Clementswood Federation

Allergy Policy

Approved during Autumn Term 2026

Signed _____ Chair of Governors

To be Reviewed Autumn Term 2027 or before, if legislation changes

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1. Aims

This policy aims to:

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

2. Legislation and guidance

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

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

3. Roles and responsibilities

3.1 The governing board

The governing board is responsible for ensuring:

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

The governing board delegates the day-to-day implementation of this policy to the allergy safety lead.

3.2 Allergy safety lead

The nominated allergy safety leads are Mrs L.Hart (Deputy Headteacher at Cleveland Road Primary School) and Miss H.Rogers (Deputy Headteacher at Gordon Primary School).

They are responsible for:

- Implementing this allergy safety policy
- Reviewing the allergy safety policy at least annually, updating it when needed, and making sure it is published
- Promoting and maintaining allergy awareness across our school community
- Developing and reviewing arrangements for the safe storage and disposal of adrenaline devices (AD)
- Ensuring:
    - All allergy information is up to date and readily available to relevant members of staff
    - All pupils who require support with allergies have an up-do-date individual healthcare plan (IHP)
    - All pupils with a known food or insect sting allergy have up-to-date allergy action plans issued by a medical professional
    - All staff receive regular allergy awareness training
    - All staff are aware of the school's policy and procedures regarding allergies

- Relevant staff are aware of what activities need an allergy risk assessment
- Serious incidents and 'near misses' relating to allergy safety are recorded and reported as appropriate, and to consider and share with staff:
    - What lessons there are to learn
    - Any potential changes to the medical conditions and/or allergy safety policies and/or to any pupil's IHP

- Allergy awareness training is delivered as part of the induction process for new members of staff

3.3 Headteacher

The headteacher (Veena Naidoo) is responsible for:

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

3.4 Monitoring AAIs (Adrenaline Auto- Injectors)

The allergy safety lead and main first aider of each school (Ms H.Ayres – Gordon Primary School – and Mrs Parveen. – Cleveland Road Primary School) are responsible for:

- Checking spare AAIs are present and in date on a monthly basis
- Making sure that replacement AAIs are obtained when expiry dates approach
- Maintaining a list of expiration dates of AAIs that are prescribed to specific children, in order to ensure that replacement AAIs are obtained in advance of their expiration

3.5 Teaching and support staff

All staff, including teaching and support staff, are responsible for:

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

3.6 Parents/carers

Parents/carers are responsible for:

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

- If required, attending a meeting with the school nurse and allergy safety lead/main first aider, to create an Individual Health Care Plan, at least annually

3.7 Pupils with allergies

If age-appropriate, these pupils are responsible for:

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

3.8 Pupils without allergies

These pupils are responsible for:

- Being aware of allergens and the risk they pose to their peers
- Following the school rules and expectations regarding the sharing of food

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

4. Identifying individuals at risk

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

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

4.1 Identifying pupils at risk

Across the federation, arrangements are in place to identify pupils with known allergies.

This includes:

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

We ask that parents/carers proactively inform us by either phone call to the school or an email if their child’s medical needs change during the school year.

The contact details for both schools are as follows:

Cleveland Road Primary School: admin.cleveland-prim@redbridge.gov.uk FAO Mrs Parveen 0208 478 3601

Gordon Primary School: admin.gordon@redbridge.gov.uk FAO Ms Ayres; 0208 478 2977

4.2 Identifying staff and visitors at risk

Before commencing their role, new staff are required to complete a medical form. This asks them to provide details of any allergies, in advance of their start date.

Visitors to the school, including those completing work experience placements, are asked to provide details of allergies before commencing their role.

4.3 Individual healthcare plans (IHP)

Pupils should have an IHP if they:

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

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

The IHP will set out the additional and/or different arrangements that will be in place for supporting the pupil. Both schools in the federation will make every effort to make sure that arrangements are put in place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our schools.

Not all children with an allergy will require an IHP. Some allergies will have little or no impact on the pupil while they are at school, or pose no risk to the pupil. Some allergies will not require arrangements which are additional to or different from those made generally.

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

Each school will consider the following principles:

- If the arrangements or support which a pupil requires would be available to any pupil as part of normal policies, an IHP may not be required
- If the pupil only needs non-prescription medication and the school's medical conditions policy would permit them to carry and administer it, an IHP may not be required

IHPs will be reviewed at least annually and more frequently if the pupil's needs have changed. Where a pupil moves on to a new school or college, their IHP will be shared as part of the transition.

4.4 Allergy and asthma action plans

All pupils who have a known allergy to a food or insect stings should be issued with an appropriate allergy action plan by their healthcare professional. An example allergy action plan template can be seen in appendix 2.

All pupils who have asthma should be issued with an asthma action plan by their healthcare professional.

The plans include medical and parental consent for staff to administer emergency medicines, including adrenaline for anaphylaxis or reliever inhaler in the event of an asthma attack.

The allergy action plan and/or asthma action plan should be attached to the pupil's IHP. Whenever the allergy action plan is updated, the pupil's IHP should be reviewed to incorporate it.

4.5 Register of pupils with known allergies

- The school maintains a register of pupils who have a known allergy, along with those who have IHPs. The register includes:
    - Known allergens and risk factors for anaphylaxis
    - Whether a pupil has been prescribed ADs (and if so, what type and dose)

- Where a pupil has been prescribed an AD, whether parental consent has been given to administer emergency medication
- With parental consent, a photograph of each pupil to allow a visual check to be made

- The register is kept electronically on each school's MIS (Arbor) so that it is easily accessible to staff. An up to date physical copy is kept by the kitchen staff. These registers can be checked quickly by any member of staff as part of initiating an emergency response

5. Assessing risk

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

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

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

6. Minimising risk

6.1 Hygiene procedures

To prevent contamination in our schools, the following procedures are in place:

- Pupils are reminded to wash their hands before and after eating
- Sharing of food, food containers, and food utensils is not allowed (This includes for celebratory purposes – e.g. birthdays or religious festivals)
- Pupils have their own named water bottles, and lunch boxes belonging to pupils with food allergies will be clearly labelled with the name of the child for whom they are intended
- Where food is not directly provided by the school, parental engagement and permission will be sought in advance

6.2 Catering

Both schools are committed to providing safe food options to meet the dietary needs of pupils with allergies.

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

6.3 Insect bites/stings

In order to prevent insect bites/stings, the federation ensures that:

- Children always wear their shoes when playing or learning outside
- Food and drink is kept covered
- The school grounds are maintained regularly, including mowing lawns to discourage wasp activity
- Lunches are eaten inside the school building to discourage insects being attracted to the food
- Spillages are cleared up quickly, to reduce the risk of insects being attracted

6.4 Animals

To manage allergies to animals such as dogs:

- All pupils will wash their hands after interacting with animals to avoid putting pupils with allergies at risk through later contact
- Pupils with animal allergies will not interact with animals
- Prior to the animal interaction, consent will be sought from parents, including clarifying if their child has an animal allergy

6.5 Educational visits and trips

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

7. Procedures for handling an allergic reaction

- All staff are trained to recognise the signs of both mild and severe allergic reactions (known as anaphylaxis) and respond appropriately
- Staff are trained in the administration of adrenaline to minimise delays in an emergency
- If the pupil has an allergy action plan, this must be followed
- A spare school AD device will only be used if:
    - The pupil does not have a prescribed AD
    - The pupil's prescribed ADs are not available or misfire

8. Adrenaline devices (ADs)

Both schools in the federation follow the Department of Health and Social Care's Guidance on using emergency adrenaline auto-injectors in schools.

8.1 Prescribed ADs

Pupils who are prescribed ADs have two devices in school. They are both kept in an unlocked cupboard – for ease of access – within their classroom. Both ADs are taken on educational visits and trips, to be administered by a trained member of staff. If the class leave their room, the child's ADs are taken with them.

At the end of the school year, children taken the ADs home with them, for the summer holidays. Parents are responsible for ensuring that they are both returned at the start of the autumn term and that both devices, are in date.

In classes, ADs are stored:

- In an appropriate central location that is unlocked and accessible at all times
- **No more than** 5 minutes away from where they may be needed (larger schools may require ADs to be stored in multiple locations, such as near the dining area and playground)
- At room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature

A copy of the pupil's allergy action plan – see example template in appendix 1 - is kept alongside their medication, as it includes instructions on how it should be used in an emergency.

Within each school, a central record is held of children with IHPs or allergy action plans. This is maintained by the lead first aider and monitored collaboratively with the allergy safety lead. Should adrenaline be administered to a child, records are kept in the first aid book, along with being recorded on the template shown in appendix 2.

8.2 Spare ADs and inhalers

Please note: current regulations only allow schools to purchase adrenaline auto-injectors (AAIs) as spare devices. Non-injectable adrenaline devices (nasal spray) may be prescribed to individuals but cannot currently be stocked as a spare device. If an individual who is prescribed nasal adrenaline suffers anaphylaxis, a school's spare AAIs may be used in an emergency. Schools can purchase an emergency asthma reliever inhaler which can only be used if the pupil's prescribed inhaler is not available and where written consent has been obtained.

The allergy safety lead is responsible for sourcing spare ADs and an emergency asthma reliver inhaler and ensuring they are stored according to the guidance.

Procedure for buying spare ADs:

- https://www.arkinschools.com/ark-anaphylaxis-kits
- 1 spare asthma inhaler, 2 x 150mcg autoinjector pens and 1 x 300mcg autoinjector pen
- Brand: EpiPen®

Spare ADs are stored:

- On the wall of the medical room, in a clearly labelled orange emergency allergy kit that is unlocked and accessible to **staff only,** at all times
- **No more than** 5 minutes away from where they may be needed
- Kept at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature

Spare AAIs will be kept:

- In a pair, in case a second one is necessary
- Separate from any pupils' prescribed ADs and clearly labelled to avoid confusion

The lead first aider and allergy safety lead at each school (Ms H.Ayres & Miss H. Rogers – Gordon Primary School – and Mrs Parveen & Mrs Hart – Cleveland Road Primary School), are responsible for:

- Checking monthly that spare ADs and the emergency asthma reliver inhaler are present and in date
- Obtaining replacement ADs when the expiry date is near

8.3 Disposal

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

8.4 Using spare ADs in an emergency situation without prior consent

The Human Medicines (Amendment) Regulations 2017 do not require consent to have been obtained for spare adrenaline devices to be used in an emergency.

The school will obtain advance consent from parents/carers or pupils for spare adrenaline devices to be used, so that in an emergency, consent can be assumed to be in place.

However, in an emergency situation, anyone may take reasonable action to save a life without checking whether prior consent has been given. This avoids potentially fatal delays in treatment.

8.5 Use of ADs off school premises

When leaving the school site for educational visits, the Ads of pupils at risk of anaphylaxis, will be carried by a nominated first aider. Pupils at risk of anaphylaxis who are able to administer their own adrenaline may carry their own ADs with them on school trips and off-site events.

9. Serious incidents and 'near misses'

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

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

9.1 Incident recording

The school will record serious incidents and 'near misses' relating to allergy safety as soon as is feasible. The incident will be recorded in the first aid record book outlining the symptoms the child presented with and treatment given. In addition, the lead first aider and allergy safety lead will support the relevant members of staff to complete an *Allergy Incident Form*, as shown in appendix 2, including the following information:

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

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

9.2 Incident reporting

The parents/carers of a pupil aged up to 16 should be notified of the incident or 'near miss' as soon as possible.

The school will share the report with the pupil's parents, the pupil or the individual involved.

They will be given the opportunity to discuss what happened and to contribute their views to the consequent lessons learned review. The individual school will then confirm what they have learnt from the incident and outline any actions we are taking as a result. These findings will also be shared with the allergy safety lead from the federating school, in order to ensure that risk is minimised and the highest level of care is provided, across the federation.

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

Staff will always share the incident report with Mrs L Hart (Cleveland Road Primary School) or Miss H Rogers (Gordon Primary School). The allergy safety lead will consider whether the allergy safety arrangements in place were appropriate or if changes are needed to this policy and/or the pupil's IHP. Any learning will be shared appropriately with staff so they can act on them and reduce the chance of an incident reoccurring.

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

- With the Health and Safety Executive (HSE): incidents which arise directly out of the way the school carried out a work activity which results in death or immediate hospitalization. For example, where a pupil has suffered harm after consuming an allergen due to incorrect preparation of food by a member of staff. They will do so, following the guidance provided in how to make a RIDDOR report.
- To the local authority: any allergen-related food safety incidents. [See how to report a food safety issue]

In the event that the incident or 'near miss' was related to the delivery of a care plan or action plan issued by a healthcare professional, the relevant healthcare professional will be notified.

10. Allergy awareness

10.1 Staff training

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

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

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

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

Allergy awareness training will ensure that all staff:

- Have an awareness of allergy, the risks it poses, how allergic reactions can occur and how to manage it
- Understand that allergy includes multiple conditions (food allergy, asthma, eczema, hay fever, others), which can co-exist
- Understand the difference between food allergy, coeliac disease and food intolerance
- Know where to find information on allergy triggers
- Can identify the range of symptoms of allergic reactions
- Understand and can recognise anaphylaxis

- Know how to respond in an emergency, including:
    - Calling emergency services and informing parents/carers
    - How to locate and administer emergency medication
    - How to use the medication/device in an emergency
- Understand the impact allergy can have on a pupil's wellbeing
- Understand the school's allergy safety policy
- Know how to check whether an individual is on the record of those with known allergy, and how to use an allergy or asthma action plan
- Understand their responsibilities in reducing the risk of individuals with known allergy coming into contact with their known allergens
- Understand how to report an allergic reaction or case of anaphylaxis (whether an incident or a 'near miss')

10.2 Awareness of allergy safety policy

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

All staff should be aware of and understand the policy as part of annual allergy awareness training.

Across the federation, the children are taught about allergies using age-appropriate resources, which are shared with the children as part of assemblies and PSHE lessons. Additionally, allergy awareness is developed through the science topic *Animals including Humans* with the children developing their increasing knowledge of food groups and a balanced diet, along with how some individuals have a special diet, to keep them well and safe. This knowledge is then explored further across the school, as part of Allergy Awareness Week, each year, using resources from Allergy School.

11. Wellbeing

Pupils with allergies can experience bullying and may also suffer from anxiety and depression relating to their allergy. In order to prevent the pupils experiencing bullying, both schools within the federation provide additional support for them, including:

- Pastoral care (ELSA sessions)
- Regular check-ins with their class teacher and LSA
- Reassurance that steps are being taken to minimise the risks of exposure to allergen and that robust measures are in place in the event of anaphylaxis

The school will respond to any instance of bullying in line with its behaviour policy.

Bullying can often be linked to a lack of knowledge and understanding, emphasizing the importance of the teaching steps outlined in section 10.2.

11.1 Wellbeing support following an incident or 'near miss'

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

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

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

12. Information sharing

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

13. Monitoring arrangements

This policy will be monitored by the allergy safety lead.

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

14. Links to other policies

This policy links to the following policies and procedures:

- Health and safety policy
- Supporting pupils with medical conditions policy
- School food policy
- Data protection policy
- Behaviour policy

Appendix 1: Example Allergy Action Plan Template

BSACI Improving Allergy Care

ALLERGY ACTION PLAN

RCPCH Royal College of Paediatrics and Child Health · anaphylaxis UK · AllergyUK

This child/young person has the following allergies:

Name:

DOB:

Mild/moderate reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Mild throat tightness
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

Action to take:

- Stay with person, call for help if needed
- Locate adrenaline autoinjector(s)
- **Give antihistamine:**

Loratadine 5mg

(If vomited, can repeat dose)

- Phone parent/emergency contact
- Do not take a shower to help with itchy skin, this can worsen the reaction

Watch for signs of ANAPHYLAXIS

(a potentially life-threatening allergic reaction)

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

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

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

1. **Lie flat with legs raised** (if breathing is difficult, allow person 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/young person until ambulance arrives, **do NOT stand them up.** Keep them lying down, even if things seem to be getting better.
2. Phone parent/emergency contact. If you are on your own, call a friend or relative and ask them to come over.
3. If no improvement **after 5 minutes, give a further adrenaline dose** using a second autoinjector device, if available.

Commence CPR if there are no signs of life

You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis.

Emergency contact details:

1) Name: .....

.....

2) Name: .....

.....

Parental consent: I hereby authorise school staff to administer the medicines listed on this plan, in accordance with Department of Health Guidance on the use of AAIs in schools.

Signed: .....

Print name: .....

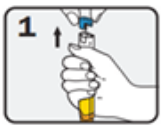
Date: .....

Consent is required for children under 16 years (and for young people over 16 unable to give consent themselves) except in an unforeseen emergency

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

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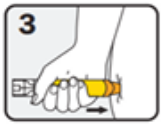
How to give EpiPen®



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



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



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

Additional instructions:

If wheezy due to an allergic reaction, GIVE ADRENALINE FIRST and then asthma reliever (e.g. blue puffer) via spacer, if prescribed

This is a medical document to be completed by a 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 medical authorisation to carry emergency autoinjectors has been prepared by:**

Sign & print name: .....

Hospital/Clinic: .....

.....

Date: .....

Appendix 2: Allergy Incident Form

Created by Anaphylaxis UK

www.anaphylaxis.org.uk allergywise@anaphylaxis.org.uk

anaphylaxis UK
A brighter future for people with serious allergies

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Anaphylaxis UK, a charity registered in England and Wales (1085527) and in Scotland – charity number: SC051390

(NB: Not to be shared outside of school, without their permission)

Following a near miss, reaction or anaphylaxis a thorough review needs to be undertaken to understand why the incident happened and to identify the measures needed to prevent future occurrences.

Completed by		**Role**		**Date**	
Date of incident		**Type of incident**	**Near miss/reaction/anaphylaxis**		
Location of incident		**Person affected**	**Student/employee**		
What happened – the cause?					
Were AAIs administered?	Yes No				
What action was taken?					
What were the contributory factors?					

What needs to happen in future to avoid a recurrence?			
Are there any training needs?	Yes No		
Does the policy need reviewing?	Yes No		
Have staff (and students) involved been debriefed?	Yes No	**Have staff (and students) involved been offered support?**	Yes No
Does the student have an allergy action plan?	Yes No	**Has the allergy action plan been updated if needed?**	Yes No
Does the student have an IHP?	Yes No	**Has the IHP been updated?**	Yes No
Has replacement medication been obtained?	Yes No		
Is this RIDDOR reportable?	Yes No		
Parent/staff comments			
Date reported to manager			
Manager's comments			
Manager's signature			
Form completer's signature			