

Allergy Awareness Policy

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1. Statement of Intent

- 1.1 The Harris Federation believe in ensuring the health, safety and welfare of its students and staff, and are committed to ensuring that those with allergies, especially those likely to have a severe reaction (anaphylaxis), are supported in all aspects of academy life.
- 1.2 Whilst we will endeavour to control allergens in our academies, we cannot guarantee to be allergen free.
- 1.3 We will:
- Provide a written policy which promotes allergy awareness, which all academy staff are aware of and are required to implement;
 - Ensure our academies provide a safe environment for all;
 - Ensure our academies raise awareness of food allergies and anaphylaxis to the whole academy community;
 - Aim to reduce the risk of exposure to allergens
- 1.4 In order to achieve compliance with the statement of intent, Harris Academies will have responsibilities assigned to them, as stated in this policy.
- 1.5 The Harris Federation and its academies are not able to guarantee a completely allergen free environment, but rather to minimise the risk of exposure. Our academies will encourage self-responsibility and will plan for an effective response to emergencies.

2. Purpose

- 2.1 **Purpose.** The purpose of this policy is to provide advice and guidance to Harris Academies on how to manage allergens and the responsibilities expected of those within the Federation and academy community.
- 2.2 **Scope.** This policy applies to all Harris Academies and members of their school communities, which include; staff, children, students, families, volunteers and supply staff. This policy should be used in conjunction with the First Aid and Medical Needs and Medicines policies.

3. Introduction

- 3.1 An allergy is the response of the body's immune system to normally harmless substances, such as pollens, foods, house dust mites and animal dander. Whilst in most people these substances (allergens) pose no problem, in allergic individuals their immune system identifies them as a 'threat' and in some cases can produce a severe anaphylactic reaction which can affect or restrict the airway and could possibly lead to death.
- 3.2 Certain responses can be life threatening and extremely harmful producing a reaction such as anaphylaxis or can be less severe, producing responses such as itching, runny eyes, hives, unusual taste in the mouth, swollen eyes and lips.

4. Definitions

4.1 Key definitions are detailed below:

- **AAI** –Adrenaline Auto Injector
- **Allergy** – An allergy is the response of the body's immune system to normally harmless substances, such as pollens, foods, and house dust mite
- **Allergen** – A substance which causes an allergic reaction
- **Anaphylaxis** – Anaphylaxis, or anaphylactic shock is a severe and potentially life-threatening allergic reaction affecting more than one body system such as the airways, heart, circulation, gut and skin
- **EPIPEN®** – Brand name for hypodermic device which delivers epinephrine (adrenaline) used for the treatment of an acute allergic reaction
- **IHCP** – Individual Health Care Plan
- **Jext®** - Brand name of adrenaline auto-injector used in the emergency treatment of anaphylactic shock, or an anaphylactic reaction
- **BSACI** - British Society for Allergy and Clinical Immunology

5. Reducing the risk of allergic reactions

5.1 Academies should be aware that banning a food type does not stop the risk of accidental exposure. Generally, food bans focus on nuts, when in fact allergic reactions can occur with different substances and other foodstuffs.

5.2 Academies should be aware that insect bites and animal allergies could also cause severe reactions.
Academies should ensure:

- diligent management of wasp and ant nests on school grounds
- staff are aware to report significant presence of insects in play areas

5.3 If pets or animals are visiting or kept in school, careful consideration should be given as to:

- Where the animals are kept
- Where the feed will be kept/stored
- Hygiene and cleanliness when handling pets
- Consideration of individual allergies, including the completion of risk assessments where indicated

5.4 Substances known to cause allergic reactions are known as allergens. Common allergens include:

- Grass and tree pollen
- Dust mites

- Animal Dander
- Food – particularly nuts, fruit shellfish, eggs and cows' milk
- Insect bites and stings
- Medication (including Ibuprofen, aspirin and certain antibiotics)
- Latex (used to make gloves and condoms)
- Mould
- Household chemicals (including detergents and hair dyes)

5.5 There are 14 Food Allergens¹, all which can produce an allergic reaction, these include:

- Cereals containing gluten
- Crustaceans
- Eggs
- Fish
- Peanuts
- Soya
- Milk
- Nuts (tree nuts)
- Celery
- Mustard
- Sesame
- Sulphur Dioxide (also sometimes known as sulphates)
- Lupin
- Molluscs

5.6 Academies can reduce the risk of exposure to allergens by implementing simple strategies and encouraging parental participation:

- Food should not be given to food-allergic children without parental engagement and permission, i.e. birthday cakes, sweets and food treats
- Parents/carers are asked to ensure bottles and drinks are clearly labelled with the child's name for who they are intended
- Staff arranging arts, crafts and cooking classes, use of food alternative ingredients such as substituting flour for wheat-free flour for play, dough or cooking
- Food sharing and sharing of utensils and containers is avoided
- Staff to consider the use of food during lessons and events. These may need to be restricted depending on the allergies of the children
- Encourage children, as soon as they are able, to check their own food
- Regularly remind parents/carers and students with packed lunches, to give thought to eliminating food which may be of risk to other members of the school community with allergies
- Out of hours school staff preparing food to be aware of measures to prevent cross-contamination when handling, preparing and serving food

¹ <https://www.food.gov.uk/sites/default/files/media/document/top-allergy-types.pdf>

6. Roles and responsibilities for allergy management

6.1 Principal:

The Principal can delegate responsibility for managing allergies within the school community, and in doing so should ensure that whoever is nominated to take the lead role in managing this area, have sufficient personnel, equipment and time allocated to be able to manage the care and support to those at risk of anaphylaxis.

6.2 It is the Principal's responsibility to ensure:

- this policy is effectively implemented ensuring all staff² are aware of this policy and their role in implementing it **(see Annex G for policy checklist)**
- staff who provide support to children with allergies are able to access information and other support materials as needed
- a procedure is established by the academy on how staff support both the student and caterers in the development of Special Diet Request forms and special diet procedures;
- there are enough trained members of staff available to provide treatment to a student having an allergic reaction or anaphylaxis;
- staff and caterers are aware of the students and staff (where declared) who have food (or other) allergies and are at risk of anaphylaxis
- staff are trained to recognise the signs and symptoms of an allergic reaction
- staff understand the rapidity with which anaphylaxis can progress to a life-threatening reaction
- staff are aware that anaphylaxis can occur with or without prior mild symptoms
- staff are aware of the need to administer adrenaline (using an AAI) without delay as soon as anaphylaxis occurs
- staff are aware where student medication (and if appropriate, staff medication) is stored and the academy's emergency medication is held, and that this is always accessible
- staff are aware which staff are trained to administer AAI's
- staff managing medical needs are involved in the preparation of Individual Health Care Plans, where appropriate
- staff managing medical needs ensure contact is made with the school nursing service in the case of any child who is at risk of anaphylaxis, but has yet been brought to their attention
- staff are appropriately insured and are aware they are insured to support students with allergies

6.3 Individual Staff Responsibilities. Individual staff have a role to play in the support and management of allergic reactions:

Staff must:

- be aware of this policy and their role in implementing it
- attend anaphylaxis awareness training as required.
- understand the rapidity with which anaphylaxis can progress to a life-threatening reaction
- be aware, at all times, of the students in their care who have known allergies
- have access to medical information if needed
- know the location of a student's, (staff if appropriate) emergency medication
- be aware of the need to administer adrenaline (using an AAI) without delay as soon as anaphylaxis occurs

² Staff include temporary and supply staff, lunchtime supervisors, morning and afternoon school club staff

- if leading on educational visits, ensure they are competent to act in the case of anaphylaxis ensuring they carry all the relevant emergency supplies, including residential trips and sporting fixtures
- ensure on educational visits, they supervise any food-related activities ensuring that where food is being provided - used or consumed, food allergen information is shared be aware of the staff trained to administer AAls and how to access help

6.4 Student responsibilities

- Students of any age, where possible, must be familiar with what their allergies are and provide, where possible, information about how their allergies affect them
- Students should be fully involved in discussions about how to reduce the risk of an allergic reaction and be empowered to reduce those risks
- Students be trained to carry and administer their own auto injector,
- Students are responsible when carrying their own medication to ensure it is in date, kept safe and not used for any purpose other than its intended use

6.5 Parental responsibilities

- On entry to the academy, parents/carers are responsible for notifying the academy via the Medical Form of any history of allergy, previous severe reactions and if any, history of anaphylaxis
- Parents/carers are responsible for ensuring the academy is provided with up to date information about their child's medical needs
- If an Allergy or Individual Health Care Plan has not already been provided by the school nurse, specialist nurse, hospital or previous school, parents/carers to participate in the preparation of an Individual Health Care Plan
- Parents/carers are responsible for ensuring any required medication is on site, is in date, provided in its original packaging and is replaced as necessary (The MHRA³ recommend those prescribed AAls should have TWO devices available, at all times);
- Parents/carers are required to provide consent to the academy to administer medication using Form 5 of the Medical Needs and Medicines policy
- Parents/carers are responsible for ensuring that they, or another nominated adult are contactable at all times
- Parents can give permission for the use of the academy's emergency auto injector, although they are not required to. (Consent can be obtained using the BSACI Allergy Action Plans, **Annex D – Jext, Annex E – EpiPen or Annex F – General Allergy Action Plan**).

6.6 **Health Care Professionals.** Health Care Professionals, including GPs, paediatricians and specialist nurse practitioners, should work with schools to provide parents/carers with an appropriate Allergy Healthcare Plan or Individual Health Care Plan for pupils at risk of anaphylaxis.

6.7 Academies notified of a student at risk of anaphylaxis and not in possession of an Allergy or Individual Health Care Plan, or medication, should actively seek to locate the appropriate plan and medication for the student. The plan can be obtained from either the Health Care Professional, parents/carers, consultant or specialist nurse. Where a plan is not available academies are required to instigate the completion and sign off of an appropriate BSACI allergy plan – see **Annex D, E, or F**. The academy is **not** responsible for the completion of this plan alone,

³ <https://www.gov.uk/drug-safety-update/adrenaline-auto-injectors-updated-advice-after-european-review>

approval will be required from the relevant Health Care Professional and parents/carers.

- 6.8 A risk assessment must be completed for any student who is known to be at risk of anaphylaxis and there is no allergy health care plan or medication on site. This must be periodically reviewed until the academy is satisfied that the appropriate emergency instructions and medication are in place to support the student.

7. Emergency Auto- Injectors

- 7.1 Non-statutory guidance was released by the Department of Health in October 2017⁴ permitting Academies to hold emergency AAI's on site for emergency use. The Harris Federation require all academies with students (or staff) requiring the use of auto-injectors, to hold emergency auto-injectors.
- 7.2 The use of the spare AAI is intended for emergency use only, on children regarded as being at risk of anaphylaxis or whose own AAI is not available or working. Spare AAIs can be administered to a child if their own AAI cannot be used and consent has been received.

Academies can administer spare AAIs without prescription for use in emergencies if:

- A pupil is at risk
- Parent/carer consent has been received for use of the spare AAI
- If the child is known to be at risk of anaphylaxis

IMPORTANT NOTE: If instruction is given by the emergency services (paramedics) to administer an adrenaline auto injector and parental consent has not previously been given or cannot be obtained to administer the academy's spare AAI, the academy should follow the instructions provided by the emergency services in the first instance.

- 7.3 **Purchasing AAIs for emergency use.** Academies can purchase AAIs from pharmaceutical suppliers (local pharmacy). All requests must come from the Principal in written form. (**Annex A - Sample letter for purchasing emergency AAIs**). Academies are advised to use this letter rather than writing their own.
- 7.4 AAIs are available in different dosages; it is therefore recommended that where dosage information is not readily available with the medication, anaphylaxis should be treated using age-based criteria doses - further information can be found on the DOH 2017 guidance.
- 7.5 If the Academy currently hold more than one brand of AAI for their existing students, it is recommended that suitable quantities of varying doses are held of one brand only and this should be the one most commonly held pen used in the academy. Academies are free to purchase more if they wish. Current Brands of AAIs are JEXT® and EPIPEN®
- 7.6 **Storage and Access to Emergency AAIs.** AAIs must not be locked away but be available and accessible at all times. This includes offices where access might be restricted or controlled. AAIs should be stored no more than five minutes away from where they are needed. The academy's Spare AAIs must be clearly labelled and should not be confused with a student's own medication.

⁴

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_automato_injectors_in_schools.pdf

See section 7.7 for contents of the AAI kit.

- 7.7 **Emergency AAI Kit.** The Academy is required to name two members of staff responsible for maintaining the Spare AAI Kit. One to lead, and second to deputise in the absence of the lead.

Spare AAI kits should include:

- Instructions on how to use the devices
- One or more AAI
- Storage instructions (in line with manufacturers' guidelines)
- Manufacturers information
- List of AAIs held including information about the make, model, batch number and expiry dates and record of AAIs administered to include, name, date, AAI name, AAI type, dosage given and batch number (**see Annex B – Academy Record of Emergency Adrenaline Auto-Injectors**)
- Monthly recorded checks of spare AAIs held to ensure they remain in optimum working order;
- Arrangements for replacement of the AAIs – by who, when and how;
- List of pupils who can use the AAIs, including copies of parental consent received

- 7.8 It is recommended that the spare AAIs kit is kept in the same location as the emergency inhaler kits.

- 7.9 **Record keeping.** Academies holding spare AAI's must:

- Keep a register of students who have been prescribed an AAI (or where there is a medical care plan indicating AAI should be used in an emergency)
- Keep a record of usage of the Spare AAIs
- Notify parents/carers of when any AAI used, whether the schools spare or students own AAI
- Have written consent from a parent/legal guardian for the use of spare AAIs
- Have a clear understanding that AAIs can only be used on students where medical authorisation and written consent have been provided

- 7.10 **Disposal of spent AAIs.** Once used, an AAI cannot be reused. It/ they should be given to the paramedics on arrival for them to dispose of or should be disposed of in a yellow sharps bin. Out of date medication should be returned to the parents/ carers, or if not collected from the academy must be returned to a pharmacy for safe controlled disposal.

- 7.11 **Spare AAIs on Educational Visits.** With all emergency medication, students where able should carry their own medication and spares be held by the group leader/first aider. Spare AAIs should be taken on school trips if there is a need, however schools need to ensure that sufficient supplies are also left at the academy.

Schools will be required to relay the following information to the paramedics, If an AAI is administered:

- if the child is known to have an allergy
- what might have caused the reaction
- time the AAI was given
- if a second AAI was administered

NOTE: The emergency AAI should only be used as a spare, not a replacement for a child's

own AAI. Spare AAIs held by the school are in addition to those prescribed for a student.

8. Training and Awareness

- 8.1 Academies must arrange specialist anaphylaxis training for staff which should include as a minimum the following:
- How to respond appropriately to a request for help from another member of staff;
 - practical instruction in how to use the different AAI devices available
 - how to recognise the range of signs and symptoms of severe allergic reaction/ anaphylaxis
 - administering AAIs according to the manufacturer's instructions
 - making appropriate records of allergic reactions.
- 8.2 Online resources, however useful, are **NOT** a substitute for face-to-face training. Academies are free to source their own training, which can be on-line, but this must be followed up with practical training, in order for staff to get opportunity to practice using training AAIs. Academies may be required to demonstrate training has been completed, therefore all training should be certificated.
- 8.3 Academies are required to maintain a record of staff trained in anaphylaxis and the use of AAIs. **(See Annex C - Anaphylaxis and AAI trained staff)**
- 8.4 Academy should consider which staff are trained and if they have sufficient staff trained to cover educational visits, intervention sessions and any out of hours activities.
- 8.5 Resources for educating students and children on the risk of anaphylaxis are available via BBC Bitesize website animation tool "living with anaphylactic allergies – Izzy and Ben's story"
<https://www.bbc.com/bitesize/clips/zpdy6fr>
- 8.5 Further resources for schools are available on the following sites:
- Anaphylaxis Campaign: <https://www.anaphylaxis.org.uk/>
 - Spare Pens in Schools: <https://www.sparepensinschools.uk/for-school-pupils/>
 - Allergy UK: <https://www.allergyuk.org/information-and-advice/for-schools>

9. Catering Provider - Chartwells

- 9.1 **Special Diet Requests.** Where food allergy is a concern, parents/carers will be required to cooperate with the academy's caterer and adhere to the caterer's special diet procedure regarding any special diet requests.
- 9.2 Dependent on the complexity of the allergy/allergies, parents/carers may be required to meet with the caterers to fully inform them of their child's dietary needs.
- 9.3 Special Diet Request forms, Special Diet Procedures and a list of FAQs are available to parents/carers via the academy main office. Allergen reports for core menu items are also available from Chartwells and should be referred to in case of an allergen query.

9.4 Academy staff are required to support both the parents/carers and caterers through the process when special diet requests are identified.

10. Self-catering on residential trips

10.1 Staff preparing food on residential visits are required to consider the dietary and allergy needs of all participants. See educational visits policy for further information on food safety training.

10.2 Specialist dietary requirements for staff and students on residential trips need to be planned well in advance to ensure they are adequately accommodated during the trips. Parents/ carers will need to be involved in all aspects of the planning to ensure that students are not exposed to allergens which put them at risk.

10.3 Students cannot be excluded from educational visits due to their dietary or medical needs.

11. Catering for Visitors

11.1 There may be occasions where the academy caters for visitors, as part of a course, or during an event.

11.2 Where courses are being catered for, dietary and allergy preferences must be determined ahead of the course so all staff and visitors can be catered for. If this is not possible food served must be clearly labelled identifying allergens.

11.3 Where food is provided as part of a tasting menu during an event or similar, allergens must be clearly identified.

12. Staff with Allergies

12.1 There is no expectation for staff to openly declare they have an allergy which may develop into anaphylaxis.

12.2 Staff with allergies are encouraged to share this information with close colleagues so the appropriate emergency medical care can be administered as required.

12.3 It remains the responsibility of staff to carry their emergency medication and they are encouraged to share what this medication is, with close colleagues.

Annex A – Sample Letter for purchasing Emergency Adrenaline Auto-Injectors

[To be completed on headed paper]

[Date]

We wish to purchase emergency Adrenaline Auto-injector devices for use in our school/college.

The adrenaline auto-injectors will be used in line with the manufacturer’s instructions, for the emergency treatment of anaphylaxis in accordance with the Human Medicines (Amendment) Regulations 2017. This allows schools to purchase “spare” back-up adrenaline auto-injectors for the emergency treatment of anaphylaxis. (Further information can be found at <https://www.gov.uk/government/consultations/allowing-schools-to-hold-spare-adrenaline-auto-injectors>)

Please supply the following devices:

Brand name*		Dose* (state milligrams or micrograms)	Quantity required
	Adrenaline auto-injector device		
	Adrenaline auto-injector device		

Signed: _____ Date: _____

Print name:

Principal

Annex B – Record of Emergency Adrenaline Auto-Injectors

RECORD OF EMERGENCY AUTO-INJECTORS PROVIDED/ADMINISTERED

Register of Auto-Injectors Provided

Date collected from pharmacy	Lot Number	Dispensing pharmacy	Expiry date	Where held

Monthly Recorded Checks of Spare AAI's

Date checked	Lot Number	Expiry Date	Checked By	Condition	Further action required

This child has the following allergies:

Name:

DOB:



● 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**

- | | | |
|--|--|---|
| <p>A AIRWAY</p> <ul style="list-style-type: none"> • Persistent cough • Hoarse voice • Difficulty swallowing • Swollen tongue | <p>B BREATHING</p> <ul style="list-style-type: none"> • Difficult or noisy breathing • Wheeze or persistent cough | <p>C CONSCIOUSNESS</p> <ul style="list-style-type: none"> • 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.

● 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.

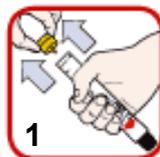
Signed:

Print name:

Date:

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

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 name:

Hospital/Clinic:

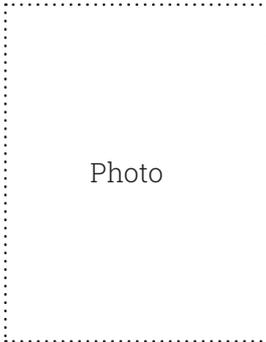


Date:

This child has the following allergies:

Name:

DOB:



● 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**

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

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

- 1 Lie child flat with legs raised** (if breathing is difficult, allow child to sit)
 -
 -
 -
 - 2 Use Adrenaline autoinjector without delay** (eg. EpiPen®) (Dose: mg)
 - 3 Dial 999** for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")
- *** IF IN DOUBT, GIVE ADRENALINE *****

AFTER GIVING ADRENALINE:

1. Stay with child until ambulance arrives, **do NOT stand child up**
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement **after 5 minutes**, give a further adrenaline dose using a second 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.

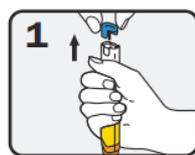
Signed:

Print name:

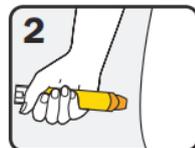
Date:

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

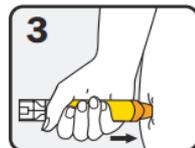
How to give EpiPen®



1 PULL OFF BLUE SAFETY CAP and grasp EpiPen. Remember: "blue to sky, orange to the thigh"



2 Hold leg still and PLACE ORANGE END against mid-outer thigh "with or without clothing"



3 PUSH DOWN HARD until a click is heard or felt and hold in place for **3 seconds**. Remove EpiPen.

Additional instructions:

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

Sign & print name:

Hospital/Clinic:



Date:

This child has the following allergies:

Name:

DOB:



● 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**

- | | | |
|--|--|---|
| <p>A AIRWAY</p> <ul style="list-style-type: none"> • Persistent cough • Hoarse voice • Difficulty swallowing • Swollen tongue | <p>B BREATHING</p> <ul style="list-style-type: none"> • Difficult or noisy breathing • Wheeze or persistent cough | <p>C CONSCIOUSNESS</p> <ul style="list-style-type: none"> • 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 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**
- 6** 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: sparepensinschools.uk

● 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:



Additional instructions:

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

This BSACI Action Plan for Allergic Reactions is for children and young people with mild food allergies, who need to avoid certain allergens. For children at risk of anaphylaxis and who have been prescribed an adrenaline autoinjector device, there are BSACI Action Plans which include instructions for adrenaline autoinjectors. These can be downloaded at bsaci.org

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

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' adrenaline autoinjector in the event of the above-named child having anaphylaxis (as permitted by the Human Medicines (Amendment) Regulations 2017). The healthcare professional named below confirms that there are no medical contra-indications to the above-named child being administered an adrenaline autoinjector by school staff in an emergency. **This plan has been prepared by:**

Sign & print name:

Hospital/Clinic:



Date:

Annex G - Allergy Awareness Policy Checklist

This checklist has been prepared to support academies with the introduction and implementation of an allergy awareness policy. Guidance and policies currently promoting nut free environments are no longer permitted – please delete these and remove any associated documentation from your websites and academy locales.

Please use this to checklist to identify what arrangements you already have in place, and what is still required to achieve compliance with the policy.

Checklist

1. General management of allergies		
Item no	Requirement	Completed Y/N
1.1	Are all staff including temporary, agency, lunchtime staff and wrap around staff are aware of the allergy awareness policy and their role in implementing it?	
1.2	Are staff aware at all times of the students in their care who have known allergies?	
1.3	Does the academy have a sufficient amount of staff trained in anaphylaxis, including to cover educational visits and out of hours events?	
1.4	Are staff supporting students with allergies able to access their allergy information?	
1.5	Are staff trained to recognise the signs and symptoms of an allergic reaction?	
1.6	Do staff know and understand the rapidity of which anaphylaxis can occur, and that anaphylaxis can occur without prior symptoms?	
1.7	Are staff aware of the need to administer adrenaline without delay?	
1.8	Do all staff know where emergency medication is stored?	
1.9	Do all staff know who is trained to administer adrenaline?	
1.10	Are staff, responsible for managing medical needs involved in the preparation of IHCPs, where appropriate?	
1.11	Does the academy have a process in place which alerts the schools nursing service, when a child known to suffer anaphylaxis joins the academy?	
1.12	Are risk assessments completed for students who are known to be at risk of anaphylaxis, where there is no allergy plan, medication or IHCP in place?	
1.13	Are all staff aware they are required to report the presence of insect nests?	

2. Events, educational visits, lessons and activities		
Item no	Requirement	Completed
2.1	Do staff arranging arts, crafts and food classes consider the use of alternative food ingredients, such as; wheat free flour?	
2.2.	Are staff who work out of hours to supervise children and prepare their food, aware of measures required to prevent cross contamination when handling, preparing and serving food?	
2.3	Do staff consider the use of food during lessons and events, being aware of any food restrictions for students participating who have food allergies?	
2.4	Are academy staff aware of what they need to consider when animals are visiting the academy – see section 5.3 of the policy	

2.5	Are staff who lead on educational visits competent to act in the case of anaphylaxis and aware that appropriate care plans and medication must be carried, including on sports fixtures?	
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3. Student Participation

Item no	Requirement	Completed
3.2	Are students - where possible, aware of their allergies and know how their allergies affect them?	
3.3	Are students, where possible, involved in discussions about how to reduce the risk of an allergic reaction?	
3.4	Are students, who self-administer encouraged to carry their own medication?	
3.5	Are students who carry their own medication, encouraged to check their medication to ensure it is in date, is safe and used as intended?	

4. Parental Participation

Item no	Requirement	Completed
4.1	Are parents asked to ensure bottles and drinks are clearly labelled with their child's name?	
4.2	Are parents of food-allergic children consulted/engaged if sweets and cakes are provided?	
4.3	Are parents of children with packed lunches reminded to give thought to eliminating food from packed lunches, which may be of risk to other members of the school community?	
4.4	Are parents of children with allergies encouraging their children to check their own food?	
4.5	Are parents encouraged to provide up to date allergy and medical information, including anaphylaxis history, to the academy?	
4.6	Are parents asked to provide two auto-injectors in line with the MHRA guidance? See section 6.4 on policy.	
4.7	Does the academy collect consent for the administration of the students own medication and the academy's spare emergency medication?	

5. Catering arrangements

Item no	Requirement	Completed
5.1	Does the academy have a procedure in place for supporting the students and caterers in the preparation of special diet requests?	
5.2	Are staff and caterers aware of students and staff (where declared) who have food allergies and who are at risk of anaphylaxis?	
5.3	Are sharing of food utensils and containers avoided?	

6. Emergency Medication

Item no	Requirement	Completed
6.1	Does the academy have a register of students who have been prescribed adrenaline auto-injectors (AAI)?	
6.2	Does the academy hold emergency AAI's?	
6.3	Are the AAI kits managed and monitored by two known key members of staff?	

6.4	Are AAls easily accessible and their location known by all staff	
6.5	Does the academy hold a register for students to whom consent has been received for the use of the emergency AAI?	

7. Summary Checks		
Item no	Requirement	Completed
7.1	Are students with allergies supported in all aspects of academy life?	
7.2	Is the academy endeavouring to control allergens?	
7.3	Have you raised awareness of allergens to your whole academy community? Could you demonstrate this?	
7.4	Can you confirm you are actively aiming to reduce the risk of exposure to allergens?	
7.5	Are you minimising the risk of exposure to allergens?	
7.6	Does the academy encourage self- management?	
7.7	Does the academy have an effective response to emergencies?	

Action Plan

Use this action plan to establish what further actions are required to achieve compliance with the policy.

Item No.	Further action required	Priority Level H/M/L	Completion date