POLICY

ALLERGY & ANAPHYLAXIS AWARENESS

Approval Date	**2025/26 - SPRING TERM**
Review Date	**2027/28 - SPRING TERM**
Owner	Head of Estates

Policy Type		
		Trust Policy to be adopted in full
	■	Trust Policy adapted by the Academy
		Academy Policy

Approval Body		
		Executive
		Trust Board
	■	Local Advisory Body (LAB)

Orion Education

Our Four Critical Questions

Why do we exist?

To improve outcomes, transform lives and enable social mobility.

How do we behave?

Trust • Kindness • Endeavour

What do we do?

We create a strong network of schools which transform the lives of students by enabling them to achieve high educational and personal goals, regardless of their background.

How do we succeed?

Through a clear backbone, strong culture, academic rigour and smart systems.

Orion Education

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This policy is available to all stakeholders on the Academy website and hard copies can be requested.

This policy is to be reviewed annually.

Applies to all staff, students/participants, visitors, and contractors within the premises or during off-site activities.

This policy should be read in conjunction with the following Orion Trust and policies:

• Supporting Pupils with Medical Conditions	• First Aid Policy
• Educational Visits Policy	• Safeguarding Policy

Aims

This policy aims to create a safe and inclusive environment for individuals with allergies by raising awareness, reducing exposure risks, and ensuring prompt, effective responses to allergic reactions.

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 serious reaction called anaphylaxis.

Anaphylaxis is a serious, life-threatening allergic reaction. It is at the extreme end of the allergic spectrum. 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 the Academy will support pupils with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in school life.

1. Legislation and guidance

This Allergy Awareness Policy has been developed in accordance with current UK legislation and statutory guidance to ensure the safety, inclusion and wellbeing of all pupils, staff and visitors within the Trust.

Relevant Legislation

This policy is underpinned by the following key legislative frameworks:

- **Children's Wellbeing and Schools Act 2026.**
- **Health and Safety at Work etc. Act 1974** – places a duty on the Trust to ensure, so far as is reasonably practicable, the health, safety and welfare of employees and others affected by its activities, including the management of risks associated with allergens.
- **Equality Act 2010** – requires the Trust to make reasonable adjustments for individuals with medical conditions, including severe allergies where these may be classified as a disability, and to ensure protection from discrimination.
- **Children and Families Act 2014 (Section 100)** – places a duty on schools to make arrangements to support pupils with medical conditions, including those with allergies.
- **Food Information Regulations 2014** – requires the provision of accurate allergen information for food provided on site, ensuring that pupils and staff can make informed and safe choices.
- **The Food Information (Amendment) (England) Regulations 2019 ('Natasha's Law' – effective October 2021)** – requires full ingredient and allergen labelling on foods pre-packed for direct sale (PPDS), strengthening allergen transparency and safety.
- **Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)** – where applicable, requires the reporting of serious incidents, including severe allergic reactions.

Statutory and Non-Statutory Guidance

This policy also reflects national guidance and recognised best practice, including:

- **Department for Education (DfE) guidance** on Allergy Safety in Schools
- **Department for Education (DfE) guidance** on supporting pupils with medical conditions and allergy management in educational settings, including requirements for individual healthcare plans and staff training.
- **Food Standards Agency (FSA) guidance** on allergen management, food labelling, and the safe preparation and provision of food.
- **Health and Safety Executive (HSE) guidance** relating to risk assessment and the management of health and safety within the workplace.
- Guidance and resources from recognised professional bodies, including **Anaphylaxis UK, Allergy UK, and the British Society for Allergy & Clinical Immunology (BSACI)**, which inform best practice in allergy awareness, prevention, and emergency response.

2. Roles and responsibilities

Trust

- Has overall responsibility for ensuring the Academy meets its statutory duties for supporting pupils with allergies.
- Arrange the annual training for all staff.
- To review this policy annually or sooner if required.

Local Advisory Board (LAB)

- Provide local oversight, monitor the implementation of the policy, and ensure compliance with statutory guidance.
- Ensure a Governor undertakes the allergy awareness training and becomes the link allergy Governor.

Named Lead Governor is:	Mark Bishop

Principal

- Ensure policy is developed and adequately implemented.
- Make sure all staff are aware of the policy and understand their role.
- Ensure all staff who need to know are aware of a particular pupil's allergies.
- Ensure all staff undertake the annual allergy awareness training.
- Have overall responsibility for the development of allergy action plans.
- The Principal is to work with the Designated Safeguarding Lead to fulfil responsibilities

Parent/Carer Responsibilities

- On entry to the Academy, it is the parent/carer's responsibility to inform the Academy of any allergies. This information should include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication.
- Parents/Carers are to supply a copy of their child's Allergy Action Plan, British Society of Allergy and Clinical Immunology (BSACI) Allergy Action Plans preferred by 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.
- Parents/Carers are responsible for ensuring any required medication is supplied, in date and replaced as necessary.
- Parents/Carers are requested to keep the Academy up to date with any changes in allergy management. The Allergy Action Plan will be kept updated accordingly.
- Parent/Carers are responsible to complete the declaration sent via Arbor in September and February confirming whether their child has an allergy.
- Expired medication must be collected and disposed of by the parent/carer.
- 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. Each AAI brand offers a free sign-up reminder service on their website.

Pupil Responsibilities

- Pupils are encouraged to have a good awareness of their symptoms and to let an adult know as soon as they suspect they are having an allergic reaction.
- Pupils who are trained and confident to administer their own AAIs will be encouraged to take responsibility for carrying them on their person at all times.
- Depending on their level of understanding and competence, pupils will be encouraged to take responsibility for and to carry their own **two** AAIs on them at all times. This **must** be carried on

their person in a suitable clip-on pouch or crossbody pouch. The medication **must not** be left in their bags.

- Pupils are encouraged to learn about their allergies and be taught to ask an adult 'is this safe for me?'
- Pupils should be taught to let an adult know if they are feeling unwell.

Staff Responsibilities

- All staff will 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.
- Staff must be aware of the pupils in their care (regular or cover classes) who have known allergies as an allergic reaction could occur at any time and not just at mealtimes. Any food-related activities must be supervised with due caution.
- Staff leading school trips will ensure they carry all relevant emergency supplies. 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**.
- It is the parent/carer's responsibility to ensure all medication is in date, however, the First Aid Lead will check medication kept at the Academy on a termly basis and send a reminder to parents/carers if medication is approaching expiry.
- Every half term Academies to include in their bulletin to parents/carers reminding them to advise the Academy if their child has an allergy.

First Aid Lead

- The First Aid Lead will ensure that the up-to-date Allergy Action Plan is kept with the pupil's medication.
- The First Aid Lead keeps 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.
- The First Aid Lead is responsible for ensuring all medication is in date
- The First Aid Lead is responsible for checking the emergency AAI is in date and has not been tampered with
- The First Aid Lead is responsible for updating Arbor with allergy information and dealing with new allergy declarations for parents/carers

Organisational Chart of Roles and Responsibilities

Trust

- Ensure policy is in place, relevant and implemented by all Academies
- Annually review policy
- Organise annual training

LAB

- Provide local oversight, monitor the implementation of the policy, and ensure compliance with statutory guidance.
- Assign a Lead Governor

Principal

- Ensure policy is in place and implemented
- Ensure all staff have had allergy awareness training
- Ensure all staff are aware of pupils with allergies
- Ensure there are allergy action plans and medication are in place and regularly checked for all pupils with allergies
- Ensure regular communication with parents/carers, staff

Designated Safeguarding Lead

- Monitor and review allergy action plans
- Monitor and review medication
- Monitor and review data for pupils with allergies ensuring there has been effective communication to staff
- Collate staff training
- Induct new staff with allergy awareness training
- Record of line management meetings with First Aid Lead

First Aid Lead

- Undertake administration to ensure allergy action plans for all pupils with allergies are in place and communicated to staff
- Regularly check medication is in date and in place
- Regularly check emergency medication is in date and in place
- Communicate with parents/carers for new allergy declarations
- Update Arbor accordingly with allergy information
- Regular communication with updates in staff and parent/carer bulletin

3. Allergy Action Plans

Allergy action plans are designed to function as individual healthcare plans for children with food allergies, providing medical and parental consent for Academies to administer medicines in the event of an allergic reaction, including consent to administer a spare adrenaline autoinjector.

Orion Education recommends using the British Society of Allergy and Clinical Immunology (BSACI) Allergy Action Plans, see ***Appendix 1***, to ensure continuity. This is a national plan that has been agreed by the BSACI, Anaphylaxis UK and Allergy UK.

It is the parent/carer's responsibility to complete the allergy action plan with help from a healthcare professional (e.g. GP/School Nurse/Allergy Specialist) and provide this to the Academy.

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 serious 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

Depending on their level of understanding and competence, pupils will be encouraged to take responsibility for and to carry their own **two** AAIs on them at all times (in a suitable bag/container).

For younger children or those not ready to take responsibility for their own medication, there should be an anaphylaxis kit which is kept safely, not locked away and **accessible to all staff.**

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® or Emerade®
- An up-to-date allergy action plan
- 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 pupil's parents/carers to ensure that the anaphylaxis kit is up-to-date and clearly labelled, however the First Aid Lead will check medication kept at the Academy 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. Each AAI brand offers a free sign-up reminder service on their website.

Older children and medication

Older children and teenagers should, whenever possible, assume responsibility for their emergency kit under the guidance of their parents/carers. However, symptoms of anaphylaxis can

come on **very suddenly**, so staff need to be prepared to administer medication if the young person cannot and be aware of signs or symptoms of anaphylaxis.

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

Disposal
AAIs are single use only and must be disposed of as sharps. Used AAIs can be given to ambulance paramedics on arrival or can be disposed of in a pre-ordered sharps bin. Sharps bins to be obtained from and disposed of by a clinical waste specialist collection service. The sharps bin is kept in the medical room.

6. 'Spare' adrenaline auto-injectors (AAIs) in Academies

Orion Education has purchased for each of its Academies spare **AAIs, from, Kitt Medical, for emergency use in children who are risk of anaphylaxis.**

These are stored in an identifiable case as shown in the image to the right and is clearly labelled 'Emergency Allergy Medication'. It is kept safely, not locked away and **accessible and known to all staff.**

Academy to insert location of Emergency Kitt below:	
1	Heatspace
2	PE office – sports hall area
3	Science preparation room
4	STEM building
5	Admin office

The First Aid Lead is responsible for checking, on a monthly basis, that the spare medication is in date and to replace as needed and recorded on the Medi Kitt website and iAMCompliant.

Written parental permission for use of the spare AAIs is included in the pupil's allergy action plan.

If anaphylaxis is suspected **in an undiagnosed individual** call the emergency services and state, you suspect ANAPHYLAXIS. Follow advice from them as to whether administration of the spare AAI is appropriate.

7. Staff Training

The Trust is responsible for sourcing the training, however, the accountability for the training at Academy level is the responsibility of the Head of Academy/Principal and the Safeguarding Lead.

The named staff members (at least 2) responsible for co-ordinating staff anaphylaxis training, keep training records and the upkeep of the Academy's anaphylaxis policy are: -

1	Mr R Archer - Principal
2	Mr L Moors - DSL

All staff will complete online Allergy & Anaphylaxis Awareness training at the start of every new academic year to be completed by the **15th September.** Training is also available on an ad-hoc basis for any new members of staff, as part of their induction and expected to complete it within two weeks.

Training cycle:
Term 1 (Organised by Central Team) – Mandatory training to be undertaken by all staff provided by the Trust, and each staff member will receive a certificate of attendance.
Term 2 (Organised by the Academy) – AAI trainer practical sessions with handouts of the Action Plans as a reminder.
Term 3 (Sent out Centrally) – Trust bulletin with reminders of allergens, measures to reduce the risk of an allergic reaction, what to do for cake sales and what to do in an emergency.

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
- A practical session using trainer devices (these can be obtained from the manufacturers' websites: www.epipen.co.uk and www.jext.co.uk and www.emerade-bausch.co.uk)

If staff have any concerns at all about Allergy Awareness they are to speak to their line manager for support.

8. Inclusion and safeguarding

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

9. Catering

All food businesses (including school caterers) must follow the Food Information Regulations 2014 which states that allergen information relating to the 'Top 14' allergens must be available for all food products.

The school menu is available for parents/carers to view in advance with all ingredients listed and allergens highlighted on the Academy website.

It is the responsibility of the First Aid Lead to advise the Chef, of pupils with allergies.

Posters displayed in kitchen area

Orion Education adheres to the following Department of Health guidance recommendations:

- Bottles, other drinks and lunch boxes provided by parents for pupils with food allergies should be clearly labelled with the name of the child for whom they are intended.
- If food is purchased from the Academy canteen or cake sales, parents/carers should check the appropriateness of foods by emailing the office manager who will contact the Chef.
- The pupil should be taught to also check with catering staff, before purchasing food or selecting their lunch choice.
- 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. For further information, parents/carers are encouraged to liaise with their class teacher or form tutor.
- Food should not be given to primary school age food-pupil with allergies without parental engagement and permission (e.g. birthday parties, food treats).
- Use of food in crafts, cooking classes, science experiments and special events (e.g. fetes, assemblies, cultural events) needs to be considered and may need to be restricted/risk assessed depending on the allergies of particular children and their age.

10. School trips

Staff leading school trips will ensure they carry all relevant emergency supplies. 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.

All the activities on the school trip will be risk assessed to see if they pose a threat to pupils with allergies and alternative activities planned to ensure inclusion.

EVOLVE, the online system for managing educational visits, includes questions pertaining to pupils with allergies, to support trip leaders.

Overnight school trips should be possible with careful planning, and a meeting for parents/carers with the lead member of staff planning the trip should be arranged. Staff at the venue for an overnight school trip should be briefed early on that a pupil with an allergy is attending and will need appropriate food (if provided by the venue).

Sporting Excursions

Pupils with allergies, should have every opportunity to attend sports trips to other schools. The Academy will ensure that staff are fully aware of the situation. The school being visited will be notified that a member of the team has an allergy when arranging the fixture. A member of staff trained in administering adrenaline will accompany the team. If another school feels that they are not equipped to cater for any food-pupil with allergies, the Academy will arrange for the child to take alternative/their own food.

Most parents/carers are keen that their children should be included in the full life of the school where possible, and the Academy will need their co-operation with any special arrangements required.

11. Allergy awareness and nut bans

Orion Education supports the approach advocated by Anaphylaxis UK towards nut bans/nut free Academies. They would not necessarily support a blanket ban on any particular allergen in any establishment, including in Academies. This is because nuts are only one of many allergens that could affect pupils, and no Academy could guarantee a truly allergen free environment for a pupil living with food allergy. They advocate instead for Academies to adopt a culture of allergy awareness and education.

A 'whole school awareness of allergies' is a much better approach, as it ensures teachers, pupils and all other staff are aware of what allergies are, the importance of avoiding the pupils' allergens, the signs & symptoms, how to deal with allergic reactions and to ensure policies and procedures are in place to minimise risk.

The Trust has provided a resource basis for Academies, through Anaphylaxis UK, from Early Years to KS5 to use to raise awareness of allergies.

12. Risk Assessment

The First Aid Lead of the Academy will conduct a detailed individual risk assessment for all new joining pupils with allergies and any pupils newly diagnosed, to help identify any gaps in our systems and processes for keeping pupil with allergies safe. See ***Appendix 2***

13. Useful Links

- Anaphylaxis UK - https://www.anaphylaxis.org.uk
- Safer Schools Programme - https://www.anaphylaxis.org.uk/education/saferhttps://www.anaphylaxis.org.uk/education/safer-schools-programme/schools-programme/
- AllergyWise for Schools online training - https://www.allergywise.org.uk/p/allergywise-for-schools1
- Allergy UK - https://www.allergyuk.org
- Resources for managing allergies at school - https://www.allergyuk.org/living-withhttps://www.allergyuk.org/living-with-an-allergy/at-school/an-allergy/at-school/
- BSACI Allergy Action Plans - https://www.bsaci.org/professionalhttps://www.bsaci.org/professional-resources/resources/paediatric-allergy-action-plans/resources/resources/paediatric-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=22904150420167115834

Appendix 1- Allergy Action Plan - Epipen

Orion Education

BSACI Improving Allergy Care

ALLERGY ACTION PLAN - EPIPEN

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:**

(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

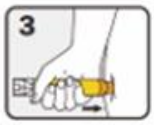
For more information about managing anaphylaxis in schools and "spare" adrenaline autoinjectors, visit: sparepensinschools.uk

© BSACI 10/2024

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 1- Allergy Action Plan – Jext

Orion Education

BSACI Improving Allergy Care

ALLERGY ACTION PLAN – JEXT

RCPCH | anaphylaxis UK | AllergyUK

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:

(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. 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

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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:

Appendix 1- Allergy Action Plan – EURneffy

Orion Education

BSACI **ALLERGY ACTION PLAN – EURneffy** BSACI Improving Allergy Care

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 EURneffy® nasal device
- **Give antihistamine:**

(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 • Hoarse voice • Difficulty swallowing • Swollen tongue	• Difficult or noisy breathing • Wheeze or persistent cough	• 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 EURneffy® nasal device without delay**
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 EURneffy device into the same nostril. Further adrenaline can also be given using a "spare" adrenaline autoinjector device, if available.

Parental consent: I hereby authorise school staff to administer the medicines listed on this plan, in accordance with DHSC Guidance on the use of Emergency Adrenaline 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

Emergency contact details

1) Name

2) Name

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1. Hold the nasal device as shown with your thumb on the bottom of the plunger

2. Insert the tip of nasal spray into the nostril until your fingers just touch your nose. Point as shown.

3. Press plunger firmly UPWARDS, telling the person to breath normally.

Additional instructions:

If there is any wheezing or difficulty in breathing, GIVE ADRENALINE FIRST followed by a prescribed reliever, (with a spacer if needed or available)

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 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 adrenaline has been prepared by:**

Sign & print name :

Hospital/Clinic:

Date:

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

Appendix 1- Allergy Action Plan – Non-AAI medication

Orion Education

BSACI Improving Allergy Care

ALLERGY ACTION PLAN – NON-AAI MEDICATION

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:

(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		• Pale or floppy
• Difficulty swallowing	• Wheeze or persistent cough	• 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. Dial 999 for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")
3. In a school with "spare" back-up adrenaline autoinjectors, **ADMINISTER the SPARE AUTOINJECTOR** if available
4. **Stay with child/young person** until ambulance arrives, do NOT stand them up
5. Phone parent/emergency contact. Phone parent/emergency contact. If you are on your own, call a friend or relative and ask them to come over.
6. Commence CPR if there are no signs of life

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

You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis. For more information about managing anaphylaxis in schools and "spare" back-up adrenaline autoinjectors, visit: **sparepensinschools.uk**

Emergency contact details:

1) Name:

2) Name:

Additional instructions:

If wheezy due to an allergic reaction, DIAL 999 and GIVE ADRENALINE using a "back-up" adrenaline autoinjector if available, then use asthma reliever (e.g. blue puffer) via spacer, if prescribed

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

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

This is a medical document 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. The healthcare professional named below confirms that there are no medical contra-indications to the above-named child being administered an adrenaline autoinjector by school staff in an emergency. **This plan has been prepared by:**

Sign & print name:

Hospital/Clinic:

Date:

Appendix 2 – Risk Assessment

Anaphylaxis Risk Assessment

This form should be completed by the First Aid Lead in liaison with the parents/carers and the pupil, if appropriate. It should be shared with everyone who has contact with the pupil.

Pupil Name:	Date of Birth:
Academy: Phase: Primary/Secondary:	Key Worker/Teacher/Tutor:
Name and role of other professionals involved in this Risk Assessment (i.e. Specialist Nurse or School Nurse):	
Date of Assessment:	Reassessment due (this would usually be annually, unless there is an incident, at which point the risk assessment should be reviewed):

I give permission for this to be shared with anyone who needs this information to keep the Pupil safe:

Signatures:

Head of Academy: Date

Parents/Carers Date

Pupil Date

What is this Pupil allergic to? Allergen exposure risks to be considered Ingestion ☐ Direct contact ☐ Indirect contact ☐
Does this pupil already have an Allergy Action Plan? YES ☐ NO ☐ Does this or an Individual Healthcare Plan Is the pupil prescribed adrenaline autoinjectors (AAIs)? YES ☐ NO ☐ Summary of current medical evidence seen as part of the risk assessment (copies attached)
Key Questions - Please consider the activities below and insert any considerations than need to be put in place to enable the pupil to take part.
Activities
Crayons/painting:
Creative activities: i.e. craft paste/glue, pasta
Science type activity: i.e. bird feeders, planting seeds, food
Musical instrument sharing (cross contamination issue):
Cooking (food prep area and ingredients):
Mealtime: kitchen prepared food (is allergy information available): packed lunches:
Snacks (is allergy information available):
Drinks:
Celebrations: e.g. Birthday, Easter:
Hand washing (secondary school how accessible is this for the pupil):
Indoor play/PE (AAIs to be with the pupil):

Outdoor play/PE (AAIs to be with the pupil):
School field (AAIs to be with the pupil):
Forest school (AAIs to be with the pupil):
Offsite trips (are staff who accompany trip trained to use AAI?):
Allergy Management
Does the pupil know when they are having an allergic reaction?
What signs are there that the pupil is having an allergic reaction?
What action needs to be taken if the pupil has an allergic reaction?
If the medication is stored in one secure place are there any occasions when this will not be within 5 minutes reach if required? Yes ☐ No ☐ If Yes state when and how this can be adjusted:
If the pupil is trained and confident can the medication be carried by them throughout the day? Yes ☐ No ☐ If No state reason:
Does the pupil have two of their own prescribed AAIs?
How many staff need to be trained to meet this pupil 's need?
Are there backup spare AAIs available and where are they located?
Outcome of Risk Assessment **New Allergy Action Plan/Individual Healthcare Plan required? YES ☐ NO ☐** **Existing Allergy Action Plan/Individual Healthcare Plan to be updated? YES ☐ NO ☐**