Allergies & Anaphylaxis Health Document

Information and Guidance

Management of Allergies, Anaphylaxis and the Use of Adrenaline Auto Injector Devices (AAIs) to be read in conjunction with the Management of Medicines guidance.

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Document History

Version	Version Date	Author	Summary of Changes
V1	17.6.2026	H&S Manager	Reviewed the Leicestershire Traded Services document dated 13.08.25, noting updates compared to their 2023 guidance and reviewed the template from YMD Boon, Notes from Allergy Team in respective to Benedicts L aw. 4) BSACI Proforma 6) Useful contacts & pack References changed from 2015 to 2017 amended information. Page 7 1.7 Emerade Pens no longer in circulation. Page 10 Section 2 there is additional guidance on: Education & awareness, preventing bullying and training. Page 27 Natasha Law update
V2	24.06.2026	H&S Manager	Added Lead Governor Name page 5 -Statement of Intent Added a link to school trips page 13 Added storage temperatures page 13 Changed the wording AAP & IHCP page 13 section 3.1 Added an IHCP page 34
V3	21.07.2026	H&S Manager	Changed IHCP Page 34 to DFE Template released July 26 Added the link to the new guidance in the forward & introduction page 5 Allergy safety in schools statutory guidance Section 1.4 blue wording added Section 1.5 child deaths wording Section 1.7 changed chart and wording added link Process in schools amended page 15

Foreword

This document has been developed with the aid of Leicestershire Traded Services in consultation with the Leicester Royal Infirmary's, Specialist Allergy Team, for use in educational establishments and is specifically designed to provide guidance for those supporting children in schools and academies with allergies and in, particular; the Emergency Administration of oral antihistamines and an Auto Injector (AAI), for Anaphylaxis.

The document forms part of the 'Management of Medicines' guidance and used in line with the child's allergy services. The document should be communicated to **all staff** who come into contact with children, within the setting and should be, displayed and easily accessible, at all times.

The establishment's senior leadership teams (SLT's) should agree healthcare plans that are signed off by the Headteacher and SENCO, as current and valid.

An internal review is required for individuals with any emergency Health Care Plans

Please note additional information is available relating to other specific medical conditions and healthcare needs for individual, such as Diabetes, Asthma and Epilepsy in the Discovery Management of Medicines Guidance.

To ensure that all relevant legislation is complied with, it is essential that this guide is read in conjunction with **Statutory document**; 'Supporting Children in Schools with Medical Conditions' as amended August 2017 and Allergy safety in schools statutory guidance and (Other resources).

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1.0 Introduction

This guidance is specifically to address the issue of the management of pupils with allergies in schools and incidents of Anaphylaxis and subsequent use of Autoinjectors. This document should be read in conjunction with current Government Advice on AAIs in Schools, the Supporting pupils at school with medical conditions, Allergy safety in schools statutory guidance and the Discovery's Management of Medicines Guidance (written with the permission of Leicester County Council)

Early years settings and schools which offer provision for "young children" (from birth until the 1st of September following their fifth birthday) should continue to apply the Statutory Framework for the Early Years Foundation Stage.

Statement of Intent

Discovery Schools Trust 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. Each school will have an Allergy Lead as well as Designated Allergy Lead at Trust Board Level.

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.

Discovery Schools Lead Trustee for Allergies: Chair of the audit & risk committee.

1.1 What is Anaphylaxis?

This is potentially a life-threatening medical condition and always requires an immediate emergency response.

This could be a child, young person or adult and the same applies to all.

There are common 'allergens' that can trigger an anaphylaxis episode:

- Foods (14 allergens) *see further information section 2.1 page 11*
- Medicines-such as antibiotics and Ibuprofen (for pain relief-commercially known as Nurofen)
- Contact Allergen e.g. Latex – such as rubber gloves, balloons, swimming caps & Nickel or Animal fur
- Airborne Allergen e.g. Pollen
- Insect stings – wasp and bee stings

1.2 How long does it take to have a reaction to an allergen?

Food allergen: symptoms often begin immediately and may be mild, initially. Severe reactions can occur in minutes but often develop around 30mins later. Severe reactions occasionally happen 1 - 2 hours after eating, but can occur 4- 6 hours later. This has been reported with milk; in particular. Delayed, severe reactions can appear as severe asthmatic attacks with other allergy symptoms absent.

Insect stings: severe reactions are often faster, occurring with 10-15mins

1.3 Symptoms of Anaphylaxis and Allergies – (ABC)

Airway – Swelling in the throat, tongue or upper airways, tightening in the throat, vocal changes (hoarse voice, 'barking' cough), difficulty swallowing.

Breathing – Sudden onset wheezing, breathing difficulty, persistent cough, noisy breathing

Consciousness / Circulation - Feeling lightheaded / faint/dizziness, pale clammy skin, confusion, unresponsive / unconscious (due to drop in blood pressure), sudden sleepiness

Anaphylaxis often occurs together with more mild symptoms of an allergic reaction, including an itchy mouth or skin rash.

Other reactions (in addition to those mentioned above):
Skin: Itchy skin, Hives (Urticaria) Swollen lips, tongue and face, itchy red eyes

Digestive: Itchy tongue, burning sensation in the mouth, throat, feeling sick, abdominal pain, being sick, diarrhoea

Other: sudden change in behaviour, hay fever symptoms-runny nose, sneezing, flushes to skin, rising anxiety, alterations in heart rate

Please note, Heat can cause an exaggerated allergic response if someone comes into contact with their allergen, and allergic reactions may be stronger.

1.4 What is the Treatment?

The school are required to ensure that appropriate Allergy Action Plans & IHCP are in place, for any child known to have an allergy, treatment usually consists of:

- Administration of an orally prescribed antihistamine for mild to moderate symptoms. This dose can safely be repeated if the child vomits after the initial administration. See appendix 4D PT1 – It is advisable to observe the person for at least 60 minutes as mild reactions can sometimes develop into anaphylaxis.

- Or an injection of Adrenaline, administered as in an Autoinjector for serious allergic symptoms affecting the **Airway**, **Breathing** or **Consciousness/Circulation**. Emergency services, **999 should always be called in these circumstances, without delay**

- Lie flat with raised legs (or sit if breathing is difficult – Give adrenaline straight away – Phone 999 for ambulance
- Do not leave a child unattended – Do NOT stand them up -advise parents/emergency contact
- If no improvement after 5 minutes give another dose of adrenaline using a second device
- Commence CPR at any time if there is no sign of life.

1.5 Incidents of Fatalities in Schools

About 17% of fatal food-anaphylaxis reactions in school aged children in the UK happen in schools; about 20% of anaphylaxis reactions in schools are in children with no prior history of food allergy (Ref: Turner PJ, Gowland MH, Sharma V, et al). As a consequence, actions have been taken to allow schools to have 'spare auto injectors on site', thus allowing schools to quickly access those auto-injectors, without delay. Schools are now required to purchase *spare* Autoinjectors to keep on-site or to use during an 'off-site educational visit.

See page 67 in the guidance Allergy safety in schools statutory guidance for support with Child deaths.

1.6 Keeping Generic Spare AAI(s) in School

Since October 1st 2017, the Human Medicines (Amendment) Regulations 2017 allows schools to purchase their own supply of AAI(s) from a pharmaceutical supplier (such as local pharmacy), without a prescription, if they wish to. Leicestershire schools may contact **Dr Gary Stiefel** to see if there is funding available for devices, for their school. See appendix 4.H and Section 6 of Natashas Law for details.

The Human Medicines (Amendment) Regulations 2017 do not require consent to have been obtained for "spare" adrenaline devices to be **used in an emergency**. It is good practice for the school, college or setting to obtain advance consent from parents or the young person for "spare" adrenaline devices to be used, so that in an emergency, consent can be assumed to be in place.

Providing emergency treatment with an AAI, is **time critical**, therefore it is also strongly recommended that schools purchase enough 'spare' adrenaline auto-injector (AAI). These should be clearly labelled and readily available to be administered within 5 minutes. A spare AAI is intended to be used.

- When the child's own AAI cannot be administered without delay; for example, when their own is left at home, broken, out of date, has misfired or been wrongly administered.

- Importantly, a child who is thought to be at lower risk of anaphylaxis, who does not have their own prescribed AAI, may be given a spare AAI.

In both cases Discovery Trust would prefer to have medical approval and parental consent for a spare AAI(s) to be used in an emergency. The current action plans & IHCP have the available sections that can be signed to gain appropriate consents.

- Finally, there may be a scenario where a child, not known to have an allergy, has anaphylaxis for the ***first time*** **(**see 1.5) in school and the spare AAI may be administered, if it doesn't delay the administration, seek recommendation by the emergency services. For further information about generic AAIs please look at the "Department of Health Guidance on the use of Adrenaline Autoinjectors in Schools".

- can be accessed via:

  a) http://sparepensinschools.uk
  b) https://www.gov.uk/government/publications/using-emergency-adrenaline-auto-injectors-in-schools
  c) For purchasing rules click on this link

  Note: New emergency action plans have been updated by the British Society for Allergy and Clinical Immunology (BASCI) to reflect the recent changes in legislation permitting schools to purchase and administer a 'spare' back-up adrenaline autoinjector.

  Spare Nasal Sprays cannot be held.

(There is ONLY a 20-30minute window of opportunity during which steps can be taken to prevent death).

1.7 Which Pens should be purchased and how many?

Please note that a school purchasing generic spare AAI(s) is not considered a replacement of the child's own supply but in addition.

Ideally the generic AAI(s) should be accessible within 5 minutes and therefore the layout of the school may determine the number required and where it should be stored.

It is recommended that AAI are stored in pairs as a 2nd dosage may be required or device failure/incorrect administration can occur. Spare AAI's must be readily available and not locked away. See pages 38 – 40 of Allergy safety in schools statutory guidance

This means that most schools will need to obtain two pairs of "spare" AAIs:

School type	AAIs for children under age 6 years (150 micrograms) e.g. EpiPen Junior, Jext 150	AAIs for individuals over 6 years of age (300 micrograms) e.g. EpiPen, Jext 300
State-funded nursery school	One pair of "spare" AAIs	n/a
Primary school	One pair of "spare" AAIs	One pair of "spare" AAIs
Secondary school	n/a	One or two pairs of "spare" AAIs *
Special school	One pair of "spare" AAIs	One pair of "spare" AAIs

https://www.gov.uk/government/publications/using-emergency-adrenaline-auto-injectors-in-schools

The guidance in documents as above, contain useful information about the following:

- Reducing the risk of allergen exposure in children with a food allergy
- Treatment for anaphylaxis
- Arrangement and supply, storage & disposal of AAI(s)
- Who the AAI's can be administered to
- Responding to symptoms of an allergic reaction
- Legislation
- Types of Pens - **Jext, & Epipen™** and doses available, for each age group
- *and to ensure that the school have, completed, signed up to date consent forms.* Source: Anaphylaxis UK

***Important notice**: Emerade Pens are no longer available, and the school should ensure that pens have been changed to either Jext or Epipen™ by contacting the child's parents / guardians*

1.8 When a Child Needs an AAI(s) as Emergency Treatment

In a non-health setting (e.g. school, nursery), the prescribing doctor will discuss this with the parents or carers and with their agreement AAI(s) will be prescribed. The decision on the number of AAI(s) is that of the healthcare professional after discussion with the child/family. Information on storage and who carries the AAI is available on the Spare Pens in Schools | Homepage webpage and needs to be individualised for each school.
It is recommended that the generic AAI is kept on the school premises and the children's own AAI supply is used for activities off the school site.

a. It is the parent's responsibility to inform the educational setting of any health-related needs that their child may have including the nature of the allergic reaction, what medication to administer, specific control methods and what can be done to prevent a reoccurrence . Raising it with Preschool Manager, School Office Lead, Pastoral Lead or Classroom Teachers, dependent on setting.

b. Keeping the school up to date with their child's medication information

c. Providing written consent for the use of spare AAI

d. When making an online 'childcare booking' for Discovery Schools Extended Services Provisions, Parents must advise & complete the medical condition's sections.

e. Ensure an Allergy Action Plan is completed (See appendices) an IHCP and/or when required administering medication document must be completed with the school and signed off by the parent together with the Headteacher/Head of setting.

f. When a child **is** to self-administer (Secondary Schools), in agreement with the Pastoral Leadership/Headteacher & with the parents/carers /guardians, a general administration of medicines form must be completed with an Allergy Action Plan. A child who has self- administered their AAI, **must** report to a member of staff as they will need to be reviewed in hospital and a Report Form completed. See Appendix 4.G

g. When the child is **unable** to self-administer, the Designated Allergy Lead/Pastoral Lead or Headteacher then identifies staff volunteer(s) who will have had the appropriate training in administration of the AAI.

h. In the unlikely event that, no staff volunteers are identified, the parent should be informed, and it is the parent who should inform the prescribing doctor. The prescribing doctor and parent may wish to reconsider and identify an alternative management plan.
Link: Treating an Allergic Reaction in School

1.9 Training of Staff

From September 2026 all staff will be trained in Allergies & Anaphylaxis, and each school will have a nominated Allergy Lead.

Staff must read their setting's policy on the Management of Medications. Training requires there to be a 'practical element' and therefore online, whilst a useful 'tool' to refresh existing knowledge, this does not fully meet recommended training requirements.

Members of staff should be trained in:

- Recognising the range of signs and symptoms of severe allergic reactions, an anaphylaxis and understand multiple conditions can co-exist, for example hayfever, food allergy, eczema asthma;
- Understand their responsibilities in reducing the risk of individuals with known allergies coming into contact with their known allergens
- Understand the difference between food allergy, coeliac disease and food Intolerance;
- Read & understood the Discovery Allergy Policy and know where to find information on allergy triggers,
- Know how to respond in an emergency situation; including calling emergency services, informing parents, how to locate AAI's and inhalers (individual and spares)
- Responding appropriately to a request for help from another member of staff;
  Recognising when emergency action is necessary; Administering AAIs according to the manufacturer's instructions;
- Know how to check whether an individual is on the record of those with known
- allergy and how to use an Allergy or Asthma Action Plan;
- Understand the impact allergy can have on a child or young person's wellbeing;
- Making appropriate records of allergic reactions, who to and how to report an incident or near miss.

It is recommended that update training of staff should take place on an annual basis.

In agreement with the Headteacher, the School Office Lead will arrange appropriate training with a suitable training professional. This may be delivered as part of First Aid training, through designated AAI training, or by using a training AAI during staff training days.

Evidence of training documents (certificates) should be retained on the employee' personnel file. To avoid staff's training becoming void, re-training dates should be monitored by the School Office

Lead , and arrangements then made for further training to take place, within a month of the current expiry date. Staff must sign the forms and be endorsed by the 'responsible person'; usually the Headteacher.

It is recommended that allergy drills take place in school, these can be recorded on EVERY – see page 21 of allergy guidance.

2.0 What can the school do to limit incidents of allergic reactions

1	**Education and Awareness -** Implement regular allergy awareness sessions for pupils and staff to foster understanding and empathy. Include allergy education in curriculum, tailored to age groups. Ensure the policy is shared with all staff and all staff know where to locate a copy. Ensure staff have a good understanding of how you share information of allergies.
2	**Prevent Bullying** • Develop and enforce a zero-tolerance policy for bullying related to allergies or medical conditions. • Ensure staff are trained to recognise and respond to bullying, including subtle forms like exclusion or teasing about food. • Encourage peer support and inclusion through assemblies, posters, and student-led initiatives.
3	**Staff Training - Include:** • Recognising allergic reactions • Responding to bullying or peer pressure around food • Communicating with parents and carers • Identifying children, visitors, staff with allergies and how they access their personal AAI's • The difference between a near miss and a serious incident • Where spare AAI's are located, the process for checking they remain in date • The process for dealing with an emergency in school • Information on Allergy Plans & IHCP
4.	**Parents provision** - Bottles, other drinks and lunch boxes provided by parents for children with food allergies should be clearly labelled with the name of the child for whom they are intended.
5.	**School Canteen provision** (Parent duty) - If food is purchased from the school canteen, parents should check the appropriateness of foods by speaking directly to the catering manager. The child should be taught to also check with catering staff, before purchasing. (Discovery use Dolce for catering in most schools)
6.	**School Canteen provision** (School duty) - Where food is provided by the school, staff should be educated about how to read labels for food allergens and instructed about measures to <u>prevent cross contamination</u> during the handling, preparation and serving of food. Examples include: preparing food for children with food allergies first; careful cleaning (using warm soapy water) of food preparation areas and utensils. (Secondary and Special Schools)
7.	**Parental permission** - Food should not be given to food-allergic children in primary schools without parental engagement and permission (e.g. birthday parties, food treats)

8.	**Food Sharing and Safety**
	• Reinforce policies that prohibit:
	  • Sharing or trading food, utensils, or containers
	  • Bringing in unlabelled or homemade treats without prior approval - Display visual reminders in dining areas and classrooms.

9.	**Unlabelled food** - poses a potentially greater risk of allergen exposure than packaged food, which is labelled in line with regulatory food packaging requirements see Foods Standards Agency (FSA) for further information: https://www.food.gov.uk/ *see Natasha's Law page 27*
10.	**Use of food in crafts**, cooking classes, science experiments and special events (e.g. fetes, assemblies, cultural events) needs to be considered and may need to be restricted depending on the allergies of particular children and their age. A risk assessment will assist, template in the links (Anaphylaxis UK and Allergy UK both advise on policy and risk assessment).
11.	**Containers -** Consider replacing food-based containers with non-food alternatives to reduce the risk of allergen exposure. For example, instead of using empty yogurt pots, cereal boxes, or egg cartons for crafts or storage, opt for clean, unused plastic containers, cardboard boxes, or purpose-made educational materials that do not carry food residue.
12.	**Arts / Crafts** - In arts/craft, an appropriate alternative ingredient can be substituted (e.g. wheat-free flour for play dough or cooking). If wheat-free flour is used, tutors should be aware that some adaptations of recipes may be needed as they do not behave the same. See CLEAPSS model template risk assessments (Speak to H&S Manager or School Office Lead).
13.	**Offsite catering/activities/School trips** - When planning out-of-school activities such as sporting events, excursions (e.g. restaurants and food processing plants), school outings or camps, think early about the catering requirements of the food-allergic child and emergency planning (including access to emergency medication and medical care).

See Page 15 for the schools actual process.

Important: All activities involving the preparation, handling or consumption of food, should be suitably risk assessed. The risk assessment MUST be seen by all relevant staff and a record retained, as to who and when the document was communicated. This should be signed and dated.

School trips

- The headteacher will ensure a risk assessment is conducted for each school trip to address pupils with known allergies attending. All activities on the school trip will be risk assessed to see if they pose a threat to any pupils with allergies and alternative activities will be planned where necessary to ensure the pupils are included.

- The school will speak to the parents of pupils with allergies where appropriate to ensure their co-operation with any special arrangements required for the trip and refer to the pupils IHCP for information.

- A designated adult will be available to support the pupil at all times during a school trip.

- If the pupil has been prescribed an AAI, at least one adult trained in administering the device will attend the trip. The pupil's medication will be taken on the trip and stored securely – if the pupil does not bring their medication, they will not be allowed to attend the trip.

- A member of staff will be assigned responsibility for ensuring that the pupil's medication is carried at all times throughout the trip.

- Two AAIs will be taken on the trip and will be easily accessible at all times.

- Where the venue or site being visited cannot be assured appropriate food can be provided to cater for pupils' allergies, the pupils will take their own food, or the school will provide a suitable packed lunch.

2.1 Food Allergens (Food Standards Agency)

Consumers may be allergic or have intolerance to other ingredients, but only the 14 allergens are required to be declared as allergens by food law. Other foods may also cause an allergic reaction or even anaphylaxis, therefore schools must be made aware if a child is known to be sensitive to other foods

The 14 allergens are:

1. **celery**,
2. **cereals containing gluten** and wheat (such as spelt, rye, barley and oats),
3. **crustaceans** (such as prawns, crabs and lobsters),
4. **eggs**,
5. **fish**,
6. **lupin***,
7. **milk**,
8. **molluscs** (such as mussels, oysters, squid, snails),
9. **mustard**,
10. **peanuts**,

11. **sesame**, **soybeans**,

12. **sulphur dioxide**

13. **sulphites** (if they are at a concentration of more than ten parts per million)

14. **tree nuts** (such as almonds, hazelnuts, walnuts, brazil nuts, cashews, pecans, pistachios and macadamia nuts).

This also applies to additives, processing aids and any other substances which are present in the final product.

Schools should liaise with catering staff, for meals that are both prepared on and off site, to make staff aware of which children have known allergies.

Lupin* -belongs to the legume plant family, as peanuts and can be found in a wide range of foods, including baked products (such as bread, pastries, pies), pasta or noodles, sauces, beverages, meat, based products (such as burgers and sausages).

Food 'free' of gluten, soy or genetically modified ingredients **may contain lupin** (lupine or lupinin).

3.0 Storing AAI's – See also section 3.3 Management of AAI's.

Depending on their level of understanding and competence, children and particularly teenagers, should carry their AAI(s), on their person at all, times or they should be, quickly and easily accessible at all times. If the AAI(s) are not carried by the pupil, then they should be kept in a central place in a box marked clearly with the pupil's name but NOT locked in a cupboard or an office where access is restricted.

- It is helpful if a *copy* of the pupil's IHCP/AP is kept in the container, along -side the pen
- SPARE PENS, held by the school, must be checked to monitor expiry dates and to ensure the pen has not been tampered with or has deteriorated (become cloudy). Checks should be recorded and signed. Spare pens should be located in strategic positions across a school site, if the site is either spread-out or has several floors, which would otherwise, take more than 5mins to access the pen.
- AAI's should be stored out of direct sunlight, ideally under 25 degrees but NOT in a fridge, an insulated bag is an option and should be clearly labelled.

3.1 Individual Health Care Plans (IHCP) & Allergy Action Plans (AAP)

The school must ensure that IHCP & (AAP) are current and reviewed when the child is reassessed by their doctor, and ideally each time they obtain a new AAI prescription. If there are no changes in diagnosis or management, the medical information on the Allergy Action Plan may not need to be updated. Within the plan is an area for the child's photograph, to help identify the child in an emergency and is also useful for catering staff. When updating the plans if the child looks significantly different in the photo, it should also be updated, so they can continue to be easily identified.

- If any details in Allergy Action Plan change , it is the parent's responsibility to inform the Headteacher/School Office Lead/Class Teacher/Pre School Lead . If a new A A P is required, then the process above must be discussed by those parties and the AAP completed as appropriate as well as an amended IHCP.

- The school should take responsibility for monitoring 'expiry dates of pens, both spare and those belonging to individual children. The school should inform the parents, guardians, or carers, if the individual's pen has expired or appears cloudy. These can be recorded on EVERY and EVERY can be used as a reminder, alerting when the next review is due.

3.2 Process at Braunstone Community Primary School

Sharon Walker and Emily Arthur are the named Allergy Leads in school.

- Emily Arthur is responsible for the administration and replacing the AAI's which have expired.
- Information about allergies is collected by the office team before new pupils start at Braunstone Community Primary School.
- For mid-term transfers this information is collected at admission point and within 2 weeks of the transfer.
- When parents inform the school of an allergy, IHCPs are completed with the parents, all relevant medical information is collected and then copies are stored in the pupil's allergy folder within staff works. Copies of the IHCP and APP are stored with any medications and information about pupils is shared with staff.
- Visitors and supply/peripatetic staff are asked about allergies on arrival and this is recorded by the office.
- Billie Goodwin monitors AAI's & Inhalers each term to check they are in date. Parents are advised via telephone of the expiration date for them to arrange new inhalers & AAI's to be organised.
- Spare AAI's & Inahlers are located in the office on the wall in a green first aid box labelled SCHOOL SUPPLY EPIPENS AND INHALER - no more than 5 minutes from the area needed and out of direct sunlight but not refrigerated.
- All staff complete flick training courses annually. Nominated staff complete first aid training every three years and nominated staff in EYFS complete paediatric first aid courses. Certificates are stored in the office electronic folder. During our inset days all staff are required to attend an allergy and anaphylaxis training session where trainer epi pens are demonstrated and staff practice using these.
- The Policy is read, understood, signed for by all staff including premises & lunch time supervisors, shared during the inset session and via MySam, staff then sign MySam to show they have read and understood it.
- Copies of the policy can be located on the school website, SAM People, Policies folder in staff works and the health and safety channel.
- Staff at school will be responsible for inhalers and AAI's for pupils. Pupils who require Inhalers will be supported by adults to use them, AAI's will be administered by adults where appropriate. For staff and visitors who require inhalers or AAI's it is expected that those individuals will be responsible for their own devices and their administration.
- The expectation for pupils who require inhalers or AAI's is that those items will remain at school and that they will have other devices for use at home. At the end of the academic year devices are returned

to parents to replace if needed.

- School will send used AAI's with the affected person in the ambulance and will return unused out of date sealed devices to the local pharmacy.
- Incidents are recorded on Lucidity (serious or near miss) and staff should contact Emily Arthur or Billie Goodwin to do this.
- When planning school trips staff will complete risk assessments prior to the trip taking place for pupils who require inhalers and AAI's stating who the named first aider is, where inhalers and AAI's will be stored, what steps will be taken to reduce exposure/risk and likely risks that will occur. These risk assessments will be uploaded to Evolve at least 4 weeks prior to the trip taking place to be checked by an EVC.
- How the wellbeing and inclusion of the individual will be promoted - following a serious incident, staff will have access to support from the Senior Leadership Team and the Office Manager, they will also have access to trust wellbeing service.
- Lesson planning, ensuring individuals are not excluded and products used are considered (see section 2)
- Kitchen visits take place with new starters/parents which will support staff to identify children and young people with allergy, intolerances and coeliac disease in the dining hall.

Managing Anaphylaxis examples:

- In the event of anaphylaxis, the nearest adult will lay the individual flat on the floor and try to ensure the pupil suffering an allergic reaction remains as still as possible; if the individual is feeling weak, dizzy, appears pale and is sweating, their legs will be raised. If lying down isn't possible the individual will remain in a sitting position.
- A further staff member will be called for help and the emergency services contacted immediately.
- The staff member will administer AAI to the individual.
- If there is no improvement after five minutes, a further dose of adrenaline will be administered using another AAI, if available.

- Where a student is assigned a designated member of staff, If there is any delay in contacting an assigned staff member, the nearest staff member will administer the AAI.

- If necessary, other staff members may assist the designated staff members with administering AAIs.

- A member of staff will stay with the individual until the emergency services arrive – the pupil will remain lying flat and still. If the individual's condition deteriorates after initially contacting the emergency services, a second call will be made to ensure an ambulance has been dispatched.

- The Headteacher/Allergy Lead will be contacted immediately, as well as a suitably trained individual, such as a first aider.

- If an individual stops breathing, a suitably trained member of staff will administer CPR. (A full List of first aid staff members can be found displayed throughout the school).

- In the event that an individual without a prescribed AAI, or who has not been medically diagnosed as being at risk of anaphylaxis, suffers an allergic reaction, a staff member will contact the emergency services and seek advice as to whether an AAI should be administered. An AAI should not be administered in these situations without contacting the emergency services, however this is time critical and the adrenaline needs to be administered within 5 minutes ideally, where possible seek advice from Allergy Lead/Headteacher.

- A designated staff member will contact the individual's parents/next of kin as soon as is possible.
- 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

- Any used AAIs will be given to paramedics/taken to the pharmacy or disposed of in the sharps box
- Staff members will ensure that the individual is given plenty of space, moving other pupils to a different room where necessary.

- Staff members will remain calm, ensuring that the individual feels comfortable and is appropriately supported.
- A member of staff will accompany the pupil to hospital in the absence of their parents.

- If a pupil is taken to hospital by ambulance, two members of staff will accompany them in the absence of their parents.

- A Report form (Appendix 4G) must be completed

- Following the occurrence of an allergic reaction, the SLT, in conjunction with the school nurse where appropriate, will review the adequacy of the school's response and will consider the need for any additional support, training or other corrective action.

The process of the kitchen staff awareness examples are:

- To ensure that catering staff can appropriately identify pupils with dietary needs, these are logged on the electronic catering system and are highlighted when the pupil presses their name button to get their dinner.

- Parents are responsible for pre-ordering a pupil's dinner.

- All food tables will be disinfected, with cleaning fluid before and after being used.

- 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.

- Any sponges or clothes 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.

- There will be a set of kitchen utensils that are only for use with the food and drink of the pupils at risk.

- 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.

- Food items containing bread and wheat will be stored separately.

- 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.

- Learning activities which involve the use of food, such as food technology lessons, will be planned in accordance with pupils' IHPs, taking into account any known allergies of the pupils involved.

3.3 Management of Spare AAI Pen KITS

Under Benedicts Law – School Allergy Safety Bill, schools need to hold spare AAIs to store these as part of an emergency anaphylaxis kit which should include:

- 2 or more AAI(s)
- Instructions on how to use the device(s)
- Instructions on storage of the AAI device(s)
- Manufacturer's information.
- A checklist of injectors identified by their batch number and expiry date with monthly - checks recorded
- A note of the arrangements for replacing the injectors
- A list of pupils to whom the AAI can be administered
- An administration record

Any spare AAI devices held in the Emergency Kit should be kept separate from any pupil's own prescribed AAI which might be stored nearby; the spare AAI should be clearly labelled to avoid confusion with that, prescribed to a named pupil.

3.4 Management of Sharps

Follow these guidelines, when you work with sharps:

- DO NOT uncover or unwrap the sharp object until it is time to use it.
- Always keep the object pointed away from yourself and other people.
- Never recap or bend a sharp object.
- Keep your fingers away from the tip of the object.
- Put it in a secure, closed container after you use it or hand it to the paramedic
- Never hand a sharp object to someone else or put it on a tray for another person to pick up.
- Tell the people you are working with when you plan to set the object down or pick it up.

Once an AAI has been administered and an ambulance or paramedic has arrived, the used AAI should be given to the emergency services personnel, to record the dose given. The pen can then either be disposed of by the paramedics / hospital or by the school by taking it to a pharmacy or in the sharps bin as appropriate.

The sharps bin should be 'Yellow'-*different versions are available, and staff should follow the manufacturer's instructions for its use.*

- Temporary lids should be used until it is ready for disposal.

- Staff must not try to retrieve items from the container and the container should not be filled above the manufacturers marked line.

- The container must be kept in a safe location and out of reach of children.

In the unfortunate event that a member of staff is injured by a used sharp; if the skin is punctured, the individual must seek immediate medical advice, by either contacting A/E or their own G.P. The first aid should be:

- **Squeeze it - Bleed it – Wash it – Cover it – Report it**

Managers must record this as a RIDDOR reportable injury, as soon as possible -Discovery use Lucidity initially and then seek advice from YMD Boon as competent person or liaise with the Trust H&S Manager. RIDDOR reporting can be done directly through the HSE. Schools to keep a record of the form

Disposal of Sharps Box

The school must contact their licenced clinical waste disposal company, for collection and safe disposal.

Schools, colleges and early years settings acting as food businesses must report any allergen-related food safety incidents to their local authority

Find your local food safety team - GOV.UK

- You can report:
- suspected food poisoning
- a foreign object found in your food
- dirty premises
- poor hand hygiene
- poor food handling
- food with visible signs of mould or decay
- food sold past its use-by date
- unavailable or incorrect allergen information

4.00 APPENDICES

BSACI PROFORMA ACTION PLANS (AAP)

British Society for Allergy and Clinical Immunology (BSACI) Proforma Action Plans for Antihistamine, Epipen and Jext may be found below: CAUTION – ENSURE DOSE IS STATED IN THE ACTION TO TAKE BOX.

Original pdfs also available from the below website – containing drop down selections for dose.

https://www.bsaci.org/wp-content/uploads/2024/10/BSACIAllergyActionPlan-EpiPen-OCTOBER-24.pdf

https://www.bsaci.org/wp-content/uploads/2024/10/BSACIAllergyActionPlan-Jext-Final-OCT-24.pdf

https://www.bsaci.org/wp-content/uploads/2024/10/BSACIAllergyActionPlan-OCT-24.pdf

Food Protein Induced Enterocolitis Syndrome (FPIES) – Form 1

https://www.bsaci.org/wp-content/uploads/2024/10/PAG-BSACI-FPIES-action-plan-1-OCT-24.pdf

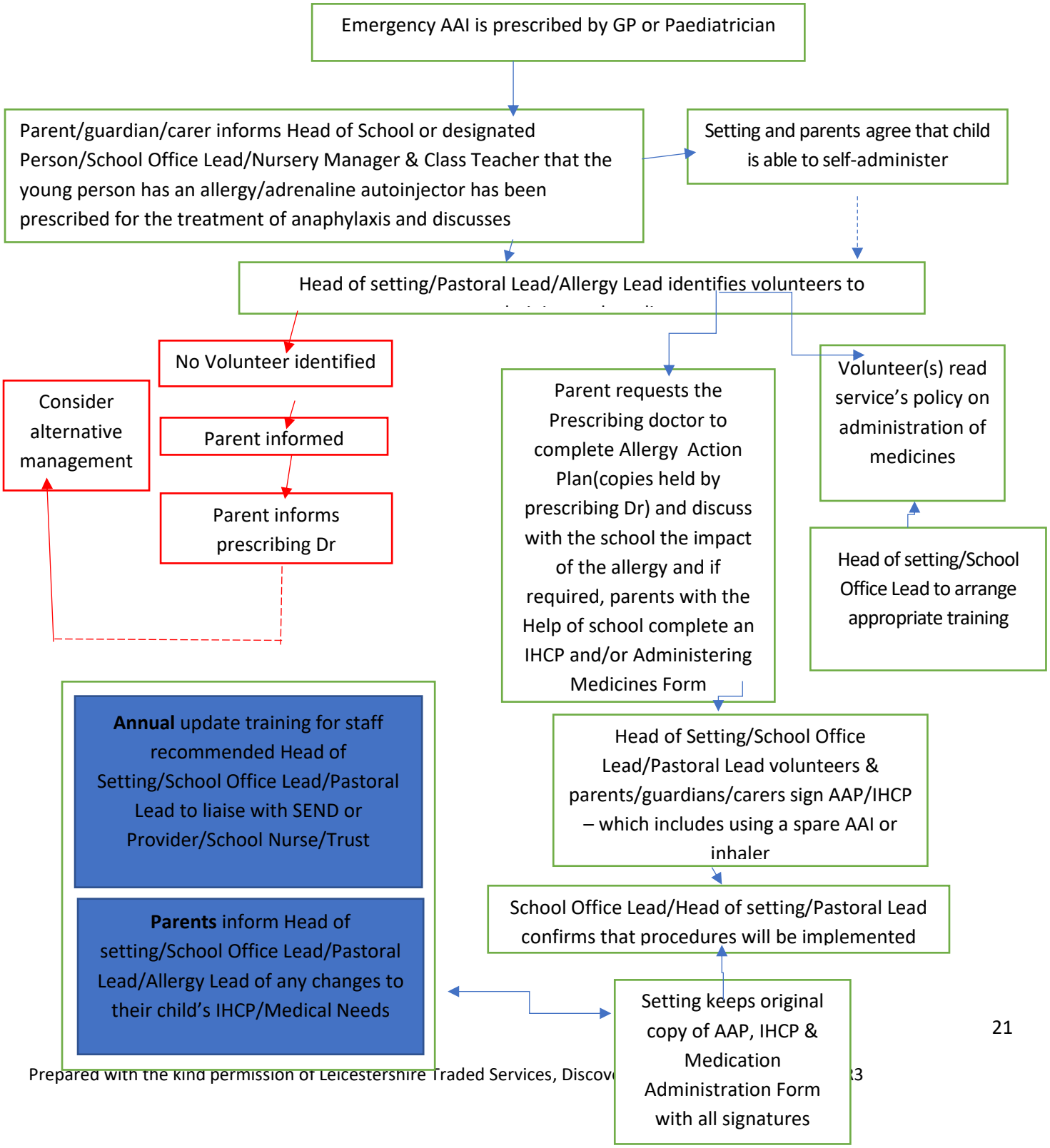
Food Protein Induced Enterocolitis Syndrome (FPIES) Form 2

https://www.bsaci.org/wp-content/uploads/2024/10/PAG-BSACI-FPIES-action-plan-2-OCT-24.pdf

DISCOVERY

Appendix A

FLOW-CHART OF PROCESS TO ENABLE NON- MEDICAL STAFF TO ADMINISTER ADRENALINE AUTOINJECTORS (AAIs), IN RESPONSE TO ANAPHYLAXIS



Types of Auto Injector Devices

Appendix B

EpiPen®

Jext®

Appendix C

Letter for parents/carers regarding the administration for anti-allergy medicine

(to be completed on school headed paper)

Dear Parent(s), Guardian or Carer of:

Your child has an 'Emergency Action Plan' to enable the administration of an oral anti-allergy medicine (an antihistamine) if your child was to have a mild/moderate allergic reaction. You and your child may also have an adrenaline autoinjector (EpiPen or Jext) to be used to manage a severe allergic reaction (anaphylaxis).

The actions plan also permits the school to administer a 'spare' back-up adrenaline autoinjector if available.

The emergency action plan has already been signed by the head teacher and volunteers that will have been trained and will administer the medication if required.

Please can you:

- Attach a passport sized photograph of your child.
- Sign the form yourself on the second page.
- Arrange for your child's doctor to complete and sign the remaining sections of the Emergency Action Plan:

  - If your child is looked after by the allergy service at the hospital please post your care plan to: **Children's Allergy Specialist Nurse, Leicester Royal Infirmary, LE1 5WW**. The signed action plan will be posted back to you within two weeks. Please include details of the type and dose of AAI prescribed for your child and a return address.
  - If your child's allergy is looked after by your GP, ask your GP to complete and sign the new action plan. Please give your GP surgery at least two weeks' notice before you collect the new action plan.

Don't forget to:

- Check that your child's adrenaline autoinjectors have not gone out of date, as they will not be as effective after this date.

- Make a note of the expiry date(s) as this is your responsibility; even for the medication kept at school. If your child has a Jext® or an EpiPen® you can set up an expiry date alert, to be sent to you by email or text – visit their website www.jext.co.uk http://www.epipen.co.uk

- Ensure the new Emergency Action Plan (EAP) is handed into the school on the first day of the new autumn term, together with the medication required.

- Keep a copy of the 1st page of the form for yourself so that you also have a written action plan. This should always be kept with the emergency medications.

DISCOVERY

Emergency Action Plan – with Antihistamines - Appendix D Part 1

Please click on the link below to access the child form

https://www.bsaci.org/wp-content/uploads/2024/10/BSACIAllergyActionPlan-OCT-24.pdf

Must be completed by Healthcare Professionals (with the exception of other signatories)

Allergy: Emergency Action Plan with *Antihistamines* appendix D Part 2

This plan has been agreed by the following: (Block Capitals)

PARENT/GUARDIAN

NAME: ……. Tel No: …….

Signature: ……. Date _____ / _____ / 20_____

Emergency telephone contact number…….

HEAD OF ADMINISTERING SETTING

NAME: …….

Signature: ……. Date _____ / _____ / 20_____

VOLUNTEERS TO ADMINISTER ANTIHISTAMINE

NAME: …….

Signature: ……. Date _____ / _____ / 20_____

NAME: …….

Signature: ……. Date _____ / _____ / 20_____

NAME: …….

Signature: ……. Date _____ / _____ / 20_____

NAME: …….

Signature: ……. Date _____ / _____ / 20_____

PRESCRIBER COMPLETING EMERGENCY ACTION PLAN

NAME: ……. Tel No: …….

Signature: ……. Date _____ / _____ / 20_____

Designation …….

The signature above only indicates that you have prescribed the medicine within this emergency action plan for the child. It is the Academies responsibility to ensure there is adequately trained staff able to carry out the actions required in the Emergency Action Plan.

Prepared with the kind permission of Leicestershire Traded Services, Discovery H&S Manager 23.07.2026

Emergency Action Plan – with EPIPEN Appendix 4.E Part 1

Please click to access the BSACI Child, YP form

BSACI-AllergyActionPlan-EpiPen-OCTOBER-24.pdf

Please click to access the BSACI Adult form

BSACI-Adult-action-plan-Epipen-Sept-24.pdf

DISCOVERY

Allergy: Emergency Action Plan with *EpiPen*® Appendix 4.E Part 2

Must be completed by Healthcare Professionals (with the exception of other signatories)

This plan has been agreed by the following: (Block Capitals)

PARENT/GUARDIAN

NAME: ……. Tel No: …….

Signature: ……. Date _____ / _____ / 20_____

Emergency telephone contact number…….

HEAD OF ADMINISTERING SETTING

NAME: …….

Signature: ……. Date _____ / _____ / 20_____

VOLUNTEERS TO ADMINISTER ANTIHISTAMINE AND EPIPEN®

NAME: …….

Signature: ……. Date _____ / _____ / 20_____

NAME: …….

Signature: ……. Date _____ / _____ / 20_____

NAME: …….

Signature: ……. Date _____ / _____ / 20_____

NAME: …….

Signature: ……. Date _____ / _____ / 20_____

PRESCRIBER COMPLETING EMERGENCY ACTION PLAN

NAME: ……. Tel No: …….

Signature: ……. Date _____ / _____ / 20_____

Designation: ……

I have prescribed a second EpiPen® to be given (circle) Yes No The signature above only indicates that you have prescribed the medicine within this emergency action plan for the child. It is the Academies and responsibility to ensure there is adequately trained staff able to carry out the actions required in the Emergency Action Plan

Prepared with the kind permission of Leicestershire Traded Services, Discovery H&S Manager 23.07.2026 R3

Emergency Action Plan – with JEXT Appendix 4.F Part 1

Please click to access the BSACI Child, YP form

https://www.bsaci.org/wp-content/uploads/2025/07/BSACI-AllergyActionPlan-Jext-Final-OCT-24.pdf

Please click to access the BSACI Adult form

BSACI-Adult-action-plan-Jext-Sept-24.pdf

Allergy: Emergency Action Plan with *Jext*® 4.F Part 2

Must be completed by Healthcare Professionals (with the exception of other signatories)

This plan has been agreed by the following: (Block Capitals)

PARENT/GUARDIAN

NAME: ……. Tel No: …….

Signature: ……. Date _____ / _____ /20_____

Emergency telephone contact number…….

HEAD OF ADMINISTERING SETTING

NAME: …….

Signature: ……. Date _____ / _____ / 20_____

VOLUNTEERS TO ADMINISTER ANTIHISTAMINE AND JEXT®

NAME: …….

Signature: ……. Date _____ / _____ / 20_____

NAME: …….

Signature: ……. Date _____ / _____ / 20_____

NAME: …….

Signature: ……. Date _____ / _____ / 20_____

NAME: …….

Signature: ……. Date _____ / _____ / 20_____

PRESCRIBER COMPLETING EMERGENCY ACTION PLAN

NAME: ……. Tel No: …….

Signature: ……. Date _____ / _____ / 20_____

Designation: ……

I have prescribed a second Jext® to be given (circle) Yes No

The signature above only indicates that you have prescribed the medicine within this emergency action plan for the child. It is the Academies responsibility to ensure there is adequately trained staff able to carry out the actions required in the Emergency Action Plan

Prepared with the kind permission of Leicestershire Traded Services, Discovery H&S Manager 23.07.2026 R3

Appendix 4.G - REPORT FORM

Following administration of adrenaline autoinjectors in response to anaphylaxis / suspected anaphylaxis

DISCOVERY

NAME OF CHILD: Date of birth:	Date of allergic reaction: _/___/____ Time reaction started: ____:_____hrs. Time 1st dose adrenaline given:_____:_____hrs. Time 2nd dose adrenaline given:_____:_____hrs* *If prescribed
NB ***Please copy this form and send to hospital with child if possible.*** ***Fax a copy to the allergy team 0116 2586694***	Time ambulance called: _____:_____hrs Time ambulance arrived: _____:_____hrs

Trigger for reaction (i.e. food type / bee-sting)

Description of symptoms of reaction:

Any other notes about incident (e.g. child eating anything, injuries etc.)

Witnesses to incident:
(Position in setting)

Please circle the prescribed devise used: Epipen Auto-injector 0.3mg Epipen Jr Auto-injector 0.15mg (under age 6) Jext 300mcg Jext 150mcg (under age 6)	Adrenaline given by: (Name of staff or self-administered by student) Site of injection: Problems encountered:

FORM COMPLETED BY:

NAME (print): .....SIGNATURE: ..... Job title:

..... Telephone no: **.....** DATE:__/_____/ 20___

Please complete this Report Form, giving clear account of events and fax it to 0116 2586694 or email to childrensallergy@uhl-tr.nhs.uk

Please keep original copy in setting records and give copy to parent

Prepared with the kind permission of Leicestershire Traded Services, Discovery H&S Manager 23.07.2026
R3

Appendix 4.H - Head Teachers letter for Purchasing a Generic AAI

[To be completed on headed school 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.

Please supply the following devices:

Brand Name		Dose (milligrams)	Quantity Required
Jext 150	Adrenaline Autoinjector Device	0.15mg	
Jext 300	Adrenaline Autoinjector Device	0.3mg	

*If you are a primary school we recommend at least 1 x 0.15mg and 1 x 0.3mg dose. If you are a secondary school, we recommend at least 1 0.3mg dose.

Signed: _____ Date: _____

Print name:

Head Teacher/Principal

Email to gary.ghs.stiefel@uhl-tr.nhs.uk/or a **Local Pharmacy**/Allergy Team or paul.venables2@nhs.net who is Pharmacy Projects Manager, **Leicestershire Partnership NHS Trust,** LPT Pharmacy Department

Anaphylaxis in Schools' staff training record Appendix 4.I

Name of school/setting	
Name of pupil	
Type of training received	
Date of training completed	
Training provided by	
Profession and title	

I confirm that [name of member/s of staff] has received the training detailed above and is competent to carry out any necessary treatment. It is recommended that training should be updated once per academic year.

Trainer's signature _____ _____

Date _____

I confirm that I have received the training detailed above.

Staff signature / & PRINT _____ _____ __

Staff signature / & PRINT _____ _____

Staff signature / & PRINT _____ _____

Staff signature / & PRINT _____ _____

Date _____

Suggested review date _____

- A copy of this is to be kept within the child's personal and schools training files

4.J Acknowledgement

The LA Health and Safety Team would like to thank the Specialist Allergy Team based at the Leicester Royal Infirmary (LRI), for their assistance & guidance in developing this document

Supporting Documents & Useful Information

Government Document: Supporting Children in Schools with Medical Conditions

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf

Other useful links:

https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3/supporting-pupils-with-medical-conditions-links-to-other-useful-resources--2

See Natasha's Law - next page

5.0 Natasha's Law

Following the tragic death of Natasha Ednan-Laperouse, the teenager who died after suffering an allergic reaction to a Pret a Manger baguette, the government confirmed stronger laws would be implemented to protect those with allergies and give them greater confidence in the food they buy. Natasha's Law was officially enacted on **1st October 2021.**

Any business that produces Pre -Packed food for Direct Sales (PPDS) is required to label it with the name of the food and a **full ingredients list**, with allergenic ingredients emphasised within the list.

What is PPDS food?

Pre**p**acked for **D**irect **S**ale or PPDS is food which is packaged at the same place it is offered or sold to consumers and is in this packaging before it is ordered or selected.

Labels **must** display name of the food & the ingredients list with the **14 allergens required to be declared, by law**: https://www.food.gov.uk/business-guidance/allergen-guidance-for-food-businesses It can include food that consumers select themselves (e.g. from a display unit), as well as products kept behind a counter and some food sold at mobile or temporary outlets.

Use this checklist Tool: to see if it applies to your school **or** service:

https://www.food.gov.uk/allergen-ingredients-food-labelling-decision-tool

Allergy Guidance for Schools:

https://www.gov.uk/government/publications/school-food-standards-resources-for-schools/allergy-guidance-for-schools

Business Guidance for PPDS Sales:

https://www.food.gov.uk/business-guidance/prepacked-for-direct-sale-ppds-allergen-labelling-changes-for-event-caterers

Changes to allergen labelling for school's colleges and nurseries:

https://www.food.gov.uk/business-guidance/prepacked-for-direct-sale-ppds-allergen-labelling-changes-for-schools-colleges-and-nurseries#changes-to-allergen-labelling-for-schools-colleges-and-nurseries

14 Allergens:

https://www.food.gov.uk/business-guidance/allergen-guidance-for-food-businesses

6.0 Useful contacts:

BSACI - Leicester Childrens Allergy Service:

https://www.bsaci.org/allergy-clinic/leicester-royal-infirmary-leicester-childrens-allergy-service

0116 258 5147 (always call 999/112 in an emergency without delay).

BSACI – University Hospitals Leicester (UHL) -Allergy Clinic

0116 256 3651 (always call 999/112 in an emergency without delay).

Free Autoinjectors (Paediatric Allergy Consultant): gary.ghs.stiefel@uhl-tr.nhs.uk See appendix 4I for information (at the time of writing this policy funding had been withdrawn)

Useful Teaching Video's - Awareness of Allergies

https://www.sparepensinschools.uk/teaching-videos/

Allergy UK -Helpline

01322 619898 https://www.allergyuk.org/

Anaphylaxis UK - Helpline: 01252 542029

Support for Education Settings: https://www.anaphylaxis.org.uk/education/

Offer on-line training and resources including child friendly information, videos and webinars etc.

Model Template Policy (includes risk assessment template and allergy management checklist) Allergies in the Workplace - https://www.anaphylaxis.org.uk/downloads-form/

Useful Allergens CHART

https://www.totalfoodservice.co.uk/data/ckeditor/Pdfs/14-Allergens.pdf Also see page 10 within this document

School packed lunches

https://www.food.gov.uk/business-guidance/prepacked-for-direct-sale-ppds-allergen-labelling-changes-for-schools-colleges-and-nurseries#school-packed-lunches

Food Labelling Guide for prepacked for direct sales food:

https://www.food.gov.uk/business-guidance/labelling-guidance-for-prepacked-for-direct-sale-ppds-food-products

Definition of Packaging:

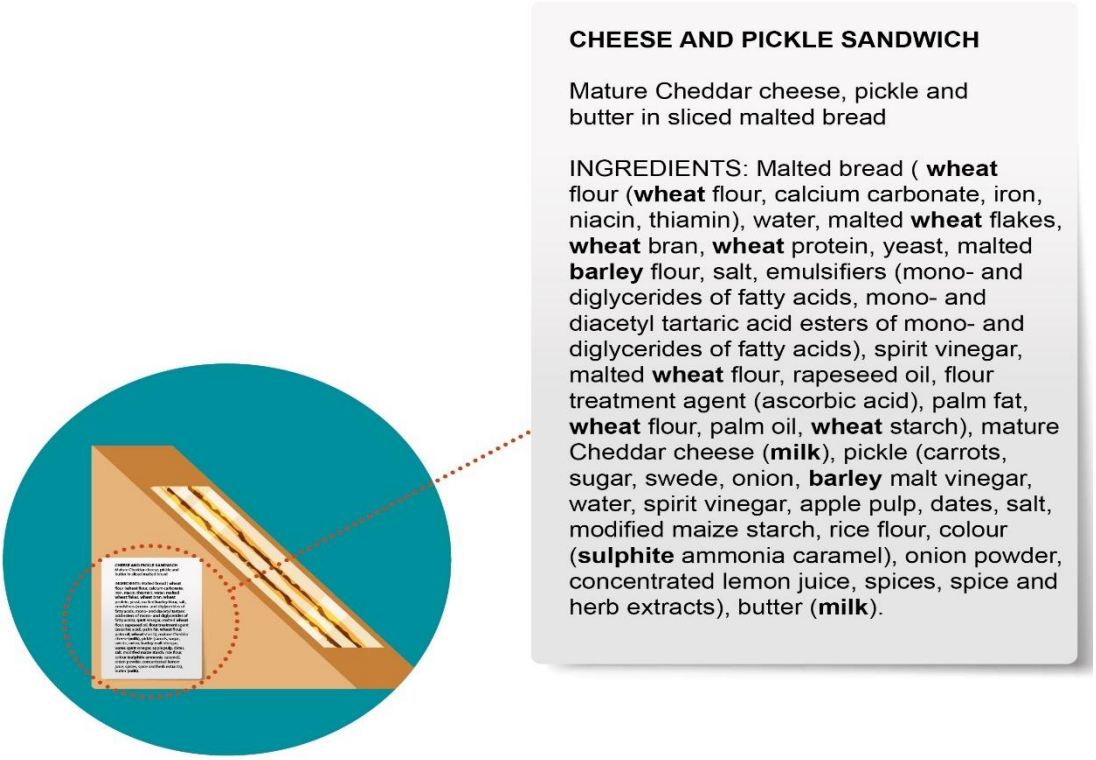
https://www.food.gov.uk/business-guidance/prepacked-for-direct-sale-ppds-allergen-labelling-changes-for-schools-colleges-and-nurseries#definition-of-packaging

Examples of Food that are not Prepacked: https://www.food.gov.uk/business-guidance/prepacked-for-direct-sale-ppds-allergen-labelling-changes-for-schools-colleges-and-nurseries#examples-of-food-that-is-not-prepacked-for-direct-sale

For further guidance, please see:

https://www.food.gov.uk/safety-hygiene/food-allergy-and-intolerance

EXAMPLE Labelling



7.0 IHCP

NAME – Individual Healthcare Plan for allergy	
Date of Birth	Current Photo
Year / class:	
Emergency contacts:	
Staff who need to be aware:	

Allergy:

Note what allergy the child or young person has:

Note any known allergens:

Note whether the child or young person is likely to be aware that they are having an allergic reaction and whether they can alert others:

How the allergy is managed:

Note any care or action plans or prescribed medication issued by healthcare professionals:

If the allergy can be partly or wholly managed by practical adjustments (for example avoidance of known allergens), note them here:

Note the extent to which the child or young person is able to take responsibility for managing their allergy:

Impact on education:

Indicate the potential harm which might come to the child or young person if their allergy is not managed properly:

Indicate how the allergy may impact on the child or young person's learning:

Indicate how the allergy may impact on the child or young person's emotional wellbeing.

If relevant, note any interaction between allergy and SEN:

Arrangements for support: *Give details of the specific support or adaptations which the school, college or early years setting will put in place, within its educational remit:* *Outline measures to reduce the risk of contact with known allergens:* *Give details of the specific support or adaptations to manage food allergy at meal and snack times:* *Note arrangements for maintaining educational progress where absence or missed learning occurs due to allergy:*	
Visits and trips: *Give details of any arrangements or procedures which may be required for school trips or other activities outside of the normal timetable that will ensure the child can participate.* *Note any requirement for a risk assessment and prompts for specific issues which should be considered:*	
Emergency response: *Where an Action Plan issued by a healthcare professional covers emergency response, refer to it and ensure it is attached.* *Otherwise summarise the signs or symptoms which would indicate an emergency.* *Set out what to do in an emergency, including whom to contact.* *If relevant, note where "spare" adrenaline devices are located:*	
Last discussed with parents:	**Date**
Issued by:	**Date**:
Next planned review:	**Date**:

NAME – Individual Healthcare Plan for allergy Annex: Medication needed while in school / college / setting	
Non-prescription medication: *Record any non-prescription medication (e.g. oral antihistamines) which the child or young person may require to manage their allergy in the education setting:* *Note whether it is emergency medication; where the medication is stored; and how and when the child or young person may need access:* *Note whether parental consent has been given for the allergy medication to be administered, and the date of consent.*	
Parental consent:	**Date**:
Prescription medication: *Record any prescription medication for allergy prescribed by a healthcare professional (e.g. adrenaline):* *Note whether it is emergency medication; where the medication is stored; and how and when the child or young person may need access:* *Note whether parental consent has been given for the allergy medication to be administered, and the date of consent:*	
Prescribed by:	**Date**:
Parental consent:	**Date**:
Use of "spare" adrenaline devices: *Note whether parental consent has been given to administer adrenaline (e.g. using "spare" adrenaline devices) in an emergency.*	
Parental consent:	**Date**:
Use of "spare" salbutamol inhaler: *If relevant (i.e. the child or young person is prescribed an asthma reliever inhaler), note whether consent has been given to use a "spare" salbutamol reliever inhaler.*	
Parental consent:	**Date**:

NAME – Individual Healthcare Plan for allergy Annex: Care or Action Plans issued by healthcare professionals	
Allergy / Asthma Action Plan: *Attach any Action Plan to the IHP for use in an emergency.* *Note which healthcare professional issued the plan, their role and the date issued.*	
Issued by:	**Date**:
Care Plan: *Note where any relevant care plan can be found.* *Note what staff are responsible for delivering / supporting delivery of the care plan.* *Note which healthcare professional issued the plan, their role and the date issued.*	
Date:	**Date**:

Poster

Recognise the signs of anaphylaxis

A (AIRWAYS)
- Tightening of the throat
- Hoarse voice
- Difficulty swallowing
- Swollen tongue

B (BREATHING)
- Sudden wheezing
- Difficult or noisy breathing
- Persistent cough

C (CIRCULATION)
- Persistent dizziness
- Pale or floppy
- Suddenly sleepy
- Collapse/unconscious

If any one (or more) of these signs are present: **Don't delay**

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

2. **Give adrenaline device without delay** (use the school's spare device if needed)

Scan this dose for instructions on how to use adrenaline devices

3. **Immediately dial 999** for ambulance and say ANAPHYLAXIS (ana-fill-axis)

After giving adrenaline:

- Stay with person until ambulance arrives, do NOT stand them up.
  - Keep them lying down, even if things seem to be getting better.
- Phone parent/emergency contact.

5:00 minutes

If no improvement after 5 minutes, give another dose of adrenaline using a second device, if available.

Commence CPR at any time if there are no signs of life

ALWAYS GIVE ADRENALINE DEVICE FIRST if someone has **SEVERE AND SUDDEN BREATHING DIFFICULTY** (including wheeze, persistent cough or hoarse voice). **THEN SEEK MEDICAL HELP. Anaphylaxis can occur without skin symptoms**

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