

**Hatfeild Primary School  
and  
Joseph Hood Primary School**

**Pupil allergy policy**



<b>Approved by:</b>	Anita Saville and the GB at each school	<b>Date:</b> Spring 1 term 2024
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<b>Next review due by:</b>	Spring 1 2026
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### 1. Aims

This policy aims to:

- Set out our schools' approach to allergy management, including reducing the risk of exposure and the procedures in place in case of allergic reaction
- Make clear how our school supports pupils with allergies to ensure their wellbeing and inclusion
- Promote and maintain allergy awareness among the school community
- Ensure all staff in school understand their roles and responsibilities in relation to supporting and managing pupils with allergies in school.

### 2. Legislation and guidance

Under [Section 100 of the Children and Families act 2014](#), schools have a duty to support pupils at their school with medical conditions, this includes allergies.

This policy is based on the Department for Education's guidance on [allergies 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](#)
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### 3. Roles and responsibilities

We take a whole-school approach to allergy awareness.

#### 3.1 Allergy Lead in school

The nominated allergy leads:

- Wendy Shepard at Joseph Hood Primary School
- Leanne Parkinson at Hatfeild Primary School.

They are responsible for:

- Promoting and maintaining allergy awareness across our school community
- Recording and collating allergy and special dietary information for all relevant pupils (although the allergy lead has ultimate responsibility, the information collection itself is delegated to the administrative staff in the school office)
- Ensuring:
  - All allergy information is up to date and readily available to relevant members of staff
  - Complete the form - *Appendix A Parental agreement for setting to administer medicine* – from Administration of Medicines Policy
  - All pupils with allergies have an allergy action plan and risk assessment completed by a medical professional (see appendix 1)
  - All staff receive adequate and appropriate level of allergy guidance and training and that this training is logged
  - 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
  - Ensure that there are enough trained staff to meet the statutory requirements and assessed needs, allowing for staff on annual/sick leave or off-site.
- Keeping stock of the school's adrenaline auto-injectors (AAIs) -These are kept in the school office
- Regularly reviewing and updating the allergy policy

#### 3.2 Office/Administrative Staff

The Administrative staff responsible for school admissions are responsible for:

- Coordinating the paperwork and information from families
  - Coordinating medication with families
  - Checking spare AAIs are in date
  - Any other appropriate tasks delegated by the allergy lead
  - Informing class teachers/the allergy lead
  - Liaising with the catering company, catering staff and wrap around care (if they attend)
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- Ensuring a photograph of each of these children is clearly displayed in the main office with descriptions of allergies and medication.

### 3.3 Teaching and support staff

All teaching and support staff are responsible for:

- Promoting and maintaining allergy awareness among pupils
- Maintaining awareness of our allergy policy and procedures
- Being able to recognise the signs of severe allergic reactions and anaphylaxis
- Attending appropriate allergy training as required
- Being aware of specific pupils with allergies in their care
- Carefully considering the use of food or other potential allergens in lesson and activity planning
- Ensuring the wellbeing and inclusion of pupils with allergies, on and off site
- Being particularly aware of the health and safety of pupils with allergies when they are attending off site visits and residential trips
- Liaising with parents

### 3.4 Designated members of staff

**Teachers'** conditions of employment do not include giving first aid, although any member of staff may volunteer to undertake these tasks. Teachers and other staff in charge of pupils are expected to always use their best endeavours, particularly in emergencies, to secure the welfare of the pupils at the school in the same way that parents might be expected to act towards their children. In general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.

In addition to the responsibilities of teaching and support staff, 'designated members of staff' will also be responsible for helping to administer AAls. These are members of staff who have volunteered and been trained to help pupils with AAls in an emergency. The designated members of staff are school qualified First Aiders:

Hatfield:

- *ARP- Claire Potheary, Kirstie Blake, Megan Lewis,*
- *EYFS- Tasnim Choudhury, Sue Keefe,*
- *Classroom support staff: Sue Barnsley, Ruth Panners, Dawn Lyons, Sabah Ahmad, Katie Belderson, Tina Kember, Tasnim Choudhury*
- *PE Coordinator - Ellie Cahill*
- *Megan Lewis (Lunchtime)*
- *Office and first aid room - Joanne Betts, Lorraine Jenkins, Natalie Dunn, Sharon Fullalove*
- *Breakfast Club- Karen Humphries*

Joseph Hood:

- *Early Years – Shelby Elliott, Hayley Childs, Sarah Wiltshire*
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- *Wrap around care / Lunchtime : Natasha Harris, Kelly Brook, Sarah Wiltshire, Shelby Elliott*
- *Classroom support staff- Caroline Mills, Jade Kent , Claire Hassell, Sehba Khan*
- *Office: Natasha Harris*
- *PE coordinator- Daniel Fallon*
- *ALL support staff have received up to date basic first aid training.*

### 3.5 Parents

Parents are responsible for:

- Being aware of our school's allergy policy and Administration of Medicines 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
- Carefully considering the food they provide to their children as packed lunches and snacks, and trying to limit the number of allergens included- **school is a no nuts school**
- Following the school's guidance on food brought in to be shared
- Updating the school on any changes to their child's condition

### 3.6 Pupils with allergies

These pupils are responsible for:

- Being aware of their allergens and the risks they pose
- If age appropriate, understanding how and when to use their adrenaline auto-injector

### 3.7 Pupils without allergies

These pupils are responsible for:

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

### 3.8 The Executive Headteacher / Head of School and Governing Body

**The EHT / HoS and governing body** are responsible for developing and putting the policy into practice and for developing detailed procedures.

## 4. 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
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- 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.

## 5. Managing risk

### 5.1 Hygiene procedures

- Pupils are reminded to wash their hands before and after eating
- Sharing of food is not allowed
- Pupils have their own named water bottles

### 5.2 Catering

The school is committed to providing safe food options to meet the dietary needs of pupils with allergies.

- Catering staff receive appropriate training and are able to identify pupils with allergies
- School menus are available for parents to view with ingredients clearly labelled
- Where changes are made to school menus, we will make sure these 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, used in the kitchen, 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).
- <https://www.allergyuk.org/resources/decoding-food-allergy-labelling/>
- Food allergen information is also available for breakfast and after school club.
- Catering staff follow hygiene and allergy procedures when preparing food to avoid cross-contamination

### 5.3 Food restrictions

Both Joseph Hood and Hatfeild Primary School are nut-free schools. We acknowledge that it is impractical to enforce an allergen-free school. Parents / carers are informed of this prior to starting at the school. However, we would like to encourage pupils and staff to avoid certain high-risk foods to reduce the chances of someone experiencing a reaction. These foods include:

- Packaged nuts
- Cereal, granola or chocolate bars containing nuts
- Peanut butter or chocolate spreads containing nuts
- Peanut-based sauces, such as satay
- Sesame seeds and foods containing sesame seeds

If a pupil brings these foods into school, they may be asked to eat them away from others to minimise the risk, or the food may be confiscated / parents contacted to provide an alternative.

#### **5.4 Insect bites/stings**

Adults supervising outdoor activities must ensure that suitable medication, including AAI, is always on hand for the management of anaphylaxis.

When outdoors:

- Shoes should always be worn
- Food and drink should be covered
- Be aware that insect bites/stings can occur at any time and different children can react in different ways.

#### **5.5 Animals**

- All pupils will always wash hands after interacting with animals to avoid putting pupils with allergies at risk through later contact
- Pupils with animal allergies will not interact with animals

#### **5.6 Support for mental health**

As a school, we are aware that pupils with allergies can experience bullying and may also suffer from anxiety and depression relating to their allergy.

It is important that allergic pupils are not stigmatised or discriminated against in any way at school due to their allergy. For example, they should not be separated at mealtimes or excluded from class activities (unless this has been specified in the pupil's Allergy Plan). Drawing attention to the allergy in this way could result in allergy bullying by other pupils, so inclusivity and overall awareness amongst pupils is vital.

Pupils with allergies will have additional support through:

- Pastoral care
- Regular check-ins with their class teacher
- SLT are aware that these pupils can be more vulnerable than others and will know who these pupils are ensuring they are discussed at SLT vulnerable pupils meetings.

#### **5.7 Events and school trips**

- For events, including ones that take place outside of the school, and school trips, no pupils with allergies will be excluded from taking part
  - If a child has been prescribed AAI and is attending the event / trip- at least one person trained in administering the device must accompany the school party.
  - The school will plan and prepare accordingly for all events and school trips and arrange for the staff members involved to be aware of pupils' allergies and to have received adequate training. Parents /carers must be consulted to ensure that everyone is happy with the arrangements.
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- Appropriate measures will be taken in line with the schools AAI protocols for off-site events and school trips (see section 7.5).

## 6. Procedures for handling an allergic reaction

### 6.1 Register of pupils with AAI

- The school maintains a register of pupils who have been prescribed AAI or where a doctor has provided a written plan recommending AAI to be used in the event of anaphylaxis. The register includes:
  - Known allergens and risk factors for anaphylaxis
  - Whether a pupil has been prescribed AAI(s) (and if so, what type and dose)
  - Where a pupil has been prescribed an AAI, whether parental consent has been given for use of the spare AAI which may be different to the personal AAI prescribed for the pupil
  - A photograph of each pupil to allow a visual check to be made (this will require parental consent)
- The AAI register is kept in:
  1. The School Office
  2. The HT and HOS office
  3. Each classroom in the class red emergency folder and can be checked quickly by any member of staff as part of initiating an emergency response

Where a child has been prescribed an AAI, one will be kept in a labelled box in the school office and one in the child's classroom. It is the teacher's responsibility to ensure that all staff who work within the year group know where this is kept.

### 6.2 Allergic reaction procedures

- As part of the whole-school awareness approach to allergies, all staff are trained in the school's allergic reaction procedure, and to recognise the signs of anaphylaxis and respond appropriately
  - All members of staff are trained in the administration of AAI – see section 7
  - If a pupil has an allergic reaction, the staff member will initiate the school's emergency response plan, following the pupil's allergy action plan:
    - If an AAI needs to be administered, a member of staff will use the pupil's own AAI, or if it is not available, then a school one must be used. It will be administered by any member of staff who has had the school training. Please note when using a child's own AAI, one is stored in the office and one in the classroom. Please go to the collect the one that is one kept in the child's classroom. Spare AAI are kept in the school office.
  - If the pupil has no allergy action plan, staff will follow the school's procedures on responding to allergy and, if needed, the school's normal emergency procedures. This is to call the emergency services on 999 and follow the advice from the responder. Ensure the responder knows it is a case of anaphylactic shock; ask another member of staff to call the parent. Ensure the child is reassured and an adult remains with the child at all times. Follow the NHS advice on [treatment of anaphylaxis](#) and Anaphylaxis UK's advice on [what to do in an emergency](#) to formulate your response.
-



- If a pupil needs to be taken to hospital, a staff member will stay with the pupil until the parent arrives, or accompany the pupil to hospital by ambulance
- If the allergic reaction is mild (e.g. skin rash, itching or sneezing), the pupil will be monitored, parents informed and a record form completed by the member of staff who deals with the child. These record forms can be found in folder in the school office.

## 7. Adrenaline auto-injectors (AAIs)

Following the Department of Health and Social Care's Guidance on using [emergency adrenaline auto-injectors in schools](#), set out your school's procedures for AAIs, covering these areas:

### 7.1 Purchasing of spare AAIs

School AAI's are replaced by the NHS routinely and within expiry times.

Under new legislation from 2017, schools can also purchase extra AAI's from any local pharmacy. Our nearest pharmacy is based inside the Nelson Medical Practice. The Allergy Lead must ensure that staff are aware of the manufacturers guidance at time of purchase. School must attempt to purchase either an EpiPen, Jext or Emerade (see appendix 3 which has how to use these 3 AAIs)

### 7.2 Storage (of both spare and prescribed AAIs)

The allergy lead will make sure all AAIs are:

- Stored at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature
- Kept in a safe and suitably central location to which all staff have access at all times, but is out of the reach and sight of children-one in the office and one in their classroom.
- **Not** locked away, but accessible and available for use at all times
- **Not** located more than 5 minutes away from where they may be needed
- Spare AAIs will be kept separate from any pupil's own prescribed AAI, and clearly labelled to avoid confusion.

### 7.3 Maintenance (of spare AAIs)

At Joseph Hood, Sabina Lockwood and Wendy Shepard and at Hatfeild Primary School, Viki Tucker and Natalie Dunn are responsible for checking monthly that:

- The AAIs are present and in date
- Replacement AAIs are obtained when the expiry date is near

### 7.4 Disposal

AAIs can only be used once. Once an AAI has been used, it will be disposed of in line with the manufacturer's instructions-this should be a sharps bin.

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### 7.5 Use of AAI's off school premises

- Pupils at risk of anaphylaxis who are able to administer their own AAI's should carry their own AAI with them on school trips and off-site events
- A member of staff trained to administer AAI's in an emergency should be present on all school trips and off-site events
- A member of staff will carry an emergency AAI on all school trips and residential visits.

### 7.6 Emergency anaphylaxis kit

The school holds an emergency anaphylaxis kit. This includes:

- Spare AAI's
- Instructions for the use of AAI's
- Instructions on storage
- Manufacturer's information
- A checklist of injectors, identified by batch number and expiry date with monthly checks recorded
- A note of arrangements for replacing injectors
- A list of pupils to whom the AAI can be administered
- A record of when AAI's have been administered

## 8. Training

The school is committed to training all staff in allergy response. This includes:

- How to reduce and prevent the risk of allergic reactions
- How to spot the signs of allergic reactions (including anaphylaxis)
- Where AAI's are kept on the school site, and how to access them
- The importance of acting quickly in the case of anaphylaxis
- The wellbeing and inclusion implications of allergies

Training will be carried out annually by the allergy lead.

## 9. Links to other policies

This policy links to the following policies and procedures:

- Health and safety policy
  - Supporting pupils with medical conditions policy
  - School food policy
  - First Aid Policy
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## **APPENDIX 1**

### **Emergency management of anaphylaxis (ABC) and involving family/carers (guidance from [allergyuk.org](http://allergyuk.org))**

Symptoms of anaphylaxis include one or more of the below:

#### **A= Airway:**

- Swollen tongue
- Difficulty swallowing/speaking
- Throat tightness
- Change in voice (hoarse or croaky sounds)

#### **B= Breathing:**

- Difficult or noisy breathing
- Chest tightness
- Persistent cough
- Wheeze (whistling noise due to a narrowed airway)

#### **C= Circulation:**

- Feeling dizzy or faint
- Collapse
- Babies and young children may suddenly become floppy and pale
- Loss of consciousness (unresponsive)

#### **Action to be taken**

- Position is important -lie the person flat with legs raised (or sit them up if having breathing problems)
- Give adrenaline – WITHOUT DELAY – if an AAI is available
- Bring the AAI to the person having anaphylaxis, and not the other way round. Avoid standing or moving someone having anaphylaxis
- Call an ambulance (999) and tell the operator it is anaphylaxis
- Stay with the person until medical help arrives
- If symptoms do not improve within five minutes of a first dose of adrenaline, give a second dose using another AAI
- A person who has a serious allergic reaction and/ or is given adrenaline should always be taken to hospital for further observation and treatment
- Sometimes anaphylaxis symptoms can recur after the first episode has been treated. This is called a biphasic reaction.

## **APPENDIX 2**

### **Anaphylaxis Risk Assessment**

This form should be completed by the setting in liaison with the parents/carers and the child, if appropriate. It should be shared with everyone who has contact with the child/young person.


Child/Young Person Name:	Date of Birth:
Setting/School:	Key Worker/Teacher/Tutor:
Phase: Primary/Secondary:	
Name and role of other professionals involved in this Risk Assessment (i.e. Specialist Nurse or School Nurse):	
Date of Assessment:	Reassessment due (this would usually be annually, unless there is an incident, at which point the risk assessment should be reviewed):
<b>I give permission for this to be shared with anyone who needs this information to keep the child/young person safe:</b> <b>Signatures:</b> Setting Manager/Head teacher: Date  Parents/Carers Date  Child/Young Person Date	



<p>What is this child/young person allergic to?</p> <p> Allergen exposure risks to be considered <span style="float: right;">Ingestion <input type="checkbox"/></span> <span style="float: right;">Direct contact <input type="checkbox"/></span> </p> <p> <input type="checkbox"/> Indirect contact <input type="checkbox"/> </p>
<p>Does this child already have an Allergy Action Plan or an Individual Healthcare Plan? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p> Is the child prescribed adrenaline auto-injectors (AAIs)? YES <input type="checkbox"/> NO <input type="checkbox"/> </p> <p>Summary of current medical evidence seen as part of the risk assessment (copies attached)</p>
<p>Key Questions - Please consider the activities below and insert any considerations than need to be put in place to enable the child to take part.</p>
<p><b>Activities</b></p>
<p>Crayons/painting:</p>
<p>Creative activities: i.e. craft paste/glue, pasta</p>
<p>Science type activity: i.e. bird feeders, planting seeds, food</p>
<p>Musical instrument sharing (cross contamination issue):</p>
<p>Cooking (food prep area and ingredients):</p>
<p>Meal time:</p> <p>    kitchen prepared food (is allergy information available):</p> <p>    packed lunches:</p>
<p>Snacks (is allergy information available):</p>

Drinks:
Celebrations: e.g. Birthday, Easter:
Hand washing (secondary school how accessible is this for the child):
Indoor play/PE (AAIs to be with the child):
Outdoor play/PE (AAIs to be with the child):
School field (AAIs to be with the child):
Forest school (AAIs to be with the child):
Offsite trips (are staff who accompany trip trained to use AAI?):
<b>Allergy Management</b>
Does the child know when they are having an allergic reaction?
What signs are there that the child is having an allergic reaction?
What action needs to be taken if the child has an allergic reaction?
<p>If the medication is stored in one secure place are there any occasions when this will not be within 5 minutes reach if required? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If Yes state when and how this can be adjusted:</p>
<p>If the child is trained and confident can the medication be carried by them throughout the day?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If No state reason:</p>
Does the child have two of their own prescribed AAIs?
How many staff need to be trained to meet this child's need?
Are there backup spare AAIs available and where are they located?
<p style="text-align: center;"><b>Outcome of Risk Assessment</b></p> <p><b>New Allergy Action Plan/Individual Healthcare Plan required?</b> YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p><b>Existing Allergy Action Plan/Individual Healthcare Plan to be updated?</b> YES <input type="checkbox"/> NO <input type="checkbox"/></p>

## APPENDIX 3

Instructions and guidance for 3 types of AAI ( EpiPen, Emerade and Jext).


**ALLERGY ACTION PLAN**

**This child has the following allergies:**

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Photo

**● 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**

<b>A AIRWAY</b> <ul style="list-style-type: none"> <li>• Persistent cough</li> <li>• Hoarse voice</li> <li>• Difficulty swallowing</li> <li>• Swollen tongue</li> </ul>	<b>B BREATHING</b> <ul style="list-style-type: none"> <li>• Difficult or noisy breathing</li> <li>• Wheeze or persistent cough</li> </ul>	<b>C CONSCIOUSNESS</b> <ul style="list-style-type: none"> <li>• Persistent dizziness</li> <li>• Pale or floppy</li> <li>• Suddenly sleepy</li> <li>• Collapse/unconscious</li> </ul>
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**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.

**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

**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: \_\_\_\_\_

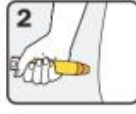
**For more information about managing anaphylaxis in schools and "spare" back-up adrenaline autoinjectors, visit:**  
[sparepensinschools.uk](http://sparepensinschools.uk)

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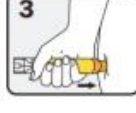
**How to give EpiPen®**



**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:**

If wheezy, GIVE ADRENALINE FIRST, then asthma reliever (blue puffer) via spacer

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: \_\_\_\_\_



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:
- Phone parent/emergency contact

(If vomited, can repeat dose)

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

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

### A AIRWAY

- Persistent cough
- Hoarse voice
- Difficulty swallowing
- Swollen tongue

### B BREATHING

- Difficult or noisy breathing
- Wheeze or persistent cough

### C CONSCIOUSNESS

- Persistent dizziness
- Pale or floppy
- Suddenly sleepy
- Collapse/unconscious

## IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

- 1 Lie child flat with legs raised (if breathing is difficult, allow child to sit)
- 2 Use Adrenaline autoinjector without delay (eg. Emerade®) (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:** 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 AAI in schools

Signed:

Print name:

Date:

For more information about managing anaphylaxis in schools and "spare" back-up adrenaline autoinjectors, visit [sparepensschools.uk](http://sparepensschools.uk)

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## How to give Emerade®



REMOVE NEEDLE SHIELD



PRESS AGAINST THE OUTER THIGH



HOLD FOR 5 SECONDS  
Massage the injection site gently, then call 999, ask for an ambulance stating "Anaphylaxis"

## Additional instructions:

If wheezy, GIVE ADRENALINE FIRST, then asthma reliever (blue puffer) via spacer

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:



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

- Persistent cough
- Hoarse voice
- Difficulty swallowing
- Swollen tongue

### B BREATHING

- Difficult or noisy breathing
- Wheeze or persistent cough

### C CONSCIOUSNESS

- Persistent dizziness
- Pale or floppy
- Suddenly sleepy
- Collapse/unconscious

## IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

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



- 2 Use Adrenaline autoinjector **without delay** (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:** 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](http://sparepensinschools.uk)

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## 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:

If wheezy, GIVE ADRENALINE FIRST, then asthma reliever (blue puffer) via spacer

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: . . . . .