

Gresham Primary School

Allergen and Anaphylaxis Policy

December 2020

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1. Allergy Declaration Form

Statement of intent

Gresham strives to ensure the safety and wellbeing of all members of the school community. For this reason, this policy is to be adhered to by all staff members, parents and pupils, with the intention of minimising the risk of anaphylaxis occurring whilst at school.

In order to effectively implement this policy and ensure the necessary control measures are in place, parents are responsible for working alongside the school in identifying allergens and potential risks, in order to ensure the health and safety of their children.

The school does not guarantee a completely allergen-free environment; however, this policy will be utilised to minimise the risk of exposure to allergens, encourage self-responsibility, and plan for an effective response to possible emergencies.

Signed by:

_____ Headteacher

Date: _____

_____ Chair of governors

Date: _____

Review date: _____

1. Legal framework

1.1. This policy has due regard to legislation and government guidance including, but not limited to, the following:

- The Children and Families Act 2014

- The Human Medicines (Amendment) Regulations 2017
 - Department of Health (2017) 'Guidance on the use of adrenaline auto-injectors in schools'
 - DfE (2015) 'Supporting pupils at school with medical conditions'
 - DfE (2019) 'Allergy guidance for schools'
- 1.2. This policy will be implemented in conjunction with the following school policies and documents:
- Health and Safety Policy
 - Administering Medication Policy
 - Supporting Pupils with Medical Conditions Policy
 - Educational Visits and School Trips Policy
 - Anaphylaxis Risk Assessment
 - Register of AAls
 - AAI Record

2. Definitions

For the purpose of this policy:

- 2.1. Allergy – is a condition in which the body has an exaggerated response to a substance. This is also known as hypersensitivity.
- 2.2. Allergen – is a normally harmless substance that triggers an allergic reaction for a susceptible person.
- 2.3. Allergic reaction – is the body's reaction to an allergen and can be identified by, but not limited to, the following symptoms:
- Hives
 - Generalised flushing of the skin
 - Itching and tingling of the skin
 - Tingling in and around the mouth
 - Burning sensation in the mouth
 - Swelling of the throat, mouth or face
 - Feeling wheezy
 - Abdominal pain
 - Rising anxiety
 - Nausea and vomiting
 - Alterations in heart rate
 - Feeling of weakness
 - Impending sense of doom
- 2.4. Anaphylaxis – is also referred to as anaphylactic shock, which is a sudden, severe and potentially life-threatening allergic reaction. This kind of reaction may include the following symptoms:

- Difficulty breathing
- Feeling faint
- Reduced level of consciousness
- Lips turning blue
- Collapsing
- Becoming unresponsive

3. Roles and responsibilities

3.1. The governing board is responsible for:

- Ensuring that arrangements are in place to support pupils with allergies and who are at risk of anaphylaxis and that these arrangements are sufficient to meet statutory responsibilities.
- Ensuring that policies, plans, systems and procedures are implemented to minimise the risks of pupils suffering allergic reactions or anaphylaxis at school.
- Ensuring that the school's approach to allergies and anaphylaxis focusses on, and accounts for, the needs of each individual pupil.
- Ensuring that the school's arrangements give parents and pupils confidence in the school's ability to minimise susceptible pupils' contact with allergens, and to effectively support pupils should an allergic reaction or anaphylaxis occur.
- Ensuring that staff are properly trained to provide the support that pupils need, and that they receive allergy and anaphylaxis training at least annually.
- Monitoring the effectiveness of this policy and reviewing it on an annual basis, and after any incident where a pupil experiences an allergic reaction.

3.2. The headteacher is responsible for:

- The development, implementation and monitoring of the Allergen and Anaphylaxis Policy.
- Ensuring that parents are informed of their responsibilities in relation to their child's allergies.
- Ensuring that all school trips are planned in accordance with the Educational Visits and School Trips Policy, taking into account any potential risks the activities involved pose to pupils with known allergies.
- Ensuring that all relevant risk assessments, e.g. to do with food preparation, have been carried out and controls to mitigate risks are implemented.

- Ensuring that all designated first aiders are trained in the use of adrenaline auto-injectors (AAIs) and the management of anaphylaxis.
- Ensuring that all staff members are provided with information regarding anaphylaxis, as well as the necessary precautions and action to take.
- Ensuring that catering staff are aware of, and act in accordance with, the school's policies regarding food and hygiene, including this policy.
- Ensuring that catering staff are aware of any pupils' allergies which may affect the school meals provided.

3.3. The office staff are responsible for:

- Ensuring that there are effective processes in place for medical information to be regularly updated and disseminated to relevant staff members, including supply and temporary staff.
- Seeking up-to-date medical information about each pupil via a medical form sent to parents on an annual basis, including information regarding any allergies.
- Contacting parents for required medical documentation regarding a child's allergy.
- Ensuring that the necessary staff members are informed about pupils' allergies.
- Understanding the action to take and processes to follow in the event of a pupil going into anaphylactic shock, and ensuring that this information is passed onto staff members.
- *Recording any and all* allergic reactions in Cpoms detailing the events surrounding the reaction, .e.g. how exposure occurred, the reaction and the overall response and handling.

3.4. All staff members are responsible for:

- Acting in accordance with the school's policies and procedures at all times.
- Attending relevant training regarding allergens and anaphylaxis.
- Being familiar with and implementing pupils' Allergy action care plans (AAPs) as appropriate.
- Responding immediately and appropriately in the event of a medical emergency.
- Reinforcing effective hygiene practices, including those in relation to the management of food.
- Promoting hand washing before and after eating.

- Monitoring all food supplied to pupils by both the school and parents, including snacks, ensuring food containing known allergens is not provided.
- Ensuring that pupils do not share food and drink in order to prevent accidental contact with an allergen.
- Ensuring that any necessary medication are out of the reach of pupils but still easily accessible to staff members.
- Liaising with the office staff and pupils' parents to ensure the necessary control measures are in place.

3.5. Kitchen staff are responsible for:

- Ensuring they are fully aware of the rules surrounding allergens, the processes for food preparation in line with section 4 of this policy, and the processes for identifying pupils with specific dietary requirements.
- Ensuring they are fully aware of whether each item of food served contains any of the main 14 allergens, as is a legal obligation, and making sure this information is readily available for those who may need it.

3.6. All parents are responsible for:

- Notifying the office staff of the following information:
 - Their child's allergens
 - The nature of the allergic reaction
 - What medication to administer
 - Specified control measures and what can be done to prevent the occurrence of an allergic reaction
- Keeping the school up-to-date with their child's medical information.
- Providing written consent for the use of a spare AAI.
- Providing the school with up-to-date emergency contact information.
- Providing the school with written medical documentation, including instructions for administering medication as directed by the child's doctor.
- Providing the school with any necessary medication, in line with the procedures outlined in the Supporting Pupils with Medical Conditions Policy.
- Communicating to the school any specific control measures which can be implemented in order to prevent the child from coming into contact with the allergen.
- Providing the school, in writing, any details regarding the child's allergies.

- Working alongside the school to develop an AAP to accommodate the child's needs, as well as undertaking the necessary risk assessments.
- Signing their child's AAP, where required.
- Acting in accordance with any allergy-related requests made by the school, such as not providing nut-containing items in their child's packed lunch.
- Ensuring their child is aware of allergy self-management, including being able to identify their allergy triggers and how to react.
- Providing a supply of 'safe' snacks for any individual attending school events.
- Raising any concerns they may have about the management of their child's allergies with the classroom teacher.
- Ensuring that any food their child brings to school is safe for them to consume.
- Liaising with staff members, including those running breakfast and afterschool clubs, regarding the appropriateness of any food or drink provided.

3.7. All pupils are responsible for:

- Ensuring that they do not exchange food with other pupils.
- Avoiding food which they know they are allergic to, as well as any food with unknown ingredients.
- Being proactive in the care and management of their allergies.
- Notifying a member of staff immediately in the event they believe they are having an allergic reaction, even if the cause is unknown.
- Notifying a member of staff when they believe they may have come into contact with something containing an allergen.
- Learning to recognise personal symptoms of an allergic reaction.
- Keeping necessary medications in an agreed location which members of staff are aware of.
- Developing greater independence in keeping themselves safe from allergens.
- Notifying a staff member if they are being bullied or harassed as a result of their allergies.

4. Food allergies

- 4.1. Parents will provide the school with a written list of any foods that their child may have an adverse reaction to, as well as the necessary action to be taken in the event of an allergic reaction, such as any medication required.

- 4.2. Information regarding all pupils' food allergies will be collated, indicating whether they consume a school dinner or a packed lunch, and this will be passed on to the school's catering service.
- 4.3. When making changes to menus or substituting food products, the school will ensure that pupils' special dietary needs continue to be met by:
 - Checking any product changes with all food suppliers
 - Asking caterers to read labels and product information before use
 - Using the Food Standards Agency's allergen matrix to list the ingredients in all meals.
 - Ensuring allergen ingredients remain identifiable.
- 4.4. Kitchen staff will have a full list of allergens, and will avoid using them within the menu where possible.
- 4.5. Where meals include allergens or traces of allergens, staff will use clear and fully visible labels to denote the allergens of which consumers should be aware.
- 4.6. The school will ensure that all food is labelled accurately, that food is never labelled as being 'free from' an ingredient unless staff are completely certain that there are no traces of that ingredient in the product, and that all labelling is checked before service.
- 4.7. The school will ensure that there are always dairy- and gluten-free options available for pupils with allergies and intolerances.
- 4.8. Where a pupil who attends the school has a serious nut allergy, the school will follow the processes, including:
 - Requesting that the school catering service eliminates nuts, and food items with nuts as ingredients, from meals as far as possible;
 - Ensuring that food items containing nuts will not be served at, or be brought onto, school premises;
 - Maintaining the Nut Allergy Pupil Log and ensuring staff know where it can be located.
- 4.9. To ensure that catering staff can appropriately identify pupils with dietary needs, a photo medical register that denote their food allergy is supplied to all kitchen staff.
- 4.10. All food tables will be disinfected before and after being used.
- 4.11. Anti-bacterial wipes and cleaning fluid will be used.
- 4.12. Boards and knives used for fruit and vegetables will be a different colour to the rest of the kitchen knives in order to remind kitchen staff to keep them separate.

- 4.13. Any sponges or cloths that are used for cleaning will be colour-coded according to the areas that they are used to clean, e.g. a red sponge for an area which has been used for raw meat, to prevent cross-contamination.
- 4.14. There will be a set of kitchen utensils that are only for use with the food and drink of the pupils at risk.
- 4.15. There will also be a set of kitchen utensils with a designated colour. These utensils will be used only for food items that contain bread and wheat related products.
- 4.16. Food items containing bread and wheat will be stored separately.
- 4.17. The chosen catering service of the school is responsible for ensuring that the school's policies are adhered to at all times, including those in relation to the preparation of food, taking into account any allergens.
- 4.18. Learning activities which involve the use of food, such as food technology lessons, will be planned in accordance with pupils' AAPs, taking into account any known allergies of the pupils involved.

5. Animal allergies

- 5.1. Pupils with known allergies to specific animals will have restricted access to those that may trigger a response.
- 5.2. In the event of an animal on the school site, staff members will be made aware of any pupils to whom this may pose a risk and will be responsible for ensuring that the pupil does not come into contact with the specified allergen.
- 5.3. The school will ensure that any pupil or staff member who comes into contact with the animal washes their hands thoroughly to minimise the risk of the allergen spreading.
- 5.4. A supply of antihistamine medicine will be kept in the office in case of an allergic reaction.

6. Seasonal allergies

- 6.1. The term 'seasonal allergies' refers to common outdoor allergies, including hay fever and insect bites.
- 6.2. Precautions regarding the prevention of seasonal allergies include ensuring that grass within the school premises is not mown whilst pupils are outside.
- 6.3. Pupils with severe seasonal allergies will be provided with an indoor supervised space to spend their break and lunchtimes in, avoiding contact with outside allergens.
- 6.4. Staff members will monitor pollen counts, making a professional judgement as to whether the pupil should stay indoors.

- 6.5. Pupils will be encouraged to wash their hands after playing outside.
- 6.6. Staff members will be diligent in the management of wasp, bee and ant nests on school grounds and in the school's nearby proximity, reporting any concerns to the care taker.
- 6.7. The care taker is responsible for ensuring the appropriate removal of wasp, bee and ant nests on and around the school premises.
- 6.8. Where a pupil with a known allergy is stung or bitten by an insect, medical attention will be given immediately.

7. Adrenaline auto-injectors (AAIs)

- 7.1. Pupils who suffer from severe allergic reactions may be prescribed an AAI for use in the event of an emergency.
- 7.2. Under The Human Medicines (Amendment) Regulations 2017 the school is able to purchase AAI devices without a prescription, for emergency use on pupils who are at risk of anaphylaxis, but whose device is not available or is not working.
- 7.3. The school will purchase spare AAIs from a pharmaceutical supplier, such as the local pharmacy.
- 7.4. The school will submit a request, signed by the headteacher, to the pharmaceutical supplier when purchasing AAIs, which outlines:
 - The name of the school.
 - The purposes for which the product is required.
 - The total quantity required.
- 7.5. The headteacher, in conjunction with the office staff, will decide which brands of AAI to purchase.
- 7.6. Where possible, the school will hold one brand of AAI to avoid confusion with administration and training; however, subject to the brands pupils are prescribed, the school may decide to purchase multiple brands.
- 7.7. The school will purchase AAIs in accordance with age-based criteria, relevant to the age of pupils at risk of anaphylaxis, to ensure the correct dosage requirements are adhered to. These are as follows:
 - For pupils under age 6: 0.15 milligrams of adrenaline
 - For pupils aged 6-12: 0.3 milligrams of adrenaline
- 7.8. Spare AAIs are stored as part of an emergency anaphylaxis kit, which includes the following:
 - One or more AAIs

- Instructions on how to use the device(s)
 - Instructions on the storage of the device(s)
 - Manufacturer's information
 - A checklist of injectors, identified by the batch number and expiry date, alongside records of monthly checks
 - A note of the arrangements for replacing the injectors
 - A list of pupils to whom the AAI can be administered
 - An administration record
- 7.9. For pupils who have prescribed AAI devices, these are stored in a suitably safe and central location: the classroom.
- 7.10. Spare AAIs are not located more than five minutes away from where they may be required. The emergency anaphylaxis kit(s) can be found at the following location:
- Medical room
- 7.11. All staff have access to AAI devices, but these are out of reach and inaccessible to pupils – AAI devices are not locked away where access is restricted.
- 7.12. All spare AAI devices will be clearly labelled to avoid confusion with any device prescribed to a named pupil.
- 7.13. In line with manufacturer's guidelines, all AAI devices are stored at room temperature in line with manufacturer's guidelines, protected from direct sunlight and extreme temperature.
- 7.14. The following staff members are responsible for maintaining the emergency anaphylaxis kit(s):
- Office staff
- 7.15. The above staff members conduct a monthly check of the emergency anaphylaxis kit(s) to ensure that:
- Spare AAI devices are present and have not expired.
 - Replacement AAIs are obtained when expiry dates are approaching.
- 7.16. The following staff member is responsible for overseeing the protocol for the use of spare AAIs, its monitoring and implementation, and for maintaining the Register of AAIs: Office staff.
- 7.17. Any used or expired AAIs are disposed of after use in accordance with manufacturer's instructions.
- 7.18. Used AAIs may also be given to paramedics upon arrival, in the event of a severe allergic reaction, in accordance with section 12 of this policy.

- 7.19. A sharps bin is utilised where used or expired AAI's are disposed of on the school premises.
- 7.20. Where any AAI's are used, the following information will be recorded on the AAI Record:
- Where and when the reaction took place
 - How much medication was given and by whom

8. Access to spare AAI's

- 8.1. A spare AAI can be administered as a substitute for a pupil's own prescribed AAI, if this cannot be administered correctly, without delay.
- 8.2. Spare AAI's are only accessible to pupils for whom medical authorisation and written parental consent has been provided – this includes pupils at risk of anaphylaxis who have been provided with a medical plan confirming their risk, but who have not been prescribed an AAI.
- 8.3. Consent will be obtained as part of the introduction or development of a pupil's AAP.
- 8.4. If consent has been given to administer a spare AAI to a pupil, this will be recorded in their AAP.
- 8.5. Parents are required to provide consent on an annual basis to ensure the register remains up-to-date.
- 8.6. Parents can withdraw their consent at any time. To do so, they must write to the headteacher.
- 8.7. Office staff check the medical register is up-to-date on an annual basis.
- 8.8. Office staff will also update the medical register relevant to any changes in consent or a pupil's requirements.
- 8.9. Copies of the medical register are held in each classroom, which are accessible to all staff members.

9. Medical attention and required support

- 9.1. Once a pupil's allergies have been identified, a meeting will be set up between the pupil's parents, the relevant classroom teacher, and any other relevant staff members, in which the pupil's allergies will be discussed and a plan of appropriate action/support will be developed.
- 9.2. All medical attention, including that in relation to administering medication, will be conducted in accordance with the Administering Medication Policy and the Supporting Pupils with Medical Conditions Policy.

- 9.3. Parents will provide the office staff with any necessary medication, ensuring that this is clearly labelled with the pupil's name, class, expiration date and instructions for administering it.
- 9.4. Pupils will not be able to attend school or educational visits without any life-saving medication that they may have, such as AAls.
- 9.5. All members of staff involved with a pupil with a known allergy are aware of the location of emergency medication and the necessary action to take in the event of an allergic reaction.
- 9.6. Any specified support which the pupil may require is outlined in their AAP.
- 9.7. All staff members providing support to a pupil with a known medical condition, including those in relation to allergens, will be familiar with the pupil's AAP.
- 9.8. Office staff are responsible for working alongside relevant staff members and parents in order to develop AAPs for pupils with allergies, ensuring that any necessary support is provided and the required documentation is completed, including risk assessments being undertaken.
- 9.9. Office staff have overall responsibility for ensuring that AAPs are implemented, monitored and communicated to the relevant members of the school community.

10. Staff training

- 10.1. Designated staff members will be trained in how to administer an AAI, and the sequence of events to follow when doing so.
- 10.2. In accordance with the Supporting Pupils with Medical Conditions Policy, staff members will receive appropriate training and support relevant to their level of responsibility, in order to assist pupils with managing their allergies.
- 10.3. Designated staff members will be taught to:
 - Recognise the range of signs and symptoms of severe allergic reactions.
 - Respond appropriately to a request for help from another member of staff.
 - Recognise when emergency action is necessary.
 - Administer AAls according to the manufacturer's instructions.
 - Make appropriate records of allergic reactions.
- 10.4. All staff members will:
 - Be trained to recognise the range of signs and symptoms of an allergic reaction.
 - Understand how quickly anaphylaxis can progress to a life-threatening reaction, and that anaphylaxis can occur with prior mild-moderate symptoms.
 - Understand that AAls should be administered without delay as soon as anaphylaxis occurs.

- Understand how to check if a pupil is on the Medical Register of AAIs.
- Understand how to access AAIs.
- Understand who the designated members of staff are, and how to access their help.
- Understand that it may be necessary for staff members other than designated staff members to administer AAIs, e.g. in the event of a delay in response from the designated staff members, or a life-threatening situation.
- Be aware of how to administer an AAI should it be necessary.
- Be aware of the provisions of this Allergen and Anaphylaxis Policy.

11. In the event of a mild-moderate allergic reaction

- 11.1. Mild-moderate symptoms of an allergic reaction include the following:
- Swollen lips, face or eyes
 - Itchy/tingling mouth
 - Hives or itchy skin rash
 - Abdominal pain or vomiting
 - Sudden change in behaviour
- 11.2. If any of the above symptoms occur in a pupil, the nearest adult will stay with the pupil and call for help from the designated staff members able to administer AAIs.
- 11.3. The pupil's prescribed AAI will be administered by the designated staff member. Spare AAIs will only be administered where appropriate consent has been received.
- 11.4. Where there is any delay in contacting designated staff members, or where delay could cause a fatality, the nearest staff member will administer the AAI.
- 11.5. A copy of the Medical Register of AAIs will be held in each classroom for easy access in the event of an allergic reaction.
- 11.6. If necessary, other staff members may assist the designated staff members with administering AAIs.
- 11.7. The pupil's parents will be contacted immediately if a pupil suffers a mild-moderate allergic reaction, and if an AAI has been administered.
- 11.8. In the event that a pupil without a prescribed AAI, or who has not been medically diagnosed as being at risk of anaphylaxis, suffers an allergic reaction, a designated staff member will contact the emergency services and seek advice as to whether an AAI should be administered. An AAI will not be administered in these situations without contacting the emergency services.
- 11.9. For mild-moderate allergy symptoms, the AAI will usually be sufficient for the reaction; however, the pupil will be monitored closely to ensure the reaction does not progress into anaphylaxis.

- 11.10. Should the reaction progress into anaphylaxis, the school will act in accordance with section 12 of this policy.
- 11.11. The office staff will refer any pupil who has been administered an AAI to the hospital for further monitoring.
- 11.12. The headteacher will ensure that any designated staff member required to administer an AAI has appropriate cover in place, e.g. if they were teaching a class at the time of the reaction.

12. In the event of anaphylaxis

- 12.1. Anaphylaxis symptoms include the following:
 - Persistent cough
 - Hoarse voice
 - Difficulty swallowing, or swollen tongue
 - Difficult or noisy breathing
 - Persistent dizziness
 - Becoming pale or floppy
 - Suddenly becoming sleepy, unconscious or collapsing
- 12.2. In the event of anaphylaxis, the nearest adult will lay the pupil flat on the floor with their legs raised, and will call for help from a designated staff member.
- 12.3. The designated staff member will administer an AAI to the pupil. Spare AAIs will only be administered if appropriate consent has been received.
- 12.4. Where there is any delay in contacting designated staff members, the nearest staff member will administer the AAI.
- 12.5. If necessary, other staff members may assist the designated staff members with administering AAIs.
- 12.6. The emergency services will be contacted immediately.
- 12.7. A member of staff will stay with the pupil until the emergency services arrive – the pupil will remain lay flat and still.
- 12.8. The headteacher will be contacted immediately, as well as a suitably trained individual, such as a first aider.
- 12.9. If the pupil stops breathing, a suitably trained member of staff will administer CPR.
- 12.10. If there is no improvement after five minutes, a further dose of adrenaline will be administered using another AAI, if available.
- 12.11. In the event that a pupil without a prescribed AAI, or who has not been medically diagnosed as being at risk of anaphylaxis, suffers an allergic reaction, a designated staff member will contact the emergency services and

seek advice as to whether an AAI should be administered. An AAI will not be administered in these situations without contacting the emergency services.

- 12.12. A designated staff member will contact the pupil's parents as soon as is possible.
- 12.13. Upon arrival of the emergency services, the following information will be provided:
 - Any known allergens the pupil has
 - The possible causes of the reaction, e.g. certain food
 - The time the AAI was administered – including the time of the second dose, if this was administered
- 12.14. Any used AAIs will be given to paramedics.
- 12.15. Staff members will ensure that the pupil is given plenty of space, moving other pupils to a different room where necessary.
- 12.16. Staff members will remain calm, ensuring that the pupil feels comfortable and is appropriately supported.
- 12.17. A member of staff will accompany the pupil to hospital in the absence of their parents.
- 12.18. If a pupil is taken to hospital by car, two members of staff will accompany them.
- 12.19. Following the occurrence of an allergic reaction, the senior leadership team will review the adequacy of the school's response and will consider the need for any additional support, training or other corrective action.
- 12.20. *Any and all* allergic reactions will be recorded in Cpoms detailing the events surrounding the reaction, .e.g. how exposure occurred, the reaction and the overall response and handling.

13. Monitoring and review

- 13.1. The headteacher is responsible for reviewing this policy annually.
- 13.2. The effectiveness of this policy will be monitored and evaluated by all members of staff. Any concerns will be reported to the headteacher immediately.
- 13.3. Following each occurrence of an allergic reaction, this policy and pupils' AAPs will be updated and amended as necessary.

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**

- | | | |
|--------------------------------|--------------------|------------------------|
| 1 AIRWAY | 2 BREATHING | 3 CONSCIOUSNESS |
| • Persistent cough | • Difficult or | • Persistent dizziness |
| • Hoarse voice/noisy breathing | • Pale or floppy | |
| • Difficulty swallowing | • Wheeze or | • Suddenly sleepy |
| • Swollen tongue | • persistent cough | • 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. Jext®) (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 autoinjectable 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: 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 Jext



1 Form fist around Jext® and PULL OFF YELLOW SAFETY CAP



2 PLACE BLACK END against outer thigh (with or without clothing)



3 PUSH DOWN HARD until a click is heard or felt and hold in place for 10 seconds



4 REMOVE Jext®. Massage injection site for 10 seconds

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 names:

Hospital/Clinic:



Date:

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**

1. AIRWAY

- Persistent cough
- Hoarse voice/noisy breathing
- Difficulty swallowing
- Swollen tongue

2. BREATHING

- Difficult or floppy
- Pale or wheeze
- persistent cough
- Collapse/unconscious

3. CONSCIOUSNESS

- Persistent dizziness
- Suddenly sleepy

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 Immediately dial 999 for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

- 3 In a school with "spare" back-up adrenaline autoinjectors, ADMINISTER the SPARE AUTOINJECTOR if available

- 4 Commence CPR if there are no signs of life

- 5 Stay with child until ambulance arrives, do NOT stand child up Phone parent/emergency contact

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

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

Emergency contact details: Additional instructions:

1) Name: _____



2) Name: _____



This BSACI Action Plan for Allergic Reactions is for children and young people with mild food

Parental consent: I hereby authorise school staff to allergies, who need to avoid certain allergens. For children at risk of anaphylaxis and who have administer the medicines listed on this plan, including a 'spare' been prescribed an adrenaline autoinjector device, there are BSACI Action Plans which include back-up adrenaline autoinjector (AAI) if available, in accordance instructions for adrenaline autoinjectors. These can be downloaded at bsaci.org with Department of Health Guidance on the use of AAIs in schools.

Signed: _____

For further information, consult NICE Clinical Guidance CG116 Food allergy in children and young people at guidance.nice.org.uk/CG116

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**

- | | | |
|--------------------------------|--------------------|------------------------|
| AIRWAY | BREATHING | CONSCIOUSNESS |
| • Persistent cough | • Difficult or | • Persistent dizziness |
| • Hoarse voice/noisy breathing | • Pale or floppy | • Suddenly sleepy |
| • Difficulty swallowing | • Wheeze or | • Collapse/unconscious |
| • Swollen tongue | • persistent cough | |

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 autoinjectable 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 I hereby authorise school staff to administer the medicines listed on this plan, including back-up adrenaline autoinjector (AAI) if available, in a with Department of Health Guidance on the use of AAIs

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 5 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 in the luggage hold. This action plan and authorisation to travel with emergency medications has been prepared by:

Sign & print

Hospital/Clinic:

..... Date: