Allergy Safety Policy

Policy Owner:	Lighthouse Multi Academy Trust
Academy Name:	Sunshine Academy
Approved/ Ratified:	Pat Hunt
Review Dates:	September 2027

Document Version Control Log

Version	Modification Date	Synopsis of Changes
1.0	July 2026	

The named staff members (at least 2) responsible for coordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy are:

Name of Member of Staff	**Role**
Sarah Corkindale	Head Teacher
Rebecca Taylor	Medical Conditions Lead

The Link governor for allergy and medical conditions is: Claire Sarginson

Contents

1. Introduction

An allergy is a reaction of the body's immune system to substances that are usually harmless. The reaction can cause minor symptoms such as itching, sneezing or rashes but sometimes causes a much more severe reaction called anaphylaxis.

Anaphylaxis is a serious, life-threatening allergic reaction. The whole body is affected often within minutes of exposure to the allergen, but sometimes it can be hours later. Causes can include foods, insect stings, and drugs.

Most healthcare professionals consider an allergic reaction to be anaphylaxis when it involves difficulty breathing or affects the heart rhythm or blood pressure. Anaphylaxis symptoms are often referred to as the ABC symptoms (Airway, Breathing, Circulation).

It is possible to be allergic to anything which contains a protein, however most people will react to a fairly small group of potent allergens.

Common UK Allergens include (but are not limited to):-
Peanuts, Tree Nuts, Sesame, Milk, Egg, Fish, Latex, Insect venom, Pollen and Animal Dander.

This policy sets out how Sunshine Academy will support pupils with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in school life.

2. Role and responsibilities

Trustees

The Board of Trustees has overall strategic responsibility for ensuring that the Trust has appropriate arrangements in place to safeguard pupils with allergies and minimise the risks associated with allergic reactions, including anaphylaxis.

The Board of Trustees will:

- Ensure the Trust has an effective Allergy Management Policy which is reviewed regularly and reflects current legislation, national guidance and recognised good practice.
- Promote a culture where the safety, wellbeing and inclusion of pupils with allergies is recognised as a shared responsibility across all academies.
- Ensure suitable governance arrangements are in place to monitor compliance with this policy across the Trust.
- Seek assurance that each academy has effective systems for identifying, recording and managing pupils with medical conditions, including allergies and those at risk of anaphylaxis.
- Ensure appropriate resources are available to enable academies to meet their statutory duties in relation to supporting pupils with medical conditions.
- Receive assurance that suitable training arrangements are in place so that staff understand their responsibilities and can respond appropriately to an allergic reaction or medical emergency.
- Ensure robust arrangements exist for the administration, storage, accessibility and replacement of emergency medication, including adrenaline auto-injectors where required.
- Monitor significant incidents relating to allergies through the Trust's health and safety and safeguarding reporting arrangements, ensuring that lessons learned are identified and implemented where appropriate.
- Ensure appropriate insurance arrangements are maintained for activities undertaken by the Trust.
- Hold the Chief Executive Officer and Trust Executive Leader to account for the effective implementation, monitoring and review of this policy across all academies.
- Ensure that equality, inclusion and reasonable adjustments are considered so that pupils with allergies can participate safely in all aspects of academy life, including educational visits, enrichment activities, clubs and residential experiences.
- Ensure the Trust complies with its duties under relevant health and safety, safeguarding, equality and medical conditions legislation and guidance.

Trust Central Team

The members of the Trust Central Team will:

- Develop and implement a Trust-wide allergy management policy and guidance.
- Ensure all academies comply with statutory requirements and Trust standards for allergy management.
- Provide central oversight of allergy risk management across all schools.
- Monitor compliance through audits, reviews, and quality assurance visits.
- Support schools in developing and reviewing individual healthcare plans for pupils with allergies.
- Oversee the reporting, investigation, and sharing of learning from allergy-related incidents and near misses.
- The Governance Professional will monitor each academy's Local Governing Body against agreed key performance indicators, providing assurance on governance effectiveness and reporting outcomes, areas of strength, and any identified risks or actions to Trust leadership.
- Facilitate communication and the sharing of best practice between academies and external healthcare partners.
- Review and update Trust policies and procedures in line with changes to legislation, national guidance, and emerging best practice.

Role of the Named Local Governor for Allergy Safety – Claire Sarginson

The nominated governor should:

- Provide strategic oversight of the academy's allergy management arrangements.
- Ensure the academy has a published Allergy Safety Policy, separate from the Medical Conditions Policy, which is reviewed annually or following a significant incident.
- Receive assurance that the Executive Headteacher/ Headteacher/ Head of Academy has implemented the policy effectively.
- Monitor compliance with statutory requirements through reports rather than becoming involved in individual cases.
- Ensure allergy safety is embedded within safeguarding, health and safety and risk management.

Allergy Lead – Rebecca Taylor

The Academy Allergy Lead will:

- Lead the day-to-day implementation of the academy's Allergy Safety Policy.
- Ensure staff have signed to say they have received, read and understood the Allergy Policy and update the record when new staff join.
- Maintain an accurate register of pupils with allergies and ensure all **Individual Healthcare Plans (IHPs)** are current and reviewed regularly.
- Ensure prescribed and spare adrenaline auto-injectors (AAIs) are available, accessible, in date and checked routinely.
- Coordinate annual allergy and anaphylaxis training for all staff, including induction for new starters, and maintain training records.
- Carry out and oversee allergy risk assessments for classrooms, curriculum activities, educational visits, clubs and other school events.
- Work closely with parents, healthcare professionals, catering providers and relevant staff to ensure pupils with allergies are supported safely and inclusively.
- Ensure effective emergency procedures are in place and that all allergic reactions, including near misses, are recorded, reviewed and used to improve practice.
- Monitor compliance through regular audits of healthcare plans, medication, training and allergy management arrangements, taking action where improvements are needed.
- Promote a whole-school culture of allergy awareness, prevention and inclusion through communication, guidance and staff support.
- Report regularly to the Headteacher and Local Governing Body on allergy management, training compliance, incidents, audits and any emerging risks or recommendations.

Parent/Carer Responsibilities

The Parent/Carer are responsible for:

- Completing the admissions pack on entry to the academy informing them of any allergies their child has. This information should include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication.
- Supplying a copy of their child's Allergy Action Plan (BSACI plans preferred) to the academy. If they do not currently have an Allergy Action Plan this should be developed as soon as possible in collaboration with a healthcare professional. e.g. School nurse/GP/allergy specialist.
- Ensuring any required medication is supplied, in date and replaced as necessary.
- Keeping the academy up to date with any changes in allergy management. The Allergy Action Plan will be kept updated accordingly.

Responsibilities of the School Nurse and SENDCO

- Ensure that the up-to-date Allergy Action Plan is kept with the pupil's medication.
- Check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.
- Keep a register of pupils who have been prescribed an adrenaline auto-injector (AAI) and a record of use of any AAI(s) and emergency treatment given.
- Ensure that any reaction or near misses is recorded and reported internally or in accordance with RIDDOR.

Staff Responsibilities

All staff will:

- Receive, read and understand the Allergy Policy on joining and then annually.
- Complete anaphylaxis training. Training is provided for all staff on a yearly basis and on an ad-hoc basis for any new members of staff.
- Have an awareness of pupils they teach regularly who are on the allergy list (e.g. PPA cover, ECT time, PE lessons, Music lessons)
- Ensure any food-related activities are supervised with due caution.
- Carry all relevant emergency supplies on academy trips. Trip leaders will check that all pupils with medical conditions, including allergies, carry their medication. Pupils unable to produce their required medication will not be able to attend the excursion.

Pupil Responsibilities

- Pupils are encouraged to develop an age-appropriate understanding of their allergies, recognise the signs and symptoms of an allergic reaction, and immediately inform a member of staff if they feel unwell or believe they are experiencing an allergic reaction.
- Where agreed by parents/carers, healthcare professionals and the academy through the pupil's Individual Healthcare Plan, pupils who are assessed as competent and confident may carry and, where appropriate, self-administer their prescribed adrenaline auto-injector (AAI). Pupils should understand the importance of keeping their medication with them and informing a member of staff immediately after it has been us

3. Allergy Action Plans

Allergy action plans (1 page profiles) are designed to function as individual healthcare plans for children with food allergies, providing medical and parental consent for schools to administer medicines in the event of an allergic reaction, including consent to administer a spare adrenaline auto- injector. (Appendix 1)

British Society of Allergy and Clinical Immunology (BSACI) Allergy Action Plans are produced by a medical professional and should not be created by school. These are a national plan that has been agreed by the BSACI, Anaphylaxis UK and Allergy UK. The allergy action plans are designed to function as an individual healthcare plan.

4. Emergency Treatment and Management of Anaphylaxis

What to look for:
Symptoms usually come on quickly, within minutes of exposure to the allergen.

Mild to moderate allergic reaction symptoms may include:

- a red raised rash (known as hives or urticaria) anywhere on the body
- a tingling or itchy feeling in the mouth
- swelling of lips, face or eyes
- stomach pain or vomiting.

More serious symptoms are often referred to as the ABC symptoms and can include:

- **AIRWAY** - swelling in the throat, tongue or upper airways (tightening of the throat, hoarse voice, difficulty swallowing).
- **BREATHING** - sudden onset wheezing, breathing difficulty, noisy breathing.
- **CIRCULATION** - dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness.

The term for this more severe reaction is anaphylaxis. In extreme cases there could be a dramatic fall in blood pressure. The person may become weak and floppy and may have a sense of something terrible happening. This may lead to collapse and unconsciousness and, on rare occasions, can be fatal.

If the pupil has been exposed to something they are known to be allergic to, then it is more likely to be an anaphylactic reaction.

Anaphylaxis can develop very rapidly, so a treatment is needed that works rapidly. **Adrenaline** is the mainstay of treatment, and it starts to work within seconds.

What does adrenaline do?

- It opens up the airways
- It stops swelling
- It raises the blood pressure

As soon as anaphylaxis is suspected, adrenaline must be administered without delay. Action:

- Keep the child where they are, call for help and do not leave them unattended.
- **LIE CHILD FLAT WITH LEGS RAISED** – they can be propped up if struggling to breathe but this should be for as short a time as possible.
- **USE ADRENALINE AUTO-INJECTOR WITHOUT DELAY** and note the time given. AAIs should be given into the muscle in the outer thigh. Specific instructions vary by brand – always follow the instructions on the device.'
- CALL **999** and state **ANAPHYLAXIS (ana-fil-axis).**
- If no improvement after 5 minutes, administer second AAI.
- If no signs of life commence CPR.
- Call parent/carer as soon as possible.

Whilst you are waiting for the ambulance, keep the child where they are. Do not stand them up, or sit them in a chair, even if they are feeling better. This could lower their blood pressure drastically, causing their heart to stop.

All pupils must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can reoccur after treatment.

5. Supply, storage and care of medication

Pupils prescribed adrenaline auto-injectors (AAI) must be kept in the classroom or learning area in a clearly identified, readily accessible location that is known to all relevant staff. Medication must never be locked away and should be immediately available for use in an emergency while remaining secure from unauthorised access.

Each academy will maintain at least one clearly identified anaphylaxis emergency kit containing spare adrenaline auto-injector(s) (AAIs), in accordance with Department for Education guidance. The kit **must** be stored in a central, readily accessible location that can be reached **within five minutes** from any area of the academy, must never be locked away, and its location must be known to all staff. The contents of the kit should be checked regularly to ensure medication remains in date and is available for immediate use in the event of an anaphylactic emergency.

Medication should be stored in a suitable container and clearly labelled with the pupil's name. The pupil's medication storage container should contain:

- Two AAIs i.e. EpiPen® or Jext®
- An up-to-date allergy action plan (1 page profile)
- Antihistamine as tablets or syrup (if included on allergy action plan)
- Spoon if required
- Asthma inhaler (if included on allergy action plan).

It is the responsibility of the child's parents/carers to ensure that the anaphylaxis kit is up-to-date and clearly labelled, however the Allergy Lead will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.

Parents can subscribe to expiry alerts for the relevant AAIs their child is prescribed, to make sure they can get replacement devices in good time.

Storage
AAIs should be stored at room temperature, protected from direct sunlight and temperature extremes.

Disposal
Adrenaline auto-injectors (AAIs) are single-use devices. Following use, the AAI should be handed to the attending ambulance crew for safe disposal wherever possible.

Where this is not possible, the academy will dispose of the used AAI safely in accordance with its clinical waste procedures.

6. 'Spare' adrenaline auto-injectors in school

Written parental consent for the use of spare AAIs is included within each pupil's Allergy Action Plan.

Sunshine Academy has purchased and maintains a supply of spare adrenaline auto-injectors (AAIs) for emergency use in pupils who are at risk of anaphylaxis. These may be used where a pupil's prescribed device is not available, not working, or out of date, or where a pupil experiences an anaphylactic reaction for the first time without a prior diagnosis.

The spare AAIs are held in accordance with Department for Education guidance and are intended solely for emergency use by trained staff.

These are stored in a clearly identifiable, wall-mounted emergency anaphylaxis kit located in the medical room at each academy. Consistency across the organisation is required to ensure ease of identification. The kit will be clearly labelled 'Emergency Anaphylaxis Adrenaline Pen', kept securely but not locked away, and must be accessible and known to all staff.

Each academy holds 2 x 150mcg and 2 x 300mcg spare adrenaline auto-injectors, which are stored in the wall-mounted emergency anaphylaxis kit located in the main office.

The Allergy Lead is responsible for ensuring that all spare medication is checked monthly to confirm it is in date and replaced as required.

7. Staff Training

The named staff members (at least 2) responsible for coordinating staff anaphylaxis training and the upkeep of the academy's anaphylaxis policy are:-

Name of Member of Staff	Role
Sarah Corkindale	Head Teacher
Rebecca Taylor	Medical Conditions Lead

All staff will complete anaphylaxis training annually, and on an ad-hoc basis during induction of new staff.

Training includes:

- Knowing the common allergens and triggers of allergy
- Spotting the signs and symptoms of an allergic reaction and anaphylaxis. Early recognition of symptoms is key, including knowing when to call for emergency services
- Administering emergency treatment (including AAIs) in the event of anaphylaxis – knowing how and when to administer the medication/device
- Measures to reduce the risk of a child having an allergic reaction e.g. allergen avoidance, knowing who is responsible for what
- Managing allergy action plans and ensuring these are up to date

Sunshine Academy ensures that staff undertake a practical session using trainer devices.
https://www.epipen.co.uk/en-GB/hcp/Patient-support/EpiPen-Trainer-Pen#

8. Inclusion and safeguarding

Sunshine Academy is committed to ensuring that all children with medical conditions, including allergies, in terms of both physical and mental health, are properly supported in the academy so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

9. Catering

All academies must comply with the Food Information Regulations 2014, which require that accurate allergen information relating to the 'Top 14' allergens is made available for all food and drink products provided or served within the academy.

The Academy's menu is available for parents to view **monthly** in advance with all ingredients listed and allergens highlighted on the academy website.

The Allergy Lead will inform the Catering Manager of pupils with food allergies. The catering staff will be given an allergy list with the name of the pupil, year group, allergy and a photograph of the child.

At lunchtime, pupils and staff with identified allergies will wear a purple lanyard to support staff recognition and ensure safe meal provision. Pupils with severe allergies who require an adrenaline auto-injector (AAI) held in school will wear a purple lanyard and will be provided with a designated purple tray and or plate/bowl to support safe identification and minimise risk during lunchtime.

The academy will ensure that the allergy list is kept accurate and regularly updated. Amendments will be made promptly when:

- New pupils join the academy
- Pupils with allergies leave the academy
- There are any changes to a pupil's medical information or dietary requirements

Parents/carers will meet with the Allergy Lead to discuss their child's allergies in order to create the Allergy Action Plan (1 page profile).

The academy adheres to the following Department of Health guidance recommendations:

- Bottles, other drinks and lunch boxes provided by parents/carers for pupils with food allergies should be clearly labelled with the name of the child for whom they are intended.
- Where food is provided by the academy staff should be educated about how to read labels for food allergens and instructed about measures to prevent cross contamination 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.
- Academies are encouraged to adopt a 'no food brought in for birthdays or celebrations' approach, and to reduce the risk of allergen exposure the academy does not permit food items to be brought in from home for distribution to other pupils, including birthday treats, as part of its allergy risk management procedures to ensure the safety and wellbeing of all pupils, particularly those with food allergies.
- Use of food in crafts, cooking classes, science experiments and special events (e.g. fayres, assemblies, cultural events) needs to be considered and may need to be restricted/risk assessed depending on the allergies of particular children and their age.
- Pupils with food allergies will be encouraged, where age-appropriate, to check ingredients and confirm food suitability with catering staff before selecting or consuming food.

10. School trips

The staff group leader will ensure that a pupil's prescribed adrenaline auto-injector(s) (AAIs), together with one academy-held spare AAI of the appropriate dosage for the pupil's age, are collected from the academy prior to the visit.

One spare AAI will accompany the trip, while the second academy-held spare AAI (of the same dosage) will remain in the academy's wall-mounted anaphylaxis emergency kit, alongside the other available dosages.

All emergency medication will be carried by trained staff and will remain readily accessible throughout the duration of the visit, in accordance with the pupil's Individual Healthcare Plan and risk assessment.

Pupils are not required to carry their own medication on educational visits, as this responsibility will be managed by the designated staff group leader in line with the pupil's Individual Healthcare Plan and risk assessment.

All the activities on the school trip will be risk assessed to see if they pose a threat to allergic pupils. An Equality Impact Assessment (see educational visits policy) will be completed where a pupil's allergy may impact their ability to participate in an educational visit. This will ensure that all reasonable adjustments are considered and that decisions are made in line with the Equality Act 2010, with the aim of enabling full inclusion wherever reasonably practicable.

Overnight residential visits should be fully accessible to pupils with allergies where possible, subject to careful planning and appropriate risk assessment. A pre-visit meeting will be arranged between parents/carers and the Allergy Lead to agree individual arrangements and ensure all needs are appropriately planned for.

Venue staff must be informed in advance where a pupil with allergies is attending, including any specific dietary requirements, to ensure suitable and safe food provision is available where meals are provided by the venue.

Sporting Excursions

Pupils with allergies should be given every opportunity to participate in sports fixtures and visits to other schools. The PE teacher(s) will liaise with the Academy Allergy Lead and ensure that relevant staff are fully informed of any pupils with medical conditions, including allergies.

The host school will be notified in advance where a pupil with an allergy is attending a fixture as part of a team. At least one member of staff trained in the administration of adrenaline auto-injectors (AAIs) will accompany the team to ensure appropriate emergency support is available.

Where a host school is unable to accommodate specific dietary requirements, arrangements will be made for the pupil to bring suitable alternative food provided from home, in line with their allergy management plan.

The academy will work in partnership with parents and carers to ensure that pupils are fully included in all aspects of school life, and will agree any special arrangements required to support safe participation.

11. Allergy awareness and nut aware

Sunshine Academy adopts a nut-aware approach in line with the guidance promoted by Anaphylaxis UK. The academy does not implement blanket bans on specific allergens, as it is not possible to guarantee an entirely allergen-free environment in any school setting. Nuts are one of many potential allergens that may affect pupils, and effective risk management is achieved through awareness, education, and robust procedures. Parents and carers are not permitted to send in nuts or products containing nuts due to the risk of severe allergic reactions, including potential airborne exposure, within the academy environment.

The academy also promotes a culture of allergy awareness and education across the whole school community. This ensures that staff, pupils and visitors understand the nature of allergies, the importance of avoiding known allergens, the signs and symptoms of allergic reactions, and the appropriate actions to take in the event of an emergency. The

academy maintains clear policies and procedures to minimise risk and support the safety and inclusion of all pupils with allergies.

12. Risk Assessment

Sunshine Academy will complete a detailed individual risk assessment for all new pupils prescribed an adrenaline auto-injector (AAI/EpiPen), as well as for any pupil newly diagnosed and prescribed an AAI, to identify and manage risks and ensure appropriate measures are in place to keep pupils safe. (Appendix 2)

In addition, the Trust provides a whole-school allergy risk assessment framework, which each academy will review and adapt to reflect its local context and specific operational arrangements. This bespoke document will be regularly reviewed by the academy to ensure it remains current, effective and aligned with Trust and statutory guidance. (Appendix 3)

13. Link Policies

- Supporting Pupils with Medical Conditions Policy
- Safeguarding and Child Protection Policy
- Health and Safety Policy
- First Aid Policy
- Food and Nutrition Policy
- Educational Visits Policy (EVC Policy)
- Equity, Equality, Diversity and Inclusion Policy
- Admissions Policy

14. Monitoring and Review

The academy will regularly monitor the implementation and effectiveness of this Allergy Policy to ensure it remains current, compliant with statutory guidance, and effective in managing risk.

Monitoring will include:

- Review of allergy-related incidents and near misses, including any required actions or learning outcomes
- Regular checks of Individual Healthcare Plans and allergy registers
- Monitoring of staff training completion, including annual allergy and anaphylaxis training
- Audits of emergency medication (including AAIs) to ensure it is in date, accessible and appropriately stored
- Review of risk assessments for individual pupils, educational visits and high-risk activities
- Feedback from staff, parents/carers and relevant professionals

The policy will be formally reviewed at least annually, or sooner if:

- There is a significant allergic reaction or emergency incident
- There are changes to statutory guidance or best practice (including DfE updates)
- A review is requested by the Trust, Governing Body or senior leadership

The Headteacher and Allergy Lead will be responsible for ensuring ongoing monitoring, with oversight provided by the Local Governing Body and assurance reporting to Trust leadership where applicable.

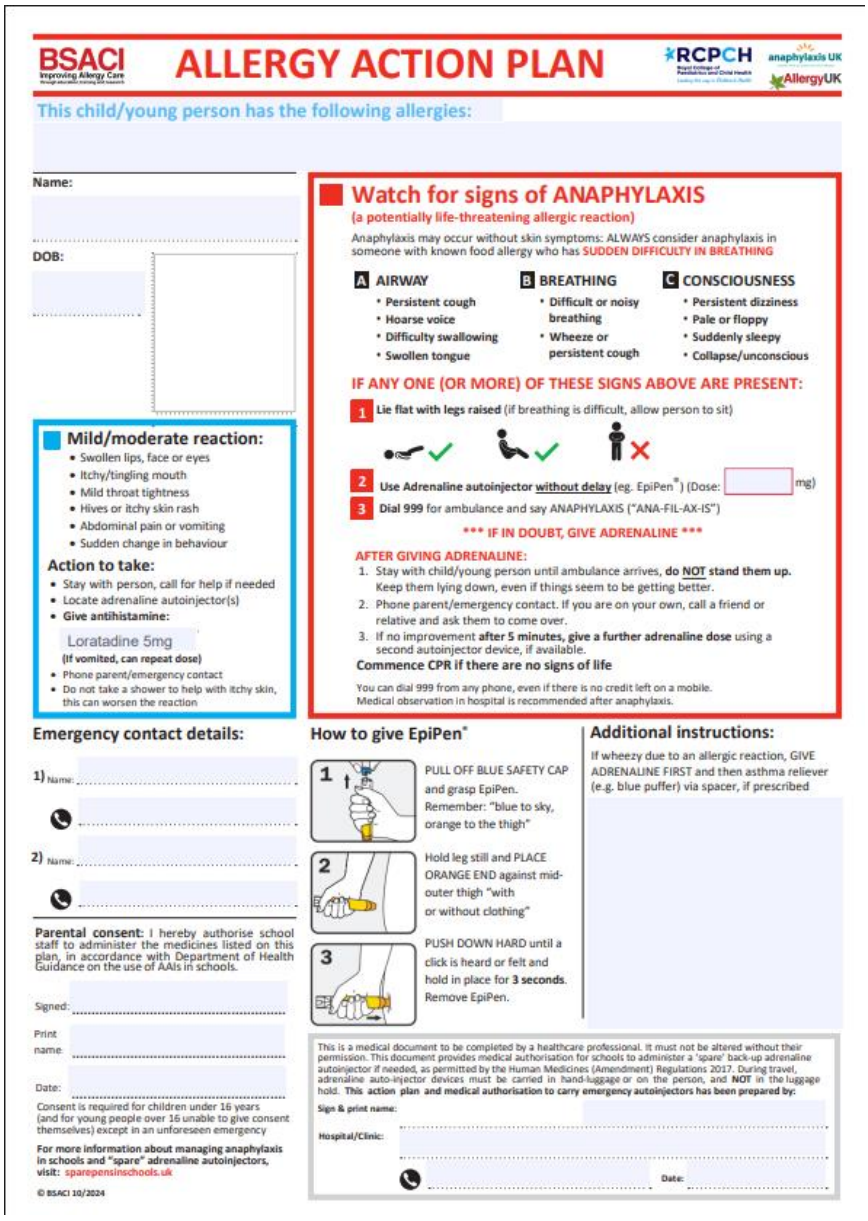
15. Useful Links

- Anaphylaxis UK - https://www.anaphylaxis.org.uk/
- Safer Schools Programme - https://www.anaphylaxis.org.uk/education/safer- schools-programme/

- AllergyWise for Schools online training - https://www.allergywise.org.uk/p/allergywise-for-schools1
- Allergy UK - https://www.allergyuk.org
- Whole school allergy and awareness management - https://www.allergyuk.org/schools/whole-school-allergy-awareness- and management
- BSACI Allergy Action Plans - https://www.bsaci.org/professional-resources/resources/pediatric-allergy-action-plans/
- Spare Pens in Schools - http://www.sparepensinschools.uk
- Department for Education Supporting pupils at school 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
- Department of Health Guidance on the use of adrenaline auto-injectors in schools - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_ data/file/645476/Adrenaline_auto_injectors_in_schools.pdf
- Food allergy quality standards (The National Institute for Health and Care Excellence, March 2016) https://www.nice.org.uk/guidance/qs118

Anaphylaxis: assessment and referral after emergency treatment (The National Institute for Health and Care Excellence, 2020) https://www.nice.org.uk/guidance/cg134?unlid=229041504201671158 34

Appendix 1- Allergy Action Plan (1 page profile)
Use editable PDF version



BSACI Improving Allergy Care

ALLERGY ACTION PLAN

RCPCH 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

How to give EpiPen®

1. PULL OFF BLUE SAFETY CAP and grasp EpiPen. Remember: "blue to sky, orange to the thigh"
2. Hold leg still and PLACE ORANGE END against mid-outer thigh "with or without clothing"
3. PUSH DOWN HARD until a click is heard or felt and hold in place for **3 seconds**. Remove EpiPen.

Additional instructions:

If wheezy 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 Management Risk Assessment for Individual Pupils

This form should be completed by the setting in liaison with the parents/guardian and the student if appropriate. It should be shared with everyone who has contact with the student. It should be read alongside the student's Health Care Plan that has been produced the Allergy clinic. A whole school approach is recommended in the management of allergy which would involve all staff to have awareness training in addition to key staff having adrenaline autoinjector (AAI) training.

Child/Young person: Click or tap here to enter text.	**Date of Birth:** Click or tap here to enter text.
Setting/School: Click or tap here to enter text.	**Key Worker/Teacher/Tutor**: Click or tap here to enter text.
Allergies: Click or tap here to enter text. Are reactions: **Ingestion** Click or tap here to enter text. **Direct contact**: Click or tap here to enter text. **Indirect contact**: Click or tap here to enter text.	
G.P: Name: Click or tap here to enter text. Phone number: Click or tap here to enter text.	**Clinic/Hospital:** Name: Click or tap here to enter text. Phone number: Click or tap here to enter text.
Date: Click or tap here to enter text.	**Review date:** Click or tap here to enter text.
Who is responsible for providing support in school: Click or tap here to enter text.	
People involved in writing this plan: Click or tap here to enter text.	
Signatures: Setting Manager/Head teacher: Date: Click or tap here to enter text. Young person: Date: Click or tap here to enter text. **I give permission for this risk assessment to be shared with anyone who needs this information to keep my child/young person safe,** **I give permission for my child's photograph to be displayed sensitively to keep my child safe,** **I give permission for the school's 'spare' AAI to be used on my child in an emergency where anaphylaxis is suspected.** Parents: Date: Click or tap here to enter text.	

Complete this risk assessment in discussion with the parent/guardian, student if appropriate and medical professional if available. Consider all situations that the student may be in and agree control measures. Use the risk analysis tool at the end of the document to assess probability and impact producing further control measures if necessary. This is intended to be dynamic document and should be updated annually or after an incident or near miss.			
Can the pupil recognise a reaction for themselves?			
What have been the symptoms of previous reactions?			
What are the hazards for each activity?	**What are you already doing to control the risks?**	**Probability**	**Impact**
Medication:			
Storage: Location of child's medication Location of generic 'spare' AAI			
Food and drink:			
Break time snacks including drinks			
Lunch time: Hot meals Sandwiches Drinks			
Events involving food: Cake sales Parties Other PTA events Drinks			
Celebrations: e.g. Birthdays, Easter			
Curriculum activities:			
Cooking			
Creative activities: e.g. junk modelling, pasta			
Music: instrument sharing (cross contamination issue)			

Science activities:			
PE: Indoor Outdoor Forest Schools			
Playtime: Playground Field			
Offsite activities:			
Curriculum visitors Day trips			
Residential visits			
Other:			

This must be completed for any activity that is medium with the aim of bringing the risk to LOW.

Activities that are High or Extreme must not happen unless action can be implemented to bring the risk to LOW.

Hazard	What further action do you need to take to control the risks?	Who needs to carry out the action?	What is the action needed by?	Completed

Consequence		Minor	Moderate	Major	Critical	Catastrophic
Likelihood	Rare	Low	Low	Low	Low	Low
	Unlikely	Low	Low	Medium	Medium	Medium
	Possible	Low	Medium	Medium	High	High
	Likely	Medium	Medium	High	High	Extreme
	Certain	Medium	Medium	High	Extreme	Extreme

Consequence	Minor	Moderate	Major	Critical	Catastrophic
This is the impact of the action being allowed to happen	No reaction	Non anaphylactic reaction	Emergency response required, ambulance and hospital	Emergency response required, ambulance and hospital	Fatal, Death

Likelihood	Definition
Rare	May only occur in exceptional circumstances
Unlikely	Could occur in some circumstances, surprised if happened
Possible	Possible or likely to occur in most circumstances
Likely	Will occur in most circumstances
certain	It is expected to occur, inevitable