Allergy Safety Policy

Autumn 2026

Coordinator: Headteacher

Date: Autumn 2026

Review Date: Autumn 2027

This document has been written with reference to the following documents and resources: Allergy safety in schools statutory guidance, Allergy safety policy – template, Benedict's Law: New Allergy Safety Requirements 2026 for Schools | Anaphylaxis UK and Schools Safety Model Policy | Allergy UK | National Charity

Section 34 of the Children's Wellbeing and Schools Act 2026 requires that LA maintained schools, academies and PRUs must have an allergy safety policy. A named member of the senior leadership team in each school, college or early years setting should have responsibility for allergy safety, including driving the implementation of the allergy safety policy and contributing to or leading review of the policy.

Allergy safety policies should be reviewed at least annually. Policies can be reviewed more frequently, particularly where incidents or "near misses" suggest areas for improvement. Any review should take account of any incidents and "near misses" and should seek to learn lessons from them. This is essential where incidents suggest that policies or procedures may leave individuals with allergy at risk.

Governing bodies should ensure that allergy safety policies are readily accessible to parents and staff. Policies should be published on the school, college or setting's website and be made available in hard copy on request.

Culture

Awareness training

All staff present during times when pupils are scheduled to be on site receive allergy awareness and emergency response training at least annually. This includes:

- permanent staff,
- temporary staff,
- supply teachers,
- peripatetic staff,
- agency workers
- regular volunteers
- catering staff
- Breakfast Club staff
- After school Club staff

Contractors carrying out work with no pupil-facing role such as builders, electricians or other ad hoc maintenance personnel do not need to have this training.

The awareness training will take place during the INSET Day at the beginning of the Autumn term so that all staff are present. New staff who join during the school year will receive awareness training as part of their induction process.

It is expected that supply teachers receive training through their agency and evidence of this training will be asked for at the time of booking the staff.

Allergy awareness training should ensure all staff:

- Have an awareness of allergy, the risks it poses,
- how allergic reactions can occur and how to manage it;
- Understand that allergy includes multiple conditions (food allergy, asthma, eczema, hay fever, others), which can co-exist;
- Understand the difference between food allergy, coeliac disease and food intolerance;
- Know where to find information on allergy triggers;
- Can identify the range of symptoms of allergic reactions;
- Understand and can recognise anaphylaxis;
- Know how to respond in an emergency, including:
    - calling emergency services and informing parents;
    - how to locate and administer emergency medication (adrenaline for anaphylaxis, asthma reliever inhaler for an asthma attack).
    - training on how to use the medication/device in an emergency (whether prescribed to a given person or a school's "spare" adrenaline devices);
- Understand the impact allergy can have on a child or young person's wellbeing;
- Understand the school, college or setting's allergy safety policy;
- Know how to check whether an individual is on the record of those with known allergy and how to use an Allergy or Asthma Action Plan;

- Understand their responsibilities in reducing the risk of individuals with known allergy coming into contact with their known allergens;
- Understand how to report an allergic reaction or case of anaphylaxis (whether an incident or a “near miss”).

Whilst this allergy awareness training is suitable in most incidences, there may be times when a child requires individual healthcare support beyond school-level allergy safety arrangements. In these situations additional training will be carried out as appropriate.

Wellbeing

The risk posed by allergy (and the possibility of anaphylaxis) can be a significant cause of anxiety therefore the wellbeing of children with allergy is crucial to them feeling safe in school. Staff will work closely with the children and their parents / carers to reassure the child and conversations will take

place to help the child understand measures that the school is putting in place to keep them safe, along with what the child can do, at an age appropriate level, to be responsible for their safety too.

Bullying in any form is not tolerated at Bowmansgreen. If a child is bullied because of their allergy then the school's Anti-Bullying Policy will be followed.

Roles and Responsibilities:

Allergy leads and Governing Body

At Bowmansgreen the Allergy Awareness Leads and the Governing Body are responsible for ensuring that the school's policy sets out the arrangements to reduce the risk of individuals coming into contact with their known allergens and sets out the emergency response plan for cases of anaphylaxis.

The governing body monitors this policy with it being a standing agenda item at meetings.

Bowmansgreen has a named governor (Dan Klinger) who works closely with the allergy lead and reports to the meetings.

At Bowmansgreen the Headteacher and SENCO are the Allergy Awareness Leads. They are responsible for allergy safety which includes driving the implementation of the allergy safety policy and contributing to the review of the policy. They are also responsible for:

- systems to collect allergy information during the enrolment process, ensuring that this information is shared with catering.
- outside of the normal admission point, the Allergy Awareness Leads ensure that information is shared staff and catering teams as soon as possible but within two weeks of the student starting
- holding a register of students and staff with allergies including whether they hold adrenaline and whether they have an allergy action plan
- ensuring that systems are robust for the identification of students at mealtimes
- communication about:
    - o the policy
    - o the students who are on the register of those with allergies
    - o the importance of recording and reporting near misses and incidents
- communication with:
    - o governors to provide updates about the policy implementation
    - o Health and Safety and Designated Safeguarding Leads to keep allergy safety as part of their roles
    - o Outside agencies such as Health and Safety Executive (HSE) if a report under RIDDOR is needed
    - o Caterer; the procedures in the kitchen and the procedures for ensuring that the students with allergies are provided with a safe meal
    - o Parents/carers to enable them to input into IHPs (Individual Healthcare Plans) and to request allergy action plans when appropriate
    - o Students to develop an understanding of allergy through information assemblies and workshops, participating in awareness days and weeks
- creating and communicating IHPs

- training
    - ensuring that all staff annual training and that allergy is included in induction even for short term members of staff.
    - ensures that all staff have the opportunity to practice with trainer adrenaline devices at least annually but ideally a few times a year.

All Staff:

All staff at Bowmansgreen are responsible for:

- understanding their role in implementing this policy, recognising signs of allergic reactions, and acting swiftly in an emergency
- supporting the creation of the students IHP
- implementing the students' IHPs
- Creating an inclusive curriculum
- Curriculum adaptation to minimise risks
- Completing risk assessments for, curriculum activities involving food, trips and visits including sporting events
- Building proactive relationships with parents/carers
- Reporting near misses and incidents
- Communicating information regarding children's allergies to other staff members as appropriate e.g. at transition meetings, before school trips / special events

Admin staff

At Bowmansgreen Admin staff are responsible for:

- spare adrenaline devices and making sure these are checked and in date, with replacements being secured before the current ones expire

Parents / Carers:

At Bowmansgreen parents / carers are responsible for:

- Adhering to this policy
- Providing school with the information they need to create individual health care plans
- Updating school when reactions happen outside of school or any changes to the student's allergy and its management.
- Ensuring that the student always has in date medication with them at school

Minimising risk

At Bowmansgreen staff work hard to minimise risk of individuals (whether children, young people, staff or visitors) coming into contact with their known allergens. We do this by:

Whole-school systems

- Maintaining and publishing this policy at least annually and publishing it on the school website a comprehensive Allergy Safety Policy on the school website and review it regularly.
- The Headteacher, together with the SENCO are responsible for overseeing allergy management, training, policy implementation and record keeping.
- Ensuring all staff receive regular allergy awareness and emergency response training, including lunchtime staff, volunteers, wraparound care staff and visitors working regularly in school.

- Maintaining up-to-date Individual Healthcare Plans (IHPs) and Allergy Action Plans for pupils with diagnosed allergies.
- Ensuring prescribed and spare adrenaline auto-injectors (AAIs) are available, accessible and in date, with staff trained in their use.
- Clearly identifying pupils with allergies to relevant staff whilst maintaining confidentiality and data protection requirements.

Managing Airborne and Contact Allergens

Where a pupil has a known allergy to airborne or contact allergens, staff at Bowmansgreen put measures in place to reduce exposure risks. These include:

- Identifying known airborne or contact allergens within the pupil's Individual Healthcare Plan.
- Removing or reducing exposure to identified allergens where reasonably practicable.
- Considering classroom seating plans and room allocation to minimise exposure risks.
- Implementing enhanced cleaning arrangements where allergen contamination is a concern.
- Promoting regular handwashing before and after eating and after activities involving potential allergens.
- Managing risks associated with pollen, mould, animal dander, insect venom, dust and other identified allergens.
- Considering air quality and ventilation where airborne allergens present a risk.
- Assessing any classroom pets or animal visits before they occur.

Planning Activities and Curriculum Events

When they are planning activities staff at Bowmansgreen should always consider potential allergen exposure and undertake risk assessments where necessary. This includes:

- Craft activities involving food products, seeds, natural materials, glues or other allergenic substances.
- Science investigations involving plants, foods, chemicals, insects or animals.
- Cooking and food technology activities.
- Musical activities involving shared mouthpieces or materials that could trigger allergic reactions.
- Forest school, gardening and outdoor learning activities.
- Animal handling sessions, pet visits and farm visits.
- Seasonal events, enterprise activities and fundraising projects involving food.
- School performances and themed days where food, costumes, face paints or craft materials may contain allergens.

Food allergy

At Bowmansgreen staff manage the risk of food allergy and provide clear information on allergens in food provided. Primarily they consider non-food rewards and celebrations where appropriate. Other actions to achieve this include:

Measures to Manage Risks from Food Provided by the School

- Obtaining accurate information from parents and healthcare professionals regarding pupils' food allergies and dietary requirements.
- Establishing robust communication systems between families, catering providers and school staff regarding allergens.

- Ensuring catering staff understand food allergens, cross-contamination risks and allergen labelling requirements. Swift Foods are the school's catering providers and the school's Allergy Awareness Leads liaise regularly and as appropriate with the Swift Foods managers and team
- Maintaining accurate ingredient information for all meals provided by Swift Foods.
- Implementing procedures to prevent cross-contamination during food preparation, serving and cleaning.
- Providing safe alternative menu options where required.
- Ensuring allergy information is readily available to staff supervising mealtimes.
- Carrying out regular reviews of catering arrangements with suppliers and contractors.
- Avoiding relying on "nut-free" claims alone and instead focus on effective risk management and allergen awareness throughout the school.

Measures to Manage Risks from Food Brought in by Others

- Communicating clearly with parents about restrictions and expectations regarding food brought into school.
- Requesting that parents do not send foods containing specific allergens where there is a significant and identified risk to an allergic pupil or staff member
- Discouraging food sharing between pupils.
- Ensuring staff supervise younger children during snack and lunchtime periods.
- Establishing procedures for birthday treats, celebrations, fundraising events and cultural events that consider pupils with allergies – parents / carers of pupils with allergies are contacted in advance to discuss the event, all food sent in must be labelled with details of ingredients, parents / carers of all children involved are informed that there is a pupil in the class / group that has a food allergy with details of the allergy
- Requiring staff bringing food into school for events or meetings to follow allergen management procedures – all foods bought in should be clearly labelled with the ingredients.
- Ensuring that the breakfast and after-school clubs follow the same allergy controls as the main school.

Individual children

Identification

When children join Bowmansgreen their parents are asked to complete 'Starting Bowmansgreen' Paperwork. This includes a section about possible allergies. The information shared by parents / carers, which should include their known allergens and whether they carry medication, is added to Arbor for all staff to see and shared with the staff working with the children, the Allergy Awareness Leads and the First Aiders. Information is also gathered from previous settings.

These details are also added to the schools Allergy Register along with details whether the child has an Individual Healthcare Plans and/or an Allergy Action Plan.

As children progress through the school those with allergies are identified during the transition meetings between teachers.Individual Healthcare Plans

At Bowmansgreen **c**hildren have an Individual Healthcare Plan (IHP) if:

- they have an allergy which has a functional impact on them in **school**

- they are at risk of harm as a result of their allergy
- they require arrangements which are additional to or different from those made generally.

The IHP will set out the additional and/or different arrangements**, flexibility and** "reasonable adjustments", as well as **details of the medication required** (either proactively or in an emergency situation**)** that will be in place in the school for supporting the child **w**ith their medical condition or allergy, including in emergency situations.

Where children and young people have an Allergy Action Plan and/or Asthma Action Plan issued by a healthcare professional, the IHP should refer to or attach it. Whenever an updated Action Plan becomes available, the child or young person's Individual Healthcare Plan **will** be reviewed to incorporate it.

Prescribed adrenaline

All prescribed adrenaline devices are stored in the school office in individual pupils' pigeonholes. This is so that, in a case of anaphylaxis, adrenaline can be administered within five minutes. It is expected that children who have a prescribed adrenaline device will keep a device in school at all times. However, staff recognize that in some cases a child may need to take their device home at the end of each day. In these incidences it is expected that their parents / carers will being their device to the school office each morning and collect it at the end of each day.

The school admin team are responsible for noting on the school calendar the expiry dates for pupils' adrenaline devices and for contacting parents / carers to have them replaced when necessary.

If a child has an allergy and is prescribed an adrenaline device, they are not permitted on the school site unless their device is also on the school site.

Details of the children who have been prescribed an adrenalis=ne device are recorded on the |Allegy Register which is maintained by the SENCO.

School-wide policies

"Spare" adrenaline devices

At Bowmansgreen at least two "spare" adrenaline devices and salbutamol inhalers are clearly labelled as "Emergency anaphylaxis kit" or "Asthma emergency kit" and stored in the school office in a pigeonhole where the children's devices are kept.

The school admin team are responsible for noting on the school calendar the expiry dates for these devices and for replacing them when they are used or go out of date. Unused devices which contain needles are taken to a chemist for their safe disposal.

In the event of an anaphylaxis, adrenaline will be administered as soon as possible. The adrenaline devices will be brought to the person having anaphylaxis within 5 minutes.

Visits and trips

At Bowmansgreen visits and school trips are an integral part of enriching our curriculum. To ensure that children will allergies can enjoy and participate in in these safely actions that staff will undertake include:

- Completing individual allergy risk assessments for pupils with known allergies before every off-site visit and sharing these, as appropriate, with other adults on the school trip. These will include ensuring staff attending have access to the pupil's Individual Healthcare Plan and emergency procedures.

- Reviewing destination-specific allergen risks, including food provision, insect exposure, animals and environmental allergens.
- Confirming that prescribed AAIs and any required medication accompany the pupil and are readily accessible throughout the visit.
- Ensuring sufficient trained staff are present to manage an allergic emergency.
- Liaising with venues, transport providers and activity leaders in advance regarding allergy requirements.
- Including allergy emergency arrangements within trip planning documentation and visit risk assessments.
- Reviewing arrangements for residential trips, overseas visits and outdoor education activities with particular care.

Serious incidents and "near misses"

Following any allergy-related serious incident or near miss, staff at Bowmansgreen will undertake a formal review to identify contributory factors, determine any lessons learned, update risk assessments and Individual Healthcare Plans as required, and implement actions to prevent recurrence.

All incidents and near misses will be recorded, reported in accordance with school procedures and the statutory guidance, and considered during reviews of the school's Allergy Awareness Policy.

Immediate actions following a serious allergic reaction

- Follow the pupil's Allergy Action Plan and Individual Healthcare Plan (IHP) without delay.
- Administer prescribed or spare adrenaline auto-injectors (AAIs) where indicated and call 999 immediately if anaphylaxis is suspected.
- Inform parents or carers as soon as practicable.
- Ensure the child remains under appropriate supervision until handed over to emergency medical services or parents, as appropriate.
- Secure and retain any relevant evidence, such as food packaging, ingredient information, menus or activity materials that may help identify the allergen exposure.

Recording the Incident

Staff will maintain a clear written record of:

- The date, time and location of the incident.
- The individual involved.
- The suspected allergen and route of exposure.
- Symptoms observed.
- Medication administered and by whom.
- Emergency services involvement.
- Outcomes and follow-up actions required.

Investigating a Serious Incident or Near Miss

Following any serious incident or near miss, the Allergy Awareness Leads will undertake a formal review to establish:

- What happened.
- Why it happened.
- Whether policies and procedures were followed.
- Whether there were weaknesses in systems, communication, training or supervision.
- What changes are needed to prevent recurrence.

Examples of near misses include:

- A pupil being given food containing an allergen but not consuming it.
- Incorrect allergen information being identified before food is served.
- Medication not being immediately accessible but no emergency occurring.
- An allergen being introduced into an activity but identified before exposure occurs.

Reviewing Risk Assessments and Healthcare Plans

After an incident or near miss, the Allergy Awareness Leads will:

- Review the pupil's Individual Healthcare Plan and Allergy Action Plan.
- Review relevant risk assessments.
- Update control measures where required.

- Consider whether additional reasonable adjustments are needed.
- Seek updated advice from parents and healthcare professionals if appropriate.

Learning Lessons and Improving Practice

It is crucial that schools learn lessons from incidents and near misses, particularly where existing arrangements may have left an individual at risk. For this reason, following these actions that the Allergy Awareness Leads will take will include:

- Revising allergy procedures.
- Improving food management systems.
- Improving communication between parents, staff and catering providers.
- Enhancing staff training.
- Reviewing supervision arrangements at mealtimes and events.
- Strengthening procedures for trips, clubs and extracurricular activities.

Policy Review

Both the DfE Allergy Safety Policy Template and the Allergy UK / Anaphylaxis UK model policies recommend that allergy policies are reviewed at least annually and following any significant incident or near miss. Reviews should specifically consider whether policy changes are necessary to improve safety.

Therefore, the Allergy Awareness Leads will:

- Inform governors where appropriate.
- Update the Allergy Safety Policy if weaknesses have been identified.
- Monitor implementation of any corrective actions.

The actions above are in line with Benedict's Law expectations. The principles underpinning Benedict's Law place emphasis on schools being able to demonstrate:

- Effective allergy risk management.
- Clear incident reporting processes.
- Staff competence and training.
- Continuous improvement following incidents.
- A whole-school culture of allergy safety and safeguarding.

Information Sharing

A child's health information is considered special category data under UK GDPR, which means it is highly sensitive and has additional legal protections. Schools have a lawful basis to hold, use and share a child's special category health data when this is necessary, but it should always be done in a controlled and respectful way, because unnecessary sharing can reduce children's confidence in practitioners and can be embarrassing for children who may not want to be singled out.

Following a serious incident or 'near miss' at Bowmansgreen the Allergy Awareness Leads will contact:

- The child's parents / carers
- Healthcare professionals

- Other professional bodies as appropriate

In some cases, the impact of exposure to an allergen while in school may not be recognised the child is back at home. It is therefore important that the child, their parents or others (for example healthcare professionals) report that there has been an incident. In this instance they should email the school safeguarding email address including the child's name, their possible exposure and the impact of this. The email address is: safeguarding@bowmansgreen.herts.sch.uk

Awareness of the allergy safety policy

This policy will be shared with annually all staff in the first INSET of the academic year and with Governors at the first FGB meeting of the year. When new staff join it will be part of the Induction Pack. It will also be published on the school website.

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

Child-friendly posters about allergies and reactions will be displayed around the school in the dining room and in classrooms. These will be shared and discussed with the children in a PSHE lesson in the Autumn term.

Further reading:

Anaphylaxis UK: for teachers by teachers, the one stop shop for all school allergy needs: https://www.anaphylaxis.org.uk/education Allergy UK: https://www.allergyuk.org/about-allergy/types-of-allergies

Allergy Safety in Schools July 2026: https://www.gov.uk/government/publications/allergy-safety-in schools

Guidance on the use of adrenaline auto-injectors in schools Spare Pens in School: https://www.sparepensinschools.uk July 2026

Benedict's Law: https://benedictblythe.com/benedicts-law
https://www.anaphylaxis.org.uk/education/benedicts-law

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

Allergy Guidance for food businesses: https://www.gov.uk/government/publications/allergen-guidance-for-food-businesses

ALLERGY OR ANAPHYLAXIS?

ALLERGIC REACTION

TELL AN ADULT


Red or itchy eyes


Swollen lips or face


Itchy rash / hives


Sneezing or runny nose


Tummy ache

ANAPHYLAXIS

EMERGENCY! GET HELP NOW!


Trouble breathing


Swollen tongue or throat


Difficulty swallowing


Dizzy or faint


Blue, grey or pale lips


Itchy rash (may have)

WHAT TO DO

1 TELL AN ADULT


Teacher First Aider

2 USE AN EPI PEN IF NEEDED

3 CALL 999

REMEMBER

- Stay calm
- Get help quickly
- Never keep symptoms a secret

999 EMERGENCY CALL

ANAPHYLAXIS

- A severe, life-threatening allergic reaction within the body.
- Can be rapid – develops in seconds/minutes, although timescale variable, most occur within 1 hour.

Signs and Symptoms

May develop as follows:-

- Anxiety
- Sweating, pale, rapid pulse
- Feeling faint/odd
- Itchy skin, blotchy rash
- Swelling of skin, particularly around face and neck
- Vomiting/diarrhoea
- A feeling of tightness in the throat

Severe Symptoms Requiring Urgent Medical Treatment (not always preceded by the above progression)

- Difficulty in breathing, e.g. with wheeze (distinguishable from an asthma attack by the presence of other signs of allergic reaction, as above)
- Choking/hoarseness
- Collapse
- Loss of consciousness

EMERGENCY ANAPHYLAXIS PACK

Every pupil who has been prescribed an Adrenaline auto-injector should have a pack, which is clearly labelled and readily available for emergency use. Adrenaline auto-injectors **should not be locked away** but carried by the child at all times, if appropriate, or in an easily accessable place, known to all staff.

The contents of the Emergency Anaphylaxis pack should include:-

1. Adrenaline – in the form of an Auto-injector. (Epi-pen, Jext or Emerade) IF THE CHILD IS UNABLE TO CARRY THIS AT ALL TIMES
2. Container – e.g. plastic box with lid.
3. A copy of the consent for the individual child, signed by the parent and the school.
4. Photograph with name of pupil – clearly visible.
5. Individual Health Care Protocol.

MANAGEMENT OF ANAPHYLACTIC REACTION

When a child presents with the signs and symptoms described:-

- Stay with pupil, give reassurance.
- Get the pupil's auto injector
- Send for Emergency Anaphylaxis pack and adult help.
- Send for an ambulance (999 call or 112) – give following details:-

Name, address and access to school and information that a pupil has had an anaphylactic reaction and autoinjector will be administered.

- Check that you have the correct Emergency Anaphylaxis pack for that pupil
- Administer auto-injector as per training
- Note time auto-injector given
- Keep pupil warm until the ambulance arrives
- If pupil is breathless, allow to sit up
- If feeling faint, lay the pupil flat with raised legs
- If collapsed and unconscious, protect airway and place in recovery position
- Commence Cardio-Pulmonary Resuscitation, if necessary
- Safely dispose of used syringe in the pupil's plastic box (not original container)
- Give second autoinjector, if available, in 5 minutes, if no improvement following the first dose, as prescribed for the individual
- Inform parent/guardian that the child has been treated for a suspected anaphylaxis and of the hospital destination when confirmed with paramedics

Any child who has Adrenaline, via an autoinjector, administered **must** be taken to hospital **by ambulance** accompanied by an adult.

When the ambulance arrives provide:-

- The time the injection was given
- Used autoinjector for disposal
- Pupil's personal details form

NOTE

1. **Never administer Adrenaline prescribed for one child to another child.**
2. **Do not transfer child in staff car – wait for an ambulance.**
3. **Do not allow child to sit up, stand or move away after administering Adrenaline, until paramedic assessment is complete.**
4. **School trip – a recently trained member of staff or parent must accompany children who require auto-injectors and establish responsibility for the auto-injectors.**
5. **If any accidental puncture of the skin from the exposed needle occurs, follow the first aid procedure below.**

FIRST AID PROCEDURE FOLLOWING NEEDLE STICK INJURY

If an accidental puncture of the skin occurs from the used needle, follow the first aid procedure.

ACTION

a)
- Wash wound well with running water
- Encourage controlled bleeding
- Cover with appropriate dressing
- It is vital that the person concerned attends local Accident & Emergency (A&E) Department

B) If needle was unused on child but adrenaline was accidentally injected into another person – follow instructions above and attend the local A&E Department.

bsaci ALLERGY ACTION PLAN

RCPCH Anaphylaxis Campaign AllergyUK

This child has the following allergies:

Name:

DOB:

Photo

Mild/moderate reaction:

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

Action to take:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- **Give antihistamine:** (If vomited, can repeat dose)
- Phone parent/emergency contact

Watch for signs of ANAPHYLAXIS

(life-threatening allergic reaction)

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

A AIRWAY
- **Persistent cough**
- **Hoarse voice**
- **Difficulty swallowing**
- **Swollen tongue**

B BREATHING
- **Difficult or noisy breathing**
- **Wheeze or persistent cough**

C CONSCIOUSNESS
- **Persistent dizziness**
- **Pale or floppy**
- **Suddenly sleepy**
- **Collapse/unconscious**

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

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

2. **Use Adrenaline autoinjector <u>without delay</u>** (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 until ambulance arrives, **do <u>NOT</u> stand child up**
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement **after 5 minutes, give a further adrenaline dose** using a second autoinjectilable device, if available.

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, including a 'spare' back-up adrenaline autoinjector (AAI) if available, in accordance with Department of Health Guidance on the use of AAIs in schools.

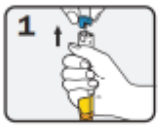
Signed: .....

Print name: .....

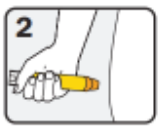
Date: .....

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

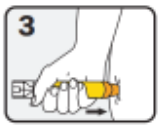
How to give EpiPen®



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, GIVE ADRENALINE FIRST, then asthma reliever (blue puffer) via spacer

This is a medical document that can only be completed by the child's 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 authorisation to travel with emergency medications has been prepared by:**

Sign & print name: .....

Hospital/Clinic: .....

..... **Date:** .....

Instructions for using Jext Pen:

bsaci improving allergy care

ALLERGY ACTION PLAN

RCPCH Anaphylaxis Campaign AllergyUK

This child has the following allergies:

Name:

DOB:

Photo

Mild/moderate reaction:

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

Action to take:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- **Give antihistamine:** (If vomited, can repeat dose)
- Phone parent/emergency contact

Watch for signs of ANAPHYLAXIS

(life-threatening allergic reaction)

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

A AIRWAY
- Persistent cough
- Hoarse voice
- Difficulty swallowing
- Swollen tongue

B BREATHING
- Difficult or noisy breathing
- Wheeze or persistent cough

C CONSCIOUSNESS
- Persistent dizziness
- Pale or floppy
- Suddenly sleepy
- Collapse/unconscious

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

1. **Lie child flat with legs raised** (if breathing is difficult, allow child 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 until ambulance arrives, **do NOT stand child up**
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement **after 5 minutes, give a further adrenaline dose** using a second autoinjectilable device, if available.

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, including a 'spare' back-up adrenaline autoinjector (AAI) if available, in accordance with Department of Health Guidance on the use of AAIs in schools.

Signed:

Print name:

Date:

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

How to give Jext®

Additional instructions:

If wheezy, GIVE ADRENALINE FIRST, then asthma reliever (blue puffer) via spacer

This is a medical document that can only be completed by the child's 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 authorisation to travel with emergency medications has been prepared by:**

Sign & print name:

Hospital/Clinic:

Date:

Instructions for using Emerade Pen

bsaci improving allergy care

ALLERGY ACTION PLAN

RCPCH Anaphylaxis Campaign AllergyUK

This child has the following allergies:

Name:

DOB:

Photo

Mild/moderate reaction:

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

Action to take:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- **Give antihistamine:** (If vomited, can repeat dose)
- Phone parent/emergency contact

Watch for signs of ANAPHYLAXIS

(life-threatening allergic reaction)

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

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 child flat with legs raised** (if breathing is difficult, allow child to sit)

2. **Use Adrenaline autoinjector without delay** (eg. Emerade®) (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 until ambulance arrives, **do NOT stand child up**
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement **after 5 minutes, give a further adrenaline dose** using a second autoinjectilable device, if available.

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, including a 'spare' back-up adrenaline autoinjector (AAI) if available, in accordance with Department of Health Guidance on the use of AAIs in schools.

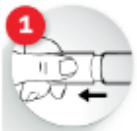
Signed:

Print name:

Date:

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

How to give Emerade®



1 REMOVE NEEDLE SHIELD

2 PRESS AGAINST THE OUTER THIGH

3 HOLD FOR 5 SECONDS

Massage the injection site gently, then call 999, ask for an ambulance stating "Anaphylaxis"

Additional instructions:

If wheezy, GIVE ADRENALINE FIRST, then asthma reliever (blue puffer) via spacer

This is a medical document that can only be completed by the child's 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 authorisation to travel with emergency medications has been prepared by:**

Sign & print name:

Hospital/Clinic:

Date:

Instructions for pupils not needing any auto injector:

bsaci improving allergy care

ALLERGY ACTION PLAN

RCPCH Anaphylaxis Campaign AllergyUK

This child has the following allergies:

Name:

DOB:

Photo

Mild/moderate reaction:

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

Action to take:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- **Give antihistamine:** **(If vomited, can repeat dose)**
- Phone parent/emergency contact

Watch for signs of ANAPHYLAXIS

(life-threatening allergic reaction)

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

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 child flat with legs raised** (if breathing is difficult, allow child to sit)

2. **Immediately 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. Commence CPR if there are no signs of life
5. **Stay with child** until ambulance arrives, **do NOT stand child up**
6. Phone parent/emergency contact

***** 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: DIAL 999 and GIVE ADRENALINE using a "back-up" adrenaline autoinjector if available, then use asthma reliever (blue puffer) via spacer

Parental consent: I hereby authorise school staff to administer the medicines listed on this plan, including a 'spare' back-up adrenaline autoinjector (AAI) if available, in accordance with Department of Health Guidance on the use of AAIs in schools.

Signed:

Print name:

Date:

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

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 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 that can only be completed by the child's healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' adrenaline autoinjector in the event of the above-named child having anaphylaxis (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:

Individual Healthcare Plan

Name of school/setting	
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

Name	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	

Clinic/Hospital Contact

Name	
Phone no.	

G.P.

Name	
Phone no.	
Who is responsible for providing support in school	

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues

Daily Care Requirements:

It is thought probable that "X" may suffer from an Anaphylactic

allergic reaction if he/she eats or is in contact with _____

If this occurs he/she is likely to need medical attention. In an extreme situation his/her condition might be life threatening. However, medical advice is that attention to his/her diet and in particular the exclusion of the allergen together with the availability of his/her emergency medication is all that is necessary. In all other respects it is recommended by his/her consultant that his/her education should carry on "as normal".

The arrangements set out below are intended to assist "X", his/her parents

and the school/nursery in achieving the least possible disruption to his/her education, but also to make appropriate provisions for his/her medical requirements.

Specific support for the pupil's Educational, Social and Emotional needs:

Whenever the planned curriculum involves cookery or experimentation with food items, prior discussion will be held between the school and the parents in order to agree measures and suitable alternatives. Similar discussions will take place prior to school parties, social events etc. In some cases this might require parental supervision.

Arrangements for School Visits / Trips etc.

If there are any proposals which mean that "X" may leave the

school /nursery site, prior discussions will be held between the school/nursery and parents in order to provide for the AUTO INJECTORS(s) to be takenon the outing. A trained adult should accompany the child. Provision for the safe handling of his/her medication should also be clarified.

Other Information:

STAFF INDEMNITY:

This **school** fully indemnifies its staff against claims for alleged negligence, providing they are acting within the scope of their employment, staff having been provided with adequate training and are following these guidelines.

For the purpose of indemnity, the administration of medicines falls within this definition and hence staff can be reassured about the protection their employer provides. In practice the indemnity means that the school and not the employee will meet the cost of damages should a claim for alleged negligence be successful. It is very rare for school staff to be sued for negligence and instead the action is usually between the parent and the employer.

Plan should be developed with Parents/carers, Headteacher or Senior Member of staff, Health Professional and student especially from year 5 and above, as appropriate.

The Head Teacher will arrange for the teaching and non-teaching staff in

the school/nursery to be briefed about 'X's condition and about other arrangements contained in this document.

It will be the responsibility of the head teacher / deputy to:

- Arrange for relevant school staff to be briefed on 'X' condition.
- To ensure key school staff have completed the recommended online training

Further advice and support is available from the School Nursing/Health Visiting team as required

The care plan should be reviewed at the beginning of each academic school year

Form copied to

AGREED AND SIGNED:

Parent _____ **Date** _____

Print Name _____

Head Teacher / Deputy _____ **Date** _____

Print Name _____

Parental Agreement for Setting to Administer Medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by	
Name of school/setting	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine _____

Name/type of medicine *(as described on the container)*	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s)_____ Date_____

Record of Medicine Administered to an Individual Child

Name of school/setting	
Name of child	
Date medicine provided by parent	
Group/class/form	

Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature _____

Signature of parent _____

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Record of Medicine Administered to an Individual Child (Continued)

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Staff Training Record – Administration of Medicines

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

I confirm that [name of member of staff] has completed the training detailed above and is competent to carry out any necessary treatment.

head teacher's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date

Contacting Emergency Services

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

- Telephone number
- Your Name
- Your Location as follows [insert school/setting address]
- State what the postcode is – please note that postcodes for satellite navigation may differ from the postal code
- Provide the exact location of the patient within the school setting
- Provide the name of the child and a brief description of their symptoms. Please ensure that you inform them that the child has Asthma.
- Inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
- Put a completed copy of this form by the phone

Model Letter Inviting Parents to Contribute to Individual Healthcare Protocol Development

Date

Dear Parent

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's Protocol for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare protocol template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely,

Allergy Awareness Lead