



Allergy and Anaphylaxis Policy

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1. AIMS AND OBJECTIVES

This policy outlines Cranbourne's approach to allergy management, including how the whole-school community works to reduce the risk of an allergic reaction happening and the procedures in place to respond if one does. It also sets out how we support our pupils with allergies to ensure their wellbeing and inclusion, as well as demonstrating our commitment to being an Allergy Aware School.

This policy applies to all staff, pupils, parents and visitors to the school and should be read alongside these other policies:

Supporting Students with Medical Conditions
Health and Safety Policy

2. WHAT IS AN ALLERGY?

Allergy occurs when a person reacts to a substance that is usually considered harmless. It is an immune response and instead of ignoring the substance, the body produces histamine which triggers an allergic reaction.

Whilst most allergic reactions are mild, causing minor symptoms, some can be very serious and cause anaphylaxis, which is a life-threatening medical emergency.

People can be allergic to anything, but serious allergic reactions are most commonly caused by food, insect venom (such as a wasp or bee sting), latex and medication.

3. DEFINITIONS

ANAPHYLAXIS: Anaphylaxis is a severe allergic reaction that can be life-threatening and must be treated as a medical emergency.

ALLERGEN: A normally harmless substance that, for some, triggers an allergic reaction. You can be allergic to anything. The most common allergens are food, medication, animal dander (skin cells shed by animals with fur or feathers) and pollen. Latex and wasp and bee stings are less common allergens.

Most severe allergic reactions to food are caused by just 9 foods. These are eggs, milk, peanuts, tree nuts (which includes nuts such as hazelnut, cashew nut, pistachio, almond, walnut, pecan, Brazil nut, macadamia etc), sesame, fish, shellfish, soya and wheat.

There are 14 allergens required by law to be highlighted on pre-packed food. These allergens are celery, cereals containing gluten, crustaceans, egg, fish, lupin, milk, molluscs, mustard, peanuts, tree nuts, soya, sulphites (or sulphur dioxide), and sesame.

ADRENALINE AUTO-INJECTOR: Single-use device which carries a pre-measured dose of adrenaline. Adrenaline auto-injectors are used to treat anaphylaxis by injecting adrenaline directly into the upper, outer thigh muscle. Adrenaline auto-injectors are

commonly referred to as AAs, adrenaline pens or by the brand name EpiPen. There are three brands licensed for use in the UK: EpiPen and Jext Pen. For the purposes of this Policy we will refer to them as Adrenaline Pens.

ALLERGY ACTION PLAN: This is a document filled out by a healthcare professional, detailing a person's allergy and their treatment plan. Please see Appendix 1 for examples.

DESIGNATED ALLERGY LEAD: The member of staff responsible for overseeing allergy management across the school and acting as the main point of contact for pupils, parents and staff.

NEFFY: Neffy (official name in the UK is EURNeffy) is a nasal spray which delivers adrenaline. It is a needle-free alternative to an adrenaline auto-injector approved.

INDIVIDUAL HEALTHCARE PLAN (IHCP): A detailed document outlining an individual pupil's medical conditions, history, treatment, risks and action plan. This document should be created by schools in collaboration with parents/carers and, where appropriate, pupils. All pupils with an allergy should have an Individual Healthcare Plan and it should be read in conjunction with their Allergy Action Plan. Please see Supporting Students with Medical Conditions Policy for more information on the IHCP process.

RISK ASSESSMENT: A detailed document outlining an activity, the risks it poses and any actions taken to mitigate those risks. Allergy should be included on all risk assessments for events on and off the school site.

SPARE ADRENALINE PENS: Schools are able to purchase spare adrenaline pens. These should be held as a back-up, in case pupils' prescribed adrenaline pens are not available. They can also be used to treat a person who experiences anaphylaxis but has not been prescribed their own adrenaline.

4. ROLES AND RESPONSIBILITIES

Cranbourne takes a whole-school approach to allergy management.

4.1 Designated Allergy Lead

The Designated Allergy Lead is Kristy Gilkes, Business Manager. They report into the Headteacher and are responsible for:

- Ensuring the safety, inclusion and wellbeing of pupils with allergies.
- Taking decisions on allergy management across the school.
- Championing and practising allergy awareness across the school.
- Being the overarching point of contact for staff, pupils and parents with concerns or questions about allergy management.
- Ensuring allergy information is recorded, up-to-date and communicated to all staff. The collation of information may be delegated to other members of staff, in this case, the school Welfare Assistant(s).
- Making sure all staff are appropriately trained, have good allergy awareness and realise their role in allergy management (including what activities need an allergy risk assessment).
- Ensuring staff, pupils and parents have a good awareness of the school's Allergy and Anaphylaxis Policy, and other related procedures.
- Reviewing the stock of the school's spare adrenaline pens and ensuring staff know where they are.
- Keeping a record of any allergic reactions or near-misses, reporting these to the appropriate authority (e.g. under RIDDOR) where necessary and ensuring the circumstances are investigated and learnings shared.
- Regularly reviewing and updating the Allergy and Anaphylaxis Policy; and
- Ensuring there is an Anaphylaxis Drill once a year.

At regular intervals the Designated Allergy Lead will check procedures and report to the Senior Leadership Team (SLT) and Full Governing Body (FGB).

4.2 School Welfare Team

- Lesley Gray, school Welfare Assistant/Nurse is responsible for:
 - Collecting and coordinating the paperwork (including Allergy Action Plans and Individual Healthcare Plans) and information from families (this is likely to involve liaising with the Admissions Team for new joiners).
 - Support the Designated Allergy Lead on how this information is disseminated to all school staff, including the Catering Team and occasional staff.
 - Ensuring the information from families is up-to-date, and reviewed annually (at a minimum) and coordinating medication with families and ensuring medication is up to date.
 - Keeping an adrenaline pen register to include Adrenaline Pens prescribed to pupils and Spare Pens, including brand, dose and expiry date. The location of Spare Pens should also be documented.
 - Regularly checking spare pens are where they should be, and that they are in date.
 - Replacing the spare pens when necessary.
 - Providing on-site adrenaline pen training for other members of staff and pupils and refresher training as required e.g. before school trips.

4.3 Admissions/Transition Team

The admissions team is likely to be the first to learn of a pupil or visitor's allergy. They should work with the Designated Allergy Lead and school welfare team to ensure that:

- There is a clear method to capture allergy information or special dietary information at the earliest opportunity.
- There is a clear structure in place to communicate this information to the relevant parties (i.e. school nursing team, catering team).
- Parents and applicants are informed of catering arrangements during admission events.
- Plans are made for emergency medication if the child is to be left without parental supervision.

4.4 All staff

All school staff, including teaching staff, support staff, site staff, occasional staff (for example supply and music teachers) are responsible for:

- Championing and practising allergy awareness across the school.
- Reading, understanding and putting into practice the Allergy and Anaphylaxis Policy and related procedures, and asking for support if needed.
- Being aware of pupils (and staff, when necessary) with allergies and what they are allergic to.
- Considering the risk to pupils with allergies posed by any activities and assessing whether the use of any allergen in activity is necessary and/or appropriate.
- Ensuring pupils always have access to their medication or carrying it on their behalf.
- Being able to recognise and respond to an allergic reaction, including anaphylaxis, after appropriate training.
- Taking part in training and anaphylaxis drills as required (at least once a year). Whilst it is the school's responsibility to ensure staff have received annual training, if the member of staff is aware they have not received any allergy training in the last 12 months they should alert a manager.
- Considering the safety, inclusion and wellbeing of pupils with allergies at all times. Preventing and responding to allergy-related bullying, in line with the school's anti-bullying policy.
- Forwarding any communication or information that comes directly to them from parents regarding allergens to the Welfare Assistant; and
- Ensuring that pupils have their medication and their Allergy Action Plan or Individual Health Care Plan with them when leaving school site, for a match or trip.

4.5 All parents

- All parents and carers (whether their child has an allergy or not) are responsible for:
 - Being aware of and understanding the school's Allergy and Anaphylaxis Policy and considering the safety and wellbeing of pupils with allergies.
 - Providing the school via medical@cranbourne.hants.sch.uk with information about their child's medical needs, including dietary requirements and allergies, history of their allergy, any previous allergic reactions or anaphylaxis. They should also inform the school of any related conditions, for example asthma, hay fever, rhinitis or eczema.
 - Considering and adhering to any food restrictions or guidance the school has in place when providing food, for example in packed lunches, as snacks or for special events.
 - Encouraging their child to be allergy aware.

4.6 Parents of children with allergies

In addition to point 4.5, the parents and carers of children with allergies should:

- Work with the school to fill out an Individual Healthcare Plan and provide an accompanying Allergy Action Plan.
- If applicable, provide the school or their child with two labelled adrenaline pens and any other medication, for example antihistamine (with a dispenser, i.e. spoon or syringe), inhalers or creams.
- Ensure medication is in-date and replaced at the appropriate time.
- Ensure their child has access to their allergy medication, including two adrenaline pens if prescribed, on the journey to and from school.
- Update school with any changes to their child's condition and ensure the relevant paperwork is updated.
- Provide the school with an up-to-date photograph of their child and sign the associated permission for it to be shared appropriately as part of their allergy management.
- Support their child to understand their allergy diagnosis and to advocate for themselves and to take reasonable steps to reduce the risk of an allergic

reaction occurring e.g. not eating the food they are allergic to.

4.7 All pupils

All pupils at the school should:

- Be allergy aware.
- Understand the risks allergens might pose to their peers.
- Learn how they can support their peers and be alert to allergy-related bullying. This will be delivered via PSHE, Pastoral PowerPoints and school assemblies.
- From Key Stage 3 in PSHE. pupils will learn how to recognise and respond to an allergic reaction and to support their peers and staff in case of an emergency.

4.8 Pupils with allergies

In addition to point 4.7, pupils with allergies are responsible for:

- Knowing what their allergies are and how to mitigate personal risk (with support).
- Avoiding their allergen as best as they can.
- Understand that they should notify a member of staff if they are not feeling well, or suspect they might be having an allergic reaction.
- If age-appropriate, to carry two adrenaline auto-injectors with them at all times. They must only use them for their intended purpose.
- Understand how and when to use their adrenaline auto-injector.
- Talking to the Designated Allergy Lead or a member of staff if they are concerned by any school processes or systems related to their allergy.
- Raising concerns with a member of staff if they experience any inappropriate behaviour in relation to their allergies.
- Pupils permitted to leave the school site should know what to do if they have an allergic reaction off school premises. This should include how to treat themselves and raise the alarm to get help; and

- If age and capability appropriate, ensuring they have their medication with them on the journey to and from school.

5. INFORMATION AND DOCUMENTATION

5.1 Register of pupils with an allergy

The school has a register of pupils who have a diagnosed allergy. This includes children who have a history of anaphylaxis or have been prescribed adrenaline pens, as well as pupils with an allergy where no adrenaline pens have been prescribed.

5.2 Each pupil with an allergy has an Individual Healthcare Plan. The information on this plan includes:

- Known allergens and risk factors for allergic reactions.
- A history of their allergic reactions.
- Detail of the medication the pupil has been prescribed including dose, this should include adrenaline pens, antihistamine etc.
- A copy of parental consent to administer medication, including the use of spare adrenaline pens in case of suspected anaphylaxis.
- A photograph of each pupil.
- A copy of their Allergy Action Plan. See Appendix 1.

6. ASSESSING RISK

Allergens can crop up in unexpected places. Staff (including visiting staff) will consider allergies in all activity planning and include it in risk assessments. Some examples include:

- Classroom activities, for example craft using food packaging, science experiments where allergens are present, food tech or cooking.
- Bringing animals into the school, for example a dog or hatching chick eggs can pose a risk.

- Running activities or clubs where they might hand out snacks or food “treats”. Ensure safe food is provided or consider an alternative non-food treat for all pupils.
- Planning special events, such as cultural days and celebrations

Inclusion of pupils with allergies must be considered alongside safety and they should not be excluded. If necessary, adapt the activity. The School will ensure compliance with the Equality Act 2010.

7. FOOD, INCLUDING MEALTIMES & SNACKS

7.1 CATERING IN SCHOOL

The school is committed to providing a safe meal for all students, including those with food allergies.

- Due diligence is carried out with regard to allergen management when appointing catering staff.
- All catering staff and other staff preparing food will receive relevant and appropriate allergen awareness training.
- Anyone preparing food for pupils with allergies will follow good hygiene practices, food safety and allergen management procedures.
- The catering team will endeavour to get to know the pupils with allergies and what their allergies are supported by school staff.
- The catering team will endeavour to provide varied meal options to students and staff with allergies.
- The school has robust procedures in place to identify pupils with food allergies.
 - The school kitchen has photographs of students with allergies for staff members so they can recognise students quickly.
 - The specifics regarding student allergies are put up in the kitchen for easy referral.
 - The cashless catering system held in school also holds the students details via the biometric fingerprint system. Once the student has scanned in, the system will automatically flag any relevant allergy

information for the member of staff serving them.

- Food containing the main 14 allergens (see Allergens definition) will be clearly identified for pupils, staff and visitors to see. Other ingredient information will be available on request.
- For pupils or staff with allergies (including food other than the “main 14”), meals can be collected directly from the Catering Manager, Melanie McGarry’s till point, for additional reassurance.
- Food packaged to go will comply with PPDS legislation (Natasha’s Law) requiring the allergen information to be displayed on the packaging.
- Where changes are made to the ingredients this will be communicated to pupils with dietary needs by Melanie McGarry, Catering Manager.
- The school will see pre-packed items detailing “May Contain” ingredients
- We do not use anything with nuts in the kitchen, but products may contain them. Where possible we ask parents to avoid nut-products in packed lunches.
- All areas where food can be bought will also have a “Ask About Allergens” poster to remind staff and students to check regarding ingredients if unsure.

7.2 FOOD BROUGHT INTO SCHOOL

- Food brought into school that is shop-bought should always have the relevant packaging retained, ensuring allergens can be checked accordingly.
- Where food has been made at home, a list of allergens should be provided. Where this not possible the food should not be shared or sold.

7.3 FOOD BANS OR RESTRICTIONS

- This school is an Allergen Aware school. We have students with a wide range of allergies to different foods, so we encourage a considered approach to bringing in food.
- We try to restrict peanuts and tree nuts as much as possible on the site and check all foods coming into the kitchen.
- All food coming onto school premises or taken on a school trip or to a match should be checked to ensure peanuts and tree nuts are not an ingredient in

another product. Please check the label on all foods brought in. Common foods that contain these goods as an ingredient include: packaged nuts, cereal bars, chocolate bars, nut butters, chocolate spread, sauces

7.4 FOOD HYGIENE FOR PUPILS

- Pupils will wash their hands before and after eating.
- Sharing, swapping or throwing food is not allowed.
- Water bottles and packed lunches should be clearly labelled.

8. EDUCATIONAL VISITS AND SPORTS FIXTURES

- Staff leading the trip will have a register of pupils with allergies and details of their medication. Staff should notify the trip leader of any allergies.
- Allergies will be considered on the risk assessment and catering provision put in place.
- Consult with the parents if the trip requires an overnight stay.
- Staff accompanying the trip will be trained to recognise and respond to an allergic reaction.
- Allergens will be clearly labelled on catered packed lunches.
- See Adrenaline Pens section for School Trips and Sports Fixtures.

9. INSECT STINGS

Pupils with a known insect venom allergy should:

- Avoid walking around in bare feet or sandals when outside and when possible keep arms and legs covered.
- Avoid wearing strong perfumes or cosmetics.
- Keep food and drink covered.

The school Site Manager, Adam Kyc, will monitor the grounds for wasp or bee nests. Pupils (with or without allergies) should notify a member of staff if they find a wasp or bee nest in the school grounds and avoid them.

10. ANIMALS

It's normally the dander (flakes of skin) saliva or urine that causes a person with an animal allergy to react.

Precautions to limit the risk of an allergic reaction include:

- A pupil with a known animal allergy should avoid the animal they are allergic to.
- If an animal comes on site a risk assessment will be done prior to the visit.
- Areas visited by animals will be cleaned thoroughly.
- Anyone in contact with an animal will wash their hands after contact.
- School trips that include visits to animals will be carefully risk assessed.

11. ALLERGIC RHINITIS/ HAYFEVER

Seasonal pollen allergies and hay fever are notified to the school via the medical questionnaire upon joining. This information is shared on the SIMS system. This is generally managed via consent for school administered Antihistamine (10mg) (liquid form also available). Students who require stronger antihistamines generally administer these at home before attending school.

12. INCLUSION AND MENTAL HEALTH

Allergies can have a significant impact on mental health and wellbeing. Pupils may experience anxiety and depression and are more susceptible to bullying.

- No child with allergies should be excluded from taking part in a school activity, whether on the school premises or a school trip.
- Pupils with allergies may require additional pastoral support including regular check-ins from their Tutor, CPP or Head of House.
- Affected pupils will be given consideration in advance of wider school discussions about allergy and school Allergy Awareness initiatives.

- Bullying related to allergy will be treated in line with the school's anti-bullying policy.

13. ADRENALINE PENS

Based on: [Government guidance on Adrenaline Pens in Schools.](#)

13.1 Storage of adrenaline pens

- Pupils prescribed with adrenaline pens will have easy access to two, in-date pens at all times.
- It is strongly encouraged that students carry two of their own Adrenaline Pens but these can be stored centrally, in reception, on request. The school are also happy to hold additional spare pens for students alongside the ones that they carry. When stored centrally they will also be labelled with their Allergy Action Plan.
- Spot checks will be made to ensure adrenaline pens are where they should be and in date.
- Adrenaline pens must not be locked away.
- Adrenaline pens should be stored at moderate temperatures (see manufacturer's guidelines), not in direct sunlight or above a heat source (for example a radiator).
- Used or out of date pens will be disposed of as sharps.

13.2 Spare adrenaline pens

This school has 6 spare adrenaline pens to be used in accordance with government guidance.

The adrenaline pens are clearly signposted and are stored in Reception, Medical and in labelled First Aid grab bags.

The Allergy Lead (Kristy Gilkes) and Welfare Assistant (Lesley Gray) are responsible for:

- Deciding how many spare pens are required.
- What dosage is required, based on the Resuscitation Council UK's age-based guidance (see page 11 in link above).

- Which brand(s) to buy. Schools are recommended to buy a single brand if possible to avoid confusion.
- The purchasing of spare adrenaline pens which can be obtained at low cost from a local pharmacy.
- Distribution around the site and clear signage.

13.3 Adrenaline pens on off-site activities

- No child with a prescribed adrenaline pen will be able to go on a school trip without two of their own devices. It is the trip leader's responsibility to check they have them.
- Adrenaline pens will be kept close to the pupils at all times e.g. not stored in the hold of the coach when travelling or left in changing rooms.
- Adrenaline pens will be protected from extreme temperatures.
- Staff accompanying the pupils will be aware of pupils with allergies and be trained to recognise and respond to an allergic reaction.
- Consider whether to take spare adrenaline pens to off-site activities. This should be recorded as part of the risk assessment process.

14. RESPONDING TO AN ALLERGIC REACTION /ANAPHYLAXIS

See Appendix 1 for recognising and responding to an allergic reaction:

- Treat the pupil in accordance with their Allergy Action Plan.
- If anaphylaxis is suspected adrenaline will be administered without delay.
- Treat the pupil where they are. Lie them down with their legs raised and bring medication to them.
- Use pupil's own prescribed medication if immediately available.
- Pupil can administer the adrenaline pen themselves [if able to] or a member of staff can administer the pen. Ideally, the member of staff will be trained, but in an emergency, anyone can administer adrenaline.

- If the pupil's own adrenaline pen is not available or misfires, then use a spare adrenaline pen.
- If anaphylaxis is suspected but the pupil does not have a prescribed adrenaline pen or Allergy Action Plan, lie the pupil down with their legs raised, call 999 and explain anaphylaxis is suspected. Inform the operator that spare adrenaline pens are available and follow instructions from the operator. The MHRA says that in exceptional circumstances, a spare adrenaline pen can be administered to anyone for the purposes of saving their life.
- If, after 5 minutes, there is no improvement, use a second adrenaline pen and call the emergency services again and inform them that a second dose of adrenaline has been given.
- Do not move the pupil until a medical professional/ paramedic has arrived, even if they are feeling better.
- Anyone who has had suspected anaphylaxis and received adrenaline must go to hospital, even if they appear to have recovered. A member of staff should accompany them in an ambulance until a parent or guardian arrives.

15. TRAINING

15.1 The school is committed to training all staff annually to give them a good understanding of allergy.

This includes:

- Understanding what an allergy is
- How to reduce the risk of an allergic reaction occurring
- How to recognise and treat an allergic reaction, including anaphylaxis
- How the school manages allergy, for example Emergency Response Plan, documentation, communication etc
- Where adrenaline pens are kept (both prescribed pens and spare pens) and how to access them
- The importance of inclusion of pupils with food allergies, the impact of allergy on mental health and wellbeing and the risk of allergy related bullying
- Understanding food labelling
- Taking part in an anaphylaxis drill

15.2 The school will carry out an anaphylaxis drill annually.

This includes:

- An exercise simulating an event where a pupil or member of staff has an allergic reaction and testing the whole school response.

16. ASTHMA







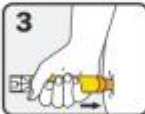
It is vital that pupils with allergies keep their asthma well controlled, because asthma can exacerbate allergic reactions.

17. REPORTING ALLERGIC REACTIONS

The school will log allergic reaction incidents and near-misses. See Health and Safety Policy for reporting procedures.

Appendix 1

Allergy Action Plan: EpiPen

	<h1>ALLERGY ACTION PLAN</h1>								
<p>This child/young person has the following allergies:</p>									
<p>Name: _____</p> <p>DOB: _____</p>	<div style="border: 2px solid red; padding: 10px;"><h3>Watch for signs of ANAPHYLAXIS</h3><p>(a potentially life-threatening allergic reaction)</p><p>Anaphylaxis may occur without skin symptoms: ALWAYS consider anaphylaxis in someone with known food allergy who has SUDDEN DIFFICULTY IN BREATHING</p><table border="0"><tr><td>A AIRWAY</td><td>B BREATHING</td><td>C CONSCIOUSNESS</td></tr><tr><td><ul style="list-style-type: none">Persistent coughHoarse voiceDifficulty swallowingSwollen tongue</td><td><ul style="list-style-type: none">Difficult or noisy breathingWheeze or persistent cough</td><td><ul style="list-style-type: none">Persistent dizzinessPale or floppySuddenly sleepyCollapse/unconscious</td></tr></table><p>IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:</p><ol style="list-style-type: none">Lie flat with legs raised (if breathing is difficult, allow person to sit)<ol style="list-style-type: none">Use Adrenaline autoinjector <u>without delay</u> (eg. EpiPen[®]) (Dose: <input type="text"/> mg)Dial 999 for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")<p style="text-align: center;">*** IF IN DOUBT, GIVE ADRENALINE ***</p><p>AFTER GIVING ADRENALINE:</p><ol style="list-style-type: none">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.Phone parent/emergency contact. If you are on your own, call a friend or relative and ask them to come over.If no improvement after 5 minutes, give a further adrenaline dose using a second autoinjector device, if available.<p>Commence CPR if there are no signs of life</p><p>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.</p></div>			A AIRWAY	B BREATHING	C CONSCIOUSNESS	<ul style="list-style-type: none">Persistent coughHoarse voiceDifficulty swallowingSwollen tongue	<ul style="list-style-type: none">Difficult or noisy breathingWheeze or persistent cough	<ul style="list-style-type: none">Persistent dizzinessPale or floppySuddenly sleepyCollapse/unconscious
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<div style="border: 2px solid blue; padding: 5px;"><p>Mild/moderate reaction:</p><ul style="list-style-type: none">Swollen lips, face or eyesItchy/tingling mouthMild throat tightnessHives or itchy skin rashAbdominal pain or vomitingSudden change in behaviour<p>Action to take:</p><ul style="list-style-type: none">Stay with person, call for help if neededLocate adrenaline autoinjector(s)Give antihistamine:<p>Loratadine 5mg (if vomited, can repeat dose)</p><ul style="list-style-type: none">Phone parent/emergency contactDo not take a shower to help with itchy skin, this can worsen the reaction</div>	<p>Emergency contact details:</p> <p>1) Name: _____</p> <p>2) Name: _____</p> <p>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.</p> <p>Signed: _____</p> <p>Print name: _____</p> <p>Date: _____</p> <p>Consent is required for children under 16 years (and for young people over 16 unable to give consent themselves) except in an unforeseen emergency</p> <p>For more information about managing anaphylaxis in schools and "spare" adrenaline autoinjectors, visit: sparepensinschools.uk</p> <p>© BSACI 10/2024</p>								
<p>How to give EpiPen[®]</p> <ol style="list-style-type: none"> 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.		<p>Additional instructions:</p> <p>If wheezy due to an allergic reaction, GIVE ADRENALINE FIRST and then asthma reliever (e.g. blue puffer) via spacer, if prescribed</p>							
<p>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:</p> <p>Sign & print name: _____</p> <p>Hospital/Clinic: _____</p> <p>Date: _____</p>									

This 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
<ul style="list-style-type: none"> • Persistent cough • Hoarse voice • Difficulty swallowing • Swollen tongue 	<ul style="list-style-type: none"> • Difficult or noisy breathing • Wheeze or persistent cough 	<ul style="list-style-type: none"> • Persistent dizziness • Pale or floppy • Suddenly sleepy • Collapse/unconscious

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

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



- 2 Use Adrenaline autoinjector without delay** (eg. JEXT®) (Dose: _____ mg)
- 3 Dial 999 for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")**

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

AFTER GIVING ADRENALINE:

1. Stay with child/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

How to give JEXT®



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: _____