons there are to learn
- Any potential changes to the medical conditions and/or allergy safety policies and/or to any pupil's IHP

3.3 Headteacher

Each School Headteacher is responsible for:

- Deciding (in discussion with the parents/carers and any relevant healthcare professionals) whether a pupil's allergy can be managed through the adjustments made under the school's medical conditions policy or whether an IHP is required to specify arrangements that reflect the pupil's circumstances

3.4 Nominated Leads

Mrs Rhoden and Mrs Williams are responsible for:

- Checking spare AAIs are present and in date on a monthly basis
- Making sure that replacement AAIs are obtained when expiry dates approach

3.5 Teaching and support staff

All teaching and support staff are responsible for:

- Promoting and maintaining allergy awareness among pupils
- Maintaining awareness of our allergy safety policy and procedures
- Being able to recognise the signs of severe allergic reactions and anaphylaxis
- Being aware of specific pupils with allergies in their care
- Reducing the risk to pupils with known allergies coming into contact with known allergens
- Ensuring the wellbeing and inclusion of pupils with allergies
- Reporting any allergic reaction or case of anaphylaxis to the allergy safety lead

3.6 Parents/carers

Parents/carers are responsible for:

- Being aware of our school's allergy safety policy
- Providing the school with up-to-date details of their child's medical needs, dietary requirements, and any history of allergies, reactions and anaphylaxis
- If required, providing their child with 2 in-date adrenaline auto-injectors and any other medication, including inhalers, antihistamine etc., and making sure these are replaced in a timely manner
- Following the school's guidance on food brought in to be shared
- Updating the school on any changes to their child's condition

3.7 Pupils with allergies

If age-appropriate, these pupils are responsible for:

- Being aware of their allergens and the risks they pose
- Carrying their AD on their person and only using it for its intended purpose
- Understanding how and when to use their AD

3.8 Pupils without allergies

These pupils are responsible for:

- Being aware of allergens and the risk they pose to their peers

Older pupils might also be expected to support their peers and staff in the case of an emergency.

4. Identifying individuals at risk

Allergy is a spectrum of different allergic diseases. Reactions occur when a susceptible person is exposed to something (an “allergen”) they are allergic to. Common allergic conditions include:

- Hay fever (allergic rhinitis), triggered by allergens carried in the air, such as pollen, house dust mite, animal fur/feathers, or mould.
- Skin allergies (e.g. eczema, contact dermatitis, contact urticaria/hives) caused by contact with allergens including house dust mite, pollen and substances like nickel, latex and some chemicals
- Food allergy, which can cause symptoms ranging from mild itching in the mouth to "whole body" reactions including anaphylaxis
- Asthma which may be triggered by airborne allergens
- Allergy to insect stings and medicines

4.1 Identifying pupils at risk

Parents/Carers are asked to complete our school registration forms in full prior to children starting school. Allergy information is requested alongside medical needs on our main school registration form. Parents/carers are expected to inform school of all known allergies and intolerances including the signs and symptoms, specific medical advice, any medication and medical plans. All staff are required to complete allergen training annually to support them to identify risks and take appropriate action.

We will:

- For new starters, send a form to all parent/carers of pupils after their place at the school has been confirmed, but before their first school year starts, to confirm any allergy the pupil has and whether they carry medication. Where a pupil has a new diagnosis and/or has moved to the school mid-term, we will send a form and put arrangements in place within 2 weeks
- Send a reminder to parents/carers at the start of each year asking them to update their child’s medical information as necessary.

We ask that parents/carers proactively inform us by either phone call to the school 01630 685300 or an email to admin@hod.318education.co.uk if their child’s medical needs change during the school year.

4.2 Identifying staff and visitors at risk

- We ask new staff to provide details of their allergies in advance of their start date.
- We ask visitors to provide details of their allergies in advance of their visit.

4.3 Individual healthcare plans (IHP)

Pupils should have an IHP if they:

- Have an allergy which has a functional impact on them in the school environment
- At risk of harm as a result of their allergy; and
- Require arrangements which are additional to or different from those made generally.

It is not necessary for a pupil to have a formal diagnosis of allergy for them to have an IHP. Healthcare professionals may decide that it is more appropriate to accept that the child shows symptoms, rather than proceeding to a formal diagnosis.

The IHP will set out the additional and/or different arrangements that will be in place for supporting the pupil. The school will make every effort to make sure that arrangements are put in place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.
Not all children with an allergy will require an IHP. Some allergies will have little or no impact on the pupil while they are at school, or pose no risk to the pupil. Some allergies will not require arrangements which are additional to or different from those made generally.

The headteacher is responsible for deciding (in discussion with the parents/carers and any relevant healthcare professionals) whether a pupil's allergy can be managed through the adjustments made under the school's medical conditions policy or whether an IHP is required to specify arrangements that reflect the pupil's circumstances.

The school will consider the following principles:

- If the arrangements or support which a pupil requires would be available to any pupil as part of normal policies, an IHP may not be required
- If the pupil only needs non-prescription medication and the school's medical conditions policy would permit them to carry and administer it, an IHP may not be required
- IHPs will be reviewed at least annually and more frequently if the pupil's needs have changed.

Where a pupil moves on to a new school or college, their IHP will be shared as part of the transition.

4.4 Allergy and asthma action plans

All pupils who have a known allergy to a food or insect stings should be issued with an appropriate allergy action plan by their healthcare professional.
All pupils who have asthma should be issued with an asthma action plan by their healthcare professional.
The plans include medical and parental consent for staff to administer emergency medicines, including adrenaline for anaphylaxis or reliever inhaler in the event of an asthma attack.
The allergy action plan and/or asthma action plan should be attached to the pupil's IHP. Whenever the allergy action plan is updated, the pupil's IHP should be reviewed to incorporate it.

4.5 Register of pupils with known allergies

The school maintains a register of pupils who have a known allergy. The register includes:

- Known allergens and risk factors for anaphylaxis
- Whether a pupil has been prescribed ADs (and if so, what type and dose)
- Where a pupil has been prescribed an AD, whether parental consent has been given to administer emergency medication
- A photograph of each pupil to allow a visual check to be made.

The main register is kept in the office, with copies in the kitchen and the staffroom which can be checked quickly by any member of staff as part of initiating an emergency response. All AD's are kept in the school office in named boxes alongside their specific plans.

5. Assessing risk

The school will conduct a risk assessment for any pupil at risk of anaphylaxis taking part in:

- Lessons such as food technology
- Science experiments involving foods
- Crafts using food packaging
- Off-site events and school trips
- Any other activities involving animals or food, such as animal handling experiences or baking

A risk assessment for any pupil at risk of an allergic reaction will also be carried out where a visitor requires a guide dog.

6. Minimising risk

6.1 Hygiene procedures

- Pupils are reminded to wash their hands before and after eating.
- Sharing of food, food containers, and food utensils is not allowed.
- Pupils have their own named water bottles, and lunch boxes.
- Any school provided packed lunches (such as for a class trip) are clearly labelled with the name of the child for whom they are intended.
- Food preparation follows clear guidance to prevent cross contamination and the risk of harm. Utensils are not shared when preparing food containing known allergens.
- Any staff preparing food, for example Breakfast club, wraparound care and nursery staff, all have necessary qualifications in place relating to food hygiene and food handling.
- Where food is not directly provided by the school, parental engagement and permission will be sought in advance.

6.2 Catering

- Hodnet school is committed to providing safe food options to meet the dietary needs of pupils with allergies through our 3rd party catering contractor.
- Catering staff receive appropriate training and are able to identify pupils with allergies.
- The school will engage with caterers to understand the controls in place to ensure that food service complies with relevant requirements.
- School menus are available for parents/carers and pupils to view with ingredients clearly labelled, and catering staff are available to discuss the provision of allergy safe meals with parents/carers.
- Where changes are made to school menus, we will make sure these comply with legislation, and continue to meet any special dietary needs of pupils.
- Food allergen information relating to the ‘top 14’ allergens is displayed on the packaging of all food products, allowing pupils and staff to make safer choices. Allergen information labelling will follow all legal requirements that apply to naming the food and listing ingredients, as outlined by the Food Standards Agency (FSA).
- Where food is provided by the school, staff will understand how to read labels for food allergens.
- Catering staff follow hygiene and allergy procedures when preparing food to avoid cross-contamination.

6.3 Insect bites/stings

Procedures for preventing and dealing with insect bites/stings.

- At Hodnet school, we use a covered food bin for all fruit waste at playtimes.
- When outdoors, shoes should always be worn and food and drink should be covered
- In the unfortunate event that a person is stung or bitten the following procedures are followed:
    - Signs and symptoms of an allergic reaction noted and treated if possible. **A child with a known allergy to stings and bites – their emergency plan to be followed**.
    - If the sting is visible and can be removed easily and safely, this will be completed by a trained first aider based on latest advice.
    - Parents notified, consent obtained to provide allergy relief if required.
    - Emergency procedures followed, 999 for an immediate response if required.

6.4 Animals

Hygiene procedures for managing allergies to animals are as follows:

- Parental consent is obtained for all children before handing animals such as our school pets (Guinea Pigs) or other visiting animals.
- Known allergies or intolerances to animals are shared with all staff to prevent harm.
- All pupils will always wash hands before and after interacting with any animals to avoid putting pupils with allergies at risk through later contact.
- Pupils and staff with animal allergies will not interact with animals.

6.5 Visits and trips

- No pupils with allergies will be excluded from taking part.
- The school will plan accordingly for all visits and trips, and arrange for the staff members involved to be aware of pupils' allergies and to have received appropriate training.
- The school will conduct a risk assessment for any pupil at risk of anaphylaxis taking part in a school trip.
- Pupils at risk of anaphylaxis should have their own ADs with them.
- Staff trained to administer adrenaline in an emergency will be present on the school trip.
- Appropriate measures will be taken in line with the school's AD protocols for off-site events and school trips (see section 8.5).

7. Procedures for handling an allergic reaction

All staff are trained to recognise the signs of both mild and severe allergic reactions (known as anaphylaxis) and respond appropriately. Staff are trained in the administration of adrenaline to minimise delays in an emergency. If the pupil or staff member has an allergy action plan, this must be followed.

A spare school AD device will only be used if:

- The pupil does not have a prescribed AD
- The pupil's prescribed AD are not available or misfire

8. Adrenaline devices (ADs)

Following the Department of Health and Social Care's Guidance on using emergency adrenaline auto-injectors in schools, our school's procedures for ADs are as follows:

8.1 Prescribed ADs

Pupils who are prescribed ADs are encouraged to keep them near or on their person at all times including when travelling to or from the school and on school trips. It is recommended that two devices are carried at all times. Pupils with prescribed ADs should take them home with them at the end of each school year, and parents are responsible for ensuring that they are in date.

- Prescribed ADs are stored in the main school office, in a named sealed box and are accessible at all times.
- Prescribed ADs are kept at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature.
- Prescribed AD's are taken on trips and visits including local walks.
- Children with a prescribed AD who travel to and from school on a school bus must have their AD with them on the bus and therefore would need to bring their AD to school daily.
- A copy of the pupil's allergy action plan is kept in the box alongside their medication, as it includes instructions on how it should be used in an emergency.
- Details of the pupils needs are recorded on our allergy information register.
- Parents/Carers are responsible for ensuring the AD's are in date. They source the AD's from their healthcare provider and ensure that they are in good working order.

8.2 Spare ADs and inhalers

Please note: current regulations only allow schools to purchase adrenaline auto-injectors (AAIs) as spare devices. Non-injectable adrenaline devices (nasal spray) may be prescribed to individuals but cannot currently be stocked as a spare device. If an individual who is prescribed nasal adrenaline suffers anaphylaxis, a school's spare AAIs may be used in an emergency. Schools can purchase an emergency asthma reliever inhaler which can only be used if the pupil's prescribed inhaler is not available and where written consent has been obtained. The allergy safety lead is responsible for sourcing spare ADs and an emergency asthma reliver inhaler and ensuring they are stored according to the guidance. Mrs Lyall and Mrs Williams (Asthma lead) ensure this.

Hodnet school has the following emergency AD's sourced online from Pharmacy Planet.

- 1x Epi-Pen junior 0.15mg (green) for children up to 25kg (approximately up to age 8)
- 1x Epi-Pen 0.3mg (yellow) for children and adults over 25kg (approximately 8years and older)

Hodnet school's spare ADs / AAI's are stored:

- In the Headteacher's office, clearly labelled, unlocked and accessible at all times (no more than 5 minutes from where they may be needed).
- At room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature.
- Separate from any pupils' prescribed ADs and clearly labelled to avoid confusion.
- Mrs Rhoden and Mrs Lyall are responsible for checking monthly that the spare AD's are present and in date and obtaining replacements before the expiry date.

Hodnet school has the following emergency Asthma reliver inhalers sourced from local GP

- 2x Asthma reliver inhalers (Salbutamol 100mg) and 2x spacer devices

Hodnet school's spare inhalers are stored:

- 1x in the Headteacher's office.
- 1x in the First Aid area on KS2 corridor.
- Clearly labelled, unlocked and accessible at all times.

- Separate from any pupils' prescribed inhalers and clearly labelled to avoid confusion.
- Mrs Rhoden and Mrs Willaims are responsible for checking half termly that the spare inhalers are present and in date and obtaining replacements before the expiry date.

8.3 Disposal
ADs can only be used once. Once an AD has been used, it will be disposed of in line with the manufacturer's instructions

8.4 Using spare ADs in an emergency situation without prior consent
The Human Medicines (Amendment) Regulations 2017 do not require consent to have been obtained for spare adrenaline devices to be used in an emergency.
The school will obtain advance consent from parents/carers or pupils for spare adrenaline devices to be used, so that in an emergency, consent can be assumed to be in place.
However, in an emergency situation, anyone may take reasonable action to save a life without checking whether prior consent has been given. This avoids potentially fatal delays in treatment.

8.5 Use of ADs off school premises
Pupils at risk of anaphylaxis who are able to administer their own adrenaline should carry their own prescribed ADs with them on school trips and off-site events. When going on a school trip, the lead teacher will establish if the venue has an emergency AD, if the venue does not have emergency AD's, then one of the two school emergency AD's may be taken by the lead staff member for emergency use only on the trip. The same applies for a residential trip.

9. Serious incidents and 'near misses'

A **serious incident** is any event relating directly to a medical condition (including allergy) in which a pupil, member of staff or visitor with a medical condition or allergy is harmed or is placed at an immediate and significant risk of harm, including situations requiring emergency medication, urgent clinical intervention or attendance by emergency services.

A **'near miss'** is an event relating directly to a medical condition (including allergy) that did not result in harm but had the clear potential to do so – for example, where an error, omission, or system failure could reasonably have led to a serious incident had circumstances been only slightly different.

9.1 Incident recording
The school will record serious incidents and 'near misses' relating to allergy safety as soon as is feasible. The incident will be recorded in the accident book or online system, including the following information:

- Who was affected
- What happened, when and where
- Why the incident occurred (as far as is known)
- How staff and pupils responded and what was done to support the individual
- Whether emergency services were called
- How the incident concluded

The school will approach serious incidents and 'near misses' in a 'no blame' spirit of seeking to learn lessons.

9.2 Incident reporting

The parents/carers of a pupil aged up to 16 should be notified of the incident or 'near miss' as soon as possible. In the case of a pupil aged 16 and over, the school will confirm that the pupil agrees that their parents/carers should be informed.

The school will share the report with the pupil's parents, the pupil 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 school will then confirm what we have learnt from the incident and outline any actions we are taking as a result.

In some cases, the impact of exposure to an allergen at school may be delayed and not recognised until the pupil is at home. This means that incident reporting is not limited to staff – the pupil, parents/carers or others (such as healthcare professionals) will need to report to the school if there has been an incident with a delayed reaction.

Staff will always share the incident report with Mrs Williams, our designated leader responsible for medical conditions and/or allergy. The allergy safety lead will consider whether the allergy safety arrangements in place were appropriate or if changes are needed to this policy and/or the pupil's IHP. Any learning will be shared appropriately with staff so they can act on them and reduce the chance of an incident reoccurring.

The school will also share the report with other agencies in the following circumstances:

- With the Health and Safety Executive (HSE): incidents which arise directly out of the way the school carried out a work activity which results in death or immediate hospitalization. For example, where a pupil has suffered harm after consuming an allergen due to incorrect preparation of food by a member of staff.
- To the local authority: any allergen-related food safety incidents.
- In the event that the incident or 'near miss' was related to the delivery of a care plan or action plan issued by a healthcare professional, the relevant healthcare professional will be notified.

10. Allergy awareness

10.1 Staff training

The school ensures that all staff expected to be present during times when pupils are scheduled to be on site receive allergy awareness training at least annually. New starters will complete this training as part of their induction.

This includes permanent staff, temporary staff, supply teachers, peripatetic staff, agency workers and regular volunteers. It also includes catering staff and others who may oversee pupils at breakfast or after-school clubs. It does not include contractors carrying out work with no pupil-facing role such as builders, electricians or other ad hoc maintenance personnel.

The school has purchased 'training pens' from EpiPen and Jext so staff can practice safely and be familiar with the differences.

The school will conduct allergy safety drills annually. This is a simulated case of anaphylaxis to test out how staff respond, without risk to any individual. The results of the drill will be recorded and used to inform the ongoing review of this policy.

Allergy awareness training will ensure that all staff:

- Have 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:
- Calling emergency services and informing parents/carers
- How to locate and administer emergency medication
- How to use the medication/device in an emergency
- Understand the impact allergy can have on a pupil's wellbeing
- Understand the school's 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 their 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')

10.2 Awareness of allergy safety policy

This allergy safety policy will be published on the school's website and shared with parents/carers at the start of the school year.

All staff should be aware of and understand the policy as part of annual allergy awareness training. Schools will endeavour to teach pupils about allergies to improve everyone's understanding.

11. Wellbeing

The school is conscious that pupils with allergies may be unfairly stigmatised, which may have an impact on mental health. Pupils with allergies will have additional support through:

- Pastoral care
- Regular check-ins with their class teacher
- Reassurance that steps are being taken to minimise the risks of exposure to allergen and that robust measures are in place in the event of anaphylaxis
- The school will respond to any instance of bullying in line with its behavior policy.

11.1 Wellbeing support following an incident or 'near miss'

The school recognises that an incident or a 'near miss' is a serious event with a potential impact not only on the pupil but their family, those involved in responding. and any witnesses. The school will provide support to those involved.

The school will support staff involved in any incident or 'near miss'.

See section 9 of the policy for more detail on incidents and 'near misses'.

12. Information sharing

Information about an individual's health is considered special category data under UK GDPR. It will therefore be handled in line with our data protection policy.

13. Monitoring arrangements

This policy will be monitored by the allergy safety lead.

It will be reviewed and approved annually by the allergy safety lead, or more frequently if a serious incident or ‘near miss’ identifies an area for improvement.

14. Links to other policies

This policy links to the following policies and procedures:
Health and safety policy
Supporting pupils with medical conditions policy
Data protection policy
Behavior policy

Appendix 1. Epi-Pen Junior 0.15mg patient leaflet (green) for children less than 25kg

What to do in an emergency:

- **Use your adrenaline auto-injector immediately if you have any signs of anaphylaxis.**
  If in doubt use. Don't delay.
- **Dial 999 – say anaphylaxis ("ana-fill-axis") – straight after using your auto-injector.**
- **Lie down and raise your legs.**
- **Sit up if you are struggling to breathe but don't change position suddenly.**
- **Lie down again as soon as you can.**
- **Stay lying down even if you are feeling better.**
- **You must not stand up even if someone encourages you to.**
- **Use your second auto-injector if you haven't improved after 5 minutes.**

Be prepared:

- **Carry two adrenaline auto-injectors with you at all times.**
- **You must use your auto-injector as soon as you notice any signs of anaphylaxis.**
- **Make sure you know beforehand what the signs are so you can act swiftly.**
- **Make sure you know how to use your auto-injector before you need to. Get familiar with it. Get a trainer auto-injector from the manufacturer. Practise. If you change brand, get familiar with the new one. Each one is used differently.**

A small air bubble may be present in EpiPen® Jr. It does not affect the way the product works.
Even though most of the liquid (about 90 %) remains in the EpiPen® Jr. after use, it cannot be reused. EpiPen® Jr. is for single use only. The correct dose has been administered if the orange needle tip is extended and the window is obscured.

Always seek medical help immediately after using EpiPen® Jr. Dial 999- say anaphylaxis ("ana-fill-axis") and ask for an ambulance, even if symptoms are improving.
You will need to go to hospital for observation and further treatment as required. This is because the reaction may happen again at some time later.

While waiting for the ambulance, ask someone to stay with you until the ambulance arrives in case you feel unwell again. Unconscious patients should be placed on their side in the recovery position.

Make sure that you inform the healthcare professional that you have received an intramuscular injection of adrenaline and hand over the EpiPen® Jr. to them for safe disposal.

If you use more EpiPen® Jr. than you should
In case of overdose or accidental injection of the adrenaline, you should always seek **immediate** medical help. Your blood pressure may rise sharply and it will need to be monitored.
If you have any further questions on the use of this medicine, ask your doctor, pharmacist or nurse.

4. Possible side effects

Like all medicines this medicine can cause side effects, although not everybody gets them.
Seek urgent medical advice immediately in case of accidental injection. Accidental injection of EpiPen® Jr. in hands or fingers have been reported and may result in lack of blood supply to these areas.

Adverse reactions experienced as a result of accidental injections may include increased heart rate, local reactions including injection site pallor, coldness and hypoesthesia or injury at the injection site resulting in bruising, bleeding, discoloration, erythema or skeletal injury.

Tell your doctor or pharmacist if any of the following side effects occur or worsen.

Rare (may affect up to 1 in 1,000 people)
Cardiomyopathy has been seen in patients treated with adrenaline.

Not known (frequency cannot be estimated from the available data):
Usual side effects include: irregular heartbeat, palpitations, severe rapid heartbeats, severe chest pains, high blood pressure, reduced blood flow to limbs, sweating, nausea, vomiting, difficulty breathing, paleness, headache, dizziness, weakness, tremor and apprehension, nervousness or anxiety, injection site infection, injection site bruising, bleeding, discoloration, redness of the skin and skeletal injury.

Reporting of side effects
If you get any side effects, talk to your doctor, pharmacist or nurse. This includes any possible side effects not listed in this leaflet. You can also report side effects directly via the Yellow Card Scheme at:
www.mhra.gov.uk/yellowcard or search for MHRA Yellow Card in the Google Play or Apple App Store. By reporting side effects you can help provide more information on the safety of this medicine.

5. How to Store EpiPen® Jr.

Keep this medicine out of the sight and reach of children.
Do not use this medicine after the expiry date which is stated on the label and carton. The expiry date refers to the last day of that month.
Do not store above 25 °C. Do not refrigerate or freeze.
Keep container in the outer carton in order to protect from light. When exposed to air or light, adrenaline deteriorates rapidly and will become pink or brown.

Please remember to check the contents of the glass cartridge in the EpiPen® Jr. Auto-injector from time to time to make sure the liquid is still clear and colourless. Do not use this medicine if you notice that the liquid is unclear, coloured or contains solid particles. Replace the EpiPen® Jr. Auto-injector by the expiry date or earlier if the solution is discoloured or contains a precipitate (solid particles).

Do not throw away medicines via wastewater or household waste. Ask your pharmacist how to throw away medicines you no longer use. These measures will help protect the environment.
See also section 3 – Directions for use.

6. Contents of the Pack and Other Information

What EpiPen® Jr. contains
The active substance is adrenaline 0.15 mg (150 microgram).

The other ingredients are: Sodium Chloride, Sodium Metabisulphite (E223), Hydrochloric Acid, Water for Injections.

What EpiPen® Jr. looks like and contents of the pack
Clear and colourless solution in a pre-filled pen (Auto-injector).

The Auto-injector (single-dose) contains 2 ml solution for injection. Each auto-injector delivers one single dose (0.3 ml) of adrenaline.
The EpiPen® Jr. exposed needle length is approximately 13 mm.

Pack sizes:
1 x auto-injector.
2 x auto-injectors.
Not all pack sizes may be marketed.

Marketing Authorisation Holder and Manufacturer

Marketing authorisation holder:
Viatris Products Limited,
Station Close,
Potters Bar,
EN6 1TL,
United Kingdom.

Manufacturer: MEDA Pharma GmbH & Co. KG, Benzstrasse 1, 61352 Bad Homburg, Germany

This leaflet was last revised in July 2026.
If this leaflet is difficult to see or read and you would like it in a different format, please contact Viatris Products Limited, Station Close, Potters Bar, EN6 1TL, United Kingdom.

Package leaflet:
Information for the user

EpiPen® Jr. Adrenaline Auto-Injector 0.15 mg

Read all of this leaflet carefully before you start using this medicine because it contains important information for you.
- Keep this leaflet. You may need to read it again.
- If you have any further questions, ask your doctor, pharmacist or nurse.
- This medicine has been prescribed for you only. Do not pass it on to others. It may harm them, even if their signs of illness are the same as yours.
- If you get any side effects, talk to your doctor, pharmacist or nurse. This includes any possible side effects not listed in this leaflet. See section 4.

What is in this leaflet:

1. What EpiPen® Jr. is and what it is used for
2. What you need to know before you use EpiPen® Jr.
3. How to use EpiPen® Jr.
4. Possible side effects
5. How to store EpiPen® Jr.
6. Contents of the pack and other information

1. What EpiPen® Jr is and what it is used for

EpiPen® Jr. contains a sterile solution of adrenaline for emergency injection into the outer part of the thigh muscle (intramuscular injection). EpiPen® Jr. is to be used for the emergency treatment of sudden life-threatening allergic reactions (anaphylactic shock) to insect stings or bites, foods or drugs or exercise.
The reaction is the result of the body trying to protect itself from the allergen (the foreign substance that causes the allergy) by releasing chemicals into the blood stream. Sometimes the cause of the allergic reaction is not known.
Symptoms that signal the onset of an anaphylactic shock occur within minutes of exposure to the allergen and include: itching of the skin; raised rash (like a nettle rash); flushing; swelling of the lips, throat, tongue, hands and feet; wheezing; hoarseness; shortness of breath; nausea; vomiting; stomach cramps and in some cases, loss of consciousness.
The medicine in EpiPen® Jr. is adrenaline which is an adrenergic drug. It works directly on the cardiovascular (heart and circulation) system and respiratory (lung) system, to stop the possible fatal effects of anaphylactic shock by very quickly making the blood vessels smaller, relaxing muscles in the lungs to improve breathing, reducing swelling and increase heart rate.
The EpiPen® Jr.is intended for immediate self-administration by a person with a history or recognised risk of going into

Appendix 2. Epi-Pen 0.3mg patient leaflet (yellow) for children and adults over 25kg

What to do in an emergency:

- **Use your adrenaline auto-injector immediately if you have any signs of anaphylaxis.**
  If in doubt use. Don't delay.
- **Dial 999 – say anaphylaxis ("ana-fill-axis") – straight after using your auto-injector.**
- **Lie down and raise your legs.**
- **Sit up if you are struggling to breathe but don't change position suddenly.**
- **Lie down again as soon as you can.**
- **Stay lying down even if you are feeling better.**
- **You must not stand up even if someone encourages you to.**
- **Use your second auto-injector if you haven't improved after 5 minutes.**

Be prepared:

- **Carry two adrenaline auto-injectors with you at all times.**
- **You must use your auto-injector as soon as you notice any signs of anaphylaxis.**
- **Make sure you know beforehand what the signs are so you can act swiftly.**
- **Make sure you know how to use your auto-injector before you need to. Get familiar with it. Get a trainer auto-injector from the manufacturer. Practise. If you change brand, get familiar with the new one. Each one is used differently.**

A small air bubble may be present in EpiPen®. It does not affect the way the product works.
Even though most of the liquid (about 90 %) remains in the EpiPen® after use, it cannot be reused. EpiPen® is for single use only. The correct dose has been administered if the orange needle tip is extended and the window is obscured.

Always seek medical help immediately after using EpiPen®. Dial 999- say anaphylaxis ("ana-fill-axis") and ask for an ambulance, even if symptoms are improving.
You will need to go to the hospital for observation and further treatment as required. This is because the reaction may happen again at some time later.

While waiting for the ambulance, ask someone to stay with you until the ambulance arrives in case you feel unwell again. Unconscious patients should be placed on their side in the recovery position.

Make sure that you inform the healthcare professional that you have received an intramuscular injection of adrenaline and hand over the EpiPen® to them for safe disposal.

If you use more EpiPen® than you should
In case of overdose or accidental injection of the adrenaline, you should always seek **immediate** medical help. Your blood pressure may rise sharply and it will need to be monitored. If you have any further questions on the use of this medicine; ask your doctor, pharmacist or nurse.

4. Possible side effects

Like all medicines this medicine can cause side effects, although not everybody gets them.
Seek urgent medical advice immediately in case of accidental injection. Accidental injection of EpiPen® in hands or fingers have been reported and may result in lack of blood supply to these areas.
Adverse reactions experienced as a result of accidental injections may include increased heart rate, local reactions including injection site paleness, coldness and numbness or injury at the injection site resulting in bruising, bleeding, discoloration, redness or skeletal injury.

Tell your doctor or pharmacist if any of the following side effects occur or worsen.

Rare (*may affect up to 1 in 1,000 people*) Cardiomyopathy has been seen in patients treated with adrenaline.

Not known (frequency cannot be estimated from the available data): Usual side effects include: irregular heartbeat, palpitations, severe rapid heartbeats, severe chest pains, high blood pressure, reduced blood flow to limbs, sweating, nausea, vomiting, difficulty breathing, paleness, headache, dizziness, weakness, tremor and apprehension, nervousness or anxiety, injection site infection, injection site bruising, bleeding, discoloration, redness of the skin and skeletal injury.

Reporting of side effects
If you get any side effects, talk to your doctor, pharmacist or nurse. This includes any possible side effects not listed in this leaflet. You can also report side effects directly via the Yellow Card Scheme at: www.mhra.gov.uk/yellowcard or search for MHRA Yellow Card in the Google Play or Apple App Store. By reporting side effects you can help provide more information on the safety of this medicine.

5. How to Store EpiPen®

Keep this medicine out of the sight and reach of children.
Do not use this medicine after the expiry date which is stated on the label and carton. The expiry date refers to the last day of that month.
Do not store above 25 °C. Do not refrigerate or freeze.
Keep container in the outer carton in order to protect from light. When exposed to air or light, adrenaline deteriorates rapidly and will become pink or brown.

Please remember to check the contents of the glass cartridge in the EpiPen® Auto-injector from time to time to make sure the liquid is still clear and colourless. Do not use this medicine if you notice that the liquid is unclear, coloured or contains solid particles.
Replace the EpiPen® Auto-injector by the expiry date or earlier if the solution is discoloured or contains a precipitate (solid particles).

Do not throw away medicines via wastewater or household waste. Ask your pharmacist how to throw away medicines you no longer use. These measures will help protect the environment.
See also section 3 – Directions for use.

6. Contents of the Pack and Other Information

What EpiPen® contains
The active substance is adrenaline 0.3 mg (300 microgram).

The other ingredients are: Sodium Chloride, Sodium Metabisulphite (E223), Hydrochloric Acid, Water for injections.

What EpiPen® looks like and contents of the pack
Clear and colourless solution in a pre-filled pen (Auto-injector).
The Auto-injector (single-dose) contains 2 ml solution for injection. Each auto-injector delivers one single dose (0.3 ml) of adrenaline.
The EpiPen® exposed needle length is approximately 15 mm.

Pack sizes:
1 x auto-injector.
2 x auto-injectors.
Not all pack sizes may be marketed.

Marketing Authorisation Holder and Manufacturer

Marketing authorisation holder:
Viatris Products Limited,
Station Close,
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United Kingdom.

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Package leaflet:
Information for the user

EpiPen® Adrenaline Auto-Injector 0.3 mg

Read all of this leaflet carefully before you start using this medicine because it contains important information for you.
- Keep this leaflet. You may need to read it again.
- If you have any further questions, ask your doctor, pharmacist or nurse.
- This medicine has been prescribed for you only. Do not pass it on to others. It may harm them, even if their signs of illness are the same as yours.
- If you get any side effects, talk to your doctor, pharmacist or nurse. This includes any possible side effects not listed in this leaflet. See section 4.

What is in this leaflet:

1. What EpiPen® is and what it is used for
2. What you need to know before you use EpiPen®
3. How to use EpiPen®
4. Possible side effects
5. How to store EpiPen®
6. Contents of the pack and other information

1. What EpiPen® is and what it is used for

EpiPen® contains a sterile solution of adrenaline for emergency injection into the outer part of the thigh muscle (intramuscular injection).
EpiPen® is to be used for the emergency treatment of sudden life-threatening allergic reactions (anaphylactic shock) to insect stings or bites, foods or drugs or exercise. The reaction is the result of the body trying to protect itself from the allergen (the foreign substance that causes the allergy) by releasing chemicals into the blood stream.
Sometimes the cause of the allergic reaction is not known.
Symptoms that signal the onset of an anaphylactic shock occur within minutes of exposure to the allergen and include: itching of the skin; raised rash (like a nettle rash); flushing; swelling of the lips, throat, tongue, hands and feet; wheezing; hoarseness; shortness of breath; nausea; vomiting; stomach cramps and in some cases, loss of consciousness.
The medicine in EpiPen® is adrenaline which is an adrenergic drug. It works directly on the cardiovascular (heart and circulation) system and respiratory (lung) system, to stop the possible fatal effects of anaphylactic shock by very quickly making the blood vessels smaller, relaxing muscles in the lungs to improve breathing, reducing swelling and increase heart rate.

Appendix 3. Checklists.

Epi-Pen monthly checklist

	Person completing check	EpiPen Junior (green) 0.15mg is in date	EpiPen Junior (green) 0.15mg is in a sealed box (unused)	EpiPen (yellow) 0.3mg is in date	EpiPen (yellow) 0.3mg is in a sealed box (unused)	Any further action required?
September						
October						
November						
December						
January						
February						
March						
April						
May						
June						
July						
August						

Defibrillator monthly checklist

	Person completing check	Visual inspection	Pads in date	Battery in date	Adult pads on Child pads in pocket	Working (open to hear initial response, do not test)
September						
October						
November						
December						
January						
February						
March						
April						
May						
June						
July						
August						

Asthma emergency spare inhaler half termly checklist

	Person completing check	Inhaler in date	Visual inspection of inhaler	Visual inspection of spacer
Autumn 1				
Autumn 2				
Spring 1				
Spring 2				
Summer 1				
Summer 2				

Asthma pupils inhaler half termly checklist

	Person completing check	Inhaler in date	Visual inspection of inhaler	Visual inspection of spacer	Prescription label with full child details	Record check of usage (feedback if needed)
Autumn 1						
Autumn 2						
Spring 1						
Spring 2						
Summer 1						
Summer 2						